

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [ ] a DFE (specify) \_\_\_\_
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [x]
D Check box if filing under: [x] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: PENSION PLAN FOR UNION EMPLOYEES OF JOHANNA FOODS, INC., LACTO MILK PRODUCTS DIVISION
1b Three-digit plan number (PN): 003
1c Effective date of plan: 06/01/1980
2a Plan sponsor's name (employer, if for a single-employer plan): JOHANNA FOODS, INC.
2b Employer Identification Number (EIN): 22-2973062
2c Plan Sponsor's telephone number: 908-788-2200
2d Business code (see instructions): 311500

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, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	98
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	56
	<b>6a(2)</b>	50
	<b>6b</b>	16
	<b>6c</b>	24
	<b>6d</b>	90
	<b>6e</b>	5
	<b>6f</b>	95
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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 \_\_\_\_\_
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

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

<b>A</b> Name of plan <u>PENSION PLAN FOR UNION EMPLOYEES OF JOHANNA FOODS, INC., LACTO MILK PRODUCTS DIVISION</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>JOHANNA FOODS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>22-2973062</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>4924614</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>5021607</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>18</u>	<u>752831</u>
	<b>b</b> For terminated vested participants .....	<u>24</u>	<u>425538</u>
	<b>c</b> For active participants .....	<u>56</u>	<u>4298564</u>
	<b>d</b> Total .....	<u>98</u>	<u>5476933</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.23 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>90823</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>43000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>133823</u>

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

<b>SIGN HERE</b>	
Signature of actuary	<u>10/01/2025</u>
<u>STEPHEN A. CATONE, ASA</u>	<u>23-05357</u>
Type or print name of actuary	Most recent enrollment number
<u>KORN FERRY, INC.</u>	<u>215-861-2333</u>
Firm name	Telephone number (including area code)
<u>2005 MARKET ST., SUITE 910 PHILADELPHIA, PA 19103-2029</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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of _____ % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		580
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.33</u> % .....		31
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		611
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	91.05 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	91.05 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	93.10 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/12/2024	56000						
07/12/2024	41000						
10/11/2024	41000						
01/14/2025	41000						
09/12/2025	12000						
			<b>Totals ▶</b>	<b>18(b)</b>	191000	<b>18(c)</b>	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	184371

**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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 133823
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	493479		47943	
<b>b</b> Waiver amortization installment.....	0		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 181766
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 181766
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 184371
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 2605
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b>
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>PENSION PLAN FOR UNION EMPLOYEES OF JOHANNA FOODS, INC., LACTO MILK PRODUCTS DIVISION</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>JOHANNA FOODS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>22-2973062</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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**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)

BANK OF AMERICA

94-1687665

(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?
26	NONE	1763	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

(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.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PENSION PLAN FOR UNION EMPLOYEES OF JOHANNA FOODS, INC., LACTO MILK PRODUCTS DIVISION</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>JOHANNA FOODS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>22-2973062</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	116000	53000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	15789	10209
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	546442	621445
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	496462	630769
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	2757570	2847596
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	995216	1021399

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	4927479	5184418
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	4927479	5184418

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	191000	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		191000
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	74031	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		74031
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	11760	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	37356	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		49116
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	2558627	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	2356131	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		202496
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	137821	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		137821

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		-62664
<b>c</b> Other income .....	<b>2c</b>		80138
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		671938

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	396117	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		396117
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	1763	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	17119	
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		18882
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		414999

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		256939
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BKC, CPAS, P.C.**

(2) EIN: **23-3299874**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 581100.

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

<b>A</b> Name of plan <u>PENSION PLAN FOR UNION EMPLOYEES OF JOHANNA FOODS, INC., LACTO MILK PRODUCTS DIVISION</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>JOHANNA FOODS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>22-2973062</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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**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): 94-1687665

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	3
--	---	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

**PENSION PLAN FOR UNION EMPLOYEES OF  
JOHANNA FOODS, INC.,  
LACTO MILK PRODUCTS DIVISION**

**December 31, 2024**



**PENSION PLAN FOR UNION EMPLOYEES OF  
JOHANNA FOODS, INC.,  
LACTO MILK PRODUCTS DIVISION**

**For the Year Ended December 31, 2024**

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Certified Public Accountants, PC

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## Independent Auditors' Report

To the Administrative Committee  
Pension Plan for Union Employees of  
Johanna Foods, Inc., Lacto Milk Products Division  
Flemington, New Jersey

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

We have performed audits of the accompanying financial statements of Pension Plan for Union Employees of Johanna Foods, Inc., Lacto Milk Products Division, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the Statements of Net Assets Available for Benefits and Statements of Accumulated Plan Benefits as of December 31, 2024 and 2023, and the related Statement of Changes in Net Assets Available for Benefits and Statement of Changes in Accumulated Plan Benefits for the year then ended December 31, 2024, and the related Notes to the Financial Statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Pension Plan for Union Employees of Johanna Foods, Inc., Lacto Milk Products Division's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a State or Federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, 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 audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section -

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

## Basis for Opinion

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

## Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Pension Plan for Union Employees of Johanna Foods, Inc., Lacto Milk Products Division's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

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

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

Other Matter - Supplementary Schedule Required by ERISA

The supplementary Schedule of Assets Held for Investment Purposes as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the Supplementary Schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the Supplementary Schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion -

- the form and content of the Supplementary Schedule, other than the information in the Supplementary Schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the Supplementary Schedule 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).



**BKC, CPAS, PC**

September 30, 2025  
Flemington, New Jersey

**PENSION PLAN FOR UNION EMPLOYEES OF  
JOHANNA FOODS, INC., LACTO MILK PRODUCTS DIVISION**  
**Statements of Net Assets Available for Benefits**  
**December 31,**

	2024	2023
Assets		
Investments at fair value		
Mutual funds	\$ 2,847,596	\$ 2,757,570
Corporate stock	630,769	496,462
Money market funds	621,445	546,442
Other equities	1,015,058	985,430
Alternative investments	6,341	9,786
Total investments	5,121,209	4,795,690
Receivables		
Interest receivable	10,209	15,789
Employer contributions receivable	53,000	116,000
Total receivables	63,209	131,789
Total assets	\$ 5,184,418	\$ 4,927,479
Net assets available for benefits	\$ 5,184,418	\$ 4,927,479

See accompanying notes to the financial statements.

**PENSION PLAN FOR UNION EMPLOYEES OF  
JOHANNA FOODS, INC., LACTO MILK PRODUCTS DIVISION**  
**Statement of Changes in Net Assets Available for Benefits**  
**For the Year Ended December 31, 2024**

Additions	
Investment income	\$ 203,285
Realized and unrealized gains and losses, net	277,653
Total investment income	<u>480,938</u>
Employer contributions	<u>191,000</u>
Total additions	671,938
Deductions	
Benefit payments	396,117
Administrative expenses	18,882
Total deductions	<u>414,999</u>
Net change in net assets available for benefits	256,939
Net assets available for benefits - beginning	<u>4,927,479</u>
Net assets available for benefits - ending	<u><u>\$ 5,184,418</u></u>

See accompanying notes to the financial statements.

**PENSION PLAN FOR UNION EMPLOYEES OF  
JOHANNA FOODS, INC., LACTO MILK PRODUCTS DIVISION**  
**Statements of Accumulated Plan Benefits**  
**December 31,**

	2024	2023
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving benefits	\$ 756,423	\$ 662,789
Other participants	4,020,138	4,060,485
Total vested benefits	4,776,561	4,723,274
Total actuarial present value of accumulated plan benefits	\$ 4,776,561	\$ 4,723,274

See accompanying notes to the financial statements.

**PENSION PLAN FOR UNION EMPLOYEES OF  
JOHANNA FOODS, INC., LACTO MILK PRODUCTS DIVISION**  
**Statement of Changes in Accumulated Plan Benefits**  
**For the Year Ended December 31, 2024**

Actuarial present value of accumulated plan benefits - beginning	\$ 4,723,274
Increase (decrease) during the year attributable to	
Benefits paid	(396,117)
Benefits accumulated	155,265
Interest increment	294,139
Net increase	<u>53,287</u>
Actuarial present value of accumulated plan benefits - ending	<u>\$ 4,776,561</u>

See accompanying notes to the financial statements.

**PENSION PLAN FOR UNION EMPLOYEES OF  
JOHANNA FOODS, INC., LACTO MILK PRODUCTS DIVISION  
Notes to the Financial Statements**

Note 1 - Plan summary

Description of plan

The following brief description of the Pension Plan for Union Employees (the Plan) of Johanna Foods, Inc. (the Company), Lacto Milk Products Division, is provided for general information purposes only. For more complete information, please refer to the Plan agreement.

General

The Plan is a noncontributory defined benefit plan covering all union employees of the Company represented by the International Brotherhood of Teamsters, Local Union No. 152. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). As of February 25, 2011, the Plan was frozen to new participants. Employees who are hired on, or after, February 25, 2011, will receive an employer contribution paid to the Johanna Foods, Inc., Lacto Division (Local 152 Employees) Savings and Investment Plan, providing the minimum contractual hours are met.

Eligibility and pension benefits

A participant's accrued monthly benefit is calculated based on the total number of years of credited service multiplied by a specific dollar amount, ranging from \$14 to \$33 per month for each benefit year up to 25 years, depending upon the dates of services performed and the participant's length of service. Under the Plan, participants are normally entitled to monthly pension benefits beginning at retirement age 65 or an actuarially reduced pension any time the participant reaches age 55 and has 15 years of service or has 25 years of service. Participants are vested as to 100% of their accrued benefit after five years of service.

Pension benefits will normally be paid in the form of a life annuity, ten years certain, qualified joint and survivor annuity. If, however, the lump-sum present value of a participant's accrued benefit does not exceed \$1,000, the Plan Administrator may direct that the present value of such accrued benefit be paid in a lump-sum in lieu of any benefit due to the participant under the Plan. Effective January 1, 2012, the Plan was amended to allow lump-sum retirement payments to be paid at any age.

Death and disability benefits

Generally, if a vested participant or a vested former participant is married at the time of death and their benefit payments have not commenced, the participant's spouse receives a life income at 50% of the benefit the participant would have received had they:

- i) Separated from service on the earlier of
  - a) The date of death, or
  - b) The date of a break-in-service;

**PENSION PLAN FOR UNION EMPLOYEES OF  
JOHANNA FOODS, INC., LACTO MILK PRODUCTS DIVISION  
Notes to the Financial Statements**

Note 1 - Plan summary (continued)  
Death and disability benefits (continued)  
ii) Survived to the earliest retirement age;

iii) Retired with an immediate qualified joint and survivor annuity; and

iv) Then died on the day after the earliest retirement age, as defined.

Disability benefits are payable after the participant has completed ten years of service.

Note 2 - Summary of significant accounting policies  
Basis of accounting

The financial statements of the Plan are presented on the accrual basis of accounting.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulate plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment valuation and income recognition

Investments are stated at fair value. Purchases and sales of securities are recorded on a trade date basis. Realized gains and losses are determined using the specific identification method. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Mutual fund fees

Investments in mutual funds are subject to sales charges in the form of front-end loads, back-end loads or 12b-1 fees. The 12b-1 fees, which are ongoing fees allowable under Section 12b-1 of the Investment Company Act of 1940, are annual fees deducted to pay for marketing and distribution costs of the funds. These fees are deducted prior to the allocation of the Plan's investment earnings activity and thus not separately identifiable as an expense.

**PENSION PLAN FOR UNION EMPLOYEES OF  
JOHANNA FOODS, INC., LACTO MILK PRODUCTS DIVISION  
Notes to the Financial Statements**

Note 2 - Summary of significant accounting policies (continued)

Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan are paid by the Plan and recorded as deductions in the accompanying Statement of Changes in Net Assets Available for Benefits. In addition, investment related expenses are included in realized and unrealized gains and losses, net as presented in the accompanying Statement of Changes in Net Assets Available for Benefits.

Payments of benefits

Benefit payments to participants are recorded upon distribution.

Note 3 - Information prepared and certified by Trustee

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the Trustee.

	December 31,	
	2024	2023
Mutual funds, fair value	\$ 2,847,596	\$ 2,757,570
Corporate stock, fair value	630,769	496,462
Money market funds, fair value	621,445	546,442
Other equities, fair value	1,015,058	985,430
Alternative investments, fair value	6,341	9,786
Other receivables	10,209	15,789

Changes in net assets available for benefits for the year ended December 31, 2024:

Investment income	\$ 203,285
Realized and unrealized gains and (losses), net	277,653

Note 4 - Funding policy

The annual amount of Company contributions, determined by the Plan's consulting actuary, are computed under the Entry Age Normal Cost Method. Contributions for 2024 and 2023 satisfied the minimum funding requirement of ERISA. The Company's funding policy is to contribute the required contribution as determined by the Plan's actuary. The Company's policy with respect to increases in benefit obligations due to plan amendments is to fund such prior service costs over the average future service of active participants. The minimum contribution due for December 31, 2024, was \$181,766.

**PENSION PLAN FOR UNION EMPLOYEES OF  
JOHANNA FOODS, INC., LACTO MILK PRODUCTS DIVISION  
Notes to the Financial Statements**

Note 5 - Fair value

Financial Accounting Standards Board (FASB) in its Accountant's Standards Codification (ASC) Topic 820, *Fair Value Measurement*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2     Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value of the Level 1 investments. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Mutual funds and other equities are based on the daily closing price reported by the fund. Money market funds are based on the cost of the fund. Common stock values are based on quoted market prices.

**PENSION PLAN FOR UNION EMPLOYEES OF  
JOHANNA FOODS, INC., LACTO MILK PRODUCTS DIVISION  
Notes to the Financial Statements**

Note 5 - Fair value (continued)

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

The following table sets forth by level, within fair value hierarchy, the Plan's assets at fair value as of December 31:

2024	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 2,847,596	\$ -	\$ -	\$ 2,847,596
Corporate stock	630,769	-	-	630,769
Money market funds	621,445	-	-	621,445
Other equities	1,015,058	-	-	1,015,058
Alternative investments	6,341	-	-	6,341
Total	\$ 5,121,209	\$ -	\$ -	\$ 5,121,209
2023	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 2,757,570	\$ -	\$ -	\$ 2,757,570
Corporate stock	496,462	-	-	496,462
Money market funds	546,442	-	-	546,442
Other equities	985,430	-	-	985,430
Alternative investments	9,786	-	-	9,786
Total	\$ 4,795,690	\$ -	\$ -	\$ 4,795,690

Note 6 - Plan termination

While it is the intention of the Company to continue the Plan, the Company reserves the right to terminate the Plan at any time. In the event of a plan termination, the Plan's net assets will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- A. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving had they retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

**PENSION PLAN FOR UNION EMPLOYEES OF  
JOHANNA FOODS, INC., LACTO MILK PRODUCTS DIVISION  
Notes to the Financial Statements**

Note 6 - Plan termination (continued)

- B. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations.
- C. All other vested benefits (that is, vested benefits not insured by the PBGC).
- D. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC should the Plan be terminated. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. A ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

Note 7 - Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of deceased employees, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date.

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

**PENSION PLAN FOR UNION EMPLOYEES OF  
JOHANNA FOODS, INC., LACTO MILK PRODUCTS DIVISION  
Notes to the Financial Statements**

Note 7 - Actuarial present value of accumulated plan benefits (continued)

The significant assumptions used in the calculation of the actuarial present value of accumulated plan benefits at December 31, 2024 are as follows:

1. Investment return on assets:
  - a. Funding: Segment rates: 5.00%/5.27%/5.50%
  - b. PBGC Segment rates: 4.65%/5.28%/5.63%
2. Mortality is in accordance with the IRC Section 430(h)(3)(A).
3. Retirement is at the earlier of age 65 or attainment of 35 years of service
4. Turnover and disability rates vary with age.

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

Note 8 - Risks and uncertainties

The Plan provides for various investments in registered investment companies, bonds and common stock. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near-term would materially affect amounts reported in the Statements of the Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

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

Note 9 - Party-in-interest and related party transactions

Certain plan investments are shares of mutual funds managed by Bank of America, the Trustee and, therefore, these transactions qualify as party-in-interest transactions. Investment advisory fees are deducted from fund earnings prior to allocation of investment returns. Administrative fees paid by the Plan for the year ended December 31, 2024, were \$18,882.

**PENSION PLAN FOR UNION EMPLOYEES OF  
JOHANNA FOODS, INC., LACTO MILK PRODUCTS DIVISION  
Notes to the Financial Statements**

- Note 9 - Party-in-interest and related party transactions (continued)  
Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. The Company pays for the annual audit fee. These transactions are considered to be party-in-interest transactions exempt from ERISA prohibited transaction rules.
- Note 10 - Tax status  
The Internal Revenue Service has determined and informed the Company by a letter dated January 29, 2014, that the Plan and related Trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC as of the financial statement date.
- Note 11 - Subsequent events  
The Plan's management has determined that no material events or transactions occurred subsequent to December 31, 2024 and through September 30, 2025, the date of the Plan's financial statements issuance, which require additional disclosure in the Plan's financial statements.

**PENSION PLAN FOR UNION EMPLOYEES OF  
JOHANNA FOODS, INC., LACTO MILK PRODUCTS DIVISION  
Employer Identification No. 22-2973062, Plan No. 003  
Schedule H of Form 5500  
Schedule of Assets Held for Investment Purposes  
December 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	Cost	Current Value	
<u>Money Market Funds</u>				
	FIMM Gov Portfolio Instl	592,588.830 shares	\$ 592,589	\$ 592,589
*	Bank of America Temporary Overnight Deposit	4.200 shares	4	4
*	Bank of America Temporary Overnight Deposit	3.360 shares	3	3
*	Bank of America Temporary Overnight Deposit	28,848.720 shares	28,849	28,849
			<u>621,445</u>	<u>621,445</u>
<u>Mutual Funds - Fixed</u>				
	Baird Aggregate Bond Fund Instl CI	45,369.567 shares	442,500	437,816
	Blackrock Strategic Inc Opptnt Pt CI Class K	21,127.814 shares	215,330	200,292
	Metropolitan West Total Return Bond Fd CI P	52,536.464 shares	517,828	437,103
			<u>1,175,658</u>	<u>1,075,211</u>
<u>Other Equities</u>				
	iShares Russell Midcap	1,690.000 shares	91,215	149,396
	iShares Edge MSCI Min Vol USA ETF	906.000 shares	74,925	80,445
	iShares Inc Core MSCI Emerging Mkts ETF	2,956.000 shares	143,585	154,362
	Vanguard FTSE Developed Markets ETF	3,142.000 shares	134,455	150,250
	Vanguard Large-Cap ETF	1,782.000 shares	282,737	480,605
			<u>726,917</u>	<u>1,015,058</u>
<u>Mutual Funds - Equity</u>				
	FullerThaler Behavioral Mid Cap Val Fd CI R6	4,398.279 shares	142,372	149,454
	Carillon Eagle Small Cap Growth Fund CI R-6	4,944.455 shares	189,768	127,864
	Causeway International Value Fd Instl CI	7,488.100 shares	112,212	138,979
	Alps/Core Com Mgmt Compl Comoditie Str Fd CI I	28,707.197 shares	229,239	206,405
	Hartford Schrodgers Emerg Mkts Equity Fd CI F	9,029.693 shares	146,928	149,893
	Loomis Sayles Growth Fund CI Y	5,159.584 shares	104,169	152,517
	Principal Midcap Fund CI R6	3,324.571 shares	138,335	148,375
	Allspring Special Small Cap Value Fund CI R6	3,535.324 shares	126,117	142,261
			<u>1,189,140</u>	<u>1,215,748</u>
<u>Mutual Funds Balanced</u>				
	Goldman Sachs Absolute Rtrn Tracker Fd CI R6	36,103.028 shares	342,080	359,225
	John Hancock Seaport Long/Short Fund CI R6	16,800.992 shares	220,000	197,412
			<u>562,080</u>	<u>556,637</u>
<u>Corporate Stock</u>				
	Alibaba Group Holding Lt	4.000 shares	410	339
	Amazon Com Inc Com	53.000 shares	9,305	11,628

See independent auditors' report.

**PENSION PLAN FOR UNION EMPLOYEES OF  
JOHANNA FOODS, INC., LACTO MILK PRODUCTS DIVISION  
Employer Identification No. 22-2973062, Plan No. 003  
Schedule H of Form 5500  
Schedule of Assets Held for Investment Purposes  
December 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	Cost	Current Value	
AutoZone Inc Nevada Com	1.000 shares	\$ 3,161	\$ 3,202	
Chipotle Mexican Grill	7.000 shares	398	422	
Cie Financiere Richemont	203.000 shares	2,369	3,082	
D R Horton Inc	17.000 shares	2,768	2,377	
eBay Inc	15.000 shares	805	929	
Ferguson Enterprises Inc Reg Shs	13.000 shares	2,599	2,256	
Genuine Parts Co	6.000 shares	945	701	
Home Depot Inc	10.000 shares	3,738	3,890	
Home Depot Inc	2.000 shares	818	778	
Lowe's Companies Inc	14.000 shares	2,808	3,455	
Lululemon Athletica Inc	5.000 shares	1,798	1,912	
Marriot Intl Inc New A	13.000 shares	2,478	3,626	
McDonalds Corp	10.000 shares	2,678	2,899	
McDonalds Corp	5.000 shares	1,287	1,449	
MercadoLibre Inc	1.000 shares	1,534	1,700	
MercadoLibre Inc	3.000 shares	2,796	5,101	
Reckitt Benckiser Group	222.000 shares	3,601	2,668	
Relx Plc	89.000 shares	2,872	4,042	
Sony Group Corp	210.000 shares	2,798	4,444	
Starbucks Corp	9.000 shares	836	821	
TJX Cos Inc New	14.000 shares	1,369	1,691	
Tesla Inc	14.000 shares	3,859	5,656	
Chocoladefabriken - Unsp	323.000 shares	3,742	3,679	
Coca Cola Com	33.000 shares	1,938	2,055	
Coca Cola Com	28.000 shares	1,941	1,743	
Diageo Plc Spisd ADR	23.000 shares	3,517	2,924	
Diageo Plc Spisd ADR	25.000 shares	3,473	3,178	
General Mills	21.000 shares	1,404	1,339	
Haleon Plc Shs ADR	291.000 shares	2,690	2,776	
Kenvue Inc	135.000 shares	3,036	2,882	
Mondelez International Inc	30.000 shares	1,992	1,792	
Mondelez International Inc	47.000 shares	3,333	2,807	
Nestle S A Rep Rg Sh ADR	30.000 shares	3,232	2,451	
PepsiCo Inc	7.000 shares	1,171	1,064	
PepsiCo Inc	24.000 shares	3,992	3,649	
Proctor & Gamble Co	21.000 shares	3,217	3,521	
Target Corp	15.000 shares	2,264	2,028	

See independent auditors' report.

**PENSION PLAN FOR UNION EMPLOYEES OF  
JOHANNA FOODS, INC., LACTO MILK PRODUCTS DIVISION  
Employer Identification No. 22-2973062, Plan No. 003  
Schedule H of Form 5500  
Schedule of Assets Held for Investment Purposes  
December 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	Cost	Current Value	
Unilever Plc ADR	76.000 shares	\$ 3,876	\$ 4,309	
Walmart Inc	53.000 shares	2,704	4,790	
Walmart Inc	9.000 shares	832	813	
Chevron Corp	22.000 shares	3,106	3,186	
ConocoPhillips	10.000 shares	1,005	992	
ConocoPhillips	4.000 shares	321	397	
ConocoPhillips	53.000 shares	5,163	5,256	
EOG Resources Inc	14.000 shares	1,483	1,716	
Exxon Mobile Corp	33.000 shares	3,024	3,550	
Exxon Mobile Corp	52.000 shares	5,892	5,594	
Shell Plc	61.000 shares	2,680	3,822	
Schneider Elec SE ADR	89.000 shares	2,018	4,417	
Valero Energy Corp New	13.000 shares	1,538	1,594	
Aon PLC Reg Shs	14.000 shares	3,750	5,029	
NU Holdings Ltd Reg Shs Cl A	162.000 shares	1,734	1,678	
Chubb Ltd	10.000 shares	2,105	2,763	
Chubb Ltd	13.000 shares	2,489	3,592	
Amer Express Company	13.000 shares	2,235	3,858	
Bank New York Mellon Corp	29.000 shares	1,542	2,228	
Berkshire Hathaway Inc Del Cl B New	3.000 shares	1,426	1,360	
Blackstone Inc	5.000 shares	410	862	
Blackstone Inc	11.000 shares	1,591	1,897	
Blackstone Inc Reg Shs	2.000 shares	1,603	2,050	
CME Group Inc	9.000 shares	1,932	2,090	
Citigroup Inc Com	44.000 shares	2,212	3,097	
Erste Group Bk Sp ADR	113.000 shares	2,269	3,472	
Goldman Sachs Group Inc	3.000 shares	1,467	1,718	
HDFC Bank Ltd ADR	36.000 shares	2,439	2,299	
HSBC Hldg Plc SP ADR	34.000 shares	1,235	1,682	
Intesa Sanpaolo Spon ADR	134.000 shares	2,040	3,236	
JPMorgan Chase & Co	33.000 shares	5,380	7,910	
JPMorgan Chase & Co	33.000 shares	4,483	7,910	
KKR & Co Inc Cl A	15.000 shares	1,654	2,219	
KKR & Co Inc Cl A	26.000 shares	1,807	3,846	
Lloyds Banking Group Plc ADR	823.000 shares	2,308	2,239	
MS&AD Ins Group Hldgs Unsp ADR	144.000 shares	2,557	3,135	
Marsh & McLennan Cos Inc	14.000 shares	2,564	2,974	
Marsh & McLennan Cos Inc	17.000 shares	2,705	3,611	

See independent auditors' report.

**PENSION PLAN FOR UNION EMPLOYEES OF  
JOHANNA FOODS, INC., LACTO MILK PRODUCTS DIVISION  
Employer Identification No. 22-2973062, Plan No. 003  
Schedule H of Form 5500  
Schedule of Assets Held for Investment Purposes  
December 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	Cost	Current Value	
Mastercard Inc	9.000 shares	\$ 4,339	\$ 4,739	
Mitsubishi Ufj Finl Grp Inc	352.000 shares	2,214	4,125	
Morgan Stanley	20.000 shares	1,864	2,514	
Morgan Stanley	38.000 shares	3,138	4,777	
Nasdaq Omx Grp Inc	38.000 shares	1,818	2,938	
PNC Fincl Services Group	18.000 shares	3,180	3,471	
PT Bank Cent Asia Tbk	174.000 shares	2,645	2,520	
PayPal Holdings Inc Shs	14.000 shares	1,138	1,195	
Progressive Crp Ohio	30.000 shares	4,327	7,188	
Svenska Handelsbanken Ab Shs	491.000 shares	2,427	2,509	
Visa Inc Cl A Shrs	6.000 shares	1,510	1,896	
Wells Fargo & Co	61.000 shares	3,022	4,285	
Medtronic Plc Shs	16.000 shares	1,497	1,278	
Abbot Labs	19.000 shares	2,261	2,149	
Abbot Labs	7.000 shares	745	792	
Abbot Labs	41.000 shares	4,348	4,638	
AbbVie Inc Shs	20.000 shares	2,925	3,553	
AbbVie Inc Shs	21.000 shares	3,306	3,732	
AstraZeneca Plc Spnd ADR	39.000 shares	2,430	2,555	
Becton Dickinson Co	3.000 shares	730	681	
Bristol-Myers Squibb Co	35.000 shares	1,952	1,980	
Cigna Group/The	24.000 shares	6,435	6,627	
Edwards Lifesciences Crp	4.000 shares	371	296	
Essilor Luxottica Sa	29.000 shares	2,731	3,499	
GSK Plc Shs	81.000 shares	3,450	2,739	
Intuitive Surgical Inc	6.000 shares	2,557	3,132	
Johnson And Johnson Com	27.000 shares	4,381	3,905	
Johnson And Johnson Com	7.000 shares	1,026	1,012	
Johnson And Johnson Com	28.000 shares	4,254	4,049	
Eli Lilly & Co	5.000 shares	3,618	3,860	
McKesson Corporation	2.000 shares	1,061	1,140	
McKesson Corporation	11.000 shares	4,081	6,269	
Merck & Co Inc Shs	17.000 shares	1,639	1,691	
Natera Inc Shs	2.000 shares	336	317	
Novo Nordisk A S ADR	37.000 shares	3,366	3,183	
Pfizer Inc	138.000 shares	4,818	3,661	
Regeneron Pharmactcls	2.000 shares	1,944	1,425	
Roche Hldg Ltd Spn ADR	92.000 shares	3,303	3,209	

See independent auditors' report.

**PENSION PLAN FOR UNION EMPLOYEES OF  
JOHANNA FOODS, INC., LACTO MILK PRODUCTS DIVISION  
Employer Identification No. 22-2973062, Plan No. 003  
Schedule H of Form 5500  
Schedule of Assets Held for Investment Purposes  
December 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	Cost	Current Value	
Sanofi ADR	61.000 shares	\$ 3,157	\$ 2,942	
Thermo Fisher Scientific Inc	2.000 shares	1,224	1,040	
UnitedHealth Group Inc	9.000 shares	4,652	4,553	
Eaton Corp Plc	3.000 shares	627	996	
Eaton Corp Plc	9.000 shares	1,506	2,987	
Trane Technologies Plc	5.000 shares	1,060	1,847	
Trane Technologies Plc	3.000 shares	882	1,108	
Automatic Data Proc	8.000 shares	2,001	2,342	
Boeing Company	25.000 shares	4,882	4,425	
Bunzl Plc ADR	168.000 shares	2,652	3,488	
CSX Corp	25.000 shares	803	807	
Cummins Inc	3.000 shares	703	1,046	
Genl Dynamics Corp	15.000 shares	3,479	3,952	
W W Grainger Incorp	1.000 shares	1,002	1,054	
Honeywell Intl Inc Del	14.000 shares	2,819	3,162	
Illinois Tool Works Inc	6.000 shares	1,524	1,521	
Illinois Tool Works Inc	12.000 shares	2,558	3,043	
Itochu Corp ADR	25.000 shares	2,544	2,464	
Legrand Sa-Unsp	166.000 shares	3,453	3,205	
Lockheed Martin Corp	3.000 shares	1,187	1,458	
Northrop Grumman Corp	4.000 shares	1,621	1,877	
Paccar Inc	45.000 shares	4,368	4,681	
Parker Hannifin Corp	4.000 shares	1,389	2,544	
Quanta Services Inc	4.000 shares	1,073	1,264	
RTX Corp	33.000 shares	2,819	3,819	
Recruit Holdings Co.Ltd.	195.000 shares	1,334	2,724	
SMC Corp Japan	88.000 shares	1,997	1,705	
Siemens AG ADR	42.000 shares	3,545	4,061	
3M Company	11.000 shares	1,400	1,420	
TransDigm Group Inc	2.000 shares	2,416	2,535	
Uber Technologies Inc	12.000 shares	915	724	
Union Pacific Corp	9.000 shares	2,176	2,052	
Union Pacific Corp	2.000 shares	449	456	
Union Pacific Corp	17.000 shares	3,313	3,877	
Vertiv Hldg Co	6.000 shares	568	682	
Vestas Wind Syts As ADR	296.000 shares	2,133	1,341	
Waste Management Inc	8.000 shares	1,410	1,613	
Accenture Plc Shs	8.000 shares	2,907	2,814	

See independent auditors' report.

**PENSION PLAN FOR UNION EMPLOYEES OF  
JOHANNA FOODS, INC., LACTO MILK PRODUCTS DIVISION  
Employer Identification No. 22-2973062, Plan No. 003  
Schedule H of Form 5500  
Schedule of Assets Held for Investment Purposes  
December 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	Cost	Current Value	
Accenture Plc Shs	12.000 shares	\$ 3,375	\$ 4,221	
ASML Hldg NV NY Reg Shs	7.000 shares	4,903	4,852	
NXP Semiconductors N.V.	12.000 shares	2,492	2,494	
Amphenol Corp Cl A	14.000 shares	770	972	
Analog Devices Inc Com	12.000 shares	2,219	2,550	
Analog Devices Inc Com	20.000 shares	3,433	4,249	
Apple Inc	60.000 shares	11,999	15,025	
Applovin Corp Com	2.000 shares	548	648	
Arista Networks Inc Reg Shs	16.000 shares	1,245	1,768	
Arm Hldgs Plc	9.000 shares	794	1,110	
Booz Allen Hamilton Hldg Class A	5.000 shares	509	644	
Broadcom Inc	17.000 shares	1,353	3,941	
Broadcom Inc	21.000 shares	2,662	4,869	
Cisco Systems Inc	56.000 shares	2,878	3,315	
Fair Isaac Corporation	2.000 shares	3,001	3,982	
HubSpot Inc	1.000 shares	606	697	
Infineon Techs AG Spdadr	73.000 shares	2,231	2,367	
Intl Business Machines Corp IBM	12.000 shares	1,764	2,638	
Intl Business Machines Corp IBM	7.000 shares	1,550	1,539	
Intuit Inc	2.000 shares	1,264	1,257	
KLA Corp	3.000 shares	1,411	1,890	
KLA Corp	4.000 shares	1,834	2,520	
Lam Resh Corp	19.000 shares	1,317	1,372	
Lam Resh Corp	7.000 shares	649	506	
Microsoft Corp	13.000 shares	4,536	5,480	
Microsoft Corp	25.000 shares	10,271	10,538	
Nvidia	116.000 shares	10,749	15,578	
Oracle Corp \$0.01 Del	17.000 shares	2,193	2,833	
Palo Alto Networks Inc	4.000 shares	567	728	
Qualcomm Inc	5.000 shares	839	768	
Salesforce Inc	5.000 shares	1,714	1,672	
SAP SE Shs	28.000 shares	3,646	6,894	
ServiceNow Inc	3.000 shares	2,415	3,180	
Shopify Inc Cl A	7.000 shares	632	744	
Synopsys Inc	2.000 shares	1,125	971	
Taiwan S Manufacturing ADR	7.000 shares	971	1,382	
Taiwan S Manufacturing ADR	43.000 shares	2,811	8,492	
Tencent Music Entertainment Group	212.000 shares	2,420	2,406	

See independent auditors' report.

**PENSION PLAN FOR UNION EMPLOYEES OF  
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Schedule H of Form 5500  
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December 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	Cost	Current Value	
Texas Instruments	7.000 shares	\$ 1,281	\$ 1,313	
Trade (The) Desk Inc Shs	5.000 shares	392	588	
Linde Plc	4.000 shares	1,496	1,675	
Avery Dennison Corp	4.000 shares	814	749	
PPG Industries Inc Shs	9.000 shares	1,237	1,075	
Packaging Corp America	5.000 shares	792	1,126	
Rio Tinto Plc Spnsrd ADR	40.000 shares	2,442	2,351	
Spotify Tech S.A Reg	4.000 shares	1,088	1,789	
AT&T Inc	111.000 shares	1,748	2,527	
Alphabet Inc Shs Cl C	43.000 shares	6,592	8,189	
Comcast Corp Cl A	79.000 shares	3,353	2,965	
Disney (Walt) Co Com Stk	17.000 shares	1,888	1,893	
Doordash Inc Reg Shs Cl A	9.000 shares	1,142	1,510	
Meta Platforms Inc Class A Common Stock	15.000 shares	7,449	8,783	
Liberty Media Corp Reg Shs Series Ser	38.000 shares	2,607	3,521	
Netflix Com Inc	6.000 shares	3,726	5,348	
Tencent Holdings Ltd ADR	70.000 shares	3,510	3,723	
Ameren Corp	11.000 shares	903	981	
AMN Elec Power Co	11.000 shares	941	1,015	
CMS Energy Corp	10.000 shares	619	667	
DTE Energy Company	4.000 shares	464	483	
Dominion Energy Inc	87.000 shares	4,988	4,686	
Duke Energy Corp	41.000 shares	3,811	4,417	
Entergy Corp	22.000 shares	1,176	1,668	
Iberdrola S A ADR	50.000 shares	2,333	2,757	
NextEra Energy Inc Shs	11.000 shares	859	789	
Pub Svc Enterprise Grp	11.000 shares	731	929	
Southern Company	21.000 shares	1,451	1,729	
Southern Company	52.000 shares	3,487	4,279	
Wec Energy Group Inc Shs	9.000 shares	810	847	
		532,112	630,769	
<u>Alternative investments</u>				
AvalonBay Cmmun Inc Reit	4.000 shares	895	881	
Prologis Inc	7.000 shares	867	740	
Prologis Inc	39.000 shares	4,794	4,122	
Public Storage \$0.10 Reit	2.000 shares	578	598	
		7,134	6,341	
		\$ 4,814,486	\$ 5,121,209	

\* Party-in-interest

See independent auditors' report.

**Attachment to Form 5500**  
**EIN: 22-2973062 PN: 003**  
**Pension Plan for Union Employees of Johanna Foods, Inc., Lacto Milk Products Division**  
**Schedule SB, Line 26 - Schedule of Active Participant Data as of January 1, 2024**

Attained Age	Full Years of Service																				Total		
	Under 1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40 & up				
	No	Avg Comp	No	Avg Comp	No	Avg Comp	No	Avg Comp	No	Avg Comp	No	Avg Comp	No	Avg Comp	No	Avg Comp	No	Avg Comp	No	Avg Comp			
Under 25			0		0		0		0		0		0		0		0		0		0		0
25-29			0		0		0		0		0		0		0		0		0		0		0
30-34			0		0		0		0		0		0		0		0		0		0		0
35-39			0		0		0		2		1		0		0		0		0		0		3
40-44			0		0		0		0		4		0		0		0		0		0		4
45-49			0		0		0		0		2		0		0		0		0		0		2
50-54			0		0		1		4		7		0		0		0		0		0		12
55-59			0		0		0		4		4		0		3		0		0		0		11
60-64			0		0		0		0		5		0		6		0		0		0		11
65 & up			0		0		0		1		3		0		9		0		0		0		13
<b>Total</b>			<b>0</b>		<b>0</b>		<b>1</b>		<b>11</b>		<b>26</b>		<b>0</b>		<b>18</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>56</b>

## Actuarial Assumptions and Methods

### Funding Interest Rates

	2024	
	24-month Average*	Constrained Rates**
Segment Rate 1	4.37%	4.75%
Segment Rate 2	4.96%	4.87%
Segment Rate 3	4.95%	5.59%
Effective Rate (EIR)	4.93%	5.19%

\*Used for maximum deductible contributions and 4010 reporting determination

\*\*Used for minimum funding and AFTAP purposes

### Mortality

The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with combined mortality rates for annuitants and non-annuitants.

### Withdrawal

Withdrawal rates which vary by age are assumed. Samples rates are shown below:

Withdrawal			
Age	Rates	Age	Rates
25	9.7%	45	2.8%
30	7.5%	50	1.4%
35	5.7%	55	0.0%
40	4.1%	60+	0.0%

### Retirement

It is assumed that participants will retire upon the earlier of attainment of 65 or attainment of 35 years of service.

## Disability

Withdrawal Rates			
Age	Rates	Age	Rates
25	0.1%	50	0.6%
30	0.1%	55	1.1%
35	0.2%	60	2.1%
40	0.2%	65+	0.0%
45	0.4%		

## Disability Mortality

Revenue Procedure 96-7 Tables for males and females.

## Spouses

For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of eligible participants are assumed to be married and male spouses are assumed to be 3 years older than female spouses.

## Expenses

Average of the last two years of non-investment expense, rounded to the nearest \$1,000

## Asset Valuation Method

Plan assets are determined using the two-year annual averaging method as set forth in IRS Notice 2009-22. Under this method, the actuarial value of assets is the average of the fair market value of the assets on the valuation date and the adjusted fair market value of assets determined as of each of the earlier determination dates. The adjusted fair market value of assets as of a determination date is the market value of assets on that date, increased by contributions that were not included in the plan's asset balance on the determination date and decreased by benefits and administrative expenses between that determination date and the valuation date plus an adjustment for expected earnings as the sum of the expected earnings separately determined for each period between the determination date and the valuation date. The adjustment for expected earnings in 2022 is limited to 5.92% and for 2023 is limited to 5.74%. The calculated value is then further constrained to be no more than 110% of the market value of assets plus discounted receivable contributions and no less than 90% of the market value of assets plus discounted contributions.

## Cost Method

Unit Credit method in accordance with PPA

**Plan Name: Pension Plan for Union Employees of Johanna Foods, Inc. Lacto Milk Products Division**

**Plan Sponsor: Johanna Foods**

**EIN: 22-2973062**

**PN: 003**

**Schedule SB, Line 19 - Discounted Employer Contributions for Plan Year 2024**

<u>Date of Contribution</u>	<u>Amount</u>	<u>Year Applied</u>	<u>Effective Interest Rate</u>	<u>Interest adjusted Contribution</u>
4/12/2024	\$56,000	2024	5.23%	\$55,197
7/12/2024	\$41,000	2024	5.23%	\$39,900
10/12/2024	\$41,000	2024	5.23%	\$39,395
1/11/2024	\$41,000	2024	5.23%	\$38,880
9/11/2025	<u>\$12,000</u>	2024	5.23%	<u>\$10,999</u>
	\$191,000			\$184,371

## Summary of Plan Provisions

### 1. Type of Plan

The plan is a non-contributory, defined benefit plan.

### 2. Effective Date

June 1, 1976.

### 3. Eligibility for Participation

All Union Employees (i.e. a member of the collective bargaining unit represented by United Foods and Commercial Workers, AFL-CIO, Local 56) of Lacto Milk Products Division enter the plan. Effective in 2014, new hires are not eligible to join the Plan.

### 4. Definitions:

- (a) **Plan Year:** A Plan Year was a 12-month period beginning on May 1 and ending on April 30 prior to 2011. Effective after 2010, the Plan year was changed to begin on January 1 and end on December 31. Thus, there was a short plan year beginning May 1, 2010 and ending December 31, 2010.
- (b) **Plan Sponsor:** Johanna Foods, Inc.
- (c) **Year of Service:** Credit is given for any plan year in which an employee is employed by any of the group of companies under common control and works 1,000 hours or more.
- (d) **Year of Benefit Service:** Only service with the Company while not a member of the bargaining group shall be recognized as Benefit Service. Each Participant is credited with a full year of Benefit Service if he works the entire year and completes 1,000 hours during the Plan Year. For those participants that terminate during year, 1/12 of a year of benefit service is granted for each month that the Participant works at least one hour.
- (e) **Accrued Pension:** A participant's accrued benefit is calculated under the normal retirement formula, based on the participant's years of Benefit Service and dollar amount in effect at the date of termination.

## 5. Retirement Benefits

- (a) **Normal Retirement Date (NRD):** The first day of the month coincident with or next following the later of: the participant's 65th birthday, or the earlier of the completion of 5 years of service or 5 years of participation including participation in the predecessor plan.

**Normal Retirement:**

- 1) \$14.00 a month for each Year of Benefit Service subject to a maximum pension of \$350.00 (25 years), plus
- 2) \$1.00 a month for each Year of Benefit Service after March 1, 1990 to a maximum of 25 years; plus
- 3) \$2.00 a month for each Year of Benefit Service after March 1, 1991 to a maximum of 25 years; plus
- 4) \$3.00 a month for each Year of Benefit Service after March 1, 1992 to a maximum of 25 years; plus
- 5) \$5.00 a month for each Year of Benefit Service after March 1, 1995 to a maximum of 25 years; plus
- 6) \$4.00 a month for each Year of Benefit Service after March 1, 2008 to a maximum of 25 years; plus
- 7) \$4.00 a month for each Year of Benefit Service after March 1, 2010 to a maximum of 25 years.

(b) **Early Retirement:**

A participant is eligible for early retirement after the earlier of:

- 1) 25 Years of Service, or
- 2) 15 Years of Service and attainment of age 55.

Same benefit as Normal Retirement Benefit but based on service to Early Retirement. Actuarial reduction, if any, depends on service at Early Retirement.

Effective January 1, 2012, the plan was amended to allow a full lump sum to be paid at any age. Therefore, an immediate annuity (only payable in the participant's normal form) can commence at any age regardless of service.

- (c) **Postponed Retirement:** A participant may continue in service beyond his normal retirement date. Upon actual retirement, he will receive a late retirement benefit based on service to his actual retirement date.

## 6. Termination Benefit

Any participant may terminate his employment after 5 Years of Service and be entitled to a deferred benefit payable at his NRD. Such pension will be equal to his Accrued Benefit at the date of termination of employment.

## 7. Death Benefits

**Before Earliest Retirement Date.** If a vested Participant or a vested former Participant is married at time of death and his benefit payments have not commenced, his spouse receives a life income which is 50% of the benefit the Participant would have received had he:

- i) Separated from service on the date he died;
- ii) Survived to the Earliest Retirement Age;
- iii) Retired with an immediate Qualified Joint and Survivor Annuity; and
- iv) Then died on the day after Earliest Retirement Age.

**After Earliest Retirement Date.** If a Participant has reached the Earliest Retirement Date and dies while employed or after incurring a break-in-service on or after the Earliest Retirement Date, the Participant's spouse will receive a life income which is equal to the amount that would have been payable to the spouse had the Participant retired the day before he died and elected a Qualified Joint and Survivor Annuity to commence with the month following the month in which the Participant died.

**After Retirement.** The death benefits, if any, for a Participant who dies after commencement of his benefits under the plan are those specified under the form in which his benefits were being paid.

## 8. Disability Retirement

A participant is eligible for a Disability Retirement if the Participant meets the definition of Total and Permanent Disability and it occurs after 10 Years of Service. The benefit is:

- a) after 10 Years of Service - \$100.00 per month.
- b) after 20 Years of Service - \$150.00 per month.

The above benefits are paid until the Participant attains Normal Retirement Age if the Participant continues to be disabled at which point the Participant would be eligible to commence receipt of his monthly Normal Retirement benefit earned through his date of disability.

## 9. Normal Form of Pension

The normal form of pension for an unmarried Participant is a life annuity with 120 months guaranteed. The normal form of pension for a married Participant is a 50% Qualified Joint and Survivor Annuity which is the actuarial equivalent of the life annuity with 120 months guaranteed. The 50% Qualified Joint and Survivor Annuity is automatically paid to a married participant unless, with the consent of his spouse, he elects otherwise.

## Changes in Plan Provisions Since Prior Valuation

None.

## Amortization Schedule

	<u>Date Established</u>	<u>Original Amount</u>	<u>Remaining Amount</u>	<u>Remaining Years</u>	<u>Amortization Payment</u>
a) New ARPA Shortfall Base as of 1/1/2021	January 1, 2021	\$ 229,988	\$ 200,315	12	\$ 21,444
b) Additional ARPA Shortfall base as of 1/1/2022	January 1, 2022	(189,753)	(173,609)	13	(17,535)
c) Additional ARPA Shortfall Base as of 1/1/2023	January 1, 2023	323,062	308,691	14	29,586
c) Additional ARPA Shortfall base as of 1/1/2024	January 1, 2024	158,082	158,082	15	14,448
	Total		\$ 493,479		\$ 47,943

**Pension Plan for Union Employees of Johanna Foods, Inc.,  
Lacto Milk Products Division EIN: 22-2973062 PN: 003**

**Attachment to 2024 Form 5500  
Schedule H, Line 4(i)**

The schedule of assets is included in the Accountant report.

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

▶ Round off amounts to nearest dollar.

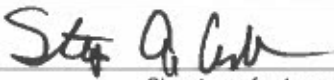
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan PENSION PLAN FOR UNION EMPLOYEES OF JOHANNA FOODS, INC., LACTO MILK PRODUCTS DIVISION		<b>B</b> Three-digit plan number (PN) ▶	003
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JOHANNA FOODS, INC.		<b>D</b> Employer Identification Number (EIN) 22-2973062	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information				
<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b>	Assets:			
	<b>a</b> Market value .....	<b>2a</b>	4924614	
	<b>b</b> Actuarial value .....	<b>2b</b>	5021607	
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	18	752831	752831
	<b>b</b> For terminated vested participants .....	24	425538	425538
	<b>c</b> For active participants .....	56	4298564	4336717
	<b>d</b> Total .....	98	5476933	5515086
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b>	Effective interest rate .....	<b>5</b>	5.23%	
<b>6</b>	Target normal cost			
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	90823	
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	43000	
	<b>c</b> Target normal cost .....	<b>6c</b>	133823	

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>		10/01/2025
	Signature of actuary	Date
STEPHEN A. CATONE, ASA		23-05357
Type or print name of actuary		Most recent enrollment number
KORN FERRY, INC.		215-861-2333
Firm name		Telephone number (including area code)
2005 MARKET ST., SUITE 910 PHILADELPHIA, PA 19103-2029		
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

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

Schedule SB (Form 5500) 2024  
v. 240311

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of _____ % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		580
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.33</u> % .....		31
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		611
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	91.05%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	91.05%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	93.10%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>							
<b>18</b> 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		
04/12/2024	56000						
07/12/2024	41000						
10/11/2024	41000						
01/14/2025	41000						
09/12/2025	12000						
			<b>Totals ▶</b>	<b>18(b)</b>	191000	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 184371

<b>20</b>	Quarterly contributions and liquidity shortfalls:		
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>c</b>	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75%	2nd segment: 4.96%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	133823	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance		Installment
<b>a</b> Net shortfall amortization installment .....	493479		47943
<b>b</b> Waiver amortization installment .....	0		0
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....	<b>34</b>	181766	
		Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....		0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	181766	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	184371	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	2605	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>		
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

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

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
--