

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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 SMITHFOODS ORRVILLE INC. UNION PENSION PLAN
1b Three-digit plan number (PN) 006
1c Effective date of plan 01/01/2001
2a Plan sponsor's name (employer, if for a single-employer plan) SMITHFOODS INC.
2b Employer Identification Number (EIN) 34-0536210
2c Plan Sponsor's telephone number 330-683-8710
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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	289
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)	96
	6a(2)	68
	6b	83
	6c	98
	6d	249
	6e	12
	6f	261
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

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

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

A Name of plan <u>SMITHFOODS ORRVILLE INC. UNION PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SMITHFOODS INC.</u>	D Employer Identification Number (EIN) <u>34-0536210</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>7798384</u>
	b Actuarial value	2b	<u>7798384</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>83</u>	<u>2967311</u>
	b For terminated vested participants	<u>110</u>	<u>1614229</u>
	c For active participants	<u>96</u>	<u>4136783</u>
	d Total	<u>289</u>	<u>8718323</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.23 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>307325</u>
	b Expected plan-related expenses	6b	<u>47682</u>
	c Target normal cost	6c	<u>355007</u>

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

SIGN HERE Signature of actuary <u>JEFFREY A. SCHAPPEL, EA, MAAA, FCA</u> Type or print name of actuary <u>CBIZ BENEFITS & INSURANCE SERVICES</u> Firm name <u>5959 ROCKSIDE WOODS BLVD, NORTH SUITE 600 CLEVELAND, OH 44131</u> Address of the firm	<u>10/15/2025</u> Date <u>23-07786</u> Most recent enrollment number <u>216-525-1990</u> Telephone number (including area code)
---	--

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	128
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	128
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>17.76</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		497
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.36</u> %		20
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		23
c	Total available at beginning of current plan year to add to prefunding balance		540
d	Portion of (c) to be added to prefunding balance		540
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	540

Part III Funding Percentages			
14	Funding target attainment percentage	14	87.79 %
15	Adjusted funding target attainment percentage	15	87.79 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	77.65 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/05/2024	145119	0					
07/15/2024	145119	0					
10/11/2024	145119	0					
04/11/2025	114314	0					
08/25/2025	114314	0					
			Totals ▶	18(b)	663985	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	636141

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	355007	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1084076	106462	
b Waiver amortization installment.....		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	461469	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	461469	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	636141	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	174672	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

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

A Name of plan SMITHFOODS ORRVILLE INC. UNION PENSION PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 SMITHFOODS INC.	D Employer Identification Number (EIN) 34-0536210	

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

(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)

MORGAN STANLEY

36-3145972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	52264	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.

(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 SMITHFOODS ORRVILLE INC. UNION PENSION PLAN	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 SMITHFOODS INC.	D Employer Identification Number (EIN) 34-0536210

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	3360	2677
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	634362	228628
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	13929	10744
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	145985	140439
(2) U.S. Government securities	1c(2)	15771	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	727495	648805
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1669902	1757268
(5) Partnership/joint venture interests	1c(5)	560064	628298
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	4049916	3562325
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

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	7820784	6979184
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	7820784	6979184

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)	663985	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		663985
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3871	
(B) U.S. Government securities.....	2b(1)(B)	100	
(C) Corporate debt instruments.....	2b(1)(C)	34775	
(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)		38746
(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)	160011	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		160011
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	11145317	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	11014822	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		130495
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	488852	
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1482089

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2268509	
(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)		2268509
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)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	52264	
(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)	2916	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		55180
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2323689

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-841600
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: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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.)			
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 551786.

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>SMITHFOODS ORRVILLE INC. UNION PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SMITHFOODS INC.</u>	D Employer Identification Number (EIN) <u>34-0536210</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>25-1435979</u> <u>55-0817320</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	27

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 checked="" 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 checked="" 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 checked="" 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 ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**SMITHFOODS ORRVILLE INC.
UNION PENSION PLAN**

**FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**

YEARS ENDED DECEMBER 31, 2024 AND 2023



CPAs | CONSULTANTS | WEALTH ADVISORS

[CLAconnect.com](https://www.CLAconnect.com)

**SMITHFOODS ORRVILLE INC. UNION PENSION PLAN
TABLE OF CONTENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	5
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	6
NOTES TO FINANCIAL STATEMENTS	7
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES (ATTACHMENTS TO FORM 5500)	
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)	17
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS	33



INDEPENDENT AUDITORS' REPORT

Plan Trustees
SmithFoods Orrville Inc. Union Pension Plan
Orrville, Ohio

Report on the Audit of the Financial Statements

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

We have performed audits of the accompanying financial statements of SmithFoods Orrville Inc. Union Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the 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 (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 SmithFoods Orrville Inc. Union Pension Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 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. 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 SmithFoods Orrville Inc. Union Pension Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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.

Plan Trustees
SmithFoods Orrville Inc. Union Pension Plan

- 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 SmithFoods Orrville Inc. Union Pension 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 SmithFoods Orrville Inc. Union Pension Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the 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.

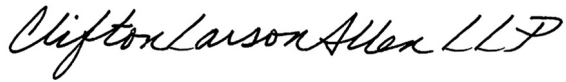
Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 and the supplemental schedule of reportable transactions for the year then ended are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits 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. For information included in the supplemental schedules 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 supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its 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 supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is 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 supplemental schedules 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).



CliftonLarsonAllen LLP

Canton, Ohio
October 14, 2025

**SMITHFOODS ORRVILLE INC. UNION PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

ASSETS	2024	2023
INVESTMENTS (at Fair Value)		
Cash	\$ 3,592	\$ 5,992
Money Market Funds	140,439	145,986
Exchange Traded Funds	1,981,148	2,284,389
Mutual Funds	1,580,262	1,762,895
Common Stock	1,550,490	1,466,811
Notes and Bonds	648,805	743,267
Hedge Fund	628,298	416,455
Private Credit	-	143,609
Real Estate Income Trust	206,778	203,091
Total Investments at Fair Value	6,739,812	7,172,495
EMPLOYER CONTRIBUTION RECEIVABLE	228,628	634,362
INTEREST RECEIVABLE	10,744	13,929
NET ASSETS AVAILABLE FOR BENEFITS	\$ 6,979,184	\$ 7,820,786

See accompanying Notes to Financial Statements.

**SMITHFOODS ORRVILLE INC. UNION PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
ADDITIONS:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	\$ 619,977	\$ 918,073
Interest and Dividends	195,210	174,244
Total Investment Income	815,187	1,092,317
EMPLOYER CONTRIBUTIONS	663,985	634,362
Total Additions	1,479,172	1,726,679
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	2,268,406	219,211
ADMINISTRATIVE EXPENSES	52,368	47,892
Total Deductions	2,320,774	267,103
NET INCREASE (DECREASE)	(841,602)	1,459,576
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	7,820,786	6,361,210
End of Year	\$ 6,979,184	\$ 7,820,786

See accompanying Notes to Financial Statements.

SMITHFOODS ORRVILLE INC. UNION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF PLAN

The following description of SmithFoods Orrville Inc. Union Pension Plan, (the Plan), formerly Smith Dairy Products Company Union Pension Plan, provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan established January 1, 2001. The Plan covers substantially all employees of SmithFoods Orrville Inc. (Company) who are also members of Local Union No. 348, International Brotherhood of Teamsters, Chauffeurs, Warehousemen, and Helpers of America (the Union) and have met specified eligibility requirements. The Plan was amended and restated throughout the years and most recently amended effective July 15, 2024. Previous to this, the Plan was frozen to eligibility effective June 1, 2016 for any employee hired on or after June 1, 2016.

The Plan is administered by the trustees of the Plan, as appointed by the Company. The trustees have overall responsibility for the operation and administration of the Plan. The trustees determine the appropriateness of the Plan's investment offerings and monitors investment performance.

On October 1, 2024, the Plan Sponsor sold certain assets and liabilities, including the SmithFoods Orrville Inc. Union Pension Plan to East Side Jersey Dairy, Inc.

Pension Benefits

Participants become eligible for monthly retirement benefits upon reaching age 65 and completing five years of service with the Company. Early retirement benefits may commence at age 57. The monthly retirement benefit is calculated as 1% of the contribution credits for full-time employees and 0.5% for part-time employees, with contribution credits valued at \$90 per week. Effective July 15, 2024, the Plan was amended to reduce the normal retirement age to 62. Additionally, as of that date, active employees aged 59.5 and older may begin receiving monthly in-service early retirement benefits, subject to a reduction of 6% per year (or partial year) between ages 59.5 and 62.

Participants who elect to opt out of the Plan will cease accruing benefits as of the opt-out date, and no further contribution credits will be earned thereafter. This opt-out election is irrevocable and permanent. A one-time option was introduced for active participants aged 60 or older as of July 15, 2024, allowing them to elect a lump-sum unreduced benefit without retiring, provided they notify the Company within the designated timeframe.

As a pension plan subject to Internal Revenue Code Section 412, participants may receive their accrued vested benefits in the form of a lump sum payment, a Life Annuity, or a Qualified Joint and Survivor Annuity, depending on whether they are traditional or cash balance participants. Under the terms of the Plan, the Qualified Joint and Survivor Annuity provides a joint annuity with a 50% survivor benefit. Effective July 15, 2024, the Plan was amended to freeze all benefit accruals.

SMITHFOODS ORRVILLE INC. UNION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Death and Disability Benefits

The Plan provides for death benefit payments. If death occurs prior to the retirement date, no benefit is available except for those provided under the Joint and Survivor Annuity or the Preretirement Survivor Annuity. If death occurs after retirement but prior to benefit commencement, the beneficiary will be entitled to a death benefit equal to the deceased's retirement benefit. If death occurs after benefit commencement, the beneficiary will be entitled to a death benefit dependent upon the arrangements made for the payment of the retirement benefit. Disability benefits are also available for those employees incapable of performing their usual duties. This benefit is calculated as if benefits will begin at normal retirement age. If such benefit is received prior to this date, it will be actuarially reduced.

Vesting

Participants are 100% vested in their accrued benefits upon reaching normal retirement age, thirty-and-out pension, or upon death. As a result of any other type of termination, participants will not become vested until they reach five years of service, at which time they will become 100% vested in accrued benefits.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirement. For the 2024 and 2023 plan year, the Company made contributions of \$474,771 and \$634,362, respectively. The Company's contributions for 2024 and 2023 exceeded the minimum funding requirements of ERISA.

Although it has not expressed an 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 provisions set forth in ERISA.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared 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 the Plan administrator 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 accumulated Plan benefits at the date of the financial statements. Actual results could differ from those estimates.

SMITHFOODS ORRVILLE INC. UNION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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 orderly transaction between market participants at the measurement date. The Plan's trustees determine the Plan's valuation policies utilizing information provided by the investment advisers and trustee. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Investment income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

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 that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through October 14, 2025, the date the financial statements were available to be issued.

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Benefits under the Plan are based on the participant's contribution credit. Contribution credits are the weekly amounts which the Company is to credit to a participant under the Plan. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided through annuity contracts are excluded from Plan assets and are also excluded from accumulated Plan benefits.

**SMITHFOODS ORRVILLE INC. UNION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The actuarial present value of accumulated Plan benefits is determined by an independent actuary and is that 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 for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of December 31, 2023, were:

- a. Pri-2012 Blue Collar Mortality Tables (Pri-2012 Disabled Retiree Mortality Tables for disabled participants) projected generationally using Scale MP-2021.
- b. Retirement Age Assumptions (Normal retirement age of 65 years; other active participants will elect early retirement from ages 63 to 65).
- c. Discount rate (7.75%).

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

The following is a summary of actuarial present value of accumulated Plan benefits as of December 31, 2023:

	Amount
Actuarial Present Value of Accumulated Plan Benefits:	
Vested Benefits:	
Participants Currently Receiving Payments	\$ 2,357,603
Other Participants	3,866,160
Total Vested Benefits	6,223,763
Nonvested Benefits	129,601
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 6,353,364

The changes in the actuarial present value of accumulated Plan benefits are summarized as follows for the period ended December 31, 2023:

	Amount
Actuarial Present Value of Accumulated Plan Benefits - Beginning of Year	\$ 5,905,390
Increase (Decrease) During the Year Attributable to:	
Increase Due to Actuarial Gains and Losses	296,730
Change in Discount Period	370,455
Benefits Paid	(219,211)
Actuarial Present Value of Accumulated Plan Benefits - End of Year	\$ 6,353,364

SMITHFOODS ORRVILLE INC. UNION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The computations of the actuarial present value of accumulated Plan benefits were made as of January 1. Had the valuations been performed as of December 31, 2023, there would be no material differences.

NOTE 4 CERTIFICATION OF INVESTMENT INFORMATION

First State Trust Company, the trustee of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, the statements of changes in net assets available for benefits for the years then ended, the supplemental schedule of assets (held at end of year) as of December 31, 2024, and the supplemental schedule of reportable transactions for the year then ended.

NOTE 5 FAIR VALUE OF INVESTMENTS

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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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 other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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 input must be observable for substantially the full term of the asset or liability.

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

The asset 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.

SMITHFOODS ORRVILLE INC. UNION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

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

Money Market Fund – Valued at cash value; these are bank deposits.

Exchange Traded Funds – Investments in exchange traded funds are valued at the daily closing price as reported by the fund. Exchange traded funds held by the Plan are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV). The exchange traded funds held by the Plan are deemed to be actively traded.

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

Common Stock– Valued at the closing price reported on the New York Stock Exchange.

Hedge Fund – Valued based on the NAV per share, without further adjustment. NAV is based upon the fair value of the underlying investments.

Notes and 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. When quoted prices are not available for identical or similar notes or bonds, the note or bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote is available.

Real Estate Income Trust – The real estate income trust is valued monthly based on the net asset value per unit, which is based on the fair value of the underlying investments, plus the addition of any other assets (such as cash on hand) and the deduction of liabilities. The underlying investments largely comprise real estate properties valued using a combination of a discounted cash flow analysis and valuations by a third-party appraiser. The asset is a Level 3 investment due to the limited trading market for the security and its underlying holdings.

Private Credit – Valued based on the NAV per share and determined at least quarterly. The underlying investments are comprised of secured and unsecured debt investments, as well as preferred and common equity investments. For investments which market quotations are readily available, they are valued at the average bid price of those market quotations. Debt and equity securities that are not publicly traded or whose market prices are not readily available, which is the case for the majority of the underlying investments, are valued using various valuation techniques determined by the Adviser. As a result, the asset is a Level 3 investment.

SMITHFOODS ORRVILLE INC. UNION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

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

	2024			
	Level 1	Level 2	Level 3	Total
Cash and Cash Equivalents	\$ 3,592	\$ -	\$ -	\$ 3,592
Exchanged Traded Funds	1,981,148	-	-	1,981,148
Money Market Funds	140,439	-	-	140,439
Mutual Funds	1,580,262	-	-	1,580,262
Common Stock	1,550,490	-	-	1,550,490
Notes and Bonds	-	648,805	-	648,805
Real Estate Income Trust	-	-	206,778	206,778
Total Investments in the Fair Value Hierarchy	<u>\$ 5,255,931</u>	<u>\$ 648,805</u>	<u>\$ 206,778</u>	6,111,514
Investments Measured at Net Asset Value				<u>628,298</u>
Total Investments at Fair Value				<u>\$ 6,739,812</u>

	2023			
	Level 1	Level 2	Level 3	Total
Cash and Cash Equivalents	\$ 5,992	\$ -	\$ -	\$ 5,992
Exchanged Traded Funds	2,284,389	-	-	2,284,389
Money Market Funds	145,986	-	-	145,986
Mutual Funds	1,762,895	-	-	1,762,895
Common Stock	1,466,811	-	-	1,466,811
Notes and Bonds	-	743,267	-	743,267
Real Estate Income Trust	-	-	203,091	203,091
Private Credit	-	-	143,609	143,609
Total Investments in the Fair Value Hierarchy	<u>\$ 5,666,073</u>	<u>\$ 743,267</u>	<u>\$ 346,700</u>	6,756,040
Investments Measured at Net Asset Value				<u>416,455</u>
Total Investments at Fair Value				<u>\$ 7,172,495</u>

The following table summarizes investments for which fair value is measured using the net asset per share practical expedient as of December 31:

Investment Type	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
Hedge Fund	\$ 628,298	\$ 416,455	\$ -	Quarterly	45-90 days

Gains and losses (realized and unrealized) included in the changes in net assets for the period above are reported in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

**SMITHFOODS ORRVILLE INC. UNION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs as of December 31:

Investment Type	Fair Value		Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
	2024	2023				
Real Estate			Net Asset Value	Third-Party Appraisals	Various Dependent upon Market Data	n/a
Income Trust	\$ 206,778	\$ 203,091		Discounted Cash Flow by Property Type	Discount Rate Range of Values 7.3% to 10.8% Exit Cap Rate Range of Values 5.3% to 9.1%	7.3% to 10.8% 5.3% to 9.1%
Private Credit	\$ -	\$ 143,609	Net Asset Value	n/a	n/a	n/a

These assumptions are determined by the fund Advisor and reviewed by an independent valuation advisor. A change in the assumptions would impact the calculation of the value of the property investments.

The following table sets forth a summary of certain changes in the fair value of the Plan's Level 3 assets for the year ended December 31:

	2024	2023
Purchases	\$ 9,576	\$ 22,388

SMITHFOODS ORRVILLE INC. UNION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 6 PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits 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 if they had 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.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations.
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. 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.

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 PLAN TAX STATUS

The IRS has determined and informed the Company by a letter dated October 19, 2020, that the Plan and related trust are designed in accordance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

SMITHFOODS ORRVILLE INC. UNION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 8 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 the investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

NOTE 9 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Morgan Stanley. Morgan Stanley is a bank depository as defined by the Plan and, therefore, the investment transactions qualify as party-in-interest transactions. Fees paid to First State Trust Company for administering the Plan are paid by the Company. These transactions are party-in-interest transactions under ERISA.

SCHEDULE SB ATTACHMENT
Line 26 - Schedule of Active Participant Data

Plan Name: Smith Dairy Products Company Union Pension Plan

EIN/PN: 34-0536210/006

Valuation Date: January 1, 2024

Age	Years of Credited Service										Total	
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over		
Under 25	-	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	2	-	-	-	-	-	-	-	-	2
30 to 34	-	-	5	2	1	-	-	-	-	-	-	8
35 to 39	-	-	1	1	5	1	-	-	-	-	-	8
40 to 44	-	-	-	1	-	7	-	-	-	-	-	8
45 to 49	-	-	1	-	2	1	4	-	-	-	-	8
50 to 54	-	-	-	-	2	2	6	3	1	-	-	14
55 to 59	-	-	3	1	2	4	3	3	4	-	-	20
60 to 64	-	-	1	-	4	5	2	4	5	5	-	26
65 to 69	-	-	-	-	-	1	-	1	-	-	-	2
70 & Over	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	13	5	16	21	15	11	10	5	-	96

SUMMARY OF ASSUMPTIONS

Funding Discount Rates IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (September).

	Non-Stabilized	Limited to 25- Year Corridor
Segment 1:	3.62%	4.75%
Segment 2:	4.46%	4.87%
Segment 3:	4.52%	5.59%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the American Rescue Plan Act of 2021 ('ARPA-21') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

The interest rates used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Effective Interest Rate The Effective Interest Rate (EIR) for the current Plan Year is 5.23%. For the prior Plan Year, the EIR was 5.36%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would equal the Funding Target determined using the Plan Sponsor's above elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

Funding Expected Return on Assets Not applicable for funding calculation purposes. A smoothing method is not used to calculate the Actuarial Value of Assets; therefore, the Expected Return on Assets is not used.

Funding Administrative Expenses Prior year expenses were added to the Normal Cost for the current year.

Expenses paid from the plan trust are estimated by reviewing historical fees paid from the trust and adjusting for PBGC premiums and other expenditures expected to be paid in this Plan Year.

Salary Scale None.

Funding Mortality

§430(h) Generational Mortality Tables for the Current Plan Year

Disability Mortality is assumed to be the same as that used for Healthy Retirees.

The mortality assumptions used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Withdrawal Rates

The T-5 LESS GA51M Table for males, and the T-6 LESS GA51M Table for females. Below is a table of representative rates.

Age	Rates (M)	Rates (F)
20	7.94%	7.94%
25	7.72%	7.72%
30	7.22%	7.40%
35	6.28%	6.86%
40	5.15%	6.11%
45	3.98%	5.16%
50	2.56%	3.62%
55	0.94%	1.37%
60	0.09%	0.13%

Benefit Commencement Age

Future deferred vested participants are assumed to commence at the Plan's Normal Retirement Age, or valuation age, if later.

Because the employer does not have enough data to do a fully credible experience analysis with respect to termination from active employment, the current assumption has been selected based on the actuary's experience with plans of a similar size, plan design, participant composition, as well as discussions with the Plan Sponsor.

Disability Incidence

The QAI(M) SOA 77REP Table for males, and the QAI(F) SOA 77REP Table for females. Below is a table of representative rates.

Age	Rates (M)	Rates (F)
20	0.085%	0.103%
25	0.085%	0.103%
30	0.085%	0.103%
35	0.085%	0.103%
40	0.176%	0.297%
45	0.338%	0.411%
50	0.639%	0.590%
55	0.639%	0.897%
60	1.160%	1.018%

Benefit Commencement Age

Future disabled participants are assumed to commence immediately upon eligibility.

Because the employer does not have enough data to do a fully credible experience analysis with respect to disability during active employment, the current assumption has been selected based on the actuary's experience with plans of a similar size, plan design, participant composition, as well as discussions with the Plan Sponsor.

Retirement Rates

Rates are based on age. Below is a table of representative rates.

Age	Rates
63	50%
64	25%
65	100%

Benefit Commencement Age

Active retirements are assumed to commence at these ages according to the rates shown.

Because the employer does not have enough data to do a fully credible experience analysis with respect to retirement (from active employment or by terminated vested participants), the current assumption has been selected based on the actuary's experience with plans of a similar size, plan design, participant composition, as well as discussions with the Plan Sponsor.

Spousal Assumptions

100% of males and 100% of females are assumed to be married.

Females are assumed to be 3 years younger than males.

Because the employer does not have enough data to do a fully credible experience analysis with respect to spousal information, the current assumption has been selected based on the actuary's experience with plans of a similar size, plan design, participant composition, as well as discussions with the Plan Sponsor.

Form of Payment

All benefits are assumed to be paid in the Normal Form defined under the terms of the Plan.

Because the employer does not have enough data to do a fully credible experience analysis with respect to Form of Payment, the current assumption has been selected based on the actuary's experience with plans of a similar size, plan design, participant composition, as well as discussions with the Plan Sponsor.

Changes in Funding assumptions since the prior valuation

In accordance with federal law, the discount rates for funding and PBGC purposes were updated from the discount rates disclosed in the 2024 Actuarial Valuation Report to the discount rates shown herein.

SUMMARY OF METHODS

Minimum Funding Cost Method

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

If a plan is frozen, there is no normal cost attributable to benefit accruals.

Maximum Deductible Contribution Method

The actuarial cost method used to determine the liabilities for maximum deductible calculations is the Projected Unit Credit method. The objective under this method is to fund each participant's benefits under the plan as they accrue, taking into consideration expected future compensation increases. Under this cost method, the actuarial accrued liability is the sum of the individual accrued liabilities for all participants and the normal cost is the sum of the individual normal costs for all participant. The individual accrued liability for a participant is the sum of 1) the present value of the accrued benefit earned as of the valuation date taking into account service and/or pay as of the valuation date; plus 2) the present value of the accrued benefit expected to be earned because of any expected future compensation increases.

The individual normal cost for a participant is the sum of the present value of the benefit expected to accrue in the plan year being valued taking into account any expected future compensation increases.

Asset Method

We used financial data submitted by the trustee as of the valuation date without further audit. We have reviewed the information for internal consistency, and we have no reason to doubt its substantial accuracy.

Funding Actuarial Value of Assets

For funding purposes, the Actuarial Value of Assets is equal to the Market Value of Assets.

Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.

Changes in methods since the prior valuation None.

SMITHFOODS ORRVILLE INC. UNION PENSION PLAN
E.I.N. 34-0536210 PLAN NO. 006
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Leased Rental	Expense Incurred With Transaction	Cost	Current Value	Net Gain (Loss)
<u>Category (i) - A Series of Transactions in Excess of 5% of Plan Assets</u>								
Vanguard	Total Stock Market Index Fund	\$ 121,432	\$ -	\$ -	\$ -	\$ 121,432	\$ 121,432	\$ -
Vanguard	Total Stock Market Index Fund	-	334,673	-	-	115,580	334,673	219,093
<u>Category (ii) - A Series of Transactions in Excess of 5% of Plan Assets</u>								
Morgan Stanley	Institutional Liquidity Money Market	150,098	-	-	-	150,098	150,098	-
Morgan Stanley	Institutional Liquidity Money Market	-	454,239	-	-	454,206	454,239	33



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAglobal.com/disclaimer. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

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

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

A Name of plan SmithFoods Orrville Inc. Union Pension Plan	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SmithFoods Inc.	D Employer Identification Number (EIN) 34-0536210	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	7,798,384
	b Actuarial value	2b	7,798,384
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	83	2,967,311
	b For terminated vested participants	110	1,614,229
	c For active participants	96	4,136,783
	d Total	289	8,718,323
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.23%
6	Target normal cost		
	a Present value of current plan year accruals	6a	307,325
	b Expected plan-related expenses	6b	47,682
	c Target normal cost	6c	355,007

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

SIGN HERE	Jeffrey A. Schapel Signature of actuary JEFFREY A. SCHAPEL, EA, MAAA, FCA Type or print name of actuary CBIZ Benefits & Insurance Services Firm name 5959 ROCKSIDE WOODS BLVD, NORTH SUITE 600 CLEVELAND OH 44131 Address of the firm	<u>10/15/2025</u> Date <u>2307786</u> Most recent enrollment number <u>216-525-1990</u> Telephone number (including area code)
------------------	--	---

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	355,007	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1,084,076	106,462	
b Waiver amortization installment		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	461,469	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....	36	461,469	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	636,141	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	174,672	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE SB ATTACHMENT
Line 22 - Description of Weighted Average Retirement Age

Plan Name: Smith Dairy Products Company Union Pension Plan
EIN/PN: 34-0536210/006
Valuation Date: January 1, 2024

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement and then computing the average retirement age for the table, as shown in the following exhibit:

Age x (a)	Probability of retiring at age x (b)	Probability of active participant attaining age x (c)	Probability of active participant attaining age x and retiring at age x (b) x (c)	Weighted retirement age (a) x (b) x (c)
63	50.00%	100.00%	50.00%	31.50
64	25.00%	50.00%	12.50%	8.00
65	100.00%	37.50%	<u>37.50%</u>	<u>24.38</u>
Total			100.00%	63.88
Weighted Average Retirement Age:				64

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Plan Effective Date	January 1, 2001. The plan was last restated July 27, 2020 effective January 1, 2018. Most recently amended June 30, 2024
Eligibility Requirements	Upon attainment of age 21, and following completion of 5 months of service. Participation was frozen June 30, 2024
Vesting	100% vesting upon earning 5 Years of Vesting Service.
Accrued Benefit Formula	<p>Prior to September 1, 2007:</p> <p style="padding-left: 40px;"><u>2% of Contribution Credits:</u> June 1, 2000 through May 31, 2001: \$2.00 per week June 1, 2001 through May 31, 2002: \$6.00 per week June 1, 2002 through May 31, 2003: \$6.00 per week June 1, 2003 through May 31, 2008: \$18.00 per week</p> <p style="padding-left: 40px;">Service credit begins June 1, 2000 and ended effective September 1, 2007.</p> <p style="padding-left: 40px;">Effective August 1, 2013:</p> <p style="padding-left: 40px;"><u>1% of Contribution Credits (0.5% for part-time):</u> Beginning August 1, 2013: \$90.00 per week</p> <p style="padding-left: 40px;">Service credit begins August 1, 2013.</p> <p style="padding-left: 40px;">Effective July 15, 2024, the accrued benefit was calculated and frozen. There will be no future accruals.</p>
Average Compensation	Not Applicable. Plan is not salary related.
Credited Service	Credit is given for any week in which one hour of service is worked.
Vesting Service	One Year upon working 1,000 hours in a Plan Year.
Normal Retirement Age	Upon attainment of age 65

Early Retirement

Eligibility: Upon attainment of age 57.

Benefit: Participants with 20 years of service who retire after age 62 receive an unreduced pension. For all other participants (including participants with 20 years retiring before age 62), the accrued benefit is reduced 6% per year for each year prior to age 65. For those still actively employed as of June 30, 2024, reduce early retirement benefits by 6.0% per year before age 62 only.

Prior to January 1, 2004, a Thirty-And-Out Pension was available.

Disability Retirement

Eligibility: Upon becoming disabled prior to age 62 and after earning 10 or more Years of Service.

Benefit: \$250 per month starting 6 months after the Participant's Disability determination and ending on their Normal Retirement Date. In lieu of the monthly benefit, the Participant may elect a one-time payment of \$3,000. Upon attainment of Normal Retirement Age, the Participant will be eligible for the Normal Retirement Benefit they accrued prior to Disability determination.

Pre-Retirement Death

Eligibility: Upon earning 5 Years of Service.

Benefit: The beneficiary is entitled to the Present Value of the participants vested Accrued Benefit less any benefit payable to the spouse. The spouse is eligible for 50% of the benefit that would have been payable, if the Participant had live to Early Retirement Eligibility and elected a 50% Qualified Joint and Survivor Annuity. The benefit is payable upon the Participant's Early Retirement Eligibility date.

Normal Form of Payment

Unless otherwise elected, the benefit payable a participant who has been married at least one year is an actuarially equivalent 50% Joint and Survivor benefit. For unmarried participants, the Normal Form is a single life annuity

Optional Forms

Married participants may elect a 75% Joint and Survivor.

Changes in Plan Benefits recognized since the last valuation

Plan was frozen to new entrants on June 30, 2024.
The Plan was frozen to new accruals as of July 15, 2024.
The Plan will reduce early retirement benefits by 6.0% per year before age 62 for those still actively employed as of June 30, 2024.

**SmithFoods Orrville Inc. Union Pension
Plan E.I.N 34-0536210 Plan No. 006
Schedule H, Line 4i - Schedule of Assets
(Held at End of Year)
December 31, 2024**

Shares/Par Value	Description	Cost Value	Market Value
Cash Equivalents			
Cash Equivalents			
59,065.6300	FDIC Bank Deposit Fund FST Cusip:3800FD9Q0	59,065.63	59,065.63
81,372.9100	Morgan Stanley Bank Deposit Cusip:061871901	81,372.91	81,372.91
	Total Cash Equivalents	140,438.54	140,438.54
	Total Cash Equivalents	140,438.54	140,438.54
Money Market Funds			
Money Market Funds			
195,488.0200	Invesco Premier US Gov't Money Cusip:00142W843	195,488.02	195,488.02
	Total Money Market Funds	195,488.02	195,488.02
-915.6300	Due To Broker 5590097	-915.63	-915.63
	Total Money Market Funds	-915.63	-915.63
0.0000	Cash	3,592.15	3,592.15
	Total Money Market Funds	3,592.15	3,592.15
	Total Money Market Funds	198,164.54	198,164.54
Corporate & Foreign Bonds			
Corp Bonds Domestic			
15,000.0000	Altria Group Inc 3.4000% 05/06/30 Cusip:02209SBJ1	13,112.61	13,745.18

Shares/Par Value	Description		Cost Value	Market Value
15,000.0000	American Tower Corp 07/15/28 Cusip:03027XCC2	5.2500%	14,878.50	15,097.57
14,000.0000	At&t Inc Cusip:00206RHJ4	4.3500% 03/01/29	13,482.44	13,662.28
16,000.0000	Bat Cap Corp Cusip:05526DBN4	4.9060% 04/02/30	15,178.72	15,827.62
16,000.0000	Berry Global Inc Cusip:08576PAH4	1.5700% 01/15/26	14,458.08	15,442.39
17,000.0000	Block Finl Llc Cusip:093662AH7	3.8750% 08/15/30	15,082.12	15,706.52
17,000.0000	Boyd Gaming Corp 12/01/27 Cusip:103304BU4	4.7500%	16,150.00	16,476.91
15,000.0000	Broadcom Inc Cusip:11135FAL5	4.1100% 09/15/28	14,207.55	14,649.67
2,000.0000	Broadcom Inc Cusip:11135FAQ4	4.1500% 11/15/30	1,934.22	1,919.42
3,000.0000	Carlisle Cos Inc Cusip:142339AL4	2.2000% 03/01/32	2,551.17	2,443.94
17,000.0000	Cdw LI Cusip:12513GBF5	3.2500% 02/15/29	14,635.98	15,670.10
15,000.0000	Conagra Brands Inc Cusip:205887CC4	4.8500% 11/01/28	14,803.65	14,948.67
2,000.0000	Crown Castle Inc Cusip:22822VBE0	5.8000% 03/01/34	2,105.08	2,037.17
16,000.0000	Dicks Sporting Goods Inc 01/15/32 Cusip:253393AF9	3.1500%	13,519.04	14,021.13

Shares/Par Value	Description	Cost Value	Market Value
4,000.0000	Discovery Communications Llc 4.1250% 05/15/29 Cusip:25470DBF5	3,598.12	3,731.45
11,000.0000	Discovery Communications Llc3.9500% 03/20/28 Cusip:25470DAR0	10,202.50	10,412.01
15,000.0000	Dollar Tree Inc 4.2000% 05/15/28 Cusip:256746AH1	14,292.00	14,581.44
16,000.0000	Eagle Matls Inc 2.5000% 07/01/31 Cusip:26969PAB4	12,428.48	13,589.44
19,000.0000	Encompass Health Corp 4.7500% 02/01/30 Cusip:29261AAB6	17,200.00	18,016.56
4,000.0000	Expedia Group Inc 3.2500% 02/15/30 Cusip:30212PAR6	3,413.08	3,685.22
11,000.0000	Expedia Group Inc 3.8000% 02/15/28 Cusip:30212PAP0	10,359.91	10,625.32
3,000.0000	Fiserv Inc 3.5000% 07/01/29 Cusip:337738AU2	2,794.56	2,817.06
13,000.0000	Fiserv Inc 5.6250% 08/21/33 Cusip:337738BH0	13,449.67	13,233.79
2,000.0000	Fortune Brands Innovations 5.8750% 06/01/33 Cusip:34964CAH9	2,057.06	2,054.22
18,000.0000	Global Pmts Inc 2.9000% 05/15/30 Cusip:37940XAD4	15,138.74	15,995.45
14,000.0000	Hca Inc 5.8750% 02/15/26 Cusip:404119BS7	14,039.34	14,073.68
12,000.0000	Hp Inc 4.0000% 04/15/29 Cusip:40434LAK1	11,189.04	11,508.48

Shares/Par Value	Description	Cost Value	Market Value
3,000.0000	Hp Inc 4.2000% 04/15/32 Cusip:40434LAL9	2,584.02	2,805.22
16,000.0000	Lkq Corp 5.7500% 06/15/28 Cusip:501889AD1	16,296.98	16,255.54
16,000.0000	Lowes Cos Inc 3.6500% 04/05/29 Cusip:548661DR5	15,417.28	15,186.76
16,000.0000	Marriott Intl Inc New 4.6250% 06/15/30 Cusip:571903BE2	14,593.12	15,690.37
5,000.0000	Microchip Technology Inc. 4.2500% 09/01/25 Cusip:595017BA1	4,920.10	4,982.93
3,000.0000	Microchip Technology Inc. 5.0500% 03/15/29 Cusip:595017BE3	2,981.97	2,992.02
16,000.0000	Molson Coors Brewing Co 3.0000% 07/15/26 Cusip:60871RAG5	15,003.36	15,596.18
15,000.0000	Motorola Solutions Inc 4.6000% 02/23/28 Cusip:620076BL2	14,724.60	14,928.84
2,000.0000	Motorola Solutions Inc 5.6000% 06/01/32 Cusip:620076BW8	2,023.36	2,038.58
14,000.0000	Olin Corp 5.6250% 08/01/29 Cusip:680665AL0	13,395.00	13,615.06
4,000.0000	Oracle Corp 2.3000% 03/25/28 Cusip:68389XCD5	3,545.04	3,699.99
9,000.0000	Oracle Corporation 6.2500% 11/09/32 Cusip:68389XCJ2	9,291.15	9,541.83
15,000.0000	Qorvo Inc 4.3750% 10/15/29 Cusip:74736KAH4	13,503.43	14,084.10
15,000.0000	Quanta Svcs Inc 2.9000% 10/01/30 Cusip:74762EAF9	13,121.55	13,423.01

Shares/Par Value	Description		Cost Value	Market Value
3,000.0000	Service Corp Intl Cusip:817565CF9	3.3750% 08/15/30	2,576.25	2,627.38
9,000.0000	Service Corp Intl Cusip:817565CE2	5.1250% 06/01/29	8,628.75	8,719.98
7,000.0000	Service Corporation Interna Cusip:817565CH5	5.7500% 10/15/32	7,000.00	6,784.68
15,000.0000	Steel Dynamics Inc Cusip:858119BF6	5.0000% 12/15/26	14,871.00	15,001.65
18,000.0000	Teledyne Technologies Inc Cusip:879360AE5	2.7500% 04/01/31	14,473.26	15,663.00
19,000.0000	Tenet Healthcare Corp Cusip:88033GDK3	6.1250% 10/01/28	18,020.00	18,978.72
18,000.0000	Transdigm Inc Cusip:893647BL0	5.5000% 11/15/27	17,010.00	17,674.68
2,000.0000	Trimble Inc Cusip:896239AE0	6.1000% 03/15/33	2,109.44	2,079.97
12,000.0000	Trimble Inc Cusip:896239AC4	4.9000% 06/15/28	11,733.48	12,018.07
15,000.0000	Verizon Communications Inc Cusip:92343VER1	4.3290% 09/21/28	14,458.29	14,714.98
14,000.0000	Westinghouse Air Brake Co N Cusip:960386AM2	0.0470% 09/15/28	13,556.42	13,860.22
17,000.0000	Willis North Amer Inc Cusip:970648AJ0	2.9500% 09/15/29	14,673.89	15,441.77
8,000.0000	Yum Brands Inc Cusip:988498AR2	5.3750% 04/01/32	7,890.00	7,744.08

	<i>Total Corp Bonds Domestic</i>	584,663.40	602,122.30
	Corp Bonds Foreign		
17,000.0000	Allegion Plc 3.5000% 10/01/29 Cusip:01748TAB7	15,207.01	15,902.51
13,000.0000	Flex Ltd. 6.0000% 01/15/28 Cusip:33938XAE5	13,094.26	13,264.74
17,000.0000	L Brands I 7.5000% 06/15/29 Cusip:501797AR5	17,217.50	17,515.50
	<i>Total Corp Bonds Foreign</i>	45,518.77	46,682.75
	<i>Total Corporate & Foreign Bonds</i>	630,182.17	648,805.05
	Fixed Income Mutual Funds		
	Mutual Fund - Fixed Income		
5,285.2350	Pimco Fds Cusip:72201P621	49,158.94	45,875.84
7,368.5830	Pimco Income I2 Cusip:72201M719	76,486.53	77,517.49
	<i>Total Mutual Fund - Fixed Income</i>	125,645.47	123,393.33
	<i>Total Fixed Income Mutual Funds</i>	125,645.47	123,393.33
	Common Equity Securities		
	Common Stock Domestic		
65.5980	AAON, Inc. Cusip:000360206	5,045.58	7,719.57
86.7760	Abbott Labs Cusip:002824100	9,169.91	9,815.23
21.0100	Adobe Systems Inc Cusip:00724F101	10,990.13	9,342.73
102.5280	Airbnb Inc Cusip:009066101	16,269.29	13,473.20
94.8680	Albany Intl Corp New Cl A Cusip:012348108	5,883.46	7,586.59
20.2010	Alphabet Inc Cl A Cusip:02079K305	3,374.64	3,824.05
69.3330	Alphabet Inc Cl C Cusip:02079K107	11,692.13	13,203.78

Shares/Par Value	Description	Cost Value	Market Value
276.0000	Amazon Com Inc Cusip:023135106	46,346.26	60,551.64
116.0000	Amn Healthcare Svcs Inc Cusip:001744101	8,078.22	2,774.72
196.8260	Apple Computer Inc Cusip:037833100	39,778.92	49,289.17
41.7060	Applied Indl Technologies Inc Cusip:03820C105	9,073.33	9,987.34
14.9890	Applovin Corp Cusip:03831W108	5,095.26	4,853.89
158.0000	Arista Networks Inc Com Shs Cusip:040413205	11,144.61	17,463.74
119.0000	Armstrong World Industries Inc Cusip:04247X102	9,541.13	16,818.27
60.0000	Astera Labs Inc Cusip:04626A103	8,057.30	7,947.00
218.0000	Azenta, Inc Cusip:114340102	11,540.51	10,900.00
34.3200	Badger Meter Inc Cusip:056525108	4,163.83	7,279.96
165.0000	Bank Of Hawaii Corp Cusip:062540109	11,501.47	11,754.60
63.5810	Belden Inc Cusip:077454106	7,655.41	7,159.86
173.0000	Blackline Inc Cusip:09239B109	9,840.74	10,511.48
129.0000	Bowman Consulting Group Ltd Cusip:103002101	4,245.47	3,218.55

Shares/Par Value	Description	Cost Value	Market Value
77.1470	Broadcom Inc Cusip:11135F101	12,417.43	17,885.76
55.4480	Cadence Design Systems Inc Cusip:127387108	9,824.55	16,659.91
304.0000	Callaway Golf Co Cusip:131193104	4,425.49	2,389.44
73.9390	Cava Grp Inc/sh Cusip:148929102	10,518.43	8,340.32
1,370.0000	Ccc Intelligent Solutions Hld Cusip:12510Q100	15,186.24	16,070.10
304.0000	Cheesecake Factory Inc Cusip:163072101	7,481.83	14,421.76
87.6530	Choice Hotels Intl Inc Cusip:169905106	10,335.10	12,444.97
359.0000	Clearwater Analytics Hldgs Inc Cusip:185123106	6,291.53	9,879.68
349.0000	Construction Partners Inc Cusip:21044C107	12,757.47	30,872.54
225.0000	Core & Main Inc Cusip:21874C102	9,011.09	11,454.75
51.1890	CoStar Group Inc. Cusip:22160N109	3,769.34	3,664.62
16.8560	Costco Wholesale Corp New Cusip:22160K105	10,749.54	15,444.65
22.1640	Crowdstrike Hldgs Inc Cusip:22788C105	8,447.58	7,583.63
23.8360	Csw Industrials Inc Cusip:126402106	6,035.18	8,409.34

Shares/Par Value	Description	Cost Value	Market Value
55.3560	Datadog Inc Cusip:23804L103	8,613.17	7,909.82
228.0000	Dutch Bros Inc Cusip:26701L100	8,356.04	11,942.64
87.7050	ELF Beauty Inc Cusip:26856L103	12,065.76	11,011.36
346.0000	Evertec Inc Cusip:30040P103	14,671.97	11,947.38
538.0000	Exlservice Holdings Cusip:302081104	16,748.17	23,876.44
13.2340	Fair Isaac Corp Cusip:303250104	19,879.78	26,347.97
349.0000	First Finl Bankshares Cusip:32020R109	10,345.34	12,581.45
156.0000	Fox Factory Holding Corp Cusip:35138V102	13,493.41	4,722.12
167.0000	Fuller H B Co Cusip:359694106	11,635.59	11,269.16
7.3050	Gartner Inc Cl A Cusip:366651107	3,219.34	3,539.05
78.1480	Generac Holdings Inc Cusip:368736104	10,054.05	12,116.85
388.0000	Getty Rlty Corp New Cusip:374297109	12,672.90	11,690.44
138.0000	Goosehead Ins Inc Cusip:38267D109	9,529.09	14,796.36
91.8910	Hamilton Lane Inc Cusip:407497106	9,703.61	13,604.46

Shares/Par Value	Description	Cost Value	Market Value
1,429.0000	Hillman Solutions Corp Cusip:431636109	12,362.72	13,918.46
222.0000	Houlihan Lokey Inc Cusip:441593100	23,461.89	38,552.52
69.2920	Insight Enterprises Inc Cusip:45765U103	12,789.96	10,539.31
33.4340	Installed Bldg Prods Inc Cusip:45780R101	7,369.31	5,859.31
35.8670	Jack Henry & Assoc Inc Cusip:426281101	6,501.49	6,287.49
115.0000	John Bean Technologies Cusip:477839104	11,257.65	14,616.50
50.9910	Lakeland Financial Corp Cusip:511656100	3,328.62	3,506.14
71.7240	Landstar Sys Inc Cusip:515098101	9,240.27	12,326.49
59.9920	LGI Homes Inc. Cusip:50187T106	6,785.08	5,363.28
23.9570	Lilly Eli & Co Cusip:532457108	15,042.00	18,494.80
42.4270	Mastercard Inc-A Cusip:57636Q104	17,578.17	22,340.78
18.6440	Medpace Hldgs Inc Cusip:58506Q109	5,410.65	6,194.10
13.1890	Mercadolibre Inc Cusip:58733R102	16,664.31	22,427.10
58.0050	Meta Platforms Inc CL A (FB) Cusip:30303M102	29,142.39	33,962.51

Shares/Par Value	Description	Cost Value	Market Value
112.8730	Microsoft Corp Cusip:594918104	37,444.06	47,575.97
14.8830	Msci Inc Cusip:55354G100	7,982.03	8,929.95
224.0000	National Beverage Corp Cusip:635017106	8,679.47	9,558.08
52.1870	Netflix Com Inc Cusip:64110L106	28,916.13	46,515.32
234.0000	Nvidia Corp Cusip:67066G104	11,232.07	31,423.86
79.6210	Oracle Corporation Cusip:68389X105	12,078.01	13,268.04
33.0360	Palo Alto Networks Inc Cusip:697435105	5,917.77	6,011.23
26.7630	Paycom Software Inc Cusip:70432V102	4,575.14	5,485.61
51.6460	Paylocity Holding Corp Cusip:70438V106	9,007.40	10,301.83
102.0000	Prestige Brands Holdings Inc Cusip:74112D101	8,398.25	7,965.18
62.1460	Primerica Inc Cusip:74164M108	8,269.85	16,867.67
490.0000	Progyny Inc Cusip:74340E103	16,327.68	8,452.50
50.7200	Qualys Inc Cusip:74758T303	7,972.19	7,111.96
164.0000	Rambus Inc Cusip:750917106	8,574.81	8,669.04

Shares/Par Value	Description	Cost Value	Market Value
53.6890	Rbc Bearings Inc Cusip:75524B104	8,344.61	16,060.53
99.0000	REDDIT INC CL A Cusip:75734B100	14,127.41	16,180.56
54.4010	Repligen Corp Cusip:759916109	6,943.17	7,830.48
544.0000	Revolve Group Inc Cusip:76156B107	8,715.55	18,218.56
74.1150	Rli Corp Cusip:749607107	6,848.07	12,216.38
113.0000	Scotts Co Cl A Cusip:810186106	13,729.65	7,496.42
30.5410	Servicenow Inc. Cusip:81762P102	21,131.21	32,377.12
115.0000	Shopify Inc-Class A Cusip:82509L107	7,822.20	12,227.95
136.0000	Siteone Landscape Supply Inc Cusip:82982L103	19,035.29	17,920.72
51.8530	Snowflake Inc Cusip:833445109	8,972.43	8,006.62
51.9170	The Trade Desk Inc Cusip:88339J105	4,311.30	6,101.81
18.2980	Thermo Fisher Scientific Inc Cusip:883556102	10,563.82	9,519.17
103.0000	Thor Industries Inc Cusip:885160101	10,648.27	9,858.13
126.0000	Trex Company Inc Cusip:89531P105	9,085.29	8,697.78

Shares/Par Value	Description	Cost Value	Market Value
65.7110	Uber Technologies Inc Cusip:90353T100	5,566.31	3,963.69
59.3090	Unifirst Corp Mass Cusip:904708104	11,229.67	10,147.18
8.6360	Unitedhealth Group Inc Cusip:91324P102	4,356.13	4,368.61
46.0030	Visa Inc-Class A Cusip:92826C839	12,489.56	14,538.79
501.0000	Warby Parker Inc Cusip:93403J106	6,244.41	12,129.21
42.0530	Watsco Inc CI-A Cusip:942622200	11,092.95	19,928.50
48.7800	WD-40 Co. Cusip:929236107	9,387.21	11,837.93
215.0000	Willscot Mobil Mini Hldng Corp Cusip:971378104	7,722.16	7,191.75
28.3140	Workday Inc - Class A Cusip:98138H101	6,735.90	7,305.86
208.0000	Yeti Hldgs Inc Cusip:98585X104	9,014.51	8,010.08
54.5960	Zoetis Inc Cusip:98978V103	9,223.89	8,895.33
	Total Common Stock Domestic	1,132,376.96	1,371,906.53
	Common Stock Foreign		
23.4970	Accenture Plc CI A Cusip:G1151C101	7,189.85	8,266.01
32.4290	Eaton Corp Plc Cusip:G29183103	10,593.69	10,762.21

Shares/Par Value	Description	Cost Value	Market Value
30.7070	Fabrinet Cusip:G3323L100	6,898.07	6,751.86
52.9240	Ferrari N V Cusip:N3167Y103	14,203.02	22,484.23
69.4970	Firstservice Corp New Cusip:33767E202	10,531.16	12,580.35
82.3420	Globant S A Cusip:L44385109	16,257.60	17,655.77
93.2170	Hermes International ADR Cusip:42751Q105	13,410.02	22,281.66
429.0000	Inditex Unspns Adr Cusip:455793109	11,330.54	10,943.79
186.1230	Novo-Nordisk A S Spons Adr Cusip:670100205	19,430.77	16,010.30
609.0000	Nu Hldgs Ltd Cusip:G6683N103	6,111.49	6,309.24
215.0000	Scheider Elect SA-Unsp ADR France Cusip:80687P106	9,565.35	10,726.35
33.7710	Spotify Technology S A Cusip:L8681T102	14,627.89	15,108.47
94.7010	Taiwan Semiconductor Spons Adr Cusip:874039100	19,136.06	18,702.50
	<i>Total Common Stock Foreign</i>	159,285.51	178,582.74
	Real Estate Investment Trusts		
14,855.1880	BREIT CL I Cusip:8359999O3	161,126.55	206,778.27
	<i>Total Real Estate Investment Trusts</i>	161,126.55	206,778.27
	<i>Total Common Equity Securities</i>	1,452,789.02	1,757,267.54

Shares/Par Value	Description	Cost Value	Market Value
Equity Mutual Funds			
Mutual Fund - Equity			
10,584.1620	Artisan International Value Advisor Cusip:04314H667	386,930.05	495,232.94
9,729.3910	GQG Emerging Markets Equity Inst Cusip:00771X419	136,298.59	160,924.13
7,482.3620	Touchstone Strategic Tr Sands Cp Emg Y Cusip:89154Q570	105,203.27	106,773.31
	Total Mutual Fund - Equity	628,431.91	762,930.38
Mutual Fund Intl Equity			
20,373.9420	Harding Loevner International Equity Cusip:412295107	478,782.93	499,365.32
	Total Mutual Fund Intl Equity	478,782.93	499,365.32
	Total Equity Mutual Funds	1,107,214.84	1,262,295.70
Exchanged Traded Funds			
Exchanged Traded Funds Equity			
1,042.0000	Invesco S&P 500 Equal Weight ETF Cusip:46137V357	154,340.78	182,589.66
4,784.0000	Ishares MSCI ACWX US ETF Cusip:464288240	233,191.17	249,533.44
8,415.0000	Pacer Fds Tr Cusip:69374H881	428,737.35	475,279.20
3,705.0000	Vanguard US Total Stock Market Index ETF Cusip:922908769	581,854.65	1,073,746.05
	Total Exchanged Traded Funds Equity	1,398,123.95	1,981,148.35
	Total Exchanged Traded Funds	1,398,123.95	1,981,148.35
Other Assets			
Hedge Funds			

Shares/Par Value	Description	Cost Value	Market Value
16,224.3750	CPG FOCUSED ACCESS FOUNDRS Cusip:836098905	167,764.25	232,164.32
13,980.2140	HAMILTON LANE PAF (I)HAMILTON LANE PAF (I) Cusip:9862019I4	201,618.30	235,190.54
	Total Hedge Funds	369,382.55	467,354.86
	Private Credit		
16,817.4320	BLUE OWL CREDIT INC CORP Cusip:8359769W3	153,646.72	160,942.82
	Total Private Credit	153,646.72	160,942.82
	Total Other Assets	523,029.27	628,297.68
	Total Asset	5,575,587.80	6,739,810.73
	Ending Accrual For Period		10,744.04
	Ending Market Value		6,750,554.77

SCHEDULE SB ATTACHMENT
Line 32 - Schedule of Amortization Bases

Plan Name: Smith Dairy Products Company Union Pension Plan

EIN/PN: 34-0536210/006

Valuation Date: January 1, 2024

<u>Original Valuation</u>	<u>Remaining Years</u>	<u>Amortization Type</u>	<u>Outstanding Balance</u>	<u>Current Year Amortization</u>
1/1/2024	15.00 (Relief 15)	Relief 15	(671,112)	(61,058)
1/1/2023	14.00 (Relief 15)	Relief 15	1,755,188	167,520