

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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: THE GENERAL MILLS RETIREE HEALTH PLAN FOR UNION EMPLOYEES (65+)
1b Three-digit plan number (PN): 509
1c Effective date of plan: 05/28/2021
2a Plan sponsor's name, mailing address, city, state, ZIP: GENERAL MILLS, INC., NUMBER 1 GENERAL MILLS BLVD BT02-C, MINNEAPOLIS, MN 55426
2b Employer Identification Number (EIN): 41-0274440
2c Plan Sponsor's telephone number: 763-764-7600
2d Business code (see instructions): 311900

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2369
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)	0
	6a(2)	0
	6b	2058
	6c	0
	6d	2058
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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 checked="" type="checkbox"/> General assets of the sponsor	(4) <input checked="" 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 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 checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
THE GENERAL MILLS RETIREE HEALTH PLAN FOR UNION EMPLOYEES (65+)

B Three-digit plan number (PN) ▶ **509**

C Plan sponsor's name as shown on line 2a of Form 5500
GENERAL MILLS, INC.

D Employer Identification Number (EIN)
41-0274440

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
SECURIAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-1412669	93742	70115	2310	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid

(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	14324	
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))	9a(4)		14324
b	Benefit charges (1) Claims paid	9b(1)	37699	
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))	9b(3)		37699
	(4) Claims charged	9b(4)		37699
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention	9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
	(2) Claim reserves	9d(2)		
	(3) Other reserves	9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	581219	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b		

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan THE GENERAL MILLS RETIREE HEALTH PLAN FOR UNION EMPLOYEES (65+)		B Three-digit plan number (PN) ▶ 509
C Plan sponsor's name as shown on line 2a of Form 5500 GENERAL MILLS, INC.		D Employer Identification Number (EIN) 41-0274440

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
FEDERAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-1063550	63223	163	8	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
 b Dental
 c Vision
 d Life insurance
e Temporary disability (accident and sickness)
 f Long-term disability
 g Supplemental unemployment
 h Prescription drug
i Stop loss (large deductible)
 j HMO contract
 k PPO contract
 l Indemnity contract
m Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	269
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 THE GENERAL MILLS RETIREE HEALTH PLAN FOR UNION EMPLOYEES (65+)	B Three-digit plan number (PN) ▶	509
C Plan sponsor's name as shown on line 2a of Form 5500 GENERAL MILLS, INC.	D Employer Identification Number (EIN) 41-0274440	

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

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

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

THE BANK OF NEW YORK MELLON

13-5160382

(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?
19 21 50 65	NONE	175958	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)

KPMG, LLP

13-5565207

(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?
10 50	NONE	63471	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)

ALIGHT SOLUTIONS

86-1849232

(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?
13 15 36 37 38 49 50 57 64	NONE	40640	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"/>

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)

GENERAL MILLS

41-0274440

(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?
14 15 27 35 28 49 50	PLAN ADMINISTRATOR	36836	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)

BLUE CROSS BLUE SHIELD OF MINNESOTA

41-0984460

(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?
13 50	NONE	16614	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CBIZ

20-1128317

(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?
10 50	NONE	13710	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"/>

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)

EXPRESS SCRIPTS, INC.

27-3542089

(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?
13 50	NONE	8353	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

DELOITTE

13-5565207

(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?
10 50	NONE	5980	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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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>THE GENERAL MILLS RETIREE HEALTH PLAN FOR UNION EMPLOYEES (65+)</u>	B Three-digit plan number (PN)	<u>509</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GENERAL MILLS, INC.</u>	D Employer Identification Number (EIN) <u>41-0274440</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VOL EE BEN ASSOC TRST FOR GM RET HP</u>		
b Name of sponsor of entity listed in (a): <u>GENERAL MILLS, INC.</u>		
c EIN-PN <u>41-1738267-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>149931922</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>THE GENERAL MILLS RETIREE HEALTH PLAN FOR UNION EMPLOYEES (65+)</u>	B Three-digit plan number (PN) ▶ <u>509</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GENERAL MILLS, INC.</u>	D Employer Identification Number (EIN) <u>41-0274440</u>

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

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	<u>225883</u>
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	<u>149931922</u>
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	154007680	150157805
Liabilities			
g Benefit claims payable.....	1g	126687	222181
h Operating payables.....	1h	1546406	1461379
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1673093	1683560
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	152334587	148474245

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)	47139	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		47139
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		2204282
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2251421

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5154380	
(2) To insurance carriers for the provision of benefits	2e(2)	595792	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5750172
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	36836	
(2) Contract administrator fees	2i(2)	24967	
(3) Recordkeeping fees	2i(3)	40640	
(4) IQPA audit fees	2i(4)	83161	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	175958	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	29	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		361591
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6111763

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-3860342
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: **KPMG LLP**

(2) EIN: **13-5565207**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

**GENERAL MILLS RETIREE HEALTH PLAN
FOR UNION EMPLOYEES (65+)**

Financial Statements as of

December 31, 2024 and 2023

and for the Year Ended

December 31, 2024

(With Independent Auditors' Report Thereon)

**GENERAL MILLS RETIREE HEALTH PLAN
FOR UNION EMPLOYEES (65+)**

Table of Contents

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Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6

Note: All schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



KPMG LLP
2500 Ruan Center
666 Grand Avenue
Des Moines, IA 50309

Independent Auditors' Report

To the Plan Administrator
General Mills Retiree Health Plan for Union Employees (65+):

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

We have performed audits of the financial statements of the General Mills Retiree Health Plan for Union Employees (65+) (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and December 31, 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 audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and December 31, 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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



Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 U.S. generally accepted accounting principles.



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

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.

KPMG LLP

Des Moines, Iowa
September 25, 2025

**GENERAL MILLS RETIREE HEALTH PLAN
FOR UNION EMPLOYEES (65+)**

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
Assets:		
Investments, at fair value:		
Plan's interest in VEBA Master Trust	\$ 149,931,922	\$ 153,870,156
Receivables:		
Company contributions	225,883	137,524
Total assets	150,157,805	154,007,680
Liabilities:		
Benefits payable	222,181	126,687
Reimbursements payable to the Company	1,363,292	1,329,271
Accounts payable	98,087	217,135
Total liabilities	1,683,560	1,673,093
Net assets available for benefits at end of year	\$ 148,474,245	\$ 152,334,587

See accompanying notes to financial statements.

**GENERAL MILLS RETIREE HEALTH PLAN
FOR UNION EMPLOYEES (65+)**

Statement of Changes in Net Assets Available for Benefits
Year ended December 31, 2024

	2024
Investment income:	
Change in Plan's interest in VEBA Master Trust	\$ 2,204,282
Contributions:	
Participant	47,139
Deductions from plan assets attributed to:	
Benefits paid or payable to or for plan participants, beneficiaries, and dependents	(5,154,380)
Health maintenance organization (HMO) and life insurance premiums	(595,792)
Administrative expenses	(361,591)
Total deductions	(6,111,763)
Net decrease	(3,860,342)
Net assets available for benefits at beginning of period	152,334,587
Net assets available for benefits at end of period	\$ 148,474,245

See accompanying notes to financial statements.

**GENERAL MILLS RETIREE HEALTH PLAN
FOR UNION EMPLOYEES (65+)**

Notes to Financial Statements

December 31, 2024 and 2023

(1) Description of the Plan

(a) General

The following brief description of the General Mills Retiree Health Plan for Union Employees (65+) (the “Plan”) (“Plan 509”) provides only general information. Participants should refer to the plan document for more complete information of the Plan’s provisions.

The Plan was established May 28, 2021 and provides health and life coverage to retired participants over the age of 65 who were represented by the union during their employment with General Mills, Inc. (the “Company” or “General Mills”) and were eligible to receive such benefits. Prior to May 28, 2021, eligible retirees were covered under the General Mills Retiree Health Plan for Union Employees (“Plan 508”). Benefits under the Plan, and the manner in which costs are allocated between and among participants and beneficiaries, and the Company, are subject to change.

Plan investments are held within a voluntary employees’ beneficiary association (“VEBA”) Master Trust for Plan 509 and the General Mills Retiree Health Plan for Union Employees (“Plan 508”). The VEBA Master Trust invests primarily in short-term investments, U.S. Government securities, futures, partnership/joint venture investments, and registered investment companies.

In May 2021, the Company announced it will no longer offer company-provided retiree healthcare plans for most post-65 retirees beginning January 1, 2022. Instead, the Company will provide a subsidy in the form of a Health Reimbursement Arrangement (“HRA”) credit to post-65 retirees. The HRA credit can be used for reimbursement of premiums paid toward individual healthcare insurance coverage obtained through a private insurance marketplace, up to the value of their HRA credits.

The Plan is subject to the provisions of the Employee Retirement Security Act of 1974 (“ERISA”), as amended.

(b) Trustee and Administration of the Plan

The Plan provides for a corporate trustee or an insurance company, or both, for the purpose of holding and administering the assets of the Plan. The trustee and fiduciary is the Bank of New York Mellon (the “Trustee” or “BNY Mellon Trust”).

The named administrative fiduciary for the Plan is the Company’s Vice President, Total Rewards. The Benefit Finance Committee of General Mills, Inc. (“Benefit Finance Committee”) is the named financial fiduciary for the Plan.

(c) Eligibility

The Plan is maintained by the Company to provide access to comprehensive health and welfare benefits to certain eligible retirees over the age of 65 (and, where applicable, their enrolled eligible dependents). In general, retirees are eligible for the Plan if they have attained

**GENERAL MILLS RETIREE HEALTH PLAN
FOR UNION EMPLOYEES (65+)**

Notes to Financial Statements

December 31, 2024 and 2023

the age and years of service required under the collective-bargaining unit covered by the Plan. Refer to the summary plan description for more information.

(d) Contributions

The Company makes contributions to the Plan on an as needed basis. The Company determines the amount, form, and timing of its contributions. The Company contributions to the Plan were \$0 for the year ended December 31, 2024, which were net of reimbursements to the Company of \$5,775,138.

Via Benefits assists retirees and their dependents with their enrollment in individual healthcare insurance policies and processes premium reimbursement claims from their HRAs. Group coverage is still provided to a very small population of post-65 union retirees and their eligible dependents. Anthem Blue Cross Blue Shield of Minnesota, Express Scripts, and Delta Dental act as the service providers of the group coverage still provided under the Plan, processing participant medical, dental, and prescription drug claims. Securian Financial acts as the life insurance provider of the Plan (See Note 8). The Company is responsible for the payment of such claims.

The cost of postretirement health benefits for the small population of retirees and their eligible dependents that remain on Company-sponsored group coverage is determined annually by an external health and welfare consultant based on historical claims experience and the current population of covered lives. HRA contributions are determined by the Company.

Company contributions to the VEBA Master Trust to fund postretirement benefit obligations for the small population remaining on group coverage and the larger population who receive HRA contributions, are based on the calculations of an independent enrolled actuary, limited to the maximum amount permitted by law. Company contributions are also subject to, but not limited to, regulation as a deduction on the Company's federal income tax returns. Eligible benefit payments on behalf of retirees that are paid by the Company are reimbursed by the VEBA Master Trust to the Company at the Company's discretion. Pending reimbursements are included in Reimbursements payable to the Company on the accompanying statements of net assets available for benefits, if applicable. For covered persons eligible for the Company's group health coverage who are also eligible for Medicare (including all qualified beneficiaries entitled to COBRA continuation coverage), the Plan shall be considered the secondary plan. The Plan is intended to comply with the Medicare secondary payer rules set forth in 42 USC 1935y(b), as amended, and regulations issued thereunder, and shall be interpreted consistently with such rules.

(e) Fully Insured Plan Service Providers

Anthem Blue Cross Blue Shield of Western New York, Federal Life Insurance Company, and Securian Financial are fully insured service providers of the Plan, processing participant medical, vision, life insurance, and prescription drug claims. See Note 8.

**GENERAL MILLS RETIREE HEALTH PLAN
FOR UNION EMPLOYEES (65+)**

Notes to Financial Statements

December 31, 2024 and 2023

(f) Self-Insured Plan Service Providers

Alight Solutions is the COBRA administrator and also provides the participant record-keeping system. Anthem Blue Cross Blue Shield of Minnesota and Express Scripts, act as the administrators of the Plan, processing participant medical, dental, and prescription drug claims. See Note 8.

(g) Health Reimbursement Arrangement (HRA) Service Provider

Via Benefits is the administrator of the HRA, processing reimbursement claims for retirees and their eligible dependents incur for their individual healthcare insurance policies obtained through Via Benefits, up to the amount of their company-provided HRA funding.

(h) Benefit Payments

Currently, the Company funds retiree medical, dental, prescription drug, life insurance, and reimbursement account plan benefits.

(i) Priorities upon Termination of the Plan

The Company reserves the right at any time to amend, in whole or in part, any or all of the provisions of the Plan or to terminate the Plan. If the Plan is terminated, the proportionate share of assets held in the VEBA Master Trust attributable to the contributions on behalf of the Plan, available after payment of or provisions for payment of all expenses of final liquidation or termination, which are not paid by the Company, shall be allocated for the benefit of participants or beneficiaries in proportion to actuarial liabilities then in effect with respect to such participants and beneficiaries.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying financial statements have been prepared on the accrual method of accounting in accordance with U.S. generally accepted accounting principles ("U.S. GAAP").

(b) Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, claims incurred by retired participants but not reported, claims payable, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates and assumptions.

(c) Administrative Expenses

Substantially all investment expenses incurred in connection with the operation of the Plan are paid by the Plan. The Company pays all administrative expenses for service providers incurred on behalf of retired employees.

**GENERAL MILLS RETIREE HEALTH PLAN
FOR UNION EMPLOYEES (65+)**

Notes to Financial Statements

December 31, 2024 and 2023

(d) *Risks and Uncertainties*

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, credit, and overall market volatility. Market risks include global events such as a pandemic or international conflict which could impact the value of the investment securities. 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 the amounts reported in the financial statements.

The actuarial present value of benefit obligations (Note 5) is reported based on certain assumptions pertaining to interest rates, healthcare inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

(e) *Investments*

Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income and administrative expenses are recorded on an accrual basis. The cost of investment securities sold is determined on the weighted average cost. Deposits to and withdrawals from each fund by the Plan are made at fair value determined as of the end of the business day of the transaction. The investments of the Plan are reported at fair value (Note 3).

The Plan accounts for certain changes in net assets as follows:

- Dividends and interest, net realized and unrealized appreciation (depreciation), and administrative expenses of the VEBA Master Trust are recognized by the Plan only as they are reflected in the Plan's proportionate share of net increases (decreases) in the market value of the underlying VEBA Master Trust investments.

(f) *Claims Incurred but Not Reported*

Plan obligations at December 31st for claims incurred but not reported are estimated based on claims data provided by the Plan's third-party claims administrators (Note 5). These amounts are paid by the Plan only if claims are submitted and approved for payment.

(g) *Payment of Benefits*

The Company pays benefits that include medical, dental, prescription drug, life insurance premiums and reimbursement account on behalf of retired employees. The VEBA Master Trust reimburses the Company for these benefit payments at the discretion of the Company.

(h) *Refunds*

Refunds due from the Plan's third-party administrator are recorded when earned. Refunds due as of the financial statement date, as applicable, are being netted against benefits paid in the statement of changes in net assets available for benefits. Pharmacy rebates incurred

**GENERAL MILLS RETIREE HEALTH PLAN
FOR UNION EMPLOYEES (65+)**

Notes to Financial Statements

December 31, 2024 and 2023

totaling \$193,234 have been netted with benefits paid in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2024.

(i) Subsequent Events

Subsequent events have been evaluated through September 25, 2025, the date the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

(3) VEBA Master Trust Investments

The Plan owns an interest in a VEBA Master Trust. The investments in the VEBA Master Trust are valued at fair values based upon the underlying net assets.

The Plan's interest in the VEBA Master Trust, which is made up of underlying investments, was established for the investment of assets of the Plan and another of the Company's health plans, Plan 508. Each participating health plan has a divided interest in the VEBA Master Trust.

Transactions and assets of the VEBA Master Trust are accounted for separately from those of the Plan utilizing the following accounting policies:

- Investments in short-term investments represent investments in a fund that invests primarily in a diversified portfolio of investment grade money market instruments, including, but not limited to, commercial paper, repurchase agreements and other evidence of indebtedness with a maturity not exceeding 13 months from the date of purchase. The primary objective of the fund is a high level of current income consistent with stability of principal and liquidity. They have a daily redemption frequency and a daily redemption notice period. The VEBA Master Trust had no unfunded commitments to such funds at December 31, 2024 and 2023.
- U.S. government securities are valued by the Trustee at closing prices on the valuation date. These prices are based on observable market data for the same or similar securities, including quoted prices in markets that are not active, or matrix pricing or other similar techniques that use observable market inputs, such as benchmark yields, expected prepayment speeds and volumes, and issuer ratings.
- Investments in registered investment companies traded on national exchanges are valued by the Trustee at the closing price on the valuation date. If not traded on national exchanges, they are valued based on the net asset value, which is considered to be the readily determinable fair value provided by the investment manager.
- Partnership/joint ventures are valued at net asset value ("NAV") based on capital balance statements, as reported by the general partners, which is used as a practical expedient to estimate fair value and are therefore excluded from the fair value table. The alternative funds in which the Plan invests are subject to varying fund life terms, as specified in the governing documents of each fund. The typical fund life term is 10 years and may be extended at the discretion of the fund manager or in accordance with the fund's governing documents. As a result, the ability to receive distributions at NAV may be restricted until the end of the fund's

**GENERAL MILLS RETIREE HEALTH PLAN
FOR UNION EMPLOYEES (65+)**

Notes to Financial Statements

December 31, 2024 and 2023

life. Unfunded commitments to such funds totaled \$9,970,641 and \$11,503,408 (total for the VEBA Master Trust holdings) at December 31, 2024 and 2023, respectively.

Although a secondary market exists for these investments, it is not active and individual transactions are typically not observable. When transactions do occur in this limited secondary market, they may occur at amounts other than the reported fair value. It is, therefore, reasonably possible that if the Plan were to sell these investments in the secondary market a buyer may require an amount other than the reported fair value, and the difference could be significant.

- Positions in bond futures contracts are marked to market daily based on national exchanges and are valued by the Trustee at unadjusted closing prices on the valuation date. Gains and losses are reflected on a daily basis.

The Plan's estimates of fair value for financial assets are based on the framework established in the fair value accounting guidance. The framework is based on the inputs used in valuation, gives the highest priority to quoted prices in active markets, and requires that observable inputs be used in valuations when available.

The disclosure of fair value estimates in the fair value accounting guidance hierarchy is based on whether the significant inputs into the valuation are observable. In determining the level of the hierarchy in which the estimate is disclosed, the highest priority is given to unadjusted quoted prices in active markets ("Level 1") and the lowest priority to unobservable inputs ("Level 3"). The level in the fair value hierarchy within which the fair value measurement is reported is based on the lowest-level input that is significant to the measurement in its entirety. The three levels of the hierarchy under FASB Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurement*, are as follows:

- Level 1 – Unadjusted quoted market prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; or valuations based on models where the significant inputs are observable (e.g., interest rates, yield curves, prepayment speeds, default rates, loss severities, etc.) or can be corroborated by observable market data.
- Level 3 – Valuations based on models where significant inputs are not observable.

**GENERAL MILLS RETIREE HEALTH PLAN
FOR UNION EMPLOYEES (65+)**

Notes to Financial Statements

December 31, 2024 and 2023

The following tables summarize the VEBA Master Trust's investments that were accounted for at fair value within the fair value hierarchy of ASC 820, as of December 31, 2024 and 2023.

<u>Description</u>	2024			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Short-term investments	\$ 6,208,110	\$ 6,208,110	\$ —	\$ —
U.S. Government securities	116,093,397	116,093,397	—	—
Futures	69,180	69,180	—	—
Total investments in the fair value hierarchy	<u>\$ 122,370,687</u>	<u>\$ 122,370,687</u>	<u>\$ —</u>	<u>\$ —</u>
Investments measured at NAV (a)	<u>45,396,865</u>			
Total investments at fair value	<u>\$ 167,767,552</u>			

(a) In accordance with Subtopic 820-10, certain investments that are measured using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy.

<u>Description</u>	2023			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Short-term investments	\$ 3,286,594	\$ 3,286,594	\$ —	\$ —
U.S. Government securities	117,561,338	117,561,338	—	—
Futures	(368,290)	(368,290)	—	—
Registered investment companies	49,641,143	49,641,143	—	—
Total investments in the fair value hierarchy	<u>\$ 170,120,785</u>	<u>\$ 170,120,785</u>	<u>\$ —</u>	<u>\$ —</u>
Investments measured at NAV (a)	<u>56,447,927</u>			
Total investments at fair value	<u>\$ 226,568,712</u>			

(a) In accordance with Subtopic 820-10, certain investments that are measured using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy.

Net assets and investment income of the VEBA Master Trust are allocated to the health plans based on each plan's interest in the investments within the VEBA Master Trust.

The following table summarizes the net assets of the VEBA Master Trust and the Plan's interest as of December 31, 2024 and 2023:

**GENERAL MILLS RETIREE HEALTH PLAN
FOR UNION EMPLOYEES (65+)**

Notes to Financial Statements

December 31, 2024 and 2023

	<u>2024</u>		<u>2023</u>	
	Master Trust	Plan's Interest	Master Trust	Plan's Interest
Investments, at fair value:				
Short-term investments	\$ 6,208,110	\$ 5,151,082	\$ 3,286,594	\$ 2,467,087
U.S. government securities	116,093,397	109,654,161	117,561,338	102,401,674
Futures	69,180	220,101	(368,290)	(662,587)
Partnership/joint venture investments	45,396,865	34,707,101	56,447,927	48,509,404
Registered investment companies	-	-	49,641,143	-
Total investments, at fair value	167,767,552	149,732,445	226,568,712	152,715,578
Interest receivable	424,213	395,609	565,176	493,385
Dividends receivable	-	-	404,189	-
Net (payable) receivable for unsettled investment activity	(65,666)	(196,132)	361,420	661,193
Net assets	<u>\$ 168,126,099</u>	<u>\$ 149,931,922</u>	<u>\$ 227,899,497</u>	<u>\$ 153,870,156</u>

The following table summarizes the investment income of the VEBA Master Trust for the year ended December 31, 2024:

	<u>2024</u>
Investment income:	
Net change in fair value of investments	\$ 1,340,303
Interest	176,001
Dividends	(10,103)
Investment income	<u>\$ 1,506,201</u>

(4) Futures Transactions

In order to gain exposure to or protect itself from changes in the market, the VEBA Master Trust may buy and sell stock index and interest rate contracts. Risks of entering into futures contracts, in general, include the possibility there may be an illiquid market and that a change in the value of the contract may not correlate with changes in the value of the underlying securities. Upon entering into a futures contract, the VEBA Master Trust is required to deposit as collateral either cash or securities in an amount (initial margin) equal to a certain percentage of the contract value. Subsequent payments are made or received by the VEBA Master Trust each day. The payments are equal to the daily changes in the contract value and are recorded as gains and losses. As of December 31, 2024 and 2023, a total of \$69,180 and \$(368,290) of open futures contracts were held by the VEBA Master Trust, respectively. The Plan's interest in the VEBA Master Trust total \$220,101 and \$(662,587) of open futures contracts at December 31, 2024 and 2023, respectively, as described in Note 3.

**GENERAL MILLS RETIREE HEALTH PLAN
FOR UNION EMPLOYEES (65+)**

Notes to Financial Statements

December 31, 2024 and 2023

(5) Plan Benefit Obligations

The postretirement benefit obligation represents the actuarially determined present value of estimated future benefits attributed to employee service rendered to December 31, 2024 and 2023, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the Company. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Company and from existing Plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

Benefit obligations at December 31, 2024 and 2023 for health claims incurred by retired participants but not reported at that date are estimated by the Plan's third party claims administrators in accordance with accepted actuarial principles based on historical claims data and could be more or less than the amount ultimately paid upon settlement of the claims.

At December 31, 2024 and 2023, the net assets of the Plan exceeded the Plan's benefit obligations.

The actuarially determined present value of the expected postretirement benefit obligation is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and adjusting such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

For measurement purposes, at December 31, 2024, the healthcare cost trend rate for the small population of Medicare-eligible retirees and their dependents still eligible for Company-sponsored group coverage post age 65, was grading down from 7.90% to 6.40% over five years. After five years, the healthcare cost trend rate continues at a lower level with the ultimate trend rate of 4.5% for post 65 participants being attained in 2034. For measurement purposes at December 31, 2023, the healthcare cost trend rate was grading down from 7.25% to 6.0% over five years for participants over the age of 65. After five years, the healthcare cost trend rate continues at a lower level with the ultimate trend rate of 4.5% for post 65 participants being attained in 2033. At December 31, 2024 and 2023, the effect of a 1% increase in the healthcare cost trend rate would be to increase the accumulated postretirement benefit obligation ("APBO") by approximately \$0 and \$0, respectively. At December 31, 2024 and 2023, the effect of a 1% increase is \$0 because post 65 benefits are all fixed dollar amounts for use on the open market rather than traditional medical coverage. These fixed amounts are not subject to trends and any inflation impacts are born by the participants. The future effect is expected to be \$0.

**GENERAL MILLS RETIREE HEALTH PLAN
FOR UNION EMPLOYEES (65+)**

Notes to Financial Statements

December 31, 2024 and 2023

The following were other significant assumptions used in the valuation as of December 31, 2024 and 2023:

- The Plan’s discount rates were 5.60% and 4.95% at December 31, 2024 and 2023, respectively.
- Mortality:
 - Healthy: Pri-2012 headcount-weighted mortality rates (Blue Collar adjustments for union employees and White Collar for other employees) and generational projection using scale MP-2021 adjusted for endemic COVID-19 at December 31, 2024. Pri-2012 headcount-weighted mortality rates (Blue Collar adjustments for union employees and White Collar for other employees) and generational projection from 2012 to 2023 using scale MP-2021 adjusted for endemic COVID-19 at December 31, 2023.
 - Disabled: - Pri-2012 headcount-weighted disabled retirement mortality rates with generational mortality improvements using MP-2021 projection scale at December 31, 2024. Pri-2012 headcount weighted disabled retirement mortality rates with generational mortality improvements using MP-2021 projection scale at December 31, 2023.
- Retirement: The percentage of participants expected to retire at each age for union employees age 65+:

Age	Rate
65–66	30%
67–69	20
70	100

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

**GENERAL MILLS RETIREE HEALTH PLAN
FOR UNION EMPLOYEES (65+)**

Notes to Financial Statements

December 31, 2024 and 2023

The actuarial present values of plan benefit obligations at December 31, 2024 and 2023 were as follows:

	2024	2023
Amounts currently payable:		
Claims incurred but not reported	\$ 13,375	\$ 11,339
Postretirement benefit obligations:		
Current retirees	53,754,509	76,820,029
Other participants fully eligible for benefits	5,226,246	5,091,007
Other participants not yet fully eligible for benefits	3,295,270	5,822,458
Total postretirement benefit obligations	62,276,025	87,733,494
Total plan benefit obligations	\$ 62,289,400	\$ 87,744,833

The changes in the actuarial present values of plan benefit obligations for the year ended December 31, 2024 were as follows:

	2024
Amounts currently payable:	
Balance at beginning of year	\$ 11,339
Claims reported and approved for payment, including benefits reclassified from benefit obligations	5,752,208
Benefits and expenses paid	(5,750,172)
Balance at end of year	13,375
Postretirement benefit obligations:	
Balance at beginning of year	87,733,494
Net change during the year attributable to:	
Benefits earned and experience gains	(4,016,788)
Interest	4,225,979
Benefits and expenses paid	(6,111,763)
Benefits reclassified to amounts currently payable	(2,036)
Participant contributions	47,139
Actuarial assumptions*	(19,600,000)
Total postretirement benefit obligations	62,276,025
Total plan benefit obligations at end of year	\$ 62,289,400

* The actuarial assumption changes represent a change in the discount rate and the mortality table assumptions from the December 31, 2023 estimate to the December 31, 2024 estimate. The discount rate increased from 4.95% to 5.60%. Assumed mortality rates of plan participants are a critical estimate in measuring the expected payments a

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participant will receive over their lifetime and the amount of expense that the Plan recognizes. Assumed mortality rates of plan participants are a critical estimate in measuring the expected payments a participant will receive over their lifetime and the amount of expense that the Plan recognizes. Each year the Society of Actuaries publishes their annual update and Mortality Improvement Scale. In 2024, the Plan used the Pri-2012 headcount-weighted mortality rates (Blue Collar adjustments for union employees and White Collar for other employees) and generational projection using MP-2021 adjusted for endemic COVID-19. In 2023, the Plan used the Pri-2012 headcount-weighted mortality rates (Blue Collar adjustments for union employees and White Collar for other employees) and generational projection from 2012 to 2023 using MP-2021 adjusted for endemic COVID-19.

On December 8, 2003, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the 2003 Medicare Act) was enacted. The 2003 Medicare Act introduced a prescription drug benefit under Medicare Part D as well as a federal subsidy to sponsors of retiree healthcare benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. The Company concluded that the majority of prescription drug benefits available under its postretirement benefit plan are actuarially equivalent to Medicare Part D and thus qualify for the federal subsidy under the 2003 Medicare Act. The federal subsidy amount is paid to the Company and does not flow into the Plan. The Company is not required to use the federal subsidy to fund postretirement benefits and may use the subsidy for any valid business purpose. As a result, the federal subsidy does not reduce the amount of plan benefits that need to be covered by plan assets and future company contributions. Therefore, the Plan's APBO, without reduction for the Medicare subsidy, is a more meaningful measure of the benefits. Since the Company included the effects of the Medicare subsidy in the measurement of its APBO and changes in its postretirement benefit obligation, the amount of the Plan's APBO differs from the APBO disclosed by the Company.

(6) Federal Income Tax Status

The VEBA Master Trust, which includes the Plan, obtained a tax exemption letter on May 19, 1994, in which the Internal Revenue Service ("IRS") stated the VEBA Master Trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since the VEBA Master Trust received the tax exemption letter. The Company believes that the VEBA Master Trust is currently designed and being operated in compliance with the applicable requirements of the IRC.

The Plan has unrelated business income that is generated by partnership investments and is shown as interest, dividends, and other income on the statement of changes in net assets available for benefits. The Plan has paid tax on this income pursuant to Section 511 of the IRC. The tax is not significant to the Plan and is recorded in the statements of changes in net assets available for benefits as administrative expense.

U. S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or

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asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Company believes it is no longer subject to income tax examinations for years prior to 2021.

(7) Information Certified by the Trustee

The Trustee provides custody services for the Plan's investment assets. The plan administrator 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 ERISA. Therefore, the Trustee of the Plan has provided the plan administrator with certifications as to the completeness and accuracy of investment assets, liabilities, and investment income of the Plan as outlined in the following table:

	<u>2024</u>		<u>2023</u>
Investments, at fair value	\$ 149,344,860	\$	152,377,344
Interest receivable	395,609		493,385
Net (payable) receivable for unsettled investment activity	(196,132)		661,193
Investment income	2,154,931		5,602,312

Such amounts are included in the accompanying financial statements and notes thereto of the Plan based on such certifications from the Trustee.

Certain investments subject to Trustee certification were valued using the most recently available information at that time, which may not have been valued as of December 31st. To properly value these assets, investments amounts provided by the Trustee were increased by \$387,585 and \$338,234 at December 31, 2024 and 2023, respectively in the statements of net assets available for benefits. The investment income amount provided by the Trustee was increased by \$49,351 for the year ended December 31, 2024 in the statement of changes in net assets available for benefits.

The Trustee provides custody services for the VEBA Master Trust's investment assets. The plan administrator 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 ERISA. Therefore, the Trustee of the VEBA Master Trust has provided the plan administrator with certification as to the completeness and accuracy of investment assets, liabilities, and investment income outlined in the following table:

	<u>2024</u>		<u>2023</u>
Investments, at fair value	\$ 167,260,573	\$	226,175,142
Interest receivable	424,213		565,176
Dividends receivable	-		404,189
Net (payable) receivable for unsettled investment activity	(65,666)		361,420
Investment income	1,392,792		11,042,117

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Certain investments subject to Trustee certification were valued using the most recently available information at that time, which may not have been valued as of December 31st. To properly value these assets, investments amounts provided by the Trustee were increased by \$506,979 and \$393,570 at December 31, 2024 and 2023, respectively, in the statements of net assets available for benefits. The investment income amount provided by the Trustee was increased by \$113,409 for the year ended December 31, 2024 in the statement of changes in net assets available for benefits.

(8) Parties in Interest

Alight Solutions, Anthem Blue Cross Blue Shield of Minnesota, Anthem Blue Cross Blue Shield of Western New York, Express Scripts, Federal Life Insurance Company, Securian Financial, Via Benefits, and BNY Mellon Trust are parties in interest with respect to the Plan. In the opinion of the Plan's management, all transactions between the Plan and the Trustee, and other identified parties in interest, are exempt from being considered as prohibited transactions under ERISA Section 408(b).

The Company is a party in interest with respect to the Plan. The Company is reimbursed by the VEBA Master Trust for eligible retiree benefit payments made on behalf of the Plan by the Company at the Company's discretion.

The Company incurred benefit payments for the Plan of \$5,750,172 for the year ended December 31, 2024, which have been substantially reimbursed by the VEBA Master Trust.

The costs and expenses incurred by the Company in administering the Plan are paid by the Company, in accordance with the plan document. As stated in Note 2(d), these fees are reimbursed by the VEBA Master Trust to the Company at the Company's discretion.