

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

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.)

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>ARWAY CONFECTIONS, INC. PROFIT SHARING PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>004</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ARWAY CONFECTIONS, INC.</u></p> <p><u>3425 NORTH KIMBALL</u> <u>CHICAGO, IL 60618</u></p>	<p>1c Effective date of plan <u>08/01/1975</u></p> <p>2b Employer Identification Number (EIN) <u>36-2154728</u></p> <p>2c Plan Sponsor's telephone number <u>772-267-5770</u></p> <p>2d Business code (see instructions) <u>311300</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	CRAIG LEVA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	219
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	204
	6a(2)	200
	6b	0
	6c	16
	6d	216
	6e	0
	6f	216
	6g(1)	212
6g(2)	216	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

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

A Name of plan ARWAY CONFECTIONS, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 ARWAY CONFECTIONS, INC.	D Employer Identification Number (EIN) 36-2154728	

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

KMA, S.C. 45-2904270	1200 JOHN Q HAMMONS DRIVE SUITE 500 MADISON, WI 53717
---	--

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

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

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

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

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

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

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

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

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

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

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

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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	
A Name of plan ARWAY CONFECTIONS, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 ARWAY CONFECTIONS, INC.	D Employer Identification Number (EIN) 36-2154728

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	503287	488857
(2) Participant contributions	1b(2)	0	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	638351	563150
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	636371	825152
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4557205	5536676
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4144494	4542000
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	58545	74265

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	10538253	12030100
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	16448	5712
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	16448	5712
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	10521805	12024388

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	488857	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		488857
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1595196
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2084053

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	516705	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		516705
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	15990	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	48775	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		64765
j Total expenses. Add all expense amounts in column (b) and enter total	2j		581470

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1502583
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **KMA, S.C.**

(2) EIN: **45-2904270**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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

A Name of plan <u>ARWAY CONFECTIONS, INC. PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ARWAY CONFECTIONS, INC.</u>	D Employer Identification Number (EIN) <u>36-2154728</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-2154728</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 01 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q703007A.

ARWAY CONFECTIONS, INC.
PROFIT SHARING PLAN & TRUST

FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION

AS OF DECEMBER 31, 2024 AND 2023
AND FOR THE YEAR ENDED DECEMBER 31, 2024

ARWAY CONFECTIONS, INC.
PROFIT SHARING PLAN & TRUST

FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION

AS OF DECEMBER 31, 2024 AND 2023
AND FOR THE YEAR ENDED DECEMBER 31, 2024

C O N T E N T S

	<u>Page</u>
Independent Auditors' Report	1-3
Financial Statements:	
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-12
Supplemental Schedule:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	13-14



INDEPENDENT AUDITORS' REPORT

To the Administrator of the
Arway Confections, Inc. Profit Sharing Plan & Trust

Opinion on the 2024 Financial Statements

We have audited the accompanying financial statements of Arway Confections, Inc. Profit Sharing Plan & Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Arway Confections, Inc. Profit Sharing Plan & Trust as of December 31, 2024, and the changes in net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the 2024 Financial Statements

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

Responsibilities of Management for the 2024 Financial Statements

Management is responsible for the preparation and fair presentation of the 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date 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 2024 Financial Statements

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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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.

2024 Supplemental Schedule Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) is presented for the purpose of additional analysis and are not a required part of the financial statements, but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated in all material respects in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on the 2023 Financial Statements

The financial statements of the Plan as of and for the year ended December 31, 2023 were audited by other auditors whose report dated October 11, 2024 expressed an unmodified opinion on those financial statements.

KMA.S.C.

Chicago, IL

October 10, 2025

ARWAY CONFECTIONS, INC.
PROFIT SHARING PLAN & TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS:		
Cash and non-interest-bearing equivalents:		
Cash	\$ 34,560	\$ 7,516
Investments, at fair value:		
Money market funds and brokerage accounts	522,879	614,386
Bonds	825,152	636,371
Equities	5,536,676	4,557,205
Mutual funds	3,962,899	3,626,609
Private equity funds	579,101	517,886
Commodities	74,265	58,545
	11,500,972	10,011,002
Employer contribution receivable	488,857	503,287
NET ASSETS AVAILABLE FOR BENEFITS	\$ 12,024,389	\$ 10,521,805

See Notes to Financial Statements.

ARWAY CONFECTIONS, INC.
PROFIT SHARING PLAN & TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2024

Additions to (deductions from) net assets attributed to:	
Investment income (loss):	
Net unrealized appreciation in fair value of investments	\$ 1,077,781
Dividend income and realized capital gains, net	486,642
Interest income, net	<u>30,232</u>
	1,594,655
Investment fees	<u>(48,172)</u>
Net investment income	1,546,483
Employer contribution	<u>488,857</u>
Net additions	<u>2,035,340</u>
Benefits paid to participants	(516,766)
Professional fees	<u>(15,990)</u>
Total deductions	<u>(532,756)</u>
NET INCREASE	1,502,584
NET ASSETS AVAILABLE FOR BENEFITS:	
BEGINNING OF YEAR	<u>10,521,805</u>
END OF YEAR	<u><u>\$ 12,024,389</u></u>

See Notes to Financial Statements.

ARWAY CONFECTIONS, INC.
PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS

1. Description of Plan:

The following description of the Arway Confections, Inc. Profit Sharing Plan & Trust (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

a. General:

The Plan is a profit sharing plan providing additional income for retirement to all eligible employees. The Plan sponsor is Arway Confections, Inc. (the Company) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan includes all full-time employees of the Company. Employees having attained the age of 21 and completed 2 years of service with more than 999 work hours for the Plan Year are eligible to participate in the Plan.

The Plan is administered by the Company. The Company has overall responsibility for the operation and administration of the Plan. The Company determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the participants.

b. Participants' Accounts:

The Company shall establish and maintain an account in the name of each participant to which the Company shall credit as of each anniversary date, or other valuation date, all amounts allocated to a particular account of each such participant as set forth herein. Each participant's account is credited with allocations of (a) the Company's profit sharing contribution and (b) the Plan's net investment earnings (losses). The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. See Note 1d.

c. Funding Policy:

For each Plan year, the Company may contribute to the Plan as follows:

i. Non-elective Contribution:

A discretionary amount to each participant, which amount, if any, shall be a non-elective contribution. The contribution received by the Plan is allocated based on each participant's applicable compensation percentage.

ii. Gateway Contribution:

In addition to any non-elective contribution described above, the Company may make another non-elective contribution (Gateway Contribution) in an amount necessary to satisfy the minimum allocation Gateway Contribution requirement.

ARWAY CONFECTIONS, INC.
PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS

1. Description of Plan – continued:

c. Funding Policy – continued:

iii. Top-Heavy Contribution:

The Company may contribute to the Plan the amount necessary to provide the top-heavy minimum contribution, even if it exceeds the amount that would be deductible under Internal Revenue Code (IRC) Section 404.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Furthermore, all Company contributions are subject to certain IRS limitations.

d. Vesting:

Benefits are determined based on the participant's account balance. Plan participants are eligible for their Plan benefit after terminating employment with vested rights. A participant shall be fully vested immediately upon entry into the Plan. Upon termination of employment, a participant must take a lump sum distribution from the Plan.

e. Death and Disability Benefits:

Upon the death of a participant before the participant's retirement date or other termination of employment, the Company shall direct the distribution of all amounts credited to such participant's account to the participant's beneficiary. In the event of a participant's disability, the participant's entire interest in the Plan will be distributable.

2. Summary of Accounting Policies:

The following are the significant accounting policies followed by the Plan:

a. Basis of Accounting:

The accompanying financial statements are prepared on the accrual basis of accounting.

b. Use of Estimates:

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

ARWAY CONFECTIONS, INC.
PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS

2. Summary of Accounting Policies – continued:

c. Cash:

The Plan maintains cash in certain accounts insured by the Federal Deposit Insurance Corporation (FDIC). The insurance is currently limited to \$250,000 per financial institution. During 2024, the accounts, at times, may have exceeded their insured limit; however, no losses have been incurred on the accounts.

d. Investment Valuation and Income Recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an ordinary transaction between market participants at the measurement date. The trustees determine the Plan's valuation policies utilizing information provided by its investment advisers and custodians.

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

Level 1 - Inputs include unadjusted quoted prices for identical assets or liabilities in active markets;

Level 2 - Inputs other than quoted prices that are observable for the asset or liability, including inputs derived principally from or corroborated by observable market data by correlation or other means; and

Level 3 - Inputs include valuation methods in which unobservable inputs are used that are 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Money market funds and brokerage accounts: Valued as cash plus accrued interest.

ARWAY CONFECTIONS, INC.
PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS

2. Summary of Accounting Policies – continued:

d. Investment Valuation and Income Recognition – continued:

Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Equities: Common stock, closed-end funds, and other exchange-traded products valued at the closing price reported on the active market on which the security is traded or valued by the custodian at year-end using various pricing services of financial institutions.

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

Private equity funds: Value per unit is a value updated quarterly, based on the NAV in the fund as of the date specified, adjusted by adding capital calls and subtracting distributions since the NAV date. The NAV is primarily based on estimated portfolio values provided by the underlying fund sponsor. The value per unit and NAV may vary because of differences in the way they were estimated and because the value per unit may have been prepared on the basis of financial information other than year-end. Reported estimates may not reflect resale, liquidation or repurchase value, if any, and may not reflect distributions of capital until the next valuation is reported, generally on an annual or semi-annual basis. Since the private equity funds are measured at NAV, they have not been classified within the fair value hierarchy.

Commodities: Valued at the daily closing price of the underlying commodity by the trustee as reported by each trust. The trustee computes NAV by dividing the net asset value of the trust by the number of shares outstanding of the investment vehicle. The commodities held by the Plan are deemed to be actively traded.

The following table presents the Plan's investments at fair value at December 31, 2024:

	Level 1	Level 2	Level 3	Total
Money Market and Brokerage Accounts	\$ 522,879	\$ -	\$ -	\$ 522,879
Bonds	-	825,152	-	825,152
Equities	5,536,676	-	-	5,536,676
Mutual Funds	3,962,899	-	-	3,962,899
Commodities	74,265	-	-	74,265
Total	<u>\$ 10,096,719</u>	<u>\$ 825,152</u>	<u>\$ -</u>	<u>\$ 10,921,871</u>
Private Equity Funds measured at net asset value				<u>579,101</u>
Total investments				<u>\$ 11,500,972</u>

ARWAY CONFECTIONS, INC.
PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS

2. Summary of Accounting Policies – continued:

d. Investment Valuation and Income Recognition – continued:

The following table presents the Plan's investments at fair value at December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market and Brokerage Accounts	\$ 614,386	\$ -	\$ -	\$ 614,386
Bonds	-	636,371	-	636,371
Equities	4,557,205	-	-	4,557,205
Mutual Funds	3,626,609	-	-	3,626,609
Commodities	58,545	-	-	58,545
Total	<u>\$ 8,856,745</u>	<u>\$ 636,371</u>	<u>\$ -</u>	<u>\$ 9,493,116</u>
Private Equity Funds measured at net asset value				<u>517,886</u>
Total investments				<u>\$ 10,011,002</u>

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period. The trustees evaluate the significance of transfers between levels, if any, based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2024 and 2023, there were no transfers in or out of Level 3.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net unrealized appreciation (depreciation) and net realized capital gains (losses) include the Plan's gains and losses on investments bought and sold, as well as held, during the year.

e. Payments of Benefits:

Benefit payments to participants are generally recorded upon distribution.

f. Administrative 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 and investment related expenses that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits.

g. Subsequent Events:

The Plan has evaluated subsequent events through October 10, 2025, the date of the Independent Auditors' Report and the date the financial statements were available to be issued.

ARWAY CONFECTIONS, INC.
PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS

3. Investments:

Each of the following investments represents 5% or more of the Plan's net assets as of December 31, 2024 and 2023:

	2024	2023
Total Stock Mkt Idx Adm	\$ 1,483,178	\$ 1,198,593
SPDR S&P 500 ETF TR	1,079,559	875,521
Wellesley Income Fund Adm	604,781	570,625
Federated Hermes US Treasury Cash Reserves CL IS	779,404	-

During 2024, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by \$1,077,781.

4. Related Party and Party-In-Interest Transactions:

As described in Note 2f, the Plan paid certain expenses related to Plan operations and investment activity. Amounts paid to UBS Financial Services totaled \$48,275 for 2024. These transactions are party-in-interest transactions under ERISA. Certain employees of the Company provide administrative and trustee services to the Plan but receive no compensation from the Plan for such services.

5. Risks and Uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

6. Qualified Status:

The Plan has adopted a volume submitter plan. The Internal Revenue Service (IRS) issued an opinion letter stating that the volume submitter plan was designed in accordance with applicable sections of the IRC. The volume submitter plan opinion letter has been relied upon by the Plan. Although the Plan has been amended since receiving the opinion letter, the trustees believe that the Plan is designed, and is currently being operated, in compliance with the applicable provisions of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

ARWAY CONFECTIONS, INC.
PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS

6. Qualified Status – continued:

Accounting principles generally accepted in the United States of America require the trustees to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. For the year ended December 31, 2024, Plan management has determined that there were no material uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The trustees believe the Plan is no longer subject to tax examinations for years prior to 2021.

ARWAY CONFECTIONS, INC.
PROFIT SHARING PLAN & TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

EIN: 36-2154728

Plan Number: 002

Federal Form 5500, Schedule H, Line 4(i)

(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost Basis
Money market funds and brokerage accounts:		
UBS	LIQUID ASSETS GOVT FUND	\$ 434,772
VANGUARD	FEDERAL MONEY MKT FUND	88,091
ALBANK	INSURED BANK DEPOSITS	16
		<u>522,879</u>
Bonds:		
UBS	MICROSOFT CORP NTS B/E CALL@MW+15BP	86,626
UBS	WELLS FARGO & CO NTS B/E RATE 05.750%	150,000
UBS	JOHN DEERE CAPITAL GROUP MED TERM NTS RATE 04.900%	49,786
UBS	COMCAST CORP NTS B/E CALL@MW+20BP	47,835
UBS	JPMORGAN CHASE & CO MED TERM NTS RATE 06.150%	100,000
UBS	JPMORGAN CHASE & CO MED TERM NTS RATE 05.150%	150,000
UBS	BK OF AMER CORP B/E RATE 05.200%	250,000
UBS	ACCRUED INTEREST ON BONDS	-
		<u>834,247</u>
Equities:		
UBS	ALPHABET INC CL A	80,704
UBS	AMAZON.COM INC	99,342
UBS	APPLE INC	108,398
UBS	AUTOMATIC DATA PROCESSNG INC	35,960
UBS	BERKSHIRE HATHAWAY INC NEW	18,984
UBS	CME GROUP INC	20,095
UBS	HONEYWELL INTL INC	12,371
UBS	JPMORGAN CHASE & CO	62,769
UBS	LILLY ELI & CO	55,853
UBS	MCDONALDS CORP	35,141
UBS	MERCK & CO INC COM	16,991
UBS	PROCTER & GAMBLE CO	36,032
UBS	QUALCOMM INC	21,954
UBS	STARBUCKS CORP	22,373
UBS	TARGET CORP	27,454
UBS	TRANE TECHNOLOGIES PLC	27,922
UBS	UNION PACIFIC CORP	56,627
UBS	VISA INC CL A	51,016
UBS	WALMART INC	19,173
UBS	CONSUMERS STAPLES SELECT	51,646
UBS	SPDR DOW JONES INDL AVERAGE	110,924
UBS	SPDR S&P 500 ETF TR	304,196
UBS	UTILITIES SECTOR SPDR FUND ETF	15,048
UBS	VANGUARD TOTAL STOCK MKT ETF	151,372
UBS	ABBOTT LABS	48,242
UBS	ADOBE INC. (DELAWARE)	29,638
UBS	ACCENTURE PLC IRELAND CL A	21,114
UBS	ADVANCED MICRO DEVICES INC	19,057
UBS	AMERICAN TOWER CORP REIT	23,974
UBS	AMERIPRISE FINANCIAL INC	7,700
UBS	ASML HLDG NV SPON ADR	26,145
UBS	BOSTON SCIENTIFIC CORP	12,004
UBS	BROADCOM INC	79,795
UBS	CHIPOTLE MEXICAN GRILL INC	18,366
UBS	COCA COLA CO COM	24,335
UBS	INTUIT	16,426
UBS	INTUITIVE SURGICAL INC	15,216

ARWAY CONFECTIONS, INC.
PROFIT SHARING PLAN & TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

EIN: 36-2154728

Plan Number: 002

Federal Form 5500, Schedule H, Line 4(i)

(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost Basis
Equities:		
UBS	MASTERCARD INC CL A	\$ 33,116
UBS	META PLATFORMS INC CL A	52,888
UBS	MICROSOFT CORP	163,331
UBS	NVIDIA CORP	120,665
UBS	O REILLY AUTOMOTIVE INC	10,181
UBS	ORACLE CORP	51,395
UBS	PALO ALTO NETWORKS INC	13,448
UBS	PARKER HANNIFIN CORP	15,027
UBS	PROGRESSIVE CORP OHIO	25,702
UBS	S&P GLOBAL INC	10,530
UBS	SALESFORCE, INC.	19,701
UBS	SHERWIN WILLIAMS CO	18,624
UBS	THERMO FISHER SCIENTIFIC INC	17,389
UBS	TRANSDIGM GROUP INC	17,038
UBS	TJX COS INC NEW	51,839
UBS	UNITEDHEALTH GROUP INC	57,340
UBS	ABBVIE INC COM	19,214
UBS	AMER EXPRESS CO	22,254
UBS	ANALOG DEVICES INC	24,457
UBS	BLACKROCK INC	26,945
UBS	CHUBB LTD CHF	17,678
UBS	EATON CORP PLC	11,652
UBS	EXXON MOBIL CORP	18,287
UBS	HOME DEPOT INC	36,578
UBS	JOHNSON & JOHNSON COM	31,267
UBS	KLA CORP	10,223
UBS	LINDE PLC NEW EUR	20,496
UBS	MARSH & MCLENNAN COS INC	17,501
UBS	MORGAN STANLEY	22,466
UBS	NEXTERA ENERGY INC COM	29,670
UBS	PHILLIPS 66	19,983
UBS	PROLOGIS INC COM	34,598
UBS	REPUBLIC SERVICES INC	5,543
UBS	TAIWAN SEMICONDUCTOR MFG CO	27,693
UBS	TEXAS INSTRUMENTS	28,383
		<u>2,887,459</u>
Mutual funds:		
UBS	AMG GW&K ESG BOND FUND	157,247
UBS	LORD ABBETT	184,427
UBS	VIRTUS NEWFLEET	85,673
ALBANK	FEDERATED HERMES US TREASURY CASH RESERVES CL IS	779,404
VANGUARD	INTER-TERM INVEST-GR ADM	*
VANGUARD	TOT INTL STOCK IX ADMIRAL	*
VANGUARD	TOTAL STOCK MKT IDX ADM	*
VANGUARD	WELLESLEY INCOME FUND ADM	*
		<u>1,206,751</u>
Private equity funds:		
UBS	BLACKSTONE PRIVATE CREDIT FUND CLASS S	586,096
Commodities:		
UBS	ISHARES GOLD TR	48,083
		<u>\$ 6,085,515</u>

* Cost basis information is unavailable for these investments.

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2024 and ending 12/31/2024

Name of plan

ARWAY CONFECTIONS, INC. PROFIT SHARING PLAN

Employer Identification Number

36-2154728

Three-digit
plan number

▶ **004**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
UBS		ALPHABET INC CL A	80,704	
UBS		AMAZON.COM INC	99,342	
UBS		APPLE INC	108,398	
UBS		AUTOMATIC DATA PROCESSING INC	35,960	
UBS		BERKSHIRE HATHAWAY INC NEW	18,984	
UBS		CME GROUP INC	20,095	
UBS		HONEYWELL INTL INC	12,371	
UBS		JPMORGAN CHASE & CO	62,769	
UBS		LILLY ELI & CO	55,853	
UBS		MCDONALDS CORP	35,141	
UBS		MERCK & CO INC COM	16,991	
UBS		PROCTER & GAMBLE	36,032	
UBS		QUALCOMM INC	21,954	
UBS		STARBUCKS CORP	22,373	
UBS		TARGET CORP	27,454	
UBS		TRANE TECHNOLOGIES PLC	27,922	
UBS		UNION PACIFIC CORP	56,627	
UBS		VISA INC CL A	51,016	
UBS		WALMART INC	19,173	
UBS		CONSUMERS STAPLES SELECT	51,646	
UBS		SPDR DOW JONES INDL AVERAGE	110,924	
UBS		SPDR S&P 500 ETF TR	304,196	
UBS		UTILITIES SECTOR SPDR FUND ETF	15,048	
UBS		VANGUARD TOTAL STOCK MKT ETF	151,372	
UBS		ABBOTT LABS	48,242	
UBS		ADOBE INC. (DELAWARE)	29,638	
UBS		ACCENTURE PLC IRELAND CL A	21,114	
UBS		ADVANCED MICRO DEVICES INC	19,057	
UBS		AMERICAN TOWER CORP REIT	23,974	
UBS		AMERIPRISE FINANCIAL INC	7,700	
UBS		ASML HLDG NV SPON ADR	26,145	
UBS		BOSTON SCIENTIFIC CORP	12,004	
UBS		BROADCOM INC	79,795	
UBS		CHIPOTLE MEXICAN GRILL INC	18,366	
UBS		COCA COLA CO COM	24,335	
UBS		INTUIT	16,426	
UBS		INTUITIVE SURGICAL INC	15,216	
UBS		MASTERCARD INC CL A	33,116	
UBS		META PLATFORMS INC CL A	52,888	

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2024 and ending 12/31/2024

Name of plan

ARWAY CONFECTIONS, INC. PROFIT SHARING PLAN

Employer Identification Number

36-2154728

Three-digit
plan number

▶ **004**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
UBS		MICROSOFT CORP	163,331	
UBS		NVIDIA CORP	120,665	
UBS		O REILLY AUTOMOTIVE INC	10,181	
UBS		ORACLE CORP	51,395	
UBS		PALO ALTO NETWORKS INC	13,448	
UBS		PARKER HANNIFIN CORP	15,027	
UBS		PROGRESSIVE CORP OHIO	25,702	
UBS		S&P GLOBAL INC	10,530	
UBS		SALESFORCE, INC.	19,701	
UBS		SHERWIN WILLIAMS CO	18,624	
UBS		THERMO FISHER SCIENTIFIC INC	17,389	
UBS		TRANSDIGM GROUP INC	17,038	
UBS		TJX COS INC NEW	51,839	
UBS		UNITEDHEALTH GROUP INC	57,340	
UBS		ABBVIE INC COM	19,214	
UBS		ANALOG DEVICES INC	24,457	
UBS		BLACKROCK INC	26,945	
UBS		CHUBB LTD CHF	17,678	
UBS		EATON CORP PLC	11,652	
UBS		EXXON MOBIL CORP	18,287	
UBS		HOME DEPOT	36,578	
UBS		JOHNSON & JOHNSON COM	31,267	
UBS		KLA CORP	10,223	
UBS		LINDE PLC NEW EUR	20,496	
UBS		MARSH & MCLENNAN COS INC	17,501	
UBS		MORGAN STANLEY	22,466	
UBS		NEXTERA ENERGY INC COM	29,670	
UBS		PHILLIPS 66	19,983	
UBS		PROLOGIS INC COM	34,598	
UBS		REPUBLIC SERVICES INC	5,543	
UBS		TAIWAN SEMICONDUCTOR MFG CO	27,693	
UBS		TEXAS INSTRUMENTS	28,383	
UBS		AMG GW&K ESG BOND FUND	157,247	
UBS		LORD ABBETT	184,427	
UBS		VIRTUS NEWFLEET	85,673	
ALBANK		FEDERATED HERMES US TREASURY C	779,404	
UBS		BLACKSTONE PRIVATE CREDIT FUND	586,096	
UBS		ISHARES GOLD TR	48,083	

