

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

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: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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 Check box if filing under: [X] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
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 GRANITE FALLS FOODS, INC. EMPLOYEE SAVINGS PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/2015
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) GRANITE FALLS FOODS, INC. 1340 W 9TH STREET GRANITE FALLS, MN 56241
2b Employer Identification Number (EIN) 20-0613574
2c Sponsor's telephone number 320-564-3444
2d Business code (see instructions) 445110
3a Plan administrator's name and address [X] 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
5a Total number of participants at the beginning of the plan year 41
b Total number of participants at the end of the plan year 37
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) 21
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 25
d(1) Total number of active participants at the beginning of the plan year 39
d(2) Total number of active participants at the end of the plan year 32
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 10/10/2025, BRETT ALMICH. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

| Part III Financial Information | | | |
|---------------------------------------|---|------------------------------|------------------------|
| 7 | | (a) Beginning of Year | (b) End of Year |
| 7 | Plan Assets and Liabilities | | |
| a | Total plan assets | 7a 1152856 | 1375895 |
| b | Total plan liabilities | 7b 0 | 0 |
| c | Net plan assets (subtract line 7b from line 7a) | 7c 1152856 | 1375895 |
| 8 | | (a) Amount | (b) Total |
| 8 | Income, Expenses, and Transfers for this Plan Year | | |
| a | Contributions received or receivable from: | | |
| | (1) Employers | 8a(1) 35227 | |
| | (2) Participants | 8a(2) 82302 | |
| | (3) Others (including rollovers) | 8a(3) 0 | |
| b | Other income (loss) | 8b 161493 | |
| c | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | 279022 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d 40166 | |
| e | Certain deemed and/or corrective distributions (see instructions) . | 8e 0 | |
| f | Administrative service providers (salaries, fees, commissions) | 8f 15817 | |
| g | Other expenses | 8g 0 | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | 55983 |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | 223039 |
| j | Transfers to (from) the plan (see instructions) | 8j 0 | |

| Part IV Plan Characteristics | |
|-------------------------------------|--|
| 9a | If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H |
| b | If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: |

| Part V Compliance Questions | | | | |
|------------------------------------|--|------------|-----------|---------------|
| 10 | | Yes | No | Amount |
| 10 | During the plan year: | | | |
| 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) | 10a | X | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | X | |
| c | Was the plan covered by a fidelity bond? | 10c | X | 175000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | X | |
| e | Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | 10e | X | 7068 |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | X | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | 10g | X | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | X | |
| i | If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | |

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

| 13c(1) Name of plan(s): | 13c(2) EIN(s) | 13c(3) PN(s) |
|-------------------------|---------------|--------------|
| | | |

Part VIII IRS Compliance Questions

14a 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

14b 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

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

Form 5500-SF

Short Form Annual Return/Report of Small Employee Benefit Plan

OMB Nos. 1210-0110
1210-0099Department of the Treasury
Internal Revenue Service

This form is required to be filed 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).

2024

This Form is Open to
Public InspectionDepartment of Labor
Employee Benefits Security Administration
Pension Benefits Guaranty Corporation

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

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: | <input checked="" type="checkbox"/> a single-employer plan | <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.) | |
| B This return/report is: | <input type="checkbox"/> the first return/report | <input type="checkbox"/> the final return/report | |
| | <input type="checkbox"/> an amended return/report | <input type="checkbox"/> a short plan year return/report (less than 12 months) | |
| C Check box if filing under: | <input checked="" type="checkbox"/> Form 5558 | <input type="checkbox"/> automatic extension | <input type="checkbox"/> DFVC program |
| | <input type="checkbox"/> special extension (enter description) | | |
| D If the plan is a collectively-bargained plan, check here | | | <input type="checkbox"/> |
| E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here | | | <input type="checkbox"/> |

Part II Basic Plan Information—enter all requested information

| | | |
|---|---|------------|
| 1a Name of plan GRANITE FALLS FOODS, INC. EMPLOYEE SAVINGS PLAN | 1b Three-digit plan number (PN) ▶ | 001 |
| | 1c Effective date of plan | 01/01/2015 |
| 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, county, and ZIP or foreign postal code (if foreign, see instructions) GRANITE FALLS FOODS, INC. 1340 W 9TH STREET GRANITE FALLS MN 56241 | 2b Employer identification number (EIN) 20-0613574 | |
| | 2c Sponsor's telephone number 320-564-3444 | |
| | 2d Business code (see instructions) 445110 | |
| 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 | |
| 5a Total number of participants at the beginning of the plan year | 5a | 41 |
| b Total number of participants at the end of the plan year | 5b | 37 |
| c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | 5c(1) | 21 |
| c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 5c(2) | 25 |
| d(1) Total number of active participants at the beginning of the plan year | 5d(1) | 39 |
| d(2) Total number of active participants at the end of the plan year | 5d(2) | 32 |
| e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | 5e | 0 |

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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>Brett Almich</i> | 10-10-25 | BRETT ALMICH |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | <i>Brett Almich</i> | 10-10-25 | BRETT ALMICH |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

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

Form 5500-SF (2024)
v. 2403111

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information

| 7 Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| a Total plan assets | 7a | 1,152,856 | 1,375,895 |
| b Total plan liabilities | 7b | 0 | 0 |
| c Net plan assets (subtract line 7b from line 7a) | 7c | 1,152,856 | 1,375,895 |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total |
| a Contributions received or receivable from: | | | |
| (1) Employers | 8a(1) | 35,227 | |
| (2) Participants | 8a(2) | 82,302 | |
| (3) Others (including rollovers) | 8a(3) | 0 | |
| b Other income (loss) | 8b | 161,493 | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 279,022 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 40,166 | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | 0 | |
| f Administrative service providers (salaries, fees, commissions) | 8f | 15,817 | |
| g Other expenses | 8g | 0 | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 55,983 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | 223,039 |
| j Transfers to (from) the plan (see instructions) | 8j | 0 | |

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2L 2M 2N 2O 2P 2Q 2R 2S 2T 2U 2V 2W 2X 2Y 2Z 2AA 2AB 2AC 2AD 2AE 2AF 2AG 2AH 2AI 2AJ 2AK 2AL 2AM 2AN 2AO 2AP 2AQ 2AR 2AS 2AT 2AU 2AV 2AW 2AX 2AY 2AZ 2BA 2BB 2BC 2BD 2BE 2BF 2BG 2BH 2BI 2BJ 2BK 2BL 2BM 2BN 2BO 2BP 2BQ 2BR 2BS 2BT 2BU 2BV 2BW 2BX 2BY 2BZ 2CA 2CB 2CC 2CD 2CE 2CF 2CG 2CH 2CI 2CJ 2CK 2CL 2CM 2CN 2CO 2CP 2CQ 2CR 2CS 2CT 2CU 2CV 2CW 2CX 2CY 2CZ 2DA 2DB 2DC 2DD 2DE 2DF 2DG 2DH 2DI 2DJ 2DK 2DL 2DM 2DN 2DO 2DP 2DQ 2DR 2DS 2DT 2DU 2DV 2DW 2DX 2DY 2DZ 2EA 2EB 2EC 2ED 2EE 2EF 2EG 2EH 2EI 2EJ 2EK 2EL 2EM 2EN 2EO 2EP 2EQ 2ER 2ES 2ET 2EU 2EV 2EW 2EX 2EY 2EZ 2FA 2FB 2FC 2FD 2FE 2FF 2FG 2FH 2FI 2FJ 2FK 2FL 2FM 2FN 2FO 2FP 2FQ 2FR 2FS 2FT 2FU 2FV 2FW 2FX 2FY 2FZ 2GA 2GB 2GC 2GD 2GE 2GF 2GG 2GH 2GI 2GJ 2GK 2GL 2GM 2GN 2GO 2GP 2GQ 2GR 2GS 2GT 2GU 2GV 2GW 2GX 2GY 2GZ 2HA 2HB 2HC 2HD 2HE 2HF 2HG 2HH 2HI 2HJ 2HK 2HL 2HM 2HN 2HO 2HP 2HQ 2HR 2HS 2HT 2HU 2HV 2HW 2HX 2HY 2HZ 2IA 2IB 2IC 2ID 2IE 2IF 2IG 2IH 2IJ 2IK 2IL 2IM 2IN 2IO 2IP 2IQ 2IR 2IS 2IT 2IU 2IV 2IW 2IX 2IY 2IZ 2JA 2JB 2JC 2JD 2JE 2JF 2JG 2JH 2JI 2JJ 2JK 2JL 2JM 2JN 2JO 2JP 2JQ 2JR 2JS 2JT 2JU 2JV 2JW 2JX 2JY 2JZ 2KA 2KB 2KC 2KD 2KE 2KF 2KG 2KH 2KI 2KJ 2KK 2KL 2KM 2KN 2KO 2KP 2KQ 2KR 2KS 2KT 2KU 2KV 2KW 2KX 2KY 2KZ 2LA 2LB 2LC 2LD 2LE 2LF 2LG 2LH 2LI 2LJ 2LK 2LL 2LM 2LN 2LO 2LP 2LQ 2LR 2LS 2LT 2LU 2LV 2LW 2LX 2LY 2LZ 2MA 2MB 2MC 2MD 2ME 2MF 2MG 2MH 2MI 2MJ 2MK 2ML 2MN 2MO 2MP 2MQ 2MR 2MS 2MT 2MU 2MV 2MW 2MX 2MY 2MZ 2NA 2NB 2NC 2ND 2NE 2NF 2NG 2NH 2NI 2NJ 2NK 2NL 2NM 2NN 2NO 2NP 2NQ 2NR 2NS 2NT 2NU 2NV 2NW 2NX 2NY 2NZ 2OA 2OB 2OC 2OD 2OE 2OF 2OG 2OH 2OI 2OJ 2OK 2OL 2OM 2ON 2OO 2OP 2OQ 2OR 2OS 2OT 2OU 2OV 2OW 2OX 2OY 2OZ 2PA 2PB 2PC 2PD 2PE 2PF 2PG 2PH 2PI 2PJ 2PK 2PL 2PM 2PN 2PO 2PP 2PQ 2PR 2PS 2PT 2PU 2PV 2PW 2PX 2PY 2PZ 2QA 2QB 2QC 2QD 2QE 2QF 2QG 2QH 2QI 2QJ 2QK 2QL 2QM 2QN 2QO 2QP 2QQ 2QR 2QS 2QT 2QU 2QV 2QW 2QX 2QY 2QZ 2RA 2RB 2RC 2RD 2RE 2RF 2RG 2RH 2RI 2RJ 2RK 2RL 2RM 2RN 2RO 2RP 2RQ 2RR 2RS 2RT 2RU 2RV 2RW 2RX 2RY 2RZ 2SA 2SB 2SC 2SD 2SE 2SF 2SG 2SH 2SI 2SJ 2SK 2SL 2SM 2SN 2SO 2SP 2SQ 2SR 2SS 2ST 2SU 2SV 2SW 2SX 2SY 2SZ 2TA 2TB 2TC 2TD 2TE 2TF 2TG 2TH 2TI 2TJ 2TK 2TL 2TM 2TN 2TO 2TP 2TQ 2TR 2TS 2TT 2TU 2TV 2TW 2TX 2TY 2TZ 2UA 2UB 2UC 2UD 2UE 2UF 2UG 2UH 2UI 2UJ 2UK 2UL 2UM 2UN 2UO 2UP 2UQ 2UR 2US 2UT 2UU 2UV 2UW 2UX 2UY 2UZ 2VA 2VB 2VC 2VD 2VE 2VF 2VG 2VH 2VI 2VJ 2VK 2VL 2VM 2VN 2VO 2VP 2VQ 2VR 2VS 2VT 2VU 2VV 2VW 2VX 2VY 2VZ 2WA 2WB 2WC 2WD 2WE 2WF 2WG 2WH 2WI 2WJ 2WK 2WL 2WM 2WN 2WO 2WP 2WQ 2WR 2WS 2WT 2WU 2WV 2WW 2WX 2WY 2WZ 2XA 2XB 2XC 2XD 2XE 2XF 2XG 2XH 2XI 2XJ 2XK 2XL 2XM 2XN 2XO 2XP 2XQ 2XR 2XS 2XT 2XU 2XV 2XW 2XX 2XY 2XZ 2YA 2YB 2YC 2YD 2YE 2YF 2YG 2YH 2YI 2YJ 2YK 2YL 2YM 2YN 2YO 2YP 2YQ 2YR 2YS 2YT 2YU 2YV 2YW 2YX 2YY 2YZ 2ZA 2ZB 2ZC 2ZD 2ZE 2ZF 2ZG 2ZH 2ZI 2ZJ 2ZK 2ZL 2ZM 2ZN 2ZO 2ZP 2ZQ 2ZR 2ZS 2ZT 2ZU 2ZV 2ZW 2ZX 2ZY 2ZZ
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

| 10 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) | 10a | X | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | X | |
| c | Was the plan covered by a fidelity bond? | 10c | X | 175,000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | X | |
| e | Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | 10e | X | 7,068 |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | X | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | 10g | X | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | X | |
| i | If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 10i | | |

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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: _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. Yes No

a 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 letter ruling granting the waiver. _____ Month _____ Day _____ Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

| 13c(1) Name of plan(s) | 13c(2) EIN(s) | 13c(3) PN(s) |
|------------------------|---------------|--------------|
| | | |
| | | |
| | | |

Part VIII IRS Compliance Questions

14a 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

14b 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

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08/01/2023 (MM/DD/YYYY) and the Opinion Letter serial number Q703007a.