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| <p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

| | |
|--|---|
| <p>1a Name of plan <u>BEECH-NUT FROZEN RETIREMENT PLAN FOR EMPLOYEES REPRESENTED BY BAKERY, CONFECTIONARY AND TOBACCO WORKERS UNION LOCAL 50</u></p> <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BEECH-NUT NUTRITION COMPANY</u></p> <p><u>ONE NUTRITIOUS PLACE</u> <u>AMSTERDAM, NY 12010</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>001</u></p> <p>1c Effective date of plan <u>09/10/1998</u></p> <p>2b Employer Identification Number (EIN) <u>26-0415662</u></p> <p>2c Plan Sponsor's telephone number <u>518-839-0317</u></p> <p>2d Business code (see instructions) <u>311400</u></p> |
|--|---|

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

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

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

| | | |
|---|--|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 217 |
| 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) | 19 |
| | 6a(2) | 15 |
| | 6b | 164 |
| | 6c | 6 |
| | 6d | 185 |
| | 6e | 26 |
| | 6f | 211 |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | 0 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

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

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

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

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

| | |
|--|--|
| a Pension Schedules | b General Schedules |
| (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) | (1) <input checked="" type="checkbox"/> H (Financial Information) |
| (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> I (Financial Information – Small Plan) |
| (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> |
| (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ | (4) <input checked="" type="checkbox"/> C (Service Provider Information) |
| (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | (5) <input 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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|---|--|--|

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

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

| | | |
|--|---|------------|
| A Name of plan <u>BEECH-NUT FROZEN RETIREMENT PLAN FOR EMPLOYEES REPRESENTED BY BAKERY, CONFECTIONARY AND TOBACCO WORKERS UNION LOCAL 50</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BEECH-NUT NUTRITION COMPANY</u> | D Employer Identification Number (EIN) <u>26-0415662</u> | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 | |

Part I Basic Information

| | | | |
|----------|---|----------------------------|---------------------------|
| 1 | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u> | | |
| 2 | Assets: | | |
| | a Market value | 2a | <u>6430226</u> |
| | b Actuarial value | 2b | <u>6694460</u> |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target |
| | a For retired participants and beneficiaries receiving payment | <u>192</u> | <u>6048921</u> |
| | b For terminated vested participants | <u>6</u> | <u>216307</u> |
| | c For active participants | <u>19</u> | <u>690162</u> |
| | d Total | <u>217</u> | <u>6955390</u> |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> | | |
| | a Funding target disregarding prescribed at-risk assumptions | 4a | |
| | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | |
| 5 | Effective interest rate | 5 | <u>5.00 %</u> |
| 6 | Target normal cost | | |
| | a Present value of current plan year accruals | 6a | <u>0</u> |
| | b Expected plan-related expenses | 6b | <u>0</u> |
| | c Target normal cost | 6c | <u>0</u> |

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

| | | |
|------------------|-------------------------------|--|
| SIGN HERE | | |
| | Signature of actuary | <u>09/15/2025</u> |
| | <u>ROBERT H. DANESH</u> | Date |
| | Type or print name of actuary | <u>23-06374</u> |
| | <u>HARPER DANESH LLC</u> | Most recent enrollment number |
| | Firm name | <u>585-319-4218</u> |
| | <u>399 ALEXANDER STREET</u> | Telephone number (including area code) |
| | <u>ROCHESTER, NY 14607</u> | |
| | Address of the firm | |

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

| Part II Beginning of Year Carryover and Prefunding Balances | | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 24248 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 24248 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of <u>13.67</u> % | 0 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 72 |
| b(1) | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.14</u> % | | 0 |
| b(2) | Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 10 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 82 |
| d | Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

| Part III Funding Percentages | | | |
|-------------------------------------|--|-----------|---------|
| 14 | Funding target attainment percentage | 14 | 96.24 % |
| 15 | Adjusted funding target attainment percentage | 15 | 96.24 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 95.69 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

| Part IV Contributions and Liquidity Shortfalls | | 18 Contributions made to the plan for the plan year by employer(s) and employees: | | | | | |
|---|--------------------------------|--|-----------------------|--------------------------------|------------------------------|--------------|---|
| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | | |
| 05/09/2024 | 5300 | 0 | | | | | |
| 07/05/2024 | 5300 | 0 | | | | | |
| 10/08/2024 | 5700 | 0 | | | | | |
| 01/15/2025 | 5700 | 0 | | | | | |
| 09/02/2025 | 5000 | 0 | | | | | |
| | | | Totals ▶ | 18(b) | 27000 | 18(c) | 0 |

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

| | | | |
|----------|--|------------|-------|
| a | Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| b | Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c | Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 25851 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

| | | | |
|--|------------------------|------------------------|---|
| Part V Assumptions Used to Determine Funding Target and Target Normal Cost | | | |
| 21 Discount rate: | | | |
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 4.87 % | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code) | | | 21b 4 |
| 22 Weighted average retirement age | | | 22 61 |
| 23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute | | | |

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

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

| | | | |
|--|---------------------|--------------------|-----------------|
| Part VIII Minimum Required Contribution For Current Year | | | |
| 31 Target normal cost and excess assets (see instructions): | | | |
| a Target normal cost (line 6c) | | | 31a 0 |
| b Excess assets, if applicable, but not greater than line 31a | | | 31b 0 |
| 32 Amortization installments: | Outstanding Balance | Installment | |
| a Net shortfall amortization installment | 260930 | 25055 | |
| b Waiver amortization installment | | | |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | | | 33 |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... | | | 34 25055 |
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement | | | 0 |
| 36 Additional cash requirement (line 34 minus line 35) | | | 36 25055 |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | | | 37 25851 |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | | | 38a 796 |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | | | 38b 0 |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | | | 39 0 |
| 40 Unpaid minimum required contributions for all years | | | 40 0 |

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

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

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

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

US BANK NATIONAL ASSOCIATION

39-1939072

| (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 59 60 62 | NONE | 35927 | 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 type="checkbox"/> |

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | 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 BEECH-NUT FROZEN RETIREMENT PLAN FOR EMPLOYEES REPRESENTED BY BAKERY, CONFECTIONARY AND TOBACCO WORKERS UNION LOCAL 50 | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BEECH-NUT NUTRITION COMPANY | D Employer Identification Number (EIN) 26-0415662 |

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

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | 108 | 288 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 4300 | 10700 |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | | |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 28754 | 82859 |
| (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) | | |
| (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) | 6397213 | 6333585 |
| (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 | 6430375 | 6427432 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 6430375 | 6427432 |

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) | 27000 | |
| (B) Participants..... | 2a(1)(B) | | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 27000 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 2465 | |
| (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) | | 2465 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | 162433 | |
| (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) | | 162433 |
| (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) | -255843 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 708626 |
| c Other income | 2c | | 291 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 644972 |

Expenses

| | | | |
|---|--------|--------|--------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 611988 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 611988 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 35927 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 35927 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 647915 |

Net Income and Reconciliation

| | | | |
|---|-------|--|-------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -2943 |
| 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: CROWE LLP

(2) EIN: 35-0921680

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 | | 2000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | X | | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 541237.

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

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

| | | |
|--|--|------------|
| A Name of plan <u>BEECH-NUT FROZEN RETIREMENT PLAN FOR EMPLOYEES REPRESENTED BY BAKERY, CONFECTIONARY AND TOBACCO WORKERS UNION LOCAL 50</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>BEECH-NUT NUTRITION COMPANY</u> | D Employer Identification Number (EIN) <u>26-0415662</u> | |

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

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

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

| | | |
|---|--|---|
| 1 | | 0 |
|---|--|---|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 41-6271370

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

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

| | | |
|---|--|---|
| 3 | | 0 |
|---|--|---|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**BEECH-NUT FROZEN
RETIREMENT PLAN FOR EMPLOYEES
REPRESENTED BY BAKERY, CONFECTIONARY,
AND TOBACCO WORKERS UNION LOCAL 50**
Amsterdam, New York

FINANCIAL STATEMENTS
December 31, 2024 and 2023

BEECH-NUT FROZEN RETIREMENT PLAN FOR EMPLOYEES REPRESENTED BY BAKERY,
CONFECTIONARY, AND TOBACCO WORKERS UNION LOCAL 50
Amsterdam, New York

FINANCIAL STATEMENTS
December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Beech-Nut Frozen Retirement Plan for
Employees Represented by Bakery, Confectionary,
and Tobacco Workers Union Local 50
Amsterdam, New York

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

We have performed audits of the financial statements of Beech-Nut Frozen Retirement Plan for Employees Represented by Bakery, Confectionary, and Tobacco Workers Union Local 50 (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the 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 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 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 Auditor's Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- 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).

(Continued)

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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

(Continued)

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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



Crowe LLP

New York, New York
October 15, 2025

BEECH-NUT FROZEN RETIREMENT PLAN FOR EMPLOYEES REPRESENTED BY BAKERY,
CONFECTIONARY, AND TOBACCO WORKERS UNION LOCAL 50
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

| | <u>2024</u> | <u>2023</u> |
|--|---------------------|---------------------|
| ASSETS | | |
| Investments, at fair value (Note 3) | \$ 6,416,444 | \$ 6,425,967 |
| Receivables | | |
| Employer contribution | 10,700 | 4,300 |
| Cash | <u>288</u> | <u>108</u> |
| Total assets | <u>6,427,432</u> | <u>6,430,375</u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 6,427,432</u> | <u>\$ 6,430,375</u> |

See accompanying notes to financial statements.

BEECH-NUT FROZEN RETIREMENT PLAN FOR EMPLOYEES REPRESENTED BY BAKERY,
 CONFECTIONARY, AND TOBACCO WORKERS UNION LOCAL 50
 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
 Years Ended December 31, 2024 and 2023

| | <u>2024</u> | <u>2023</u> |
|---|---------------------|---------------------|
| Additions to net assets attributed to | | |
| Net appreciation in fair values of investments | \$ 453,074 | \$ 671,868 |
| Interest and dividends | 164,898 | 173,271 |
| Employer contributions | <u>27,000</u> | <u>4,300</u> |
| Total additions | 644,972 | 849,439 |
| Deductions from net assets attributed to | | |
| Benefits paid directly to participants | 611,988 | 614,409 |
| Administrative fees | <u>35,927</u> | <u>35,587</u> |
| Total deductions | <u>647,915</u> | <u>649,996</u> |
| Net increase (decrease) | (2,943) | 199,443 |
| Net assets available for benefits | | |
| Beginning of year | <u>6,430,375</u> | <u>6,230,932</u> |
| End of year | <u>\$ 6,427,432</u> | <u>\$ 6,430,375</u> |

See accompanying notes to financial statements.

EECH-NUT FROZEN RETIREMENT PLAN FOR EMPLOYEES REPRESENTED BY BAKERY,
CONFECTIONARY, AND TOBACCO WORKERS UNION LOCAL 50
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 - PLAN DESCRIPTION

The following brief description of the Beech-Nut Frozen Retirement Plan for Employees Represented by Bakery, Confectionary, and Tobacco Workers Union Local 50 (the Plan) is provided for general informational purposes only. Participants should refer to the plan agreement for more complete information.

General: The Plan is a noncontributory defined pension plan covering substantially all employees of Beech-Nut Nutrition Company (the Company) who were union members governed by a bargaining agreement permitting their participants in the Plan. On November 30, 2001, the Plan was amended to freeze participants' plan benefit accruals and to freeze participation. Only the years of service and compensation earned prior to November 30, 2001, are considered for calculation of the retirement benefit. Employees hired subsequent to November 30, 2001 are not eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits: Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) computed in accordance with the terms of the Plan. The Plan also contains provisions for early retirement and benefits for surviving spouses, subject to certain terms of the Plan. At the time the Plan was frozen, all eligible employees were vested in their benefits. The normal form of benefit is an annuity payment.

Administrative and Investment Management Expenses: The Plan's trustee fees are paid by the Plan and are reflected in the financial statements as administrative expenses of the Plan. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income (loss) reported by the Plan. All other expenses of the Plan are paid by the Company.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The principles and policies that significantly affect the determination of net assets available for benefits and results of operations are summarized below.

Basis of Accounting: The accounting principles and procedures followed by the Plan conform to accounting principles generally accepted in the United States of America. The financial statements of the Plan are prepared under the accrual basis of accounting.

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from these estimates. It is at least reasonably possible that a significant change may occur in the near term for the estimates of the actuarial present value of accumulated plan benefits.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits: Benefits are recorded when paid.

Funding Policy and Minimum Contribution: The Company's funding policy is to make annual contributions in such amounts as determined by the plan actuary as necessary to fund the normal cost of the Plan for the year. The Company's contributions to the Plan, or lack thereof, satisfied the ERISA minimum funding requirements for 2024 and 2023.

(Continued)

EECH-NUT FROZEN RETIREMENT PLAN FOR EMPLOYEES REPRESENTED BY BAKERY,
CONFECTIONARY, AND TOBACCO WORKERS UNION LOCAL 50
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Risks and Uncertainties: Investments securities are exposed to various risks, such as interest rate, market, liquidity, and credit risks. Because of the level of risk associated with certain investment securities and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for benefits.

The Plan's contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Because of the changing nature of these assumptions, it is at least reasonably possible that changes in the assumptions will occur in the near term and, because of the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the actuarial present value of the accumulated plan benefits or the financial statements.

NOTE 3 - CERTIFIED INVESTMENTS

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2024 and 2023, and net appreciation (depreciation) in fair value of investments, interest and dividends for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by U.S. Bank National Association (the trustee of the Plan).

NOTE 4 - FAIR VALUE MEASUREMENTS

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

(Continued)

EECH-NUT FROZEN RETIREMENT PLAN FOR EMPLOYEES REPRESENTED BY BAKERY,
CONFECTIONARY, AND TOBACCO WORKERS UNION LOCAL 50
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

Mutual funds and exchange traded funds: The fair values of mutual fund investments and exchange traded funds are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

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

Investments measured at fair value on a recurring basis are summarized below:

| | <u>Total</u> | <u>Fair Value Measurements at December 31, 2024, Using:</u> |
|-----------------------|---------------------|---|
| | | <u>Level 1</u> |
| Mutual Funds | \$ 3,722,582 | \$ 3,722,582 |
| Exchange Traded Funds | <u>2,693,862</u> | <u>2,693,862</u> |
| Total | <u>\$ 6,416,444</u> | <u>\$ 6,416,444</u> |
| | | |
| | | <u>Fair Value Measurements at December 31, 2023, Using:</u> |
| | | <u>Level 1</u> |
| Mutual Funds | \$ 6,027,445 | \$ 6,027,445 |
| Exchange Traded Funds | <u>398,522</u> | <u>398,522</u> |
| Total | <u>\$ 6,425,967</u> | <u>\$ 6,425,967</u> |

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits are based on the average of employees' earnings through November 30, 2001, as defined in the Plan. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered through the valuation date.

The Plan's actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. Actuarial present value of accumulated plan benefit information is as follows:

(Continued)

EECH-NUT FROZEN RETIREMENT PLAN FOR EMPLOYEES REPRESENTED BY BAKERY,
CONFECTIONARY, AND TOBACCO WORKERS UNION LOCAL 50
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

| | |
|---|-----------------------------|
| | December 31, <u>2023</u> |
| Vested benefits: | |
| Participants and beneficiaries currently receiving payments | \$ 6,047,667 |
| Other participants | <u>928,085</u> |
| Total actuarial present value of accumulated plan benefits | <u>\$ 6,975,752</u> |

The changes in actuarial present value of accumulated plan benefits between the valuation dates were as follows:

| | |
|---|---|
| | Year Ended December 31, <u>2023</u> |
| Actuarial present value of accumulated plan benefits, beginning of period | \$ 7,021,361 |
| Interest | 328,994 |
| Benefits paid | (614,409) |
| Change in actuarial assumption | 109,817 |
| Benefits accumulated | <u>129,989</u> |
| Actuarial present value of accumulated plan benefits, end of period | <u>\$ 6,975,752</u> |

The more significant assumptions underlying the actuarial computations as of December 31, 2023 were as follows:

| | | |
|-------------------------|-------|---|
| Assumed settlement rate | 4.70% | |
| Mortality | | Pri-2012 blue-collar annuitant and non-annuitant mortality, sex distinct, with full generational projected mortality improvements using MP-2021 |
| Retirement | | Graduated rates from age 55 through age 70 |

The change in actuarial assumptions, as reflected in the above table, is impacted by a change in the benefit settlement rate from 4.90% used at December 31, 2022 to 4.70% used at December 31, 2023.

The foregoing actuarial 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 accumulated plan benefits. An actuarial valuation of the Plan's accumulated plan benefits as of December 31, 2024 has not yet been completed.

NOTE 6 - TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated October 23, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code.

(Continued)

EECH-NUT FROZEN RETIREMENT PLAN FOR EMPLOYEES REPRESENTED BY BAKERY,
CONFECTIONARY, AND TOBACCO WORKERS UNION LOCAL 50
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 6 - TAX STATUS (Continued)

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 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or 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 plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

NOTE 7 - PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of these benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

NOTE 8 - PARTIES-IN-INTEREST

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others. Certain professional fees for the administration and audit of the Plan were paid by the Company. Various administrative functions are performed by officers or employees of the Company. No such employees receive compensation from the Plan. Administrative expenses paid for directly and indirectly by the Plan qualify as party-in-interest transactions, which were exempt from the prohibited transaction rules.

NOTE 9 - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through October 15, 2025, which is the date the financial statements were available to be issued. The Plan was restated effective January 1, 2025.

SUPPLEMENTAL SCHEDULES

BEECH-NUT FROZEN RETIREMENT PLAN FOR EMPLOYEES REPRESENTED BY BAKERY,
CONFECTIONARY, AND TOBACCO WORKERS UNION LOCAL 50
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Name of Plan Sponsor: Beech-Nut Nutrition Company
Employer Identification Number: 26-0415662
Plan Number: 001

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Identity of Issue | (d) Cost | (e) Current Value |
|-----|--|---|-------------|-------------------------|
| | | <u>Mutual Funds</u> | | |
| | Artisan | Artisan High Income Fund | \$ 111,719 | \$ 101,857 |
| | Baird | Baird Aggregate Bond Fund Instl | 767,182 | 679,081 |
| | Cohen & Steers | Cohen & Steers Inst Realty Shares | 324,752 | 312,016 |
| | Columbia | Columbia Small Cap Growth Instl | 60,795 | 50,075 |
| | Fidelity | Fidelity Emerging Markets Index Fund | 107,528 | 107,939 |
| | Fidelity | Fidelity International Index Fund | 524,738 | 543,568 |
| | First American | First American Government Obligations Fund Class X | 82,859 | 82,860 |
| | Goldman Sachs | Goldman Sachs GQG Ptnrs Intl Opps In | 190,800 | 160,907 |
| | Invesco | Invesco EQV Intl Equity Fund R6 | 184,883 | 166,177 |
| | NYLI | NYLI CBRE Global Infrastructure Fd I | 103,607 | 103,431 |
| | NYLI | NYLI MacKay High Yield Corp Bd Fd R6 | 98,000 | 98,908 |
| | Nuveen | Nuveen Core Bond Fund R6 Class | 773,142 | 688,793 |
| | PGIM | PGIM Total Return Bond CI R6 | 452,965 | 456,883 |
| | Undiscovered Mgrs | Undiscovered Managers Behavioral Value | 74,549 | 72,216 |
| | Lazard | Lazard Global Listed Infrastructure | 101,220 | 97,871 |
| | | | | <u>3,722,582</u> |
| | | <u>Exchange Traded Funds</u> | | |
| | iShares | iShares Core US Aggregate Bond ETF | 389,848 | 384,402 |
| | iShares | iShares 5-10 Year Investment Grade Corp Bd ETF | 112,760 | 114,198 |
| | Schwab | Schwab US Large Cap ETF | 2,150,089 | 2,195,262 |
| | | | | <u>2,693,862</u> |
| | | | | <u>\$ 6,416,444</u> |

See Independent Auditor's Report.

BEECH-NUT FROZEN RETIREMENT PLAN FOR EMPLOYEES REPRESENTED BY BAKERY,
 CONFECTIONARY, AND TOBACCO WORKERS UNION LOCAL 50
 SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
 Year Ended December 31, 2024

Name of Plan Sponsor: Beech-Nut Nutrition Company
 Employer Identification Number: 26-0415662
 Plan Number: 001

| <u>Identity of Party Involved</u> | <u>Description of Assets</u> | <u>Purchase Price</u> | <u>Selling Price</u> | <u>Expense Incurred with Transaction</u> | <u>Cost of Asset</u> | <u>Current Value of Asset on Transaction Date</u> | <u>Net Gain or (Loss)</u> |
|--|--------------------------------|-----------------------|----------------------|--|----------------------|---|---------------------------|
| Category (i) – Single transactions in excess of 5% of plan assets | | | | | | | |
| Fidelity | Fidelity US Bond Index | \$ 1,033,492 | \$ - | \$ - | \$ 1,033,492 | \$ 1,515,166 | \$ 481,674 |
| Fidelity | Fidelity Mid Cap Index Fund | 635,716 | - | - | 635,716 | 841,270 | 205,554 |
| Fidelity | US Bond Index | 391,297 | - | - | 391,297 | 389,758 | (1,539) |
| PGIM | PGIM Total Return Bond CI R6 | 440,104 | - | - | 440,104 | 440,104 | - |
| Schwab | Schwab US Large Cap ETF | 2,265,602 | - | - | 2,265,602 | 2,265,602 | - |
| Jones Trading | Jonestrading Institutional Ser | 2,684,594 | - | - | 2,684,594 | 2,712,394 | 27,800 |

(Continued)

BEECH-NUT FROZEN RETIREMENT PLAN FOR EMPLOYEES REPRESENTED BY BAKERY,
CONFECTIONARY, AND TOBACCO WORKERS UNION LOCAL 50
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2024

| <u>Identity of Party Involved</u> | <u>Description of Assets</u> | <u>Purchase Price</u> | <u>Selling Price</u> | <u>Expense Incurred with Transaction</u> | <u>Cost of Asset</u> | <u>Current Value of Asset on Transaction Date</u> | <u>Net Gain or (Loss)</u> |
|---|--------------------------------------|---------------------------|--------------------------|--|--------------------------|---|-------------------------------|
| Category (iii) – Series of transactions in excess of 5% of plan assets | | | | | | | |
| Cohen & Steers | Cohen & Steers Inst Realty Shares | \$ 324,752 | \$ - | \$ - | \$ 324,752 | \$ 324,752 | \$ - |
| Fidelity | Fidelity 500 Index Fund | 9,156 | - | - | 9,156 | 9,156 | - |
| | | - | 1,680,036 | - | 1,159,501 | 1,680,036 | 520,535 |
| Fidelity | Fidelity Mid Cap Index Fund | 296 | - | - | 296 | 296 | - |
| | | - | 988,923 | - | 755,453 | 988,923 | 233,470 |
| Fidelity | Fidelity Emerging Markets Index Fund | 2,836 | - | - | 2,836 | 2,836 | - |
| | | - | 335,498 | - | 301,187 | 335,498 | 34,311 |
| Fidelity | Fidelity US Bond Index | 5,308 | - | - | 5,308 | 5,308 | - |
| | | - | 390,839 | - | 392,326 | 390,839 | (1,487) |
| First Am | First Am Govt Ob Fd Cl X | 990,320 | - | - | 990,320 | 990,320 | - |
| | | - | 936,215 | - | 936,215 | 936,215 | - |
| iShares | iShares Core US Aggregate Bond ETF | 389,848 | - | - | 389,848 | 389,848 | - |
| PGIM | PGIM Total Return Bond Cl R6 | 452,965 | - | - | 452,965 | 452,965 | - |
| Schwab | Schwab US Large Cap ETF | 2,265,602 | - | - | 2,265,602 | 2,265,602 | - |
| | | - | 143,313 | - | 115,513 | 143,313 | 27,800 |

See Independent Auditor's Report.

Attachment to 2024 Form 5500 Schedule SB

Plan: Beech-Nut Frozen Retirement Plan for Employees Represented by Bakery, Confectionary and Tobacco Workers Union Local 50

EIN/PN: 26-0415662/001

Schedule SB, Line 26 – Schedule of Active Participant Data

| Attained Age | Years of Credited Service as of January 1, 2024 | | | | | | | | | | Total |
|--------------|---|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|
| | Under 1 | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | 40 & up | |
| Under 25 | | | | | | | | | | | 0 |
| 25 to 29 | | | | | | | | | | | 0 |
| 30 to 34 | | | | | | | | | | | 0 |
| 35 to 39 | | | | | | | | | | | 0 |
| 40 to 44 | | | | | | | | | | | 0 |
| 45 to 49 | | | | | | | | | | | 0 |
| 50 to 54 | | | | | | | | | | | 0 |
| 55 to 59 | | | | | | | | | 1 | 1 | 2 |
| 60 to 64 | | | | | | | | | 3 | 13 | 16 |
| 65 to 69 | | | | | | | | | | 1 | 1 |
| 70 & up | | | | | | | | | | | 0 |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 15 | 19 |

Attachment to 2024 Form 5500 Schedule SB

Plan: Beech-Nut Frozen Retirement Plan for Employees Represented by Bakery, Confectionary and Tobacco Workers Union Local 50

EIN/PN: 26-0415662/001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Assumptions

| | | | | |
|--------------------------------|--|--------------------------|-----------------------|--------------------|
| Discount rate elections | Segment rates with four-month lookback | | | |
| | | <u>ARPA</u> | <u>PPA</u> | |
| | 1 st segment rate | 4.75% | 3.62% | |
| | 2 nd segment rate | 4.87% | 4.46% | |
| | 3 rd segment rate | 5.59% | 4.52% | |
| Mortality elections | 2024 PPA generational annuitant and nonannuitant mortality tables | | | |
| Disability | Sample rates: | | | |
| | <u>Age</u> | <u>Males</u> | <u>Females</u> | |
| | 25 | 0.040% | 0.060% | |
| | 35 | 0.055 | 0.080 | |
| | 45 | 0.125 | 0.180 | |
| | 55 | 0.540 | 0.735 | |
| Withdrawal | Sample rates: | | | |
| | <u>Age</u> | <u>Withdrawal</u> | | |
| | 25 | 18.0% | | |
| | 35 | 12.0 | | |
| | 45 | 7.0 | | |
| | 55 | 0.0 | | |
| Expenses | The employer pays administrative expenses | | | |
| Retirement age | <u>Age</u> | <u>Rate</u> | <u>Age</u> | <u>Rate</u> |
| | 55 | 10.0% | 61 | 9.0 |
| | 56 | 6.0 | 62 | 25.0 |
| | 57 | 7.0 | 63 | 20.0 |
| | 58 | 7.0 | 64 | 15.0 |
| | 59 | 8.0 | 65-69 | 75.0 |
| | 60 | 12.0 | 70 | 100.0 |
| | Terminated vested participants are assumed to retire at age 62 | | | |
| Percentage married | <ul style="list-style-type: none"> • Males – 90% • Females – 90% | | | |

Attachment to 2024 Form 5500 Schedule SB

Plan: Beech-Nut Frozen Retirement Plan for Employees Represented by Bakery, Confectionary and Tobacco Workers Union Local 50

EIN/PN: 26-0415662/001

Age difference

A male is assumed to be three years older than his spouse

Form of payment

100% are assumed to elect a 5-year certain and life annuity

Attachment to 2024 Form 5500 Schedule SB

Plan: Beech-Nut Frozen Retirement Plan for Employees Represented by Bakery, Confectionary and Tobacco Workers Union Local 50

EIN/PN: 26-0415662/001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Asset valuation method

We used financial data submitted by the trustee as of January 1, 2024 without further audit. Customarily, this data would not be verified by a plan's actuary. We have reviewed the information for internal consistency and reasonableness and have no reason to doubt its substantial accuracy.

The asset valuation method is an annual average of the adjusted market value for the current year and each of the immediately preceding two years. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in Section 430. A characteristic of this asset valuation method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than market.

Participants included in the valuation

Participant data was supplied by the plan sponsor. We have reviewed the data and have no reason to doubt its substantial accuracy. Only those employees who have met the eligibility requirements of the plan are included in the valuation of liabilities.

No liability is included for nonvested participants who terminate prior to the valuation date. Participants with a break in service on the valuation date are treated as terminated vested participants.

Benefits included or excluded in the valuation

Unless noted below, all benefits provided by the plan are included in the valuation:

- Plan amendments – Amendments adopted after the valuation date are excluded from the valuation.
- Scheduled benefit increases – Scheduled benefit increases (such as cost-of-living increases) effective after the end of the current plan year are excluded from minimum funding requirements.
- Late retirement increases – Accrued benefits are actuarially increased for retirements beginning after normal retirement age.
- Shutdown benefits – We are not aware of any actions that would create shutdown benefits; therefore, they are excluded.
- IRC Section 415(b) – The limitations of IRC Section 415(b) have been incorporated into our calculations.
- Benefit restrictions – Benefit restrictions (if applicable) are ignored in this valuation.

Attachment to 2024 Form 5500 Schedule SB

Plan: Beech-Nut Frozen Retirement Plan for Employees Represented by Bakery, Confectionary and Tobacco Workers Union Local 50

EIN/PN: 26-0415662/001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan sponsor elections

Funding interest rate

- Segment rates with four-month lookback
- ARPA – the plan sponsor has elected to apply the ARPA interest rate provisions beginning with the 2021 plan year

Shortfall amortizations

- ARPA – the plan sponsor has elected to apply the ARPA shortfall amortization provisions beginning with the 2021 plan year

Mortality

- PPA combined generational table for annuitants and nonannuitants
- Use of RP-2014 table was deferred to 2020

Asset method

- Average value
- 2-year averaging period
- Annual frequency

Valuation of lump sums based on 417(e) assumptions

- Not applicable

Actuarial cost method

The actuarial cost method used for minimum funding calculations is known as the traditional unit credit method. The objective under this method is to fund each participant's benefits as they are earned under the plan.

A participant's **accrued liability** is the present value of these benefits based on Credited Service and average pay as of the beginning of the plan year. A participant's **normal cost** is the present value of the benefit earned in the current plan year. The plan's **target normal cost** is the sum of the individual normal costs, and the plan's **funding target liability** is the sum of the accrued liabilities for all participants under the plan.

BEECH-NUT FROZEN RETIREMENT PLAN FOR EMPLOYEES REPRESENTED BY BAKERY,
 CONFECTIONARY, AND TOBACCO WORKERS UNION LOCAL 50
 SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
 Year Ended December 31, 2024

Name of Plan Sponsor: Beech-Nut Nutrition Company
 Employer Identification Number: 26-0415662
 Plan Number: 001

| <u>Identity of Party Involved</u> | <u>Description of Assets</u> | <u>Purchase Price</u> | <u>Selling Price</u> | <u>Expense Incurred with Transaction</u> | <u>Cost of Asset</u> | <u>Current Value of Asset on Transaction Date</u> | <u>Net Gain or (Loss)</u> |
|--|--------------------------------|-----------------------|----------------------|--|----------------------|---|---------------------------|
| Category (i) – Single transactions in excess of 5% of plan assets | | | | | | | |
| Fidelity | Fidelity US Bond Index | \$ 1,033,492 | \$ - | \$ - | \$ 1,033,492 | \$ 1,515,166 | \$ 481,674 |
| Fidelity | Fidelity Mid Cap Index Fund | 635,716 | - | - | 635,716 | 841,270 | 205,554 |
| Fidelity | US Bond Index | 391,297 | - | - | 391,297 | 389,758 | (1,539) |
| PGIM | PGIM Total Return Bond CI R6 | 440,104 | - | - | 440,104 | 440,104 | - |
| Schwab | Schwab US Large Cap ETF | 2,265,602 | - | - | 2,265,602 | 2,265,602 | - |
| Jones Trading | Jonestrading Institutional Ser | 2,684,594 | - | - | 2,684,594 | 2,712,394 | 27,800 |

(Continued)

BEECH-NUT FROZEN RETIREMENT PLAN FOR EMPLOYEES REPRESENTED BY BAKERY,
CONFECTIONARY, AND TOBACCO WORKERS UNION LOCAL 50
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2024

| <u>Identity of Party Involved</u> | <u>Description of Assets</u> | <u>Purchase Price</u> | <u>Selling Price</u> | <u>Expense Incurred with Transaction</u> | <u>Cost of Asset</u> | <u>Current Value of Asset on Transaction Date</u> | <u>Net Gain or (Loss)</u> |
|---|--------------------------------------|-----------------------|----------------------|--|----------------------|---|---------------------------|
| Category (iii) – Series of transactions in excess of 5% of plan assets | | | | | | | |
| Cohen & Steers | Cohen & Steers Inst Realty Shares | \$ 324,752 | \$ - | \$ - | \$ 324,752 | \$ 324,752 | \$ - |
| Fidelity | Fidelity 500 Index Fund | 9,156 | - | - | 9,156 | 9,156 | - |
| | | - | 1,680,036 | - | 1,159,501 | 1,680,036 | 520,535 |
| Fidelity | Fidelity Mid Cap Index Fund | 296 | - | - | 296 | 296 | - |
| | | - | 988,923 | - | 755,453 | 988,923 | 233,470 |
| Fidelity | Fidelity Emerging Markets Index Fund | 2,836 | - | - | 2,836 | 2,836 | - |
| | | - | 335,498 | - | 301,187 | 335,498 | 34,311 |
| Fidelity | Fidelity US Bond Index | 5,308 | - | - | 5,308 | 5,308 | - |
| | | - | 390,839 | - | 392,326 | 390,839 | (1,487) |
| First Am | First Am Govt Ob Fd Cl X | 990,320 | - | - | 990,320 | 990,320 | - |
| | | - | 936,215 | - | 936,215 | 936,215 | - |
| iShares | iShares Core US Aggregate Bond ETF | 389,848 | - | - | 389,848 | 389,848 | - |
| PGIM | PGIM Total Return Bond Cl R6 | 452,965 | - | - | 452,965 | 452,965 | - |
| Schwab | Schwab US Large Cap ETF | 2,265,602 | - | - | 2,265,602 | 2,265,602 | - |
| | | - | 143,313 | - | 115,513 | 143,313 | 27,800 |

See Independent Auditor's Report.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

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

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

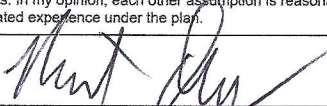
▶ **Round off amounts to nearest dollar.**

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

| | | | |
|---|--|---|-----|
| A Name of plan BEECH-NUT FROZEN RETIREMENT PLAN FOR EMPLOYEES REPRESENTED BY BAKERY, CONFECTIONARY AND TOBACCO WORKERS UNION LOCAL 50 | | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Beech-Nut Nutrition Company | | D Employer Identification Number (EIN) 26-0415662 | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 | |

| Part I Basic Information | | | |
|---|--|---------------------------|--------------------------|
| 1 Enter the valuation date: | Month <u>01</u> Day <u>01</u> Year <u>2024</u> | | |
| 2 Assets: | | | |
| a Market value | | 2a | 6,430,226 |
| b Actuarial value | | 2b | 6,694,460 |
| 3 Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment | 192 | 6,048,921 | 6,048,921 |
| b For terminated vested participants | 6 | 216,307 | 216,307 |
| c For active participants | 19 | 690,162 | 690,162 |
| d Total | 217 | 6,955,390 | 6,955,390 |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) | <input type="checkbox"/> | | |
| a Funding target disregarding prescribed at-risk assumptions | | 4a | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | | 4b | |
| 5 Effective interest rate | | 5 | 5.00% |
| 6 Target normal cost | | | |
| a Present value of current plan year accruals | | 6a | 0 |
| b Expected plan-related expenses | | 6b | 0 |
| c Target normal cost | | 6c | 0 |

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

| | | |
|-------------------------------|---|--|
| SIGN HERE |  | <u>9/10/2025</u> |
| | Signature of actuary | Date |
| Robert H. Danesh | | 2306374 |
| Type or print name of actuary | | Most recent enrollment number |
| Harper Danesh LLC | | 585-319-4218 |
| Firm name | | Telephone number (including area code) |
| 399 Alexander Street | | |
| Rochester NY 14607 | | |
| Address of the firm | | |

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

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

Schedule SB (Form 5500) 2024
v. 240311

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

| | | | |
|---|---|---|-------------------------------------|
| 21 Discount rate: | | | |
| a Segment rates: | 1st segment: 4.75% | 2nd segment: 4.87% | 3rd segment: 5.59% |
| | <input type="checkbox"/> N/A, full yield curve used | | |
| b Applicable month (enter code)..... | 21b | | 4 |
| 22 Weighted average retirement age | 22 | | 61 |
| 23 Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute |

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

| | | | |
|--|---------------------|--------------------|---------------|
| 31 Target normal cost and excess assets (see instructions): | | | |
| a Target normal cost (line 6c)..... | 31a | 0 | |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 0 | |
| 32 Amortization installments: | Outstanding Balance | Installment | |
| a Net shortfall amortization installment | 260,930 | 25,055 | |
| b Waiver amortization installment | | | |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | 33 | | |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... | 34 | 25,055 | |
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement | | | 0 |
| 36 Additional cash requirement (line 34 minus line 35)..... | 36 | 25,055 | |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... | 37 | 25,851 | |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | 38a | 796 | |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | 38b | | |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... | 39 | 0 | |
| 40 Unpaid minimum required contributions for all years | 40 | 0 | |

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

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

Attachment to 2024 Form 5500 Schedule SB

Plan: Beech-Nut Frozen Retirement Plan for Employees Represented by Bakery, Confectionary and Tobacco Workers Union Local 50

EIN/PN: 26-0415662/001

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 61.

| (A) Retirement Age | (B) Retirement Rate | (C) Number of Employees Expected to Retire | (D) Weighted Retirement Age = (A) X (C) |
|--------------------------|---------------------------|--|---|
| 55 | 10.0% | 100.0 | 5,500.0 |
| 56 | 6.0% | 54.0 | 3,024.0 |
| 57 | 7.0% | 59.2 | 3,374.4 |
| 58 | 7.0% | 55.1 | 3,195.8 |
| 59 | 8.0% | 58.5 | 3,451.5 |
| 60 | 12.0% | 80.8 | 4,848.0 |
| 61 | 9.0% | 53.3 | 3,251.3 |
| 62 | 25.0% | 134.8 | 8,357.6 |
| 63 | 20.0% | 80.9 | 5,096.7 |
| 64 | 15.0% | 48.5 | 3,104.0 |
| 65 | 75.0% | 206.2 | 13,403.0 |
| 66 | 75.0% | 51.5 | 3,399.0 |
| 67 | 75.0% | 12.9 | 864.3 |
| 68 | 75.0% | 3.2 | 217.6 |
| 69 | 75.0% | 0.8 | 55.2 |
| 70 | 100.0% | 0.3 | 21.0 |
| | | 1,000.00 | 61,163.4 |

Weighted Average Retirement Age 61.2

Attachment to 2024 Form 5500 Schedule SB

Plan: Beech-Nut Frozen Retirement Plan for Employees Represented by Bakery, Confectionary and Tobacco Workers Union Local 50

EIN/PN: 26-0415662/001

Schedule SB, Part V – Summary of Plan Provisions

| | |
|-------------------------------------|---|
| Effective date and plan year | September 10, 1998 |
| Eligibility | <p>An hourly paid production employee covered by a collective bargaining agreement becomes a participant on the earlier of the first day of the month coincident with or next following the date the employee completes one year of credited service and the date the employee attains age 45.</p> <p>Participation was frozen effective November 30, 2001.</p> |
| Year of Service | <p>For credited service purposes, employee's period of service from November 4, 1989 to November 30, 2001.</p> <p>For all other purposes, number of whole years of the employee's period of service.</p> |
| Normal retirement | <p>Eligibility – Age 65</p> <p>Amount of Benefit – Greater of 1.25% of the total annual earnings accumulated during a participant's period of credited service and \$240 multiplied by the participant's years of credited service.</p> <p>Benefit service was frozen effective November 30, 2001.</p> |
| Normal Form of Annuity | 5-year certain and life annuity (50% joint and survivor annuity, if married) |
| Early retirement | <p>Eligibility – Age 55 and 2 years of service</p> <p>Amount of Benefit – Accrued benefit reduced by 5/12 of 1% for each month that benefit commencement precedes age 62</p> |
| Deferred vested benefit | <p>Eligibility – Five years of service</p> <p>Amount of Benefit – 100% of accrued benefit, reduced for early retirement if applicable</p> |
| Disability benefit | <p>Eligibility – Total and permanent disability after completion of 15 years of service</p> <p>Amount of Benefit – 100% of accrued benefit, without reduction for commencement prior to age 65</p> |

Attachment to 2024 Form 5500 Schedule SB

Plan: Beech-Nut Frozen Retirement Plan for Employees Represented by Bakery, Confectionary and Tobacco Workers Union Local 50

EIN/PN: 26-0415662/001

Death benefit

Eligibility – A life annuity is payable to the surviving spouse of a participant whose death occurs after completing at least five Years of Vesting Service or after early retirement eligibility, but prior to retirement

Amount of Benefit – If participant is active and early retirement eligible at death, then greater of 50% of accrued benefit and \$300 per year. If not early retirement eligible, greater of 30% of accrued benefit and \$300 per year. For inactive participants, 50% of accrued benefit commencing on the first day of the month following participant's 55th birthday reduced 5/12% for each month that the commencement date precedes the normal retirement date.

BEECH-NUT FROZEN RETIREMENT PLAN FOR EMPLOYEES REPRESENTED BY BAKERY,
CONFECTIONARY, AND TOBACCO WORKERS UNION LOCAL 50
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Name of Plan Sponsor: Beech-Nut Nutrition Company
Employer Identification Number: 26-0415662
Plan Number: 001

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Identity of Issue | (d) Cost | (e) Current Value |
|-----|--|---|-------------|-------------------------|
| | | <u>Mutual Funds</u> | | |
| | Artisan | Artisan High Income Fund | \$ 111,719 | \$ 101,857 |
| | Baird | Baird Aggregate Bond Fund Instl | 767,182 | 679,081 |
| | Cohen & Steers | Cohen & Steers Inst Realty Shares | 324,752 | 312,016 |
| | Columbia | Columbia Small Cap Growth Instl | 60,795 | 50,075 |
| | Fidelity | Fidelity Emerging Markets Index Fund | 107,528 | 107,939 |
| | Fidelity | Fidelity International Index Fund | 524,738 | 543,568 |
| | First American | First American Government Obligations Fund Class X | 82,859 | 82,860 |
| | Goldman Sachs | Goldman Sachs GQG Ptnrs Intl Opps In | 190,800 | 160,907 |
| | Invesco | Invesco EQV Intl Equity Fund R6 | 184,883 | 166,177 |
| | NYLI | NYLI CBRE Global Infrastructure Fd I | 103,607 | 103,431 |
| | NYLI | NYLI MacKay High Yield Corp Bd Fd R6 | 98,000 | 98,908 |
| | Nuveen | Nuveen Core Bond Fund R6 Class | 773,142 | 688,793 |
| | PGIM | PGIM Total Return Bond CI R6 | 452,965 | 456,883 |
| | Undiscovered Mgrs | Undiscovered Managers Behavioral Value | 74,549 | 72,216 |
| | Lazard | Lazard Global Listed Infrastructure | 101,220 | 97,871 |
| | | | | <u>3,722,582</u> |
| | | <u>Exchange Traded Funds</u> | | |
| | iShares | iShares Core US Aggregate Bond ETF | 389,848 | 384,402 |
| | iShares | iShares 5-10 Year Investment Grade Corp Bd ETF | 112,760 | 114,198 |
| | Schwab | Schwab US Large Cap ETF | 2,150,089 | 2,195,262 |
| | | | | <u>2,693,862</u> |
| | | | | <u>\$ 6,416,444</u> |

See Independent Auditor's Report.

Attachment to 2024 Form 5500 Schedule SB

Plan: Beech-Nut Frozen Retirement Plan for Employees Represented by Bakery, Confectionary and Tobacco Workers Union Local 50

EIN/PN: 26-0415662/001

Schedule SB, Line 32 – Schedule of Amortization Bases

| <u>Type</u> | <u>Present value of remaining installments</u> | <u>Date established</u> | <u>Years remaining</u> | <u>Amortization</u> |
|-------------|--|-------------------------|------------------------|---------------------|
| Shortfall | \$294,668 | 1/1/2023 | 14 | \$28,124 |
| Shortfall | \$(33,738) | 1/1/2024 | 15 | \$(3,069) |