

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 <h2 style="text-align: center;">2024</h2> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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
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1a Name of plan <u>RISE BAKING COMPANY 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
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>MINNESOTA BEST MAID COOKIE CO., INC.</u> <u>3001 BROADWAY STREET NE SUITE 400</u> <u>MINNEAPOLIS, MN 55413</u>	1c Effective date of plan <u>01/01/2006</u> 2b Employer Identification Number (EIN) <u>41-1288452</u> 2c Plan Sponsor's telephone number <u>612-850-7570</u> 2d Business code (see instructions) <u>311800</u>

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	CRISTY HEINTZ
	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	3181
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)	2666
	6a(2)	2387
	6b	499
	6c	538
	6d	3424
	6e	0
	6f	3424
	6g(1)	2322
6g(2)	2387	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
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 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan RISE BAKING COMPANY 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MINNESOTA BEST MAID COOKIE CO., INC.	D Employer Identification Number (EIN) 41-1288452	

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)

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	285466	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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 MGMT	33057	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)

THE HAYS FINANCIAL GROUP, LLC

80 S 8TH ST STE 700
MINNEAPOLIS, MN 55402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	29999	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"/>

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>RISE BAKING COMPANY 401(K) 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>MINNESOTA BEST MAID COOKIE CO., INC.</u>	D Employer Identification Number (EIN) <u>41-1288452</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS STABLE VALUE INV CL 1

b Name of sponsor of entity listed in (a): GOLDMAN SACHS CT OR SVF

c EIN-PN <u>13-4166989-025</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>6735100</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO CORE FIXED INCOME TRUST B1

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

c EIN-PN <u>20-2583973-309</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>4802241</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STABLE VALUE TRUST CL B1

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

c EIN-PN <u>84-1142974-001</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>0</u>
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RISE BAKING COMPANY 401(K) PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 MINNESOTA BEST MAID COOKIE CO., INC.	D Employer Identification Number (EIN) 41-1288452

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	2761037	3159442
(9) Value of interest in common/collective trusts	1c(9)	10381661	11537341
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	101514963	117045557
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	114657661	131742340
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	114657661	131742340

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)	4718529	
(B) Participants.....	2a(1)(B)	8806492	
(C) Others (including rollovers).....	2a(1)(C)	3753650	
(2) Noncash contributions.....	2a(2)	0	17278671
(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)	0	236571
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	236571	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		236571
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	4539591
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4539591	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4539591
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	0
(B) Other.....	2b(5)(B)	0	
(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)	309816
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	8642550
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total	2d	31007199

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13532060
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	13532060
f Corrective distributions (see instructions)	2f	0
g Certain deemed distributions of participant loans (see instructions)	2g	53773
h Interest expense	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	0
(2) Contract administrator fees	2i(2)	0
(3) Recordkeeping fees	2i(3)	273631
(4) IQPA audit fees	2i(4)	0
(5) Investment advisory and investment management fees	2i(5)	63056
(6) Bank or trust company trustee/custodial fees	2i(6)	0
(7) Actuarial fees	2i(7)	0
(8) Legal fees	2i(8)	0
(9) Valuation/appraisal fees	2i(9)	0
(10) Other trustee fees and expenses	2i(10)	0
(11) Other expenses	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	336687
j Total expenses. Add all expense amounts in column (b) and enter total	2j	13922520

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	17084679
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: CLA

(2) EIN: 42-0714325

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3062
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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>RISE BAKING COMPANY 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MINNESOTA BEST MAID COOKIE CO., INC.</u>	D Employer Identification Number (EIN) <u>41-1288452</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 84-1455663

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? 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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A.

RISE BAKING COMPANY 401(K) PLAN
FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES
AS OF DECEMBER 31, 2024 AND 2023, AND
FOR THE YEAR ENDED DECEMBER 31, 2024



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**RISE BAKING COMPANY 401(K) PLAN
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AS OF DECEMBER 31, 2024 AND 2023, AND
FOR THE YEAR ENDED DECEMBER 31, 2024**

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INDEPENDENT AUDITORS' REPORT

Plan Administrator
Rise Baking Company 401(k) Plan
Minneapolis, Minnesota

Report on the Audit of the Financial Statements

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

We have performed audits of the accompanying financial statements of Rise Baking Company 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

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

Opinion on the Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit section.

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit section of our report. We are required to be independent of Rise Baking Company 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Rise Baking Company 401(k) Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- 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 Rise Baking Company 401(k) 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 Rise Baking Company 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA


The supplemental schedules of assets held (at end of year) and delinquent participant contributions as of and 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 is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

Plan Administrator
Rise Baking Company 401(k) Plan

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



CliftonLarsonAllen LLP

Minneapolis, Minnesota
October 9, 2025

**RISE BAKING COMPANY 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	2024	2023
ASSETS		
INVESTMENTS (at Fair Value)		
Mutual Funds	\$ 117,045,557	\$ 101,514,963
Collective Investment Trusts	11,537,341	10,381,661
Total Investments at Fair Value	128,582,898	111,896,624
RECEIVABLES		
Notes Receivable from Participants	3,439,356	3,090,319
Total Receivables	3,439,356	3,090,319
NET ASSETS AVAILABLE FOR BENEFITS	\$ 132,022,254	\$ 114,986,943

See accompanying Notes to Financial Statements.

**RISE BAKING COMPANY 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2024**

ADDITIONS:

INVESTMENT INCOME

Net Appreciation in Fair Value of Investments	\$ 8,770,038
Interest and Dividends	<u>4,721,918</u>
Total Investment Income	13,491,956

**INTEREST INCOME ON NOTES RECEIVABLE
FROM PARTICIPANTS**

244,514

CONTRIBUTIONS

Employer	4,718,529
Participant	8,806,493
Rollover	<u>3,753,650</u>
Total Contributions	<u>17,278,672</u>

Total Additions 31,015,142

DEDUCTIONS:

BENEFITS PAID TO PARTICIPANTS 13,675,288

ADMINISTRATIVE EXPENSES 304,543

Total Deductions 13,979,831

NET INCREASE IN NET ASSETS 17,035,311

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of Year 114,986,943

End of Year \$ 132,022,254

**RISE BAKING COMPANY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 DESCRIPTION OF PLAN

The following description of the Rise Baking Company 401(k) 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 contributory, defined contribution plan maintained for the benefit of all eligible employees of Viking Baked Goods Holding Corporation and its subsidiaries (collectively the Company) which include:

- Minnesota Best Maid Cookie Co., Inc.
- Rise Baking Company, LLC
- The New French Bakery, Inc.
- South Coast Baking NWA, LLC
- South Coast Baking, LLC
- Brill, Inc.
- Table Talk (effective June 14, 2024)
- A&V Carriers (effective July 1, 2024)

The Plan Sponsor is Minnesota Best Maid Cookie Co., Inc. The Plan was most recently amended effective January 1, 2023. The Board of Trustees is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility

Employees become eligible to participate in participant contributions to the Plan and are able to enter the Plan upon reaching 18 years of age and on the first day of the month following the three-month anniversary of their employment date.

Part-time, temporary or seasonal employees (employees whose regularly scheduled service is less than 1,000 hours of service per computation period) are not eligible to participate in the plan unless the employee completes at least 1,000 hours of service during an eligibility computation period. The first eligibility computation period is the first twelve months after the date of hire of the employee. Subsequent eligibility computation periods are any following Plan Year.

Certain nonresident aliens, residents of Puerto Rico, leased employees, and reclassified employees are not eligible to participate in the Plan.

**RISE BAKING COMPANY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Contributions

Each year, participants may contribute pre-tax and after-tax Roth deferrals as a percentage of their annual eligible compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company contributes safe harbor matching contributions equal to 100% of the participant's salary deferrals that do not exceed 4% of the participant's compensation.

Participant Accounts

Each participant's account is credited with the participant's contributions and Company safe harbor matching contributions, as well as allocations Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their participant, Company, safe harbor matching, and rollover contribution accounts and earnings thereon.

For those participants hired after January 1, 2023, they become vested in Company contributions (excluding safe harbor) on a five-year graded vesting schedule.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000, or one-half of the participant's vested account balance one time each Plan year. Loans are collateralized by the balance in the participant's account and are to be repaid through payroll deductions over a period not to exceed five years, except for the purpose of purchasing a principal residence, in which case the term may not exceed 15 years. Interest is determined by the Plan Administrator based on prevailing market rates and is fixed over the life of the loan.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

**RISE BAKING COMPANY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Valuation of Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Investment Committee determines the Plan's valuation policies utilizing information provided by the investment trustee. See Note 3 for discussion of fair value measurements.

Income Recognition

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

Payment of Benefits

Benefit payments to participants are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus accrued, but unpaid, interest. Delinquent notes receivable from participants are treated as distributions based upon the terms of the plan document.

Accounting Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through October 9, 2025, the date the financial statements were available to be issued.

**RISE BAKING COMPANY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 3 FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the Financial Accounting Standards Board *Accounting Standards Codification* (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.

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; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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:

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

Collective Investment Trusts – Valued based on the NAV of units of the collective investment trust. The NAV, as provided by the trustee, is used as a practical expedient to estimating fair value. The NAV is based upon the fair value of the underlying investments comprising the trust less its liabilities. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

**RISE BAKING COMPANY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 3 FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth, by level, within the fair value hierarchy, the Plan's assets measured at fair value as of December 31, 2024 and 2023. Classifications within the fair value hierarchy table are based on the lowest level of any input that is significant to the fair value measurement.

	2024			Total
	Level 1	Level 2	Level 3	
Mutual Funds	\$ 117,045,557	\$ -	\$ -	\$ 117,045,557
Investments Measured at Net Asset Value (a)				11,537,341
Total Investments at Fair Value				\$ 128,582,898

	2023			Total
	Level 1	Level 2	Level 3	
Mutual Funds	\$ 101,514,963	\$ -	\$ -	\$ 101,514,963
Investments Measured at Net Asset Value (a)				10,381,661
Total Investments at Fair Value				\$ 111,896,624

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV (or its equivalent) 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.

The following table summarizes investments measured at fair value based on NAV per share practical expedient as of December 31, 2024 and 2023. There are no participant redemption restrictions for these investments. The redemption notice periods noted below are applicable only to the Plan.

Investment Type	Fair Value 2024	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective Investment Trusts	\$ 11,537,341	N/A	Daily	Daily
Investment Type	Fair Value 2023	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective Investment Trusts	\$ 10,381,661	N/A	Daily	12 Months

**RISE BAKING COMPANY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 4 CERTIFICATION OF INVESTMENT INFORMATION

The Plan Sponsor has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, Empower Trust Company, LLC (collectively referred to as Empower), the qualified institution of the Plan, have supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information and notes receivable from participants presented on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, the statement of changes in net assets available for benefits for the year ended December 31, 2024, and the supplemental schedule of assets (held at end of year) as of December 31, 2024.

NOTE 5 PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their accounts. Any unallocated assets of the Plan would be allocated to participants' accounts and distributed in such a manner as the Sponsor may determine.

NOTE 6 INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

NOTE 7 RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by the qualified institution, therefore, the investment transactions qualify as party-in-interest transactions.

**RISE BAKING COMPANY 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 8 RISKS AND UNCERTAINTIES

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

NOTE 9 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31:

	<u>2024</u>	<u>2023</u>
Net Assets Available for Benefits per Financial Statements	\$ 132,022,254	\$ 114,986,943
Deemed Distributions	<u>(279,914)</u>	<u>(329,282)</u>
Net Assets Available for Benefits per Form 5500	<u><u>\$ 131,742,340</u></u>	<u><u>\$ 114,657,661</u></u>

The following is a reconciliation of the net increase per the financial statements to Form 5500 for the year ended December 31, 2024:

	2024
Increase in Net Assets Available for Benefits per the Financial Statements	\$ 17,035,311
Change in Deemed Distributions of Participant Loans	<u>49,368</u>
Net Increase per Form 5500	<u><u>\$ 17,084,679</u></u>

NOTE 10 DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2024, certain participant contributions and loan repayments totaling \$3,062 were not remitted to the Plan within the time frame prescribed by the Department of Labor's regulations. These contributions are considered delinquent and constitute prohibited transactions under the Employee Retirement Income Security Act of 1974 (ERISA) and the Internal Revenue Code. Corrective action is in process, including the deposit of lost earnings attributable to the late remittance.

**RISE BAKING COMPANY 401(K) PLAN
 E.I.N. 41-1288452 PLAN NO. 001
 SCHEDULE H, LINE 4a—SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
 YEAR ENDED DECEMBER 31, 2024**

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Correct Outside VFCP	Contributions Pending Correction In VFCP	
Check here if Late Participant Loan Repayments are Included <input checked="" type="checkbox"/> Yes	\$ 3,062	\$ -	\$ -	\$ -

RISE BAKING COMPANY 401(K) PLAN
E.I.N. 41-1288452 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost**	Current Value
	<u>Mutual Funds:</u>			
	Alliance Bernstein	Large Cap Growth Fund Z	\$	10,668,287
	American Funds	Balanced Fund R6		1,332,044
	Fidelity Investments	500 Index Fund		11,407,843
	Fidelity Investments	International Index Fund		4,256,351
	Fidelity Investments	International Capital Appreciation Fund K6		328,131
	Fidelity Investments	Mid Cap Index Fund		3,398,993
	Fidelity Investments	Small Cap Index Fund		4,141,488
	Invesco	Discovery Mid Cap Growth Fund R6		511,937
	Invesco	Global Real Estate Income Fund R6		638,643
	Invesco	Premier US Government Money Fund		376,880
	JP Morgan	Income Fund R6		414,018
	Macquarie	Emerging Markets Institutional		637,310
	PGIM Funds (Prudential)	High-Yield Fund R6		337,209
	PIMCO	Real Return Instl		1,001,119
	PIMCO	Realpath Blend 2025 Institutional		9,406,473
	PIMCO	Realpath Blend 2030 Institutional		16,030,151
	PIMCO	Realpath Blend 2035 Institutional		12,901,678
	PIMCO	Realpath Blend 2040 Institutional		11,895,157
	PIMCO	Realpath Blend 2045 Institutional		7,886,548
	PIMCO	Realpath Blend 2050 Institutional		7,830,788
	PIMCO	Realpath Blend 2055 Institutional		5,520,093
	PIMCO	Realpath Blend Income Institutional		3,559,737
	Putnam	Large Cap Value Fund R6		1,710,489
	T. Rowe Price	International EQ Index Fund		305,277
	Victory Capital	RS Global Fund Class Fund Y		383,258
	Victory Capital	Sycamore Established Value Fund R6		165,655
				<u>117,045,557</u>
	<u>Collective Investment Trusts:</u>			
	Goldman Sachs	Stable Value Collective Trust Fund		6,735,100
	Invesco	Core Fixed Income Trust B1 Fund		4,802,241
				<u>11,537,341</u>
*	Participants	Participant Loans Rates from 4.25% to 10.50%	-	<u>3,159,442</u>
		Total		<u><u>\$ 131,742,340</u></u>

* Indicates party-in-interest

** Cost omitted for participant-directed accounts



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

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Rise Baking Company 401(k) Plan

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INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE	SERIES
4IVSVBI	5.78	5.780000	1	(8,813.84)	(8,813.840000)	1	(8,813.84)		SERIES
3GSSV1	2,841.27	2,841.270000	22	0.00	0.000000	0	0.00		SERIES
4GSSV1	13,751.41	13,751.410000	25	0.00	0.000000	0	0.00		SERIES
1PBRNX	745,689.53	65,250.417630	6708	(570,037.60)	(49,481.204959)	7007	(537,618.60)		SERIES
1PPZRX	2,393,873.90	197,947.303104	11425	(1,376,931.95)	(113,986.803748)	11216	(1,312,541.28)		SERIES
1PBPNX	3,204,754.56	245,876.738842	19908	(2,293,536.41)	(175,000.207050)	18899	(2,088,885.95)		SERIES
1PDBGX	2,862,550.43	201,334.628808	24406	(1,454,683.97)	(102,780.016724)	18700	(1,287,624.20)		SERIES
1PVPNX	3,090,771.54	204,654.006019	23620	(1,987,278.89)	(130,849.656023)	18748	(1,805,694.00)		SERIES
1PPOZX	1,646,516.90	108,815.308760	20296	(1,213,835.89)	(78,023.059381)	15042	(1,040,272.00)		SERIES
1PROZX	1,871,355.68	103,293.743660	18029	(1,150,594.20)	(71,667.445896)	15628	(955,543.19)		SERIES
1DEMIX	465,003.55	115,539.658872	21104	(730,169.43)	(45,345.389521)	14678	(639,127.73)		SERIES
1FSPXS	2,401,007.16	21,242.299296	18506	(279,682.54)	(13,273.474226)	19758	(271,626.74)		SERIES
1FAPCX	105,208.94	48,150.274101	27967	(861,981.20)	(17,142.587662)	26576	(772,112.03)		SERIES
1PIEOX	163,202.84	6,501.590869	1325	(50,516.36)	(3,011.881373)	1678	(43,516.64)		SERIES
1RGGYX	348,767.30	10,157.741652	6755	(570,700.27)	(34,668.688748)	15675	(512,858.33)		SERIES
1ASRFX	191,102.86	15,634.446790	7829	(760,596.46)	(33,211.283021)	18269	(617,428.77)		SERIES
1FSSNX	676,705.61	23,609.733553	11488	(647,801.12)	(80,776.513482)	16181	(622,835.56)		SERIES
1FMSDX	1,060,832.64	25,635.519008	26500	(1,176,917.73)	(44,291.460718)	26912	(1,006,323.91)		SERIES
1OEGIX	136,004.84	32,557.991704	27140	(902,090.65)	(27,078.236357)	28278	(749,053.35)		SERIES
1VEVRX	151,672.25	4,189.708397	5257	(126,882.14)	(4,049.819744)	7161	(110,156.91)		SERIES
1APGZX	1,681,579.09	3,067.402736	4106	(71,574.04)	(1,492.792703)	2194	(68,190.65)		SERIES
1FXAIX	4,254,580.39	15,514.434726	13143	(2,331,380.23)	(22,267.320295)	24420	(1,791,192.02)		SERIES
1PEQXX	953,426.13	22,642.559687	34728	(2,469,389.12)	(13,211.770313)	34476	(2,027,093.72)		SERIES
1RLBGX	696,175.77	28,575.990305	7425	(533,177.17)	(15,801.888451)	9238	(473,918.87)		SERIES
1IVFIBI	3,286,774.05	20,355.030222	11456	(1,185,716.25)	(34,438.664466)	14970	(1,067,779.03)		SERIES
1IMSFX	475,203.43	35,427.645625	10763	(1,306,528.16)	(13,775.010076)	12863	(1,236,571.92)		SERIES
1PRRIX	351,385.59	56,712.126349	13219	(803,219.45)	(95,792.513032)	8984	(781,624.22)		SERIES
1PHYOX	141,661.42	35,138.791474	8648	(1,120,705.12)	(112,520.059210)	12114	(1,175,233.31)		SERIES
1IUGXX	603,006.00	29,663.530986	8159	(306,864.13)	(65,420.774621)	6089	(310,635.69)		SERIES
1GSSV1	8,177,527.52	603,006.000000	2641	(500,250.93)	(500,250.920000)	2149	(500,250.93)		SERIES
1IVSVBI	3,630.40	8,177,527.520000	27827	(3,586,122.79)	(3,586,122.710000)	22654	(3,586,094.28)		SERIES
		3,630.400000	522	(5,554,875.09)	(5,554,875.094000)	1165	(5,554,875.09)		SERIES

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
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41VSVB1	Invesco Stable Value Trust CI B1							
4GSSV1	Goldman Sachs Stable Value Inv CI 1							
IPZRX	PIMCO RealPath Blend 2025 Institutional							
IPDGZ	PIMCO RealPath Blend 2035 Institutional							
IPVQNX	PIMCO RealPath Blend 2045 Institutional							
IPRQZX	PIMCO RealPath Blend 2055 Institutional							
IFSPSX	Fidelity International Index							
IPIEQX	T. Rowe Price International Eq Index							
IASRFX	Invesco Global Real Estate Income R6							
IFSMDX	Fidelity Mid Cap Index							
IVEVRX	Victory Sycamore Established Value R6							
IFXAIX	Fidelity 500 Index							
IRLBGX	American Funds American Balanced R6							
IJMSFX	JPMorgan Income R6							
IPHYQX	PGIM High-Yield R6							
IGSSV1	Goldman Sachs Stable Value Inv CI 1							
3GSSV1	Goldman Sachs Stable Value Inv CI 1							
IPBRNX	PIMCO RealPath Blend Income Instl							
IPBPNX	PIMCO RealPath Blend 2030 Institutional							
IPVPNX	PIMCO RealPath Blend 2040 Institutional							
IPPOZX	PIMCO RealPath Blend 2050 Institutional							
IDEMIX	Macquarie Emerging Markets Institutional							
IFAPCX	Fidelity Intl Cptl Apprec K6							
IRGGYX	Victory RS Global Fund Class Y							
IFSSNX	Fidelity Small Cap Index							
IOEGIX	Invesco Discovery Mid Cap Growth R6							
IAPGZX	AB Large Cap Growth Z							
IPEQSX	Putnam Large Cap Value R6							
IIVFIB1	Invesco Core Fixed Income Trust B1							
IPRRIX	PIMCO Real Return Instl							
IILUGXX	Invesco Premier US Government Money Inst							
IIVSVB1	Invesco Stable Value Trust CI B1							

LEGEND

INVESTMENT OPTION:

41VSVB1	Invesco Stable Value Trust CI B1
4GSSV1	Goldman Sachs Stable Value Inv CI 1
IPZRX	PIMCO RealPath Blend 2025 Institutional
IPDGZ	PIMCO RealPath Blend 2035 Institutional
IPVQNX	PIMCO RealPath Blend 2045 Institutional
IPRQZX	PIMCO RealPath Blend 2055 Institutional
IFSPSX	Fidelity International Index
IPIEQX	T. Rowe Price International Eq Index
IASRFX	Invesco Global Real Estate Income R6
IFSMDX	Fidelity Mid Cap Index
IVEVRX	Victory Sycamore Established Value R6
IFXAIX	Fidelity 500 Index
IRLBGX	American Funds American Balanced R6
IJMSFX	JPMorgan Income R6
IPHYQX	PGIM High-Yield R6
IGSSV1	Goldman Sachs Stable Value Inv CI 1

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Rise Baking Company 401(k) Plan

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INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IPBRNX			3,432,987.64	3,559,736.79
IPPZRX			9,143,704.45	9,406,472.70
IPBPNX			14,718,863.73	16,030,151.17
IPDGZX			11,474,801.13	12,901,677.87
IPVPNX			10,188,984.21	11,895,156.57
IPVQNX			6,686,943.55	7,886,548.36
IPPQZX			6,578,176.47	7,830,787.50
IPROZX			4,744,839.17	5,520,092.60
IDEMIX			649,337.77	637,310.45
IFSPSX			4,126,868.29	4,256,350.46
IFAPCX			291,241.17	328,131.01
IPIEQX			282,127.42	305,277.30
IRGGYX			319,919.78	383,258.30
IASRFX			643,893.12	638,642.64
IFSSNX			3,378,240.98	4,141,487.49
IFSM DX			2,810,939.93	3,398,992.47
IOEGIX			408,559.67	511,937.32
IVEVRX			174,547.76	165,654.46
IAPGZX			7,424,142.06	10,668,287.15
IFXAIX			8,601,807.51	11,407,843.35
IPEQ SX			1,547,680.18	1,710,489.36
IRLBGX			1,221,411.93	1,332,044.31
IIVFBI			4,604,693.96	4,802,240.53
IJMSFX			415,058.98	414,019.19
IPRRIX			996,899.04	1,001,118.89
IPHYQX			347,854.53	337,209.05
IHUGXX			376,880.29	376,880.29
IGSSVI			6,528,118.16	6,528,255.58
			112,119,522.88	128,376,053.16
PARTICIPANT LOANS	VARIOUS	4.250-10.500	3,158,896.28	3,159,442.47
FORFEITURES			206,844.43	206,844.43

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 41-1288452

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IPBRNX			PIMCO RealPath Blend Income Instl	
IPBPNX			PIMCO RealPath Blend 2030 Institutional	
IPVPNX			PIMCO RealPath Blend 2040 Institutional	
IPPQZX			PIMCO RealPath Blend 2050 Institutional	
IDEMIX			Macquarie Emerging Markets Institutional	
IFAPCX			Fidelity Intl Cptl Apprec K6	
IRGGYX			Victory RS Global Fund Class Y	
IFSSNX			Fidelity Small Cap Index	
IOEGIX			Invesco Discovery Mid Cap Growth R6	
IAPGZX			AB Large Cap Growth Z	
IPEQSX			Putnam Large Cap Value R6	
IIVFBI			Invesco Core Fixed Income Trust BI	
IPRRIX			PIMCO Real Return Instl	
IUGXX			Invesco Premier US Government Money Inst	
IPZRX			PIMCO RealPath Blend 2025 Institutional	
IPDGZX			PIMCO RealPath Blend 2035 Institutional	
IPVQNX			PIMCO RealPath Blend 2045 Institutional	
IPRQZX			PIMCO RealPath Blend 2055 Institutional	
IFSPSX			Fidelity International Index	
IPIEQX			T. Rowe Price International Eq Index	
IASREF			Invesco Global Real Estate Income R6	
IFSMDX			Fidelity Mid Cap Index	
IWEVRX			Victory Sycamore Established Value R6	
IFXAIX			Fidelity 500 Index	
IRLBGX			American Funds American Balanced R6	
IJMSFX			JPMorgan Income R6	
IPHYQX			PGIM High-Yield R6	
IGSSV1			Goldman Sachs Stable Value Inv C11	

LEGEND

INVESTMENT OPTION:

- IPBRNX PIMCO RealPath Blend Income Instl
- IPBPNX PIMCO RealPath Blend 2030 Institutional
- IPVPNX PIMCO RealPath Blend 2040 Institutional
- IPPQZX PIMCO RealPath Blend 2050 Institutional
- IDEMIX Macquarie Emerging Markets Institutional
- IFAPCX Fidelity Intl Cptl Apprec K6
- IRGGYX Victory RS Global Fund Class Y
- IFSSNX Fidelity Small Cap Index
- IOEGIX Invesco Discovery Mid Cap Growth R6
- IAPGZX AB Large Cap Growth Z
- IPEQSX Putnam Large Cap Value R6
- IIVFBI Invesco Core Fixed Income Trust BI
- IPRRIX PIMCO Real Return Instl
- IUGXX Invesco Premier US Government Money Inst

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
 CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

GA

Rise Baking Company 401(k) Plan

01-JAN-24 to 31-DEC-24

24-JAN-25 16:24:20

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE	SERIES
4IVSVBI	5.78	5.780000	1	(8,813.84)	(8,813.840000)	1	(8,813.84)		SERIES
3GSSV1	2,841.27	2,841.270000	22	0.00	0.000000	0	0.00		SERIES
4GSSV1	13,751.41	13,751.410000	25	0.00	0.000000	0	0.00		SERIES
1PBRNX	745,689.53	65,250.417630	6708	(570,037.60)	(49,481.204959)	7007	(537,618.60)		SERIES
1PPZRX	2,393,873.90	197,947.303104	11425	(1,376,931.95)	(113,986.803748)	11216	(1,312,541.28)		SERIES
1PBPNX	3,204,754.56	245,876.738842	19908	(2,293,536.41)	(175,000.207050)	18899	(2,088,885.95)		SERIES
1PDBGZX	2,862,550.43	201,334.628808	24406	(1,454,683.97)	(102,780.016724)	18700	(1,287,624.20)		SERIES
1PVPNX	3,090,771.54	204,654.006019	23620	(1,987,278.89)	(130,849.656023)	18748	(1,805,694.00)		SERIES
1PPQZX	1,646,516.90	108,815.308760	20296	(1,213,835.89)	(78,023.059381)	15042	(1,040,272.00)		SERIES
1PROZX	1,871,355.68	103,293.743660	18029	(1,150,594.20)	(71,667.445896)	15628	(955,543.19)		SERIES
1DEMIX	465,003.55	115,539.658872	21104	(730,169.43)	(45,345.389521)	14678	(639,127.73)		SERIES
1FSPSX	2,401,007.16	21,242.299296	18506	(279,682.54)	(13,273.474226)	19758	(271,626.74)		SERIES
1FAPCX	105,208.94	48,150.274101	27967	(861,981.20)	(17,142.587662)	26576	(772,112.03)		SERIES
1PIEOX	163,202.84	6,501.590869	1325	(50,516.36)	(3,011.881373)	1678	(43,516.64)		SERIES
1RGGYX	348,767.30	10,157.741652	6755	(570,700.27)	(34,668.688748)	15675	(512,858.33)		SERIES
1ASRFX	191,102.86	15,634.446790	7829	(760,596.46)	(33,211.283021)	18269	(617,428.77)		SERIES
1FSSNX	676,705.61	23,609.733553	11488	(647,801.12)	(80,776.513482)	16181	(622,835.56)		SERIES
1FMSDX	1,060,832.64	25,635.519008	26500	(1,176,917.73)	(44,291.460718)	26912	(1,006,323.91)		SERIES
1OEGIX	136,004.84	32,557.991704	27140	(902,090.65)	(27,078.236357)	28278	(749,053.35)		SERIES
1VEVRX	151,672.25	4,189.708397	5257	(126,882.14)	(4,049.819744)	7161	(110,156.91)		SERIES
1APGZX	1,681,579.09	3,067.402736	4106	(71,574.04)	(1,492.792703)	2194	(68,190.65)		SERIES
1FXAIX	4,254,580.39	15,514.434726	13143	(2,331,380.23)	(22,267.320295)	24420	(1,791,192.02)		SERIES
1PEQXX	953,426.13	22,642.559687	34728	(2,469,389.12)	(13,211.770313)	34476	(2,027,093.72)		SERIES
1RLBGX	696,175.77	28,575.990305	7425	(533,177.17)	(15,801.888451)	9238	(473,918.87)		SERIES
1IVFIBI	3,286,774.05	20,355.030222	11456	(1,185,716.25)	(34,438.664466)	14970	(1,067,779.03)		SERIES
1IMSFX	475,203.43	35,427.645625	10763	(1,306,528.16)	(13,775.010076)	12863	(1,236,571.92)		SERIES
1PRRIX	351,385.59	56,712.126349	13219	(803,219.45)	(95,792.513032)	8984	(781,624.22)		SERIES
1PHYOX	141,661.42	35,138.791474	8648	(1,120,705.12)	(112,520.059210)	12114	(1,175,233.31)		SERIES
1IUGXX	603,006.00	29,663.530986	8159	(306,864.13)	(65,420.774621)	6089	(310,635.69)		SERIES
1GSSV1	8,177,527.52	603,006.000000	2641	(500,250.93)	(500,250.920000)	2149	(500,250.93)		SERIES
1IVSVBI	3,630.40	8,177,527.520000	27827	(3,586,122.79)	(3,586,122.710000)	22654	(3,586,094.28)		SERIES
		3,630.400000	522	(5,554,875.09)	(5,554,875.094000)	1165	(5,554,875.09)		SERIES