

| | | |
|---|---|---|
| <p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p> |
|---|---|---|

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

| | |
|---|--|
| <p>1a Name of plan <u>BLUE BELL CREAMERIES, INC. PENSION PLAN</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>001</u></p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BLUE BELL CREAMERIES, INC.</u></p> <p><u>P.O. BOX 1807</u> <u>BRENNHAM, TX 77834-1807</u></p> | <p>1c Effective date of plan <u>01/01/1957</u></p> <p>2b Employer Identification Number (EIN) <u>74-2983264</u></p> <p>2c Plan Sponsor's telephone number <u>979-836-7977</u></p> <p>2d Business code (see instructions) <u>311500</u></p> |

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

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

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/15/2025 | PHIL MCCORMICK, CFO |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | | |
|---|--|------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 4547 |
| 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) | 2940 |
| | 6a(2) | 3001 |
| | 6b | 762 |
| | 6c | 763 |
| | 6d | 4526 |
| | 6e | 115 |
| | 6f | 4641 |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | 217 |
| 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:
1A

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

| | | |
|---|--|--|
| SCHEDULE 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>BLUE BELL CREAMERIES, INC. PENSION PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BLUE BELL CREAMERIES, INC.</u> | D Employer Identification Number (EIN) <u>74-2983264</u> | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 | |

| | | | |
|---|----------------------------|---------------------------|--------------------------|
| Part I Basic Information | | | |
| 1 Enter the valuation date: | Month <u>01</u> | Day <u>01</u> | Year <u>2024</u> |
| 2 Assets: | | | |
| a Market value | 2a | <u>387626219</u> | |
| b Actuarial value | 2b | <u>387626219</u> | |
| 3 Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment | <u>807</u> | <u>91610299</u> | <u>91610299</u> |
| b For terminated vested participants | <u>822</u> | <u>40375429</u> | <u>40375429</u> |
| c For active participants | <u>2940</u> | <u>141454034</u> | <u>149684946</u> |
| d Total | <u>4569</u> | <u>273439762</u> | <u>281670674</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>5.27 %</u> | |
| 6 Target normal cost | | | |
| a Present value of current plan year accruals | 6a | <u>11339889</u> | |
| b Expected plan-related expenses | 6b | <u>0</u> | |
| c Target normal cost | 6c | <u>11339889</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>DAVID A. SAWYER, FSA, EA</u> Type or print name of actuary <u>DEFINITI</u> Firm name <u>3 HOLLAND ST.</u> <u>ERIE, PA 16507</u> Address of the firm | Date <u>23-06271</u> Most recent enrollment number <u>281-296-1100</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) | 13030400 | |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | | |
| 9 | Amount remaining (line 7 minus line 8) | 13030400 | |
| 10 | Interest on line 9 using prior year's actual return of <u>10.16</u> % | 1323889 | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 0 |
| 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> % | | |
| b(2) | Interest on line 38b from prior year Schedule SB, using prior year's actual return | | |
| c | Total available at beginning of current plan year to add to prefunding balance | | 0 |
| d | Portion of (c) to be added to prefunding balance | | |
| 12 | Other reductions in balances due to elections or deemed elections | | |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 14354289 | 0 |

| Part III Funding Percentages | | | |
|-------------------------------------|--|-----------|----------|
| 14 | Funding target attainment percentage | 14 | 132.52 % |
| 15 | Adjusted funding target attainment percentage | 15 | 137.61 % |
| 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 | 137.42 % |
| 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 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | Totals ▶ | 18(b) | | 18(c) | |

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 | |
| b Contributions made to avoid restrictions adjusted to valuation date | 19b | |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | |

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 |
| | | | |

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

21 Discount rate:

| | | | | |
|-------------------------|------------------------|------------------------|------------------------|---|
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 4.96 % | 3rd segment: 5.59 % | <input type="checkbox"/> N/A, full yield curve used |
|-------------------------|------------------------|------------------------|------------------------|---|

b Applicable month (enter code) **21b**

22 Weighted average retirement age **22** 63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28**

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29**

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 | 11339889 |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 11339889 |

| | | |
|---|---------------------|-------------|
| 32 Amortization installments: | Outstanding Balance | Installment |
| a Net shortfall amortization installment | | |
| b Waiver amortization installment | | |

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 | |
| | Carryover balance | Prefunding balance |
| 35 Balances elected for use to offset funding requirement | | Total balance |

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

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

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

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

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**

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

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

| | | |
|--|--|---|
| SCHEDULE 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 BLUE BELL CREAMERIES, INC. PENSION PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BLUE BELL CREAMERIES, INC. | D Employer Identification Number (EIN) 74-2983264 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

JPMORGAN CHASE & CO.

383 MADISON AVENUE
NEW YORK, NY 10179

13-2624428

| (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? |
|------------------------|---|--|--|--|---|--|
| 28 | INVESTMENT MANAGER | 334867 | 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:

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

Explanation:

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

Explanation:

| | | |
|---|--|---|
| SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <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 <u>BLUE BELL CREAMERIES, INC. PENSION PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BLUE BELL CREAMERIES, INC.</u> | D Employer Identification Number (EIN) <u>74-2983264</u> | |

| | |
|---------------|--|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

| | | |
|---|-------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DIVERSIFIED GLOBAL FUND</u> | | |
| b Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK</u> | | |
| c EIN-PN <u>26-2882162-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>258382017</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STRATEGIC PROPERTY FUND</u> | | |
| b Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK</u> | | |
| c EIN-PN <u>13-6038770-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>33577324</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SPECIAL SITUATION PROPERTY FUND</u> | | |
| b Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK</u> | | |
| c EIN-PN <u>13-3980309-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16081137</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

| | | |
|--|--|--|
| 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 BLUE BELL CREAMERIES, INC. PENSION PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BLUE BELL CREAMERIES, INC. | D Employer Identification Number (EIN) 74-2983264 |

| | |
|---------------|--------------------------------------|
| 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 | 21273 | 0 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 90793 | 72364 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 2506930 | 5746969 |
| (2) U.S. Government securities | 1c(2) | 6749249 | 6269905 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | 37025000 | 45778325 |
| (5) Partnership/joint venture interests | 1c(5) | 16115642 | 15420844 |
| (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) | 290890199 | 308040478 |
| (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) | | |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | | |
| (15) Other..... | 1c(15) | 34252706 | 38886948 |

| 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 | 387651792 | 420215833 |
| 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 | | |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 387651792 | 420215833 |

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) | | |
| (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) | | |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | 282304 | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 282304 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | 1286661 | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | 9753272 | |
| (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) | | 31088415 |
| (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 | | 42410652 |

Expenses

| | | | |
|--|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 9507814 | |
| (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) | | 9507814 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | |
| h Interest expense..... | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 338797 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses..... | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 338797 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 9846611 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 32564041 |
| 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: **HAM, LANGSTON & BREZINA, LLP**

(2) EIN: **76-0448495**

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

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

Part IV Compliance Questions

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

During the plan year:

| | Yes | No | Amount |
|--|-----|----|---------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 5000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | X | |

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 547199.

| | | |
|--|---|---|
| SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|---|---|

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

| | | |
|--|--|------------|
| A Name of plan BLUE BELL CREAMERIES, INC. PENSION PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BLUE BELL CREAMERIES, INC. | D Employer Identification Number (EIN) 74-2983264 | |

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

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

| | | |
|--|----------|-----------|
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | 1 | |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ | | |
| 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 | 99 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 61.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 8.8 %
 High-Yield Debt: 9.2 % Real Assets: 16.0 % Cash or Cash Equivalents: 0.0 % Other: 5.0 %

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 _____.

BLUE BELL CREAMERIES, INC. PENSION PLAN

**FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
WITH INDEPENDENT AUDITOR'S REPORT**

As of and for the Years Ended December 31, 2024 and 2023

BLUE BELL CREAMERIES, INC. PENSION PLAN
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* Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, have been omitted because they are not applicable.

INDEPENDENT AUDITOR'S REPORT

To the Benefit Plan Committee
Blue Bell Creameries, Inc. Pension Plan:

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

We have performed audits of the financial statements of the Blue Bell Creameries, Inc. Pension Plan (the "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 statements of changes in net assets available for benefits for the years then ended, and the Statement of Accumulated Plan Benefits as of December 31, 2023, and the related Statement of Changes in Accumulated Plan Benefits for the year then ended, and the related notes to the financial statements.

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

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

Opinion on the Financial Statements

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

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

Basis for Opinion on the Financial Statements

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("U.S. GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our 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.

INDEPENDENT AUDITOR'S REPORT, continued

Responsibilities of Management for the Financial Statements

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

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

Management is also responsible for maintaining 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.

Auditor's 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 of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements, as a whole, are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with U.S. 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 U.S. GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

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 U.S. GAAP.

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.

INDEPENDENT AUDITOR'S REPORT, continued

Other Matters - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the 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, are presented in conformity with the DOL'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, are presented, in all material respects, in conformity with the DOL'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).

Hann, Langston & Proctor, LLP

Houston, Texas
October 15, 2025

BLUE BELL CREAMERIES INC. PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

| | 2024 | 2023 |
|---|----------------|----------------|
| ASSETS | | |
| Cash | \$ - | \$ 21,273 |
| Investments at fair value (See Notes 2 and 3) | 420,143,469 | 387,539,726 |
| Receivables: | | |
| Accrued interest | 72,364 | 90,793 |
| Net assets available for benefits | \$ 420,215,833 | \$ 387,651,792 |

The accompanying notes are an integral part of these financial statements.

BLUE BELL CREAMERIES INC. PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

| | <u>2024</u> | <u>2023</u> |
|---|---------------------------|---------------------------|
| Investment income: | | |
| Interest and dividends | \$ 1,568,965 | \$ 1,592,424 |
| Net appreciation (depreciation) in fair value of investments: | | |
| Collective investment trust funds | 31,088,415 | 28,047,970 |
| Common stocks | 8,329,363 | 7,609,215 |
| Government obligations | (687,052) | 33,348 |
| Real estate partnership | (872,922) | (3,126,310) |
| Private equity funds | <u>2,983,883</u> | <u>2,355,012</u> |
| Total net appreciation in fair value | 40,841,687 | 34,919,235 |
| Total investment income | <u>42,410,652</u> | <u>36,511,659</u> |
| Total additions | <u>42,410,652</u> | <u>36,511,659</u> |
| Deductions from net assets attributable to: | | |
| Benefits paid to participants | 9,507,814 | 10,982,782 |
| Administrative expenses | <u>338,797</u> | <u>259,081</u> |
| Total deductions | <u>9,846,611</u> | <u>11,241,863</u> |
| Net increase in net assets available for benefits | 32,564,041 | 25,269,796 |
| Net assets available for benefits at beginning of year | <u>387,651,792</u> | <u>362,381,996</u> |
| Net assets available for benefits at end of year | <u>\$ 420,215,833</u> | <u>\$ 387,651,792</u> |

The accompanying notes are an integral part of these financial statements.

BLUE BELL CREAMERIES INC. PENSION PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2023*

| | |
|---|------------------------------|
| Actuarial present value of vested benefits: | |
| Participants currently receiving payments | \$ 77,921,594 |
| Other participants | <u>137,190,352</u> |
| Total vested benefits | 215,111,946 |
| Actuarial present value of nonvested benefits | <u>6,741,703</u> |
| Total actuarial present value of accumulated benefits | <u><u>\$ 221,853,649</u></u> |

* The Plan presents accumulated plan benefits using beginning of year actuarial data. (See Note 2)

**BLUE BELL CREAMERIES INC. PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2023***

| | |
|--|------------------------------|
| Actuarial present value of accumulated plan benefits at beginning of period | <u>\$ 207,928,088</u> |
| Increase (decrease) during the year attributable to: | |
| Benefits paid | (10,982,782) |
| Benefits accumulated and plan experience | 14,170,557 |
| Increase in interest due to decrease in discount period | <u>10,737,786</u> |
| Net increase | <u>13,925,561</u> |
| Actuarial present value of accumulated plan benefits at end of period | <u><u>\$ 221,853,649</u></u> |

* The Plan presents changes in accumulated plan benefits using beginning of year actuarial data. (See Note 2)

BLUE BELL CREAMERIES, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

1. Description of Plan

The following description of the Blue Bell Creameries, Inc. Pension Plan (the "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 covering substantially all full-time employees of Blue Bell Creameries, Inc. (the "Company"). The Plan, as amended, is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Administration

The Plan is administered by the Company. US Bank, N.A., JPMorgan Chase Bank, N.A. and Charles Schwab & Co., (the "Custodians") each served as a custodian of a portion of the Plan's assets during the years ended December 31, 2024 and 2023 (see Note 4). Certain employees of the Company serve as trustees of the Plan.

Funding Policy

The Company contributes such amounts as are necessary, based on actuarial calculations, to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants and their beneficiaries. The contributions to the Plan are subject to the limitations of maximum tax-deductible contributions and minimum required contributions determined by the actuary. Interest earned and net appreciation (depreciation) on investments serves to reduce or increase future contributions. The Company was not required to make a contribution to the Plan for the years ended December 31, 2024 and 2023. The Plan met the minimum funding requirements of ERISA.

Pension Benefits

All full-time employees who have completed one year of service, as defined by the Plan document, automatically become participants in the Plan. Each participant accrues an annual retirement benefit equal to 1% of final average earnings multiplied by years of pension credit. Final average earnings are the highest five consecutive years' earnings out of the final ten years of the participant's service. The total accrued benefit is payable as a single life annuity beginning at age 65 to any participant who is vested at the time his employment terminates. The Plan permits participants to elect early retirement after completing five years of service and the attainment of age 55. Other forms of payment may be elected, in which case the benefit amount is reduced so that it is actuarially equivalent in value to the life annuity benefit. Unless the participant elects otherwise and has spousal consent, the Plan will automatically pay benefits under a qualified joint and survivor annuity.

Disability Benefits

Participants qualifying for disability benefits under the Federal Social Security Act are entitled to the Plan's normal pension benefits at age 65. Participants with five years of service as of the date of disablement may elect an early retirement with benefits reduced to equal the actuarial equivalent of the accrued normal retirement pension.

Vesting

Benefits are fully vested after the earlier of five years of service or age 65.

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 from net assets in the accompanying Statements of Changes in Net Assets Available for Benefits.

Expense Offset Arrangements

Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of investments, as they are paid through revenue sharing, rather than a direct payment.

BLUE BELL CREAMERIES, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits 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. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated 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. See Note 3 for discussion of fair value investments.

The Plan presents in the Statements of Changes in Net Assets Available for Benefits the net appreciation (depreciation) in the fair value of its investments, which consists of realized gains and losses on investments sold during the year and unrealized appreciation (depreciation) of investments held at the end of the year. Purchases and sales of investments are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Income from other investments is recorded as earned.

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 value of investment securities will occur in the near term, and such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits is 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.

Actuarial Present Value of Accumulated Plan Benefits

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

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits was calculated as of January 1, 2024 and accordingly, the Plan presents the Statement of Accumulated Plan Benefits and the Statement of Changes in Accumulated Plan Benefits using beginning of year actuarial data. Had the actuarial valuation been performed as of December 31, 2023, there would be no material differences. The significant actuarial assumptions underlying the actuarial valuation as of January 1, 2024 are as follows:

BLUE BELL CREAMERIES, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

2. Summary of Significant Accounting Policies, continued

Actuarial Present Value of Accumulated Plan Benefits, continued

| | |
|---------------|--|
| Discount rate | 7.00% |
| Turnover | Percentage of employees terminating employment during the year of age shown. |

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 20 | 20.00% |
| 25 | 15.00% |
| 30 | 10.00% |
| 35 | 6.00% |
| 40 | 4.00% |
| 45 | 3.50% |
| 50 | 3.00% |
| 55 | 2.50% |

Retirement Age:

| | |
|------------------|--|
| Active employees | Percentage of employees retiring during the year of age shown. |
|------------------|--|

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 55 | 2.00% |
| 56 - 57 | 1.00% |
| 58 - 60 | 5.00% |
| 61 | 10.00% |
| 62 | 15.00% |
| 63 | 20.00% |
| 64 | 25.00% |
| 65 | 30.00% |
| 66 | 15.00% |
| 67 | 100.00% |

| | |
|------------------------|--|
| Average Retirement Age | 63.26 |
| Vested Terminations | Age 65 |
| Marriage Assumptions | 80% of participants are assumed to be married. Males are assumed to be three years older than their spouses. |
| Mortality Rates | Pri-2012 blue collar mortality tables used and then projected with Scale MP-2021. |
| Form of Payment | It is assumed that benefits will be paid in the normal annuity form applicable to the particular benefit |
| Asset Valuation Method | Market value |

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 will be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial assumptions used in determining the actuarial present value of accumulated plan benefits remain unchanged from the prior year's valuation except the funding target segment rates and mortality assumptions have been updated as prescribed by Internal Revenue Service ("IRS") regulations.

BLUE BELL CREAMERIES, INC. PENSION PLAN NOTES TO FINANCIAL STATEMENTS

2. Summary of Significant Accounting Policies, continued

Benefit Payments

Benefits are recorded when paid.

3. Fair Value Measurements

ASC 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

Level 3 Inputs to the valuation methodology are unobservable and not corroborated by market data and significant to the fair 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

In determining fair value, the Plan uses the market approach, which uses prices and other relevant data based on market transactions involving identical or comparable assets and liabilities.

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

Interest-bearing cash: Valued at cost, which approximates fair value.

Money market: Valued using the closing price reported on the active market.

Government obligations: Valued based on over-the-counter trade quotes.

Common stocks: Valued using the closing price reported on the active market on which the individual securities are traded.

Real estate partnership and private equity funds: Valued based on the net asset value ("NAV"). The NAV, as reported in the audited financial statements of the fund, is used as a practical expedient to estimate fair value.

BLUE BELL CREAMERIES, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

3. Fair Value Measurements, continued

Collective investment trusts: Valued at the NAV of units of a collective investment fund. The NAV, as provided by the custodian or as reported in the audited financial statements of the collective investment funds, is used as the practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the collective investment fund will sell the investment for an amount different than the reported NAV.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value on a recurring basis as of December 31, 2024 and 2023:

| | Assets at Fair Value as of December 31, 2024 | | | |
|--|---|---------------------|----------------|----------------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Interest-bearing cash | \$ 698,553 | \$ - | \$ - | \$ 698,553 |
| Money market funds | 5,048,416 | - | - | 5,048,416 |
| Government obligations | - | 6,269,905 | - | 6,269,905 |
| Common stocks | 45,778,325 | - | - | 45,778,325 |
| Total assets in fair value hierarchy | \$ 51,525,294 | \$ 6,269,905 | \$ - | 57,795,199 |
| Investments measured at NAV ⁽¹⁾ | | | | 362,348,270 |
| Total assets at fair value | | | | \$420,143,469 |

| | Assets at Fair Value as of December 31, 2023 | | | |
|--|---|---------------------|----------------|----------------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Interest-bearing cash | \$ 519,908 | \$ - | \$ - | \$ 519,908 |
| Money market funds | 1,987,022 | - | - | 1,987,022 |
| Government obligations | - | 6,749,249 | - | 6,749,249 |
| Common stocks | 37,025,000 | - | - | 37,025,000 |
| Total assets in fair value hierarchy | \$ 39,531,930 | \$ 6,749,249 | \$ - | 46,281,179 |
| Investments measured at NAV ⁽¹⁾ | | | | 341,258,547 |
| Total assets at fair value | | | | \$387,539,726 |

⁽¹⁾ In accordance with ASC 820, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

BLUE BELL CREAMERIES, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

3. Fair Value Measurements, continued

Fair Value of Investments in Entities That Use NAV

The following tables summarize investments measured at fair value based on the NAV per share as a practical expedient as of December 31, 2024 and 2023:

| <u>Investment at Fair Value</u> | <u>2024</u> | <u>2023</u> | <u>Unfunded Commitments 2024</u> | <u>Unfunded Commitments 2023</u> | <u>Redemption Frequency (if currently eligible)</u> | <u>Redemption Notice Period</u> |
|---|-----------------------|-----------------------|--|--|---|---|
| <u>Collective investment trust funds</u> | | | | | | |
| JPMCB Diversified Global Fund | \$ 258,382,017 | \$ 238,915,995 | \$ - | \$ - | Daily | Daily |
| JPMorgan Strategic Property Fund | 33,577,324 | 34,166,810 | - | - | Quarterly | 30 days |
| JPMCB Special Situation Property Fund | 16,081,137 | 17,807,394 | - | - | Quarterly | 30 days |
| <u>Private equity funds</u> | | | | | | |
| JPMorgan Global Private Equity Institutional Investors V Offshore Special L.P. ^(a) | 15,111,923 | 18,116,051 | 403,622 | 403,622 | Not Redeemable | N/A |
| JPMorgan US Global Private Equity XI L.P. ^(a) | 18,723,283 | 16,136,655 | 7,049,881 | 11,801,862 | Not Redeemable | N/A |
| JPMorgan US Global Private Equity IX L.P. ^(a) | 5,051,742 | - | 16,062,500 | - | Not Redeemable | N/A |
| <u>Real estate partnership</u> | | | | | | |
| JPMorgan U.S. Real Estate Income and Growth Fund ^(b) | 15,420,844 | 16,115,642 | - | - | Quarterly | 45 Days |
| Total investments measured at NAV | <u>\$ 362,348,270</u> | <u>\$ 341,258,547</u> | <u>\$ 23,516,003</u> | <u>\$ 12,205,484</u> | | |

Investment Strategies

^(a) The fund seeks to generate capital returns through investing in limited partnerships or other pooled and direct investment vehicles.

^(b) The fund's strategy is focused on producing high income returns with the potential for capital appreciation. The fund utilizes moderate amounts of leverage to enhance portfolio returns.

4. Information Certified by the Custodian (Unaudited)

The Plan Administrator has elected the method of annual reporting and compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, certain information disclosed in the accompanying financial statements and supplemental schedules, including investments held by US Bank, N.A. at December 31, 2024 and 2023, and net appreciation (depreciation) in fair value of such investments, and interest and dividends related to such investments for the years ended December 31, 2024 and 2023, was obtained and derived from information supplied to the Plan administrator and certified as complete and accurate by US Bank, N.A. as follows:

| | <u>2024</u> | <u>2023</u> |
|--|----------------------|---------------------|
| Certified investments held by US Bank, N.A. | <u>\$ 11,318,321</u> | <u>\$ 8,736,271</u> |
| Interest and dividend income | <u>\$ 319,682</u> | <u>\$ 243,061</u> |
| Net (depreciation) appreciation in fair value of investments | <u>\$ (687,052)</u> | <u>\$ 33,348</u> |

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

BLUE BELL CREAMERIES, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

5. Uncertified Information by the Custodians (Audited)

Investments held by Charles Schwab & Co., Inc. and all investments held by JPMorgan Chase Bank, N.A. are uncertified, and accordingly, the Plan's independent auditors performed full-scope audit procedures. Following is an analysis of such investments, by custodian, at December 31, 2024 and 2023:

| | 2024 | 2023 |
|--|-----------------------------|-----------------------------|
| Investments held by Charles Schwab & Co., Inc. | \$ 46,476,878 | \$ 37,544,908 |
| Private equity funds held by JPMorgan Chase Bank, N.A. | 38,886,948 | 34,252,706 |
| Collective investment trust fund held by JPMorgan Chase Bank, N.A. | 308,040,478 | 290,890,199 |
| Real estate partnership held by JPMorgan Chase Bank, N.A. | 15,420,844 | 16,115,642 |
| | <u>\$408,825,148</u> | <u>\$378,803,455</u> |

Following is an analysis of interest income, dividend income and net appreciation (depreciation) in fair value of uncertified investments, by custodian, for the years ended December 31, 2024 and 2023:

| | 2024 | 2023 |
|---|----------------------------|----------------------------|
| Interest and Dividend Income | | |
| Real estate partnership held by JPMorgan Chase Bank, N.A. | \$ 342,875 | \$ 476,306 |
| Investments held by Charles Schwab & Co., Inc. | 559,693 | 640,823 |
| Private equity funds held by JPMorgan Chase Bank | 346,715 | 232,234 |
| | <u>\$ 1,249,283</u> | <u>\$ 1,349,363</u> |

| | 2024 | 2023 |
|---|-----------------------------|-----------------------------|
| Net Appreciation (Depreciation) in Fair Value of Investments | | |
| Collective investment trust funds held by JPMorgan Investment Management Inc. | \$ 32,814,672 | \$ 33,217,545 |
| Investments held by Charles Schwab & Co., Inc. | 8,329,363 | 7,609,215 |
| Collective investment trust fund held by JPMorgan Chase Bank, N.A. | (1,726,257) | (5,169,575) |
| Real estate partnership held by JPMorgan Chase Bank, N.A. | (872,922) | (3,126,310) |
| Private equity funds held by JPMorgan Chase Bank | 2,983,883 | 2,355,012 |
| | <u>\$ 41,528,739</u> | <u>\$ 34,885,887</u> |

6. Federal Income Tax Status

The Plan obtained its latest determination letter dated March 30, 2018, in which the IRS states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, Plan management believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it 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.

7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right to discontinue contributions at any time and terminate the Plan. In the event of Plan termination, the 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 employer contributions, taking into account those paid out before termination.
2. Annuity benefits 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

BLUE BELL CREAMERIES, INC. PENSION PLAN NOTES TO FINANCIAL STATEMENTS

7. Plan Termination, continued

3. 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.
4. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations.
5. All other vested benefits (that is, vested benefits not insured by the PBGC).
6. All non-vested 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. Any assets remaining after all Plan expenses have been paid and all accrued liabilities have been provided for by the purchase of annuities or otherwise will revert to the Company.

8. Party-in-Interest Transactions

Certain Plan investments held during the year or as of year-end include money market accounts, collective investment trust funds, a real estate partnership fund, private equity funds, or common stock issued by the Custodians, and therefore, such transactions qualify as party-in-interest transactions. These party-in-interest transactions are exempt from the ERISA prohibited transaction rules; consequently, these transactions are permissible.

9. Subsequent Events

Plan management has evaluated all subsequent events through October 15, 2025, which is the date the financial statements were available to be issued, and has concluded that there are no significant events to be reported.

SUPPLEMENTAL SCHEDULES

BLUE BELL CREAMERIES INC. PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

EIN: 74-2983264

PN: 001

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|--|--------------------|--------------------|
| <u>Interest-bearing cash</u> | | | | |
| * | Charles Schwab & Co., Inc. | Cash Account | \$ 698,553 | \$ 698,553 |
| <u>Money market funds</u> | | | | |
| * | US Bank, N.A. | First American Government Obligation Fund - Class Z | 5,048,416 | 5,048,416 |
| <u>Government obligations</u> | | | | |
| | United States Treasury Bond | \$1,800,000 face value, bearing interest at 2.50%, due February 15, 2046 | 1,781,461 | 1,230,912 |
| | United States Treasury Bond | \$2,165,000 face value, bearing interest at 2.50%, due May 15, 2046 | 2,113,105 | 1,474,235 |
| | United States Treasury Bond | \$2,570,000 face value, bearing interest at 2.25%, due August 15, 2046 | 2,230,893 | 1,659,089 |
| | United States Treasury Bond | \$1,510,000 face value, bearing interest at 1.25%, due May 15, 2050 | 1,045,689 | 715,876 |
| | United States Treasury Bond | \$2,040,000 face value, bearing interest at 1.375%, due August 15, 2050 | 1,578,025 | 1,189,793 |
| | Total government obligations | | 8,749,173 | 6,269,905 |
| <u>Collective investment trust funds</u> | | | | |
| * | JPMorgan Chase Bank, N.A. | Diversified Global Fund | 109,232,935 | 258,382,017 |
| * | JPMorgan Chase Bank, N.A. | Strategic Property Fund | 27,835,083 | 33,577,324 |
| * | JPMorgan Chase Bank, N.A. | Special Situation Property Fund | 13,548,242 | 16,081,137 |
| | Total collective investment funds | | 150,616,260 | 308,040,478 |
| <u>Common stocks</u> | | | | |
| | Nvidia Corporation | Common Stock, 19,550 Shares | 1,078,016 | 2,625,370 |
| | Microsoft Corporation | Common Stock, 5,564 Shares | 1,281,849 | 2,345,226 |
| | Apple, Inc. | Common Stock, 9,182 Shares | 1,121,400 | 2,299,356 |
| | Broadcom, Inc. | Common Stock, 6,870 Shares | 179,445 | 1,592,741 |
| | Amazon.com, Inc. | Common Stock, 6,520 Shares | 572,220 | 1,430,423 |
| | Netflix, Inc. | Common Stock, 1,461 Shares | 600,327 | 1,302,219 |
| | Deere & Company | Common Stock, 2,885 Shares | 1,151,730 | 1,222,375 |
| | Berkshire Hathaway, Inc. | Common Stock, 2,582 Shares | 824,589 | 1,170,369 |
| | UBS Group AG | Common Stock, 38,357 Shares | 491,101 | 1,162,984 |
| | Oracle Corporation | Common Stock, 6,943 Shares | 869,200 | 1,156,982 |
| | The Kroger Company | Common Stock, 18,370 Shares | 558,951 | 1,123,326 |
| | Brixmor Property Group, Inc. | Common Stock, 39,800 Shares | 1,022,061 | 1,108,032 |
| | Alphabet, Inc. | Common Stock, 5,572 Shares | 736,688 | 1,054,780 |
| | Ameriprise Financial, Inc. | Common Stock, 1,981 Shares | 779,424 | 1,054,744 |
| | Meta Platforms, Inc. | Common Stock, 1,782 Shares | 284,391 | 1,043,379 |
| | The Bank of New York Mellon Corp | Common Stock, 13,553 Shares | 563,695 | 1,041,277 |
| | Tesla, Inc. | Common Stock, 2,571 Shares | 736,917 | 1,038,273 |

* Indicates a party-in-interest.

See accompanying report of independent auditors.

BLUE BELL CREAMERIES INC. PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR), continued
DECEMBER 31, 2024

EIN: 74-2983264

PN: 001

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|--|---|--|-----------------------|-----------------------|
| <u>Common stocks, continued</u> | | | | |
| | Booz Allen Hamilton Holding Corp | Common Stock, 7,499 Shares | \$ 657,693 | \$ 965,121 |
| | Gilead Sciences, Inc. | Common Stock, 10,344 Shares | 664,364 | 955,475 |
| | Palo Alto Networks, Inc. | Common Stock, 5,164 Shares | 444,169 | 939,641 |
| | Abbvie, Inc. | Common Stock, 5,257 Shares | 836,492 | 934,169 |
| | Spire, Inc. | Common Stock, 13,200 Shares | 880,131 | 895,356 |
| | Wix.com Ltd. | Common Stock, 4,150 Shares | 709,455 | 890,383 |
| | ResMed, Inc. | Common Stock, 3,850 Shares | 958,456 | 880,457 |
| | Bank OZK | Common Stock, 19,700 Shares | 848,327 | 877,241 |
| | Autodesk, Inc. | Common Stock, 2,959 Shares | 615,382 | 874,592 |
| | RELX PLC | Common Stock, 19,113 Shares | 830,483 | 868,112 |
| | Mastercard, Inc. | Common Stock, 1,630 Shares | 624,052 | 858,309 |
| | Garmin Ltd. | Common Stock, 4,159 Shares | 523,042 | 857,835 |
| | Unilever PLC | Common Stock, 14,387 Shares | 754,755 | 841,258 |
| | Nintendo Ltd. | Common Stock, 56,830 Shares | 744,660 | 831,423 |
| | Eagle Materials, Inc. | Common Stock, 3,258 Shares | 454,525 | 803,944 |
| | Williams-Sonoma, Inc. | Common Stock, 4,272 Shares | 200,756 | 791,089 |
| | Pultegroup, Inc. | Common Stock, 7,218 Shares | 221,043 | 786,040 |
| | Chevron Corporation | Common Stock, 5,373 Shares | 597,589 | 778,225 |
| | Pinnacle West Capital Corporation | Common Stock, 9,114 Shares | 544,428 | 772,594 |
| | Lowe's Companies, Inc. | Common Stock, 3,041 Shares | 243,910 | 750,519 |
| | Amegen, Inc. | Common Stock, 2,731 Shares | 527,599 | 711,808 |
| | HP, Inc. | Common Stock, 21,549 Shares | 331,850 | 703,144 |
| | Autozone, Inc. | Common Stock, 216 Shares | 461,239 | 691,632 |
| | Nutrien Ltd. | Common Stock, 14,210 Shares | 657,970 | 635,898 |
| | Nucor Corporation | Common Stock, 4,764 Shares | 606,471 | 556,006 |
| | Eli Lilly & Company | Common Stock, 708 Shares | 134,253 | 546,576 |
| | Toyota Motor Corporation | Common Stock, 2,626 Shares | 414,918 | 511,046 |
| | Devon Energy Corporation | Common Stock, 15,233 Shares | 399,854 | 498,576 |
| | Total common stocks | | 28,739,870 | 45,778,325 |
| <u>Real estate partnership</u> | | | | |
| * | JPMorgan Chase Bank, N.A. | U.S. Real Estate Income and Growth Domestic, LP | 15,644,259 | 15,420,844 |
| <u>Private equity funds</u> | | | | |
| * | JPMorgan Chase Bank, N.A. | PEG Global Private Equity Institutional Investors V, LLC | 10,369,049 | 15,111,923 |
| * | JPMorgan Chase Bank, N.A. | PEG Global Private Equity IX, L.P. | 12,833,384 | 18,723,283 |
| * | JPMorgan Chase Bank, N.A. | PEG Global Private Equity XI, L.P. | 4,029,339 | 5,051,742 |
| | Total private equity funds | | 27,231,772 | 38,886,948 |
| | Total assets held for investment purposes | | \$ 236,728,303 | \$ 420,143,469 |

* Indicates a party-in-interest.

See accompanying report of independent auditors.

BLUE BELL CREAMERIES INC. PENSION PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

EIN: 74-2983264
 PN: 001

| <u>(a)</u> | <u>(b)</u> | <u>No. of Transactions</u> | <u>(c)</u> | <u>(d)</u> | <u>(g)</u> | <u>(h)</u> | <u>(i)</u> |
|-------------------------------|--|--------------------------------|-------------------|------------------|------------------|---|---------------------|
| Identity of Party Involved | Description of Asset | | Purchase Price | Selling Price | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain or Loss |
| US Bank, N.A. | First American Government Obligation Fund Z | 41 | \$ 13,087,976 | - | \$ 13,087,976 | \$ 13,087,976 | - |
| US Bank, N.A. | First American Government Obligation Fund Z | 78 | - | 12,580,392 | 12,580,392 | 12,580,392 | - |

See accompanying report of independent auditors.

Schedule SB, Line 26a - Schedule of Active Participant Data

1. DO NOT REMOVE OR MODIFY ROWS 1-12 OR COLUMN A

2. The following are valid values:

Descriptor Column Header Data Type

Active Part Under25;25 N/A

Active Part Under1;1to 8-digit Type

Active Part UnderOneC Signed 15-digit integer

Active Part UnderOneA Signed 15-digit integer

| Active Part Under1 | Under1 | Under1 | 1to4 | 1to4 | 1to4 | 5to9 | 5to9 | 5to9 |
|---------------------------------|--------------|--------------|--------|--------------|--------------|--------|--------------|--------------|
| Number | Compensation | Cash Balance | Number | Compensation | Cash Balance | Number | Compensation | Cash Balance |
| Active Participant Attained Age | | | | | | | | |
| Under25 | 77 | 5285 | 0 | 187 | 40692 | 0 | 11 | 0 |
| 25to29 | 11 | 0 | 0 | 136 | 48,438 | 0 | 47 | 54080 |
| 30to34 | 6 | 0 | 0 | 115 | 52,600 | 0 | 85 | 60,810 |
| 35to39 | 10 | 0 | 0 | 103 | 52,838 | 0 | 68 | 61,554 |
| 40to44 | 7 | 0 | 0 | 113 | 50,797 | 0 | 77 | 54,247 |
| 45to49 | 11 | 0 | 0 | 98 | 50,194 | 0 | 54 | 57,113 |
| 50to54 | 4 | 0 | 0 | 85 | 47,416 | 0 | 62 | 53,773 |
| 55to59 | 16 | 0 | 0 | 73 | 43,646 | 0 | 54 | 54,525 |
| 60to64 | 11 | 0 | 0 | 52 | 42944 | 0 | 40 | 49054 |
| 65to69 | 7 | 0 | 0 | 18 | 0 | 0 | 12 | 0 |
| 70Up | 9 | 0 | 0 | 10 | 0 | 0 | 6 | 0 |

FortyPlus
Cash Balance

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Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information - enter all requested information

| | | |
|---|--|--------------|
| 1a Name of plan BLUE BELL CREAMERIES, INC. PENSION PLAN | 1b Three-digit plan number (PN) ▶ | 001 |
| | 1c Effective date of plan | 01/01/1957 |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BLUE BELL CREAMERIES, INC. P.O. BOX 1807 BRENHAM TX 77834-1807 | 2b Employer Identification Number (EIN) | 74-2983264 |
| | 2c Plan Sponsor's telephone number | 979-836-7977 |
| | 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.

| | | | |
|------------------|------------------------------------|------------|--|
| SIGN HERE | <i>Phil McCormick</i> | 10/15/2025 | PHIL MCCORMICK, CFO |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

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

Form 5500 (2024)
v. 240311

SCHEDULE SB (Form 5500)

Single-Employer Defined Benefit Plan Actuarial Information

OMB No. 1210-0110

2024

Department of the Treasury Internal Revenue Service, Department of Labor Employee Benefits Security Administration, Pension Benefit Guaranty Corporation

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).

This Form is Open to Public Inspection

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

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.

Form fields for Name of plan, Plan sponsor's name, Employer Identification Number, and Prior year plan size.

Part I Basic Information

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

Table with 2 columns: Assets (Market value, Actuarial value) and values (387,626,219).

Table with 4 columns: Funding target/participant count breakdown, (1) Number of participants, (2) Vested Funding Target, (3) Total Funding Target.

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

5 Effective interest rate 5.27%

Table with 2 columns: Target normal cost (Present value of current plan year accruals, Expected plan-related expenses, Target normal cost) and values.

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.

SIGN HERE. Signature of actuary: David A. Sawyer, Date: 8/21/2025

DAVID A. SAWYER, FSA, EA. Type or print name of actuary. Most recent enrollment number: 2306271

DEFINITI. Firm name. Telephone number (including area code): 281-296-1100

3 HOLLAND ST. ERIE PA 16507. Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

| | (a) Carryover balance | (b) Prefunding balance |
|---|-----------------------|------------------------|
| 7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 13,030,400 | 0 |
| 8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | | |
| 9 Amount remaining (line 7 minus line 8) | 13,030,400 | 0 |
| 10 Interest on line 9 using prior year's actual return of <u>10.16%</u> | 1,323,889 | 0 |
| 11 Prior year's excess contributions to be added to prefunding balance: | | |
| a Present value of excess contributions (line 38a from prior year) | | 0 |
| 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> | | 0 |
| b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | |
| c Total available at beginning of current plan year to add to prefunding balance | | 0 |
| d Portion of (c) to be added to prefunding balance | | 0 |
| 12 Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) | 14,354,289 | 0 |

Part III Funding Percentages

| | | |
|--|-----------|---------|
| 14 Funding target attainment percentage | 14 | 132.52% |
| 15 Adjusted funding target attainment percentage | 15 | 137.61% |
| 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 | 137.42% |
| 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 | |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|---|
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| | | | | | | |
| Totals ▶ | | | 18(b) | 0 | 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 | 0 |

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 |
| | | | |

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

21 Discount rate:

a Segment rates:

| | | | |
|------------------------|------------------------|------------------------|---|
| 1st segment: 4.75 % | 2nd segment: 4.96 % | 3rd segment: 5.59 % | <input type="checkbox"/> N/A, full yield curve used |
|------------------------|------------------------|------------------------|---|

b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)..... **31a** 11,339,889

b Excess assets, if applicable, but not greater than line 31a **31b** 11,339,889

32 Amortization installments:

| | Outstanding Balance | Installment |
|--|---------------------|-------------|
| a Net shortfall amortization installment..... | 0 | 0 |
| b Waiver amortization installment..... | 0 | 0 |

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

| | 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)..... | | | 0 |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... | | | 0 |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | | | 0 |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... | | | 0 |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... | | | 0 |
| 40 Unpaid minimum required contributions for all years..... | | | 0 |

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

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

BLUEBELL CREAMERIES, INC. PENSION PLAN
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SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Marriage Assumptions

80% of participants are assumed to be married.
Males are assumed to be three years older than their spouses.

Retirement Age:

➤ Active Employees

Percentage of employees retiring during the year of age shown.

| Age | Rates |
|-------------|-------------|
| 55 | 2.00% |
| 56 | 1.00% |
| 57 | 1.00% |
| 58 | 5.00% |
| 59 | 5.00% |
| 60 | 5.00% |
| 61 | 10.00% |
| 62 | 15.00% |
| 63 | 20.00% |
| 64 | 25.00% |
| 65 | 30.00% |
| 66 | 15.00% |
| 67 | 100.00% |
| Average Age | 63.26 years |

➤ Vested Terminations

Age 65.

Other Assumptions

Administrative Expenses

Administrative expenses of \$0 are expected to be paid from the Trust.

Form of Payment

It has been assumed that benefits will be paid in the normal annuity form applicable to the particular benefit. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis differing from the valuation assumptions, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.

BLUEBELL CREAMERIES, INC. PENSION PLAN
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SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

| | |
|---|---|
| Late Retirement | The benefit earned after normal retirement reflects the additional accruals due to the increase in benefit service and compensation. |
| Maximum Benefit Limitations Under IRC Sec. 415 | \$275,000. |
| Valuation Pay | Valuation pay is the expected pensionable earnings for the 2024 calendar year limited to \$345,000. For 2024, valuation pay is equal to the 2023 pensionable earnings multiplied by the salary scale. |
| Valuation Payroll | The sum of the valuation pay for all active participants determined without applying the qualified plan pay limit (pay limit is applied in the actuarial measurements). |
| Changes in Assumptions | The Funding Target segment rates and mortality assumption have been updated as prescribed in IRS regulations. There have been no other changes in actuarial assumptions from the prior valuation. |

BLUEBELL CREAMERIES, INC. PENSION PLAN
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SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Methods

| | |
|-----------------------------------|---|
| Valuation Date | January 1, 2024 (first day of the plan year) |
| Asset Valuation Method | Market Value. |
| Unit Credit Actuarial Cost Method | The <u>Unit Credit Actuarial Cost Method</u> is used to determine the Funding Target. The target normal cost for each employee is the present value of the benefit which accrues during that current year. The total target normal cost is the sum of the normal costs for all active participants. |
| Changes in Methods | There have been no changes in actuarial methods from the prior year. |

BLUEBELL CREAMERIES, INC. PENSION PLAN
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SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

| | |
|-----------------------|---|
| Effective Date | Effective January 1, 1970; restated January 1, 2020. Last amendment effective September 1, 2020. |
| Eligibility | Each employee shall be covered as a participant on the first anniversary of his employment commencement date. |
| Contributions | The employer pays the entire cost of the retirement plan. |
| Actuarial Equivalence | Optional annuity forms of payment are based on the 1984 Unisex Pension Mortality Table and 7.00% interest for optional forms. Lump sum payments are calculated using the IRC Section 417(e)(3) Applicable Mortality Table and Applicable Segment Rates for the November preceding the year of distribution. |
| Vesting Service | A year of vesting service is credited for each plan year in which 1,000 hours of service is completed. |
| Benefit Service | Prior to January 1, 2015, 1/12 th of a year of service is credited for each completed calendar month of service. Effective January 1, 2015, active participants shall be credited with one year of service for each year in which the participant attains at least 1,500 hours of service. Active participant with less than 1,000 hours of service shall receive no service for that plan year, but will receive a partial year of service if credited with at least 1,000 hours of service. The partial year of service is equal to the participant's credited hours of service divided by 1,500 with the resulting fraction rounded down to the nearest 0.1. In the year of hire and year of termination, a partial year of service will be credited using the same fraction described above. |
| Compensation | A participant's wages, salaries, fees for professional services and other amounts received for personal services actually rendered including compensation on the basis of a percentage of profits and bonuses. Compensation includes elective contributions made by the employer on the employee's behalf. |

BLUEBELL CREAMERIES, INC. PENSION PLAN
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SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Average Monthly Compensation

The monthly Compensation averaged over the 5 consecutive Plan Years which produce the highest monthly average within the last ten completed years of employment. Effective as of January 1, 2015, any Compensation earned by a participant during a plan year in which the participant is not credited with any benefit service shall be excluded from the calculation of the participant's Average Monthly Compensation. In addition, Compensation will be annualized for years in which only a partial year of benefit service is credited.

Retirement Dates:

➤ Normal

Attainment of age 65 and completion of 5 years of Vesting Service.

➤ Early

A participant may elect to retire early on the first day of any month after he has attained age 55 and completed 5 years of Vesting Service.

Accrued Benefit

Upon termination of employment at any time, a participant's Accrued Benefit equals the monthly retirement income commencing on his Normal Retirement Date with Benefit Accrual Service and Final Average Earnings as of his termination date.

Retirement Benefit:

➤ Normal

The benefit is equal to 1% of Average Monthly Compensation times years of Benefit Service.

This benefit cannot be less than the sum of the accrued benefit as of December 31, 1993 plus 1% of Average Monthly Compensation times years of Benefit Service after December 31, 1993.

➤ Early

The actuarial equivalent of the total amount of the accrued benefit as determined on the date the participant ceases to be employed by the employer.

Benefit Upon Separation

The actuarial equivalent of the total amount of the accrued benefit as determined on the date the participant ceases to be employed by the employer. Employee may elect to start receiving a reduced benefit (actuarial equivalent) after attaining age 55.

BLUEBELL CREAMERIES, INC. PENSION PLAN
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SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Pre-Retirement Death Benefit:

- After Early Retirement Date A qualified surviving spouse is eligible for 50% of the benefit which would have been payable if the employee had retired and elected the qualified joint and survivor annuity on the day prior to his death.

- Before Early Retirement Date A qualified surviving spouse is eligible for 50% of the benefit the participant would have received had he separated from service at his date of death, survived to his earliest retirement age and retired with a qualified joint and survivor annuity form of benefit.

Form of Pension

The normal form of pension is a life annuity.

Optional Benefit Forms

The following actuarially equivalent forms of benefit are available:

- (1) 50%, 75% or 100% joint & survivor annuity.
- (2) Life annuity with term certain of 120 months.
- (3) A lump sum if not more than \$30,000.
- (4) An annuity, which combined with an estimated social security benefit, will produce a level series of payments for life.

Changes in Plan Provisions

There have been no changes since the prior valuation.

BLUEBELL CREAMERIES, INC. PENSION PLAN
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SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

➤ Active Employees

Percentage of employees retiring during the year of age shown.

| <u>Age</u> | <u>Rate</u> | <u>Lives</u> | <u>Retiring</u> | <u>Weight</u> |
|------------|-------------|--------------|-----------------|---------------|
| 55 | 2.0% | 100.00 | 2.00 | 1.10 |
| 56 | 1.0% | 98.00 | 0.98 | 0.55 |
| 57 | 1.0% | 97.02 | 0.97 | 0.55 |
| 58 | 5.0% | 96.05 | 4.80 | 2.79 |
| 59 | 5.0% | 91.25 | 4.56 | 2.69 |
| 60 | 5.0% | 86.68 | 4.33 | 2.60 |
| 61 | 10.0% | 82.35 | 8.24 | 5.02 |
| 62 | 15.0% | 74.12 | 11.12 | 6.89 |
| 63 | 20.0% | 63.00 | 12.60 | 7.94 |
| 64 | 25.0% | 50.40 | 12.60 | 8.06 |
| 65 | 30.0% | 37.80 | 11.34 | 7.37 |
| 66 | 15.0% | 26.46 | 3.97 | 2.62 |
| 67 | 100.0% | 22.49 | 22.49 | 15.07 |

Weighted Average Retirement Age 63.26

➤ Vested Terminations

Age 65.