

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h1 style="margin: 0;">2024</h1> This Form is Open to Public Inspection
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

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

B This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>SENECA FOODS CORPORATION EMPLOYEES' PENSION BENEFIT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SENECA FOODS CORPORATION</u> <u>350 WILLOWBROOK OFFICE PARK</u> <u>FAIRPORT, NY 14450</u>	1c Effective date of plan <u>08/01/1964</u> 2b Employer Identification Number (EIN) <u>16-0733425</u> 2c Plan Sponsor's telephone number <u>585-495-4100</u> 2d Business code (see instructions) <u>311400</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/03/2025	MICHAEL WOLCOTT
	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	4202
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)	1808
	6a(2)	1570
	6b	1309
	6c	536
	6d	3415
	6e	181
	6f	3596
	6g(1)	
6g(2)		
6h		4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules	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 checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

▶ **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>SENECA FOODS CORPORATION EMPLOYEES' PENSION BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SENECA FOODS CORPORATION</u>	D Employer Identification Number (EIN) <u>16-0733425</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>288974732</u>
	b Actuarial value	2b	<u>309012285</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1393</u>	<u>102076896</u>
	b For terminated vested participants	<u>1001</u>	<u>27299457</u>
	c For active participants	<u>1808</u>	<u>93936763</u>
	d Total	<u>4202</u>	<u>223313116</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>5.18 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>6808940</u>
	b Expected plan-related expenses	6b	<u>770000</u>
	c Target normal cost	6c	<u>7578940</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 <u>JUSTIN D. KEAR</u> Signature of actuary <u>AON CONSULTING, INC.</u> Firm name <u>MSC#17894 PO BOX 7505</u> <u>FORT WASHINGTON, PA 19034</u> Address of the firm	<u>10/14/2025</u> Date <u>23-07884</u> Most recent enrollment number <u>617-482-3100</u> Telephone number (including area code)
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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	88145097
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	88145097
10	Interest on line 9 using prior year's actual return of <u>2.14</u> %	0	1886305
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.31</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	14700000
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	75331402

Part III Funding Percentages			
14	Funding target attainment percentage	14	103.59 %
15	Adjusted funding target attainment percentage	15	136.99 %
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	108.57 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			Totals ▶	18(b)	0	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	7578940
b Excess assets, if applicable, but not greater than line 31a	31b	7578940

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
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	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

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

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

A Name of plan SENECA FOODS CORPORATION EMPLOYEES' PENSION BENEFIT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SENECA FOODS CORPORATION	D Employer Identification Number (EIN) 16-0733425	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

AON CONSULTING

22-2232264

(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?
11 50	ACTUARY	502422	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AON INVESTMENTS USA INC.

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	291310	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 21 50	TRUSTEE CUSTODIAN	74927	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

FREED MAXICK

45-4051133

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	16200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BOND, SCHOENECK & KING PLLC

27-0015651

(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?
29 50	LEGAL	11879	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DATA-MATION PRINTING & GRAPHICS

16-1530224

(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?
49 50	OTHER SERVICES	9733	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

A Name of plan <u>SENECA FOODS CORPORATION EMPLOYEES' PENSION BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SENECA FOODS CORPORATION</u>	D Employer Identification Number (EIN) <u>16-0733425</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>MULTI ASSET CREDIT FUND</u>		
b Name of sponsor of entity listed in (a):	<u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-041</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>3023017</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>20+ YR U S TREAS STRIPS</u>		
b Name of sponsor of entity listed in (a):	<u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-036</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>13826345</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>HIGH YIELD PLUS CL I</u>		
b Name of sponsor of entity listed in (a):	<u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>619813</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LARGE CAP EQUITY INDEX</u>		
b Name of sponsor of entity listed in (a):	<u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>15214254</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NON-US EQUITY INDEX</u>		
b Name of sponsor of entity listed in (a):	<u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>9310508</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SMALL CAP EQUITY INDEX</u>		
b Name of sponsor of entity listed in (a):	<u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-045</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>2378596</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>US INTERMEDIATE GOVERNMENT</u>		
b Name of sponsor of entity listed in (a):	<u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-043</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>21265758</u>

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

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-037	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4451150
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a Name of MTIA, CCT, PSA, or 103-12 IE: LONG CR BD

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-040	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 144709792
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a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY INVESTMENT FUND

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN 25-6078093-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3457878
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a Name of MTIA, CCT, PSA, or 103-12 IE: AON ENHANCED LIABIL DRIV INVES FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-048	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20345509
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a Name of MTIA, CCT, PSA, or 103-12 IE: US LONG GOVERNMENT INDEX

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-042	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2962593
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a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA LONG TREASURY CIF

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 88-6547562-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1896165
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a Name of MTIA, CCT, PSA, or 103-12 IE: AON INTERMEDIATE CR BD

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-038	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3513321
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a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA MID TREASURY CIF

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 88-6547562-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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 04/01/2024 and ending 03/31/2025

A Name of plan <u>SENECA FOODS CORPORATION EMPLOYEES' PENSION BENEFIT PLAN</u>		B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SENECA FOODS CORPORATION</u>		D Employer Identification Number (EIN) <u>16-0733425</u>	

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	<u>11383</u>	<u>26790</u>
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	<u>5110497</u>	<u>3352654</u>
(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)	<u>257481562</u>	<u>246974699</u>
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	26371290	42766800
(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	288974732	293120943
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	288974732	293120943

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	2100000	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2012860	
(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)	18006091	
(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)	8781959
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total.....	2d	26875190

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	21375380
(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)	21375380
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)	399021
(4) IQPA audit fees	2i(4)	16200
(5) Investment advisory and investment management fees	2i(5)	291310
(6) Bank or trust company trustee/custodial fees	2i(6)	74927
(7) Actuarial fees	2i(7)	103401
(8) Legal fees	2i(8)	11879
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	456861
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	1353599
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	22728979

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	4146211
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: **FREED MAXICK P.C.**

(2) EIN: **45-4051133**

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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 565226.

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.
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

A Name of plan <u>SENECA FOODS CORPORATION EMPLOYEES' PENSION BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SENECA FOODS CORPORATION</u>	D Employer Identification Number (EIN) <u>16-0733425</u>	

Part I	Distributions
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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
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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): 94-1687665

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	555
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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.)
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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
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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.
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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: 23.8 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 68.8 %
 High-Yield Debt: 3.6 % Real Assets: 1.5 % Cash or Cash Equivalents: 1.2 % Other: 1.1 %

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 _____.

AUDITED
FINANCIAL STATEMENTS

**SENECA FOODS CORPORATION
EMPLOYEES' PENSION BENEFIT PLAN**

MARCH 31, 2025

SENECA FOODS CORPORATION EMPLOYEES' PENSION BENEFIT PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
Seneca Foods Corporation Employees' Pension Benefit Plan

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

We have performed audits of the financial statements of Seneca Foods Corporation Employees' Pension Benefit Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of March 31, 2025 and 2024, 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended March 31, 2025 and 2024, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the 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 U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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.

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

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

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

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 March 31, 2025, and Schedule H, line 4j – schedule of reportable transactions for the year ended March 31, 2025, 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Freed Maxick P.C.

Buffalo, New York
October 28, 2025

SENECA FOODS CORPORATION EMPLOYEES' PENSION BENEFIT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

March 31,

	<u>2025</u>	<u>2024</u>
ASSETS		
Investments, at fair value:		
Seneca Foods Corporation common stock	\$ 42,766,800	\$ 26,371,290
Hedge fund	3,352,654	5,110,497
Common collective trust funds	246,974,699	257,481,562
Total investments, at fair value	<u>293,094,153</u>	<u>288,963,349</u>
Receivables:		
Accrued investment income	26,790	11,383
Total receivables	<u>26,790</u>	<u>11,383</u>
Net assets available for benefits	<u><u>\$ 293,120,943</u></u>	<u><u>\$ 288,974,732</u></u>

See accompanying notes.

SENECA FOODS CORPORATION EMPLOYEES' PENSION BENEFIT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended March 31,

	<u>2025</u>	<u>2024</u>
Sources of net assets:		
Dividends and interest	\$ 417,017	\$ 208,177
Net appreciation in the fair value of investments	<u>26,458,173</u>	<u>6,245,549</u>
Total sources of net assets	<u>26,875,190</u>	<u>6,453,726</u>
Applications of net assets:		
Benefits paid to participants	21,375,380	10,750,044
Administrative expenses	<u>1,353,599</u>	<u>1,069,469</u>
Total applications of net assets	<u>22,728,979</u>	<u>11,819,513</u>
Increase (decrease) in net assets available for benefits	4,146,211	(5,365,787)
Net assets available for benefits:		
Beginning of year	<u>288,974,732</u>	<u>294,340,519</u>
End of the year	<u>\$ 293,120,943</u>	<u>\$ 288,974,732</u>

See accompanying notes.

SENECA FOODS CORPORATION EMPLOYEES' PENSION BENEFIT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of Seneca Foods Corporation (the "Company") Employees' Pension Benefit Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan Agreement for more complete information.

General: The Plan is a trustee, noncontributory, defined benefit pension plan designed to provide retirement benefits for substantially all employees of the Company hired prior to January 1, 2020. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is a result of the consolidation of various pension plans maintained by the Company.

The Pension Investment Committee is responsible for the oversight of the Plan, determines the Plan's investment offerings and monitors investment performance. The Plan has been amended and restated to conform to various Internal Revenue Code regulations and requirements and to allow participation of different plans for various types of employees.

The Plan is frozen to new participants. Any current participant who is rehired on or after January 1, 2020 will no longer accrue additional credited service years but will be eligible to accrue additional vesting years.

Pension Benefits: Eligible employees generally become fully vested after five years of service, as defined by the Plan. The Plan is frozen and no new employees are eligible to participate in the Plan; however, depending on the Prior Plan in which an individual participated before its merger into the Plan, a participant may continue to accrue a benefit under the Plan.

The Plan provides for normal retirement benefits upon reaching age 65. Benefits are determined according to a benefit formula that is based on the Prior Plan in which an employee participated prior to the consolidation of the plans. The Plan also has provisions for early, deferred vested, disability and survivor benefits for those participants who are eligible to receive such benefits. Benefits are payable in the form of a lump-sum payment, a joint and survivor annuity, a single life annuity, or another available form of payment. Payment options may vary based upon the Prior Plan in which the employee originally participated.

If a participant has terminated employment and is eligible for a distribution, and if the actuarial equivalent single sum value of the participant's accrued benefit is \$7,000 or less, the accrued benefit will be distributed to the participant, at the participant's election, in a single sum cash payment or as a direct rollover to an eligible retirement plan; provided, however, if the participant fails to make an election, then his or her accrued benefit will be rolled over into an individual retirement account established by the Company on behalf of the participant (if the value of the benefit is between \$1,000 and \$7,000) or distributed to the participant in cash (if the benefit is \$1,000 or less).

Under certain prior plans, if the actuarial equivalent single sum value of a participant's accrued benefit is between \$5,000 and \$10,000 the participant (or the participant's surviving spouse, in the event of a participant's death) may elect to have his or her accrued benefit distributed in a lump sum or an annuity immediately upon termination of employment.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Use of Estimates: The preparation of financial statements in accordance with US GAAP requires management to make certain estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

SENECA FOODS CORPORATION EMPLOYEES' PENSION BENEFIT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payments of Benefits: Benefit payments to participants are recorded upon distribution.

Administrative Expenses: The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events: The Plan has evaluated subsequent events through October 28, 2025, the date the financial statements were available to be issued.

NOTE 3. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

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

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

Level 3: Inputs that are unobservable inputs for the asset or liability.

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

SENECA FOODS CORPORATION EMPLOYEES' PENSION BENEFIT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 3. FAIR VALUE MEASUREMENTS (CONTINUED)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2025 and 2024.

Seneca Foods Corporation Common Stock: Valued at the closing price reported on the active market on which the individual securities are traded.

Common Collective Trust Funds: Units of participation of common collective trust funds are valued at the net asset value ("NAV") provided by the funds' trustee as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the funds less its liabilities. The unit price of the investment is quoted on a private market that is not active; however, the unit price is based on underlying investments which are based on observable inputs. This practical expedient would not be used when it is determined to be probable that the funds will sell the investments for an amount different than the reported NAV.

Hedge Fund: Valued at NAV of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV.

The following table sets forth by level within the fair value hierarchy, the Plan's financial assets that were accounted for at fair value on a recurring basis at March 31, 2025 and 2024, according to the valuation techniques used to determine their fair values:

	Assets at Fair Value as of March 31, 2025			Total
	Level 1	Level 2	Level 3	
Seneca Foods Corporation common stock	\$ 42,766,800	\$ -	\$ -	\$ 42,766,800
Common collective trust funds (a)	-	-	-	246,974,699
Hedge fund (a)	-	-	-	3,352,654
Total assets, at fair value	\$ 42,766,800	\$ -	\$ -	\$293,094,153

	Assets at Fair Value as of March 31, 2024			Total
	Level 1	Level 2	Level 3	
Seneca Foods Corporation common stock	\$ 26,371,290	\$ -	\$ -	\$ 26,371,290
Common collective trust funds (a)	-	-	-	257,481,562
Hedge fund (a)	-	-	-	5,110,497
Total assets, at fair value	\$ 26,371,290	\$ -	\$ -	\$288,963,349

- (a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

SENECA FOODS CORPORATION EMPLOYEES' PENSION BENEFIT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 3. FAIR VALUE MEASUREMENTS (CONTINUED)

Investments Measured Using the Net Asset Value per Share Practical Expedient: The following tables summarize investments measured using the net asset value per share practical expedient as of March 31, 2025 and 2024, respectively.

March 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trust funds	\$246,974,699	-	Varies	10-90 days
Hedge fund	\$3,352,654	-	Varies	30-90 days

March 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trust funds	\$257,481,562	-	Varies	10-90 days
Hedge fund	\$5,110,497	-	Varies	30-90 days

NOTE 4. FUNDING POLICY

The Plan Sponsor's funding policy is to make annual contributions to the Plan to fund pension costs accrued as determined by the Plan's actuary. Contributions must meet minimum funding requirements in order to prevent the account from having a funding deficiency and are limited by the maximum amount deductible in accordance with the Internal Revenue Code. For the years ended March 31, 2025 and 2024, the Plan Sponsor was not required to make a minimum contribution to the Plan. There were no contributions to the Plan during the years ended March 31, 2025 and 2024.

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, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' compensation during the last five years of credited service.

The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented, April 1, 2024 and 2023. 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 to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation. The significant actuarial assumptions used in the valuation, as of April 1, 2024 and 2023 are:

Actuarial cost method	Standard unit credit cost method
Rate of return on investments	6.55% (2024) 6.15% (2023)
Mortality rates-Healthy & Disabled	2024 generational mortality tables for annuitants and non-annuitants and 2023 static mortality table for annuitants and non-annuitants per and IRS Notice 2022-22

SENECA FOODS CORPORATION EMPLOYEES' PENSION BENEFIT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of April 1, 2024 and 2023. Had the valuations been made as of March 31, there would be no material differences.

The following is a summary of the actuarial present value of accumulated benefits determined as of April 1, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Vested benefits:		
Participants currently receiving payment	\$ 89,525,578	\$ 86,435,145
Other participants	<u>98,354,530</u>	<u>103,091,183</u>
Total vested benefits	<u>187,880,108</u>	<u>189,526,328</u>
Non-vested benefits	<u>1,976,533</u>	<u>2,238,771</u>
Actuarial present value of accumulated benefits	<u>\$ 189,856,641</u>	<u>\$ 191,765,099</u>

The following is a summary of the changes in the actuarial present value for the years ended March 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 191,765,099	\$ 209,130,619
Increase (decrease) during the year attributable to:		
Benefits accrued	5,848,236	9,557,455
Increase for interest due to passage of time	11,467,922	10,225,684
Changes in Plan assumptions	(8,474,572)	(27,800,784)
Benefits paid	<u>(10,750,044)</u>	<u>(9,347,875)</u>
Net decrease	<u>(1,908,458)</u>	<u>(17,365,520)</u>
Actuarial present value of accumulated plan benefits as of the end of the year	<u>\$ 189,856,641</u>	<u>\$ 191,765,099</u>

The Plan reporting valuation reflects the following assumption changes: A change in the interest rate assumption from segment rates as of December 2022 to segment rates as of December 2023, each adjusted as applicable to fall within the 25-year average interest rate stabilization corridor. A change in the mortality assumption (healthy and disabled) from the 2023 static mortality table for annuitants and non-annuitants and IRS Notice 2022-22 to the 2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1 (b). A change in the expected return on assets from 6.15% to 6.55% percent to better reflect future experience.

NOTE 6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions and terminate the Plan at any time. In the event of Plan termination, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that is payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

SENECA FOODS CORPORATION EMPLOYEES' PENSION BENEFIT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 6. PLAN TERMINATION (CONTINUED)

- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limits (discussed below).
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pension benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

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 7. CERTIFICATION OF FINANCIAL INFORMATION

The following financial information relating to the Plan's assets at March 31, 2025 and 2024 as well as income and transactions for the years then ended have been derived from information provided by The Bank of New York Mellon/BNY Mellon, N.A., the custodian of the Plan, and has been certified by them as complete and accurate. The incorporation of this financial information in the accompanying financial statements is based solely on their certification and has not been audited by independent accountants.

	<u>2025</u>	<u>2024</u>
Investments at fair value:		
Seneca Foods Corporation common stock	\$ 42,766,800	\$ 26,371,290
Hedge fund	\$ 3,352,654	\$ 5,110,497
Common collective trust funds	\$ 246,974,699	\$ 257,481,562
Accrued investment income	\$ 26,790	\$ 11,383
Transactions for the years ended:		
Net appreciation in fair value of investments	\$ 26,458,173	\$ 6,245,549
Dividends and interest	\$ 417,017	\$ 208,177

NOTE 8. INCOME TAXES

The Plan obtained its latest determination letter on August 24, 2017, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

US 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 is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

SENECA FOODS CORPORATION EMPLOYEES' PENSION BENEFIT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 9. RISKS AND UNCERTAINTIES

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

Plan 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, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would-be material to the financial statements.

NOTE 10. PARTY-IN-INTEREST TRANSACTIONS

As of March 31, 2025 and 2024, the Plan was invested in common collective trust funds managed by AON Investments. AON Consulting provides actuarial services to the Plan. Both AON Investments and AON Consulting are subsidiaries of AON PLC. Certain Plan investments are shares of Seneca Foods Corporation common stock. The Plan held 471,000 shares of Seneca Foods Corporation common stock at March 31, 2025 and 2024, respectively, valued at \$42,766,800 and \$26,371,290, respectively. These investment transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

NOTE 11. PLAN AMENDMENT

For the plan year ended March 31, 2025, the Plan was amended to permit eligible participants to make a voluntary election, during the window period from December 30, 2024 to February 14, 2025, to commence distribution of the Plan benefit determined as of March 1, 2025 with the option of receiving a lump sum distribution of their vested Plan benefit. The amount of lump sum distributions taken during the year ended March 31, 2025 was \$10,113,839 and is included in benefits paid to participants on the statements of changes in net assets available for benefits.

SENECA FOODS CORPORATION EMPLOYEES' PENSION BENEFIT PLAN
EIN #16-0733425
Plan #001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
March 31, 2025

(a)	(b) Identity of issuer, borrower lessor or similar party	(c) Description of investment; including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Common Collective Trust Funds:				
*	AON Long CR BD	Common collective trust funds	\$ 154,132,501	\$ 144,709,792
*	AON US Intermediate Government	Common collective trust funds	20,791,293	21,265,758
*	AON Enhanced Liability Driven Inv Fund	Common collective trust funds	18,989,945	20,345,509
*	AON Large Cap Equity Index	Common collective trust funds	12,605,869	15,214,254
*	AON 20 + Years Treasury Strips	Common collective trust funds	15,216,838	13,826,345
*	AON Non-US Equity Index	Common collective trust funds	8,070,713	9,310,508
*	AON Core Real Estate	Common collective trust funds	4,342,975	4,451,150
*	AON Intermediate CR BD	Common collective trust funds	3,500,000	3,513,321
*	BNY Mellon EB Temporary Investment Fund	Common collective trust funds	3,457,878	3,457,878
*	AON Multi Asset Credit Fund	Common collective trust funds	2,669,439	3,023,017
*	AON US Long Government Index	Common collective trust funds	2,748,727	2,962,593
*	AON Small Cap Equity Index	Common collective trust funds	2,375,000	2,378,596
	NISA Ultra Long Treasury CIF	Common collective trust funds	2,173,700	1,896,165
*	AON High Yield Plus CL I	Common collective trust funds	541,588	619,813
			<u>251,616,466</u>	<u>246,974,699</u>
Common Stocks:				
*	Seneca Foods Corp. Class B	Common stocks	26,371,290	42,766,800
Hedge Fund:				
*	AON Return Enhancing Alternative Port	Hedge fund	3,097,637	3,352,654
			<u>\$ 281,085,393</u>	<u>\$ 293,094,153</u>

* Denotes known party-in-interest to the Plan

This schedule was prepared solely from information certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A.

SENECA FOODS CORPORATION EMPLOYEES' PENSION BENEFIT PLAN
EIN #16-0733425
Plan #001

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended March 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Number of purchases/ sales	(d) Purchase Price	(e) Selling Price	(f) Cost of Asset	(g) Current Value of Asset on Transaction Date	(h) Net Gain or (Loss)
<u>Category i - A Single Transaction in Excess of 5% of Plan Assets</u>							
AON US Long Government Index Sale	Common collective trust funds	2,471,098	\$ -	\$ 17,100,000	\$ 15,177,754	\$ 15,177,754	\$ 1,922,246
BNY Mellon EB Temporary Investment Fund Purchase	Common collective trust funds	14,929,918	\$ 14,929,918	\$ -	\$ 14,929,918	\$ 14,929,918	\$ -
<u>Category iii - A Series of Transactions in Excess of 5% of Plan Assets</u>							
AON US Long Government Index Sales	Common collective trust funds	4,000,215	\$ -	\$ 27,400,000	\$ 24,569,753	\$ 24,569,753	\$ 2,830,247
AON US Intermediate Government Purchases	Common collective trust funds	1,794,518	\$ 17,500,000	\$ -	\$ 17,500,000	\$ 17,500,000	\$ -
AON US Intermediate Government Sales	Common collective trust funds	101,420	\$ -	\$ 1,000,000	\$ 938,412	\$ 938,412	\$ 61,588
AON Long CR BD Sales	Common collective trust funds	3,351,478	\$ -	\$ 29,500,000	\$ 31,163,551	\$ 31,163,551	\$ (1,663,551)
AON 20 + Years Treasury Strips Purchases	Common collective trust funds	2,514,861	\$ 13,500,000	\$ -	\$ 13,500,000	\$ 13,500,000	\$ -
AON 20 + Years Treasury Strips Sales	Common collective trust funds	299,065	\$ -	\$ 1,600,000	\$ 1,665,458	\$ 1,665,458	\$ (65,458)
BNY Mellon EB Temporary Investment Fund Purchases	Common collective trust funds	26,302,663	\$ 26,302,663	\$ -	\$ 26,302,663	\$ 26,302,663	\$ -
BNY Mellon EB Temporary Investment Fund Sales	Common collective trust funds	26,221,114	\$ -	\$ 26,221,114	\$ 26,221,114	\$ 26,221,114	\$ -

This schedule was prepared solely from information certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
 Seneca Foods Corporation Employees' Pension Benefit Plan
 EIN: 16-0733425 PN: 001

Schedule SB, line 26a — Schedule of Active Participant Data
 as of April 1, 2024

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29	3	14	35 \$85,884							
30-34	3	20 \$65,337	86 \$83,688	26 \$92,475						
35-39	1	17	83 \$80,016	50 \$89,237	23 \$88,706					
40-44	1	21 \$78,101	73 \$75,936	44 \$88,016	37 \$87,971	14				
45-49	4	16	53 \$77,697	39 \$84,101	54 \$95,183	31 \$91,049	21 \$105,479			
50-54	2	27 \$41,637	72 \$80,250	52 \$79,673	69 \$92,793	34 \$85,872	27 \$111,110	6	1	
55-59	4	38 \$36,536	71 \$70,128	58 \$77,594	61 \$87,541	28 \$91,244	42 \$107,384	9	7	
60-64	3	32 \$27,329	64 \$58,911	49 \$75,892	56 \$87,636	37 \$93,497	53 \$103,281	9	11	1
65-69		10	20 \$69,383	13	19	12	17	1	7	
70+		6	3	1	1	2	3		1	

N-1,808

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
 Seneca Foods Corporation Employees' Pension Benefit Plan
 EIN: 16-0733425 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of December 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of December 2023), without regard to interest rate stabilization.
1st Segment Rate	4.21%
2nd Segment Rate	4.86%
3rd Segment Rate	4.87%
Salary Increases	
Minimum Funding Target Normal Cost	3.00%
Maximum Tax Expected Benefit Increase	3.00%
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 2.75% per year.
Retirement Age	
Active Participants	See Tables 1 – 2
Terminated Vested Participants	Later of Age 65 or 5th anniversary of their date of participation
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per section 1.430(h)(3)-1(b)
Withdrawal Rates	See Table 3
Disability Rates	None
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
Seneca Foods Corporation Employees' Pension Benefit Plan
EIN: 16-0733425 PN: 001

Late Retirement Benefit

The monthly benefit determined under the formula for the normal retirement benefit, based on the participant's average monthly compensation and service as of his late retirement date and increased on an actuarially equivalent basis to his actual benefit commencement date. Effective April 1, 2013, accruals for a plan year ending after a participant's normal retirement date are offset by such actuarial increases as allowed by law.

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year	5.00%
2023 Plan Year	6.15%
2024 Plan Year	6.55%

Trust Expenses Included in Target Normal Cost

Expenses for the current year are assumed to equal actual expenses for the prior year, adjusted for any known increases, rounded to the nearest \$1,000. The expense for the current valuation is \$770,000.

Actuarial Method

Standard unit credit cost method

Valuation Date

April 1, 2024

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
Seneca Foods Corporation Employees' Pension Benefit Plan
EIN: 16-0733425 PN: 001

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Employees' Unit Benefit Pension Plan (Baraboo Hourly Hired Before November 1, 1982)

Age	Rate
62	20.00%
63	20.00%
64	20.00%
65+	100.00%

Table 2

Retirement Rates

Employees' Defined Benefit Pension Plan and Hourly Employees' Unit Benefit Pension Plan

Age	Rate
55	10.00%
56	1.00%
57	1.00%
58	1.00%
59	10.00%
60	10.00%
61	10.00%
62	15.00%
63	15.00%
64	35.00%
65	35.00%
66	35.00%
67	35.00%
68	35.00%
69	35.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
 Seneca Foods Corporation Employees' Pension Benefit Plan
 EIN: 16-0733425 PN: 001

Table 3

Withdrawal Rates

Age	Years of Service			
	0	1 – 2	3 – 4	5+
18	9.00%	14.00%	10.00%	12.00%
19	9.00%	14.00%	10.00%	12.00%
20	9.00%	14.00%	10.00%	12.00%
21	9.00%	14.00%	10.00%	12.00%
22	9.00%	14.00%	10.00%	12.00%
23	9.00%	14.00%	10.00%	12.00%
24	9.00%	14.00%	10.00%	12.00%
25	9.00%	14.00%	10.00%	9.00%
26	9.00%	14.00%	10.00%	9.00%
27	9.00%	14.00%	10.00%	9.00%
28	9.00%	14.00%	10.00%	9.00%
29	9.00%	14.00%	10.00%	9.00%
30	9.00%	14.00%	10.00%	9.00%
31	9.00%	14.00%	10.00%	9.00%
32	9.00%	14.00%	10.00%	9.00%
33	9.00%	14.00%	10.00%	9.00%
34	9.00%	14.00%	10.00%	9.00%
35	9.00%	14.00%	10.00%	9.00%
36	9.00%	14.00%	10.00%	9.00%
37	9.00%	14.00%	10.00%	9.00%
38	9.00%	14.00%	10.00%	9.00%
39	9.00%	14.00%	10.00%	9.00%
40	9.00%	14.00%	10.00%	8.00%
41	9.00%	14.00%	10.00%	8.00%
42	9.00%	14.00%	10.00%	8.00%
43	9.00%	14.00%	10.00%	8.00%
44	9.00%	14.00%	10.00%	8.00%
45	9.00%	14.00%	10.00%	7.00%
46	9.00%	14.00%	10.00%	7.00%
47	9.00%	14.00%	10.00%	7.00%
48	9.00%	14.00%	10.00%	7.00%
49	9.00%	14.00%	10.00%	7.00%

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
 Seneca Foods Corporation Employees' Pension Benefit Plan
 EIN: 16-0733425 PN: 001

Table 3 (continued)

Withdrawal Rates

Age	Years of Service			
	0	1 - 2	3 - 4	5+
50	9.00%	14.00%	10.00%	6.00%
51	9.00%	14.00%	10.00%	6.00%
52	9.00%	14.00%	10.00%	6.00%
53	9.00%	14.00%	10.00%	6.00%
54	9.00%	14.00%	10.00%	6.00%
55	9.00%	14.00%	10.00%	6.00%
56	9.00%	14.00%	10.00%	6.00%
57	9.00%	14.00%	10.00%	6.00%
58	9.00%	14.00%	10.00%	6.00%
59	9.00%	14.00%	10.00%	6.00%
60	9.00%	14.00%	10.00%	2.00%
61	9.00%	14.00%	10.00%	2.00%
62	9.00%	14.00%	10.00%	2.00%
63	9.00%	14.00%	10.00%	2.00%
64	9.00%	14.00%	10.00%	2.00%
65	9.00%	14.00%	10.00%	0.00%
66	9.00%	14.00%	10.00%	0.00%
67	9.00%	14.00%	10.00%	0.00%
68	9.00%	14.00%	10.00%	0.00%
69	9.00%	14.00%	10.00%	0.00%
70	9.00%	14.00%	10.00%	0.00%
71	9.00%	14.00%	10.00%	0.00%
72	9.00%	14.00%	10.00%	0.00%
73	9.00%	14.00%	10.00%	0.00%
74	9.00%	14.00%	10.00%	0.00%
75	9.00%	14.00%	10.00%	0.00%
76+	0.00%	0.00%	0.00%	0.00%

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan SENECA FOODS CORPORATION EMPLOYEES' PENSION BENEFIT PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 08/01/1964
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) SENECA FOODS CORPORATION 350 WILLOWBROOK OFFICE PARK FAIRPORT NY 14450	2b Employer Identification Number (EIN) 16-0733425
	2c Plan Sponsor's telephone number 585-495-4100
	2d Business code (see instructions) 311400

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

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

SIGN HERE	<i>Michael Wolcott</i>	11/3/25	MICHAEL WOLCOTT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Michael Wolcott</i>	11/3/25	
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

SENECA FOODS CORPORATION EMPLOYEES' PENSION BENEFIT PLAN
EIN #16-0733425
Plan #001

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended March 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Number of purchases/ sales	(d) Purchase Price	(e) Selling Price	(f) Cost of Asset	(g) Current Value of Asset on Transaction Date	(h) Net Gain or (Loss)
<u>Category i - A Single Transaction in Excess of 5% of Plan Assets</u>							
AON US Long Government Index Sale	Common collective trust funds	2,471,098	\$ -	\$ 17,100,000	\$ 15,177,754	\$ 15,177,754	\$ 1,922,246
BNY Mellon EB Temporary Investment Fund Purchase	Common collective trust funds	14,929,918	\$ 14,929,918	\$ -	\$ 14,929,918	\$ 14,929,918	\$ -
<u>Category iii - A Series of Transactions in Excess of 5% of Plan Assets</u>							
AON US Long Government Index Sales	Common collective trust funds	4,000,215	\$ -	\$ 27,400,000	\$ 24,569,753	\$ 24,569,753	\$ 2,830,247
AON US Intermediate Government Purchases	Common collective trust funds	1,794,518	\$ 17,500,000	\$ -	\$ 17,500,000	\$ 17,500,000	\$ -
AON US Intermediate Government Sales	Common collective trust funds	101,420	\$ -	\$ 1,000,000	\$ 938,412	\$ 938,412	\$ 61,588
AON Long CR BD Sales	Common collective trust funds	3,351,478	\$ -	\$ 29,500,000	\$ 31,163,551	\$ 31,163,551	\$ (1,663,551)
AON 20 + Years Treasury Strips Purchases	Common collective trust funds	2,514,861	\$ 13,500,000	\$ -	\$ 13,500,000	\$ 13,500,000	\$ -
AON 20 + Years Treasury Strips Sales	Common collective trust funds	299,065	\$ -	\$ 1,600,000	\$ 1,665,458	\$ 1,665,458	\$ (65,458)
BNY Mellon EB Temporary Investment Fund Purchases	Common collective trust funds	26,302,663	\$ 26,302,663	\$ -	\$ 26,302,663	\$ 26,302,663	\$ -
BNY Mellon EB Temporary Investment Fund Sales	Common collective trust funds	26,221,114	\$ -	\$ 26,221,114	\$ 26,221,114	\$ 26,221,114	\$ -

This schedule was prepared solely from information certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A.

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
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

- ▶ **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 SENECA FOODS CORPORATION EMPLOYEES' PENSION BENEFIT PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ▶</td> <td style="width:30%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ▶	001
B Three-digit plan number (PN) ▶	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SENECA FOODS CORPORATION	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">D Employer Identification Number (EIN)</td> <td style="width:30%; text-align: center;">16-0733425</td> </tr> </table>	D Employer Identification Number (EIN)	16-0733425
D Employer Identification Number (EIN)	16-0733425		
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500			

Part I	Basic Information		
1	Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	288,974,732
	b Actuarial value	2b	309,012,285
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	1,393	102,076,896
	b For terminated vested participants	1,001	27,299,457
	c For active participants	1,808	93,936,763
	d Total	4,202	223,313,116
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	5.18%
6	Target normal cost		
	a Present value of current plan year accruals	6a	6,808,940
	b Expected plan-related expenses	6b	770,000
	c Target normal cost	6c	7,578,940

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>Justin D. Kear JDR</u> Signature of actuary	<u>10/14/2025</u> Date
	JUSTIN D. KEAR	2307884
	AON CONSULTING, INC.	617-482-3100
	MSC#17894 PO Box 7505	Telephone number (including area code)
	Fort Washington PA 19034	
	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	88,145,097
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	88,145,097
10	Interest on line 9 using prior year's actual return of <u>2.14</u> %	0	1,886,305
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.31</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	14,700,000
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	75,331,402

Part III Funding Percentages			
14	Funding target attainment percentage	14	103.59%
15	Adjusted funding target attainment percentage	15	136.99%
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	108.57%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	7,578,940
b Excess assets, if applicable, but not greater than line 31a	31b	7,578,940

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

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

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

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

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

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

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

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
 Seneca Foods Corporation Employees' Pension Benefit Plan
 EIN: 16-0733425 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	10.00%	1.0000	5.50
56	1.00%	0.9000	0.50
57	1.00%	0.8910	0.51
58	1.00%	0.8821	0.51
59	10.00%	0.8733	5.15
60	10.00%	0.7859	4.72
61	10.00%	0.7073	4.31
62	15.00%	0.6366	5.92
63	15.00%	0.5411	5.11
64	35.00%	0.4600	10.30
65	35.00%	0.2990	6.80
66	35.00%	0.1943	4.49
67	35.00%	0.1263	2.96
68	35.00%	0.0821	1.95
69	35.00%	0.0534	1.29
70	100.00%	0.0347	2.43
Weighted Average			62.45

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
 Seneca Foods Corporation Employees' Pension Benefit Plan
 EIN: 16-0733425 PN: 001

Schedule SB, line 26b – Schedule of Projection of Expected
 Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	1,154,325	318,658	9,799,330	11,272,313
2025	2,008,905	542,730	9,569,686	12,121,321
2026	2,758,250	813,125	9,322,324	12,893,699
2027	3,494,228	1,006,378	9,046,156	13,546,762
2028	4,110,553	1,252,860	8,768,219	14,131,632
2029	4,681,175	1,390,866	8,482,159	14,554,200
2030	5,168,586	1,487,449	8,166,187	14,822,222
2031	5,609,410	1,584,332	7,854,031	15,047,773
2032	5,988,573	1,643,072	7,530,223	15,161,868
2033	6,342,319	1,726,099	7,190,756	15,259,174
2034	6,662,704	1,810,033	6,844,882	15,317,619
2035	6,952,071	1,902,694	6,496,814	15,351,579
2036	7,193,946	1,977,615	6,141,209	15,312,770
2037	7,400,367	2,031,359	5,775,875	15,207,601
2038	7,530,568	2,071,098	5,413,538	15,015,204
2039	7,651,771	2,120,797	5,049,195	14,821,763
2040	7,752,172	2,176,291	4,684,483	14,612,946
2041	7,792,127	2,214,291	4,321,156	14,327,574
2042	7,873,008	2,234,494	3,961,255	14,068,757
2043	7,831,438	2,224,801	3,607,011	13,663,250
2044	7,762,635	2,239,491	3,260,845	13,262,971
2045	7,676,824	2,214,814	2,925,306	12,816,944
2046	7,552,382	2,184,078	2,602,996	12,339,456
2047	7,425,785	2,132,455	2,296,457	11,854,697
2048	7,259,259	2,106,088	2,008,029	11,373,376
2049	7,026,415	2,064,783	1,739,758	10,830,956
2050	6,838,583	2,006,863	1,493,253	10,338,699
2051	6,628,595	1,948,770	1,269,600	9,846,965
2052	6,396,054	1,882,196	1,069,315	9,347,565
2053	6,156,246	1,802,167	892,318	8,850,731
2054	5,901,745	1,715,683	737,958	8,355,386
2055	5,634,360	1,633,666	605,101	7,873,127
2056	5,336,322	1,556,544	492,226	7,385,092
2057	5,065,545	1,474,815	397,524	6,937,884
2058	4,788,156	1,391,858	319,028	6,499,042

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
 Seneca Foods Corporation Employees' Pension Benefit Plan
 EIN: 16-0733425 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	4,506,563	1,316,416	254,711	6,077,690
2060	4,221,475	1,226,985	202,573	5,651,033
2061	3,931,693	1,139,350	160,720	5,231,763
2062	3,644,028	1,055,559	127,408	4,826,995
2063	3,365,578	974,973	101,080	4,441,631
2064	3,097,670	897,692	80,381	4,075,743
2065	2,844,336	824,264	64,169	3,732,769
2066	2,605,538	754,637	51,492	3,411,667
2067	2,381,109	688,753	41,574	3,111,436
2068	2,170,743	626,552	33,791	2,831,086
2069	1,974,001	567,979	27,649	2,569,629
2070	1,790,349	512,981	22,773	2,326,103
2071	1,619,234	461,508	18,875	2,099,617
2072	1,460,092	413,491	15,733	1,889,316
2073	1,312,334	368,850	13,183	1,694,367

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
Seneca Foods Corporation Employees' Pension Benefit Plan
EIN: 16-0733425 PN: 001

Schedule SB, Part V – Summary of Plan Provisions

Employees' Defined Benefit Pension Plan (Seneca Non-CBU Plan)

General Information

Original Effective Date	August 1, 1964
Restated Effective Date	April 1, 2018
Effective Date of Last Amendment	Fifth amendment effective January 1, 2022.
Plan Year	April 1 through March 31.
Employer Fiscal Year	April 1 through March 31.
Employer ID Number	16-0733425
Plan Administrator's ID Number	16-0733425
Plan Number	001
Plan Administrator	Seneca Foods Corporation

Eligibility

Each employee will become a participant on April 1 or October 1 coinciding with or following the date on which the employee completes one years of eligibility service and attains age 21.

Effective January 1, 2020, the plan was closed to all new hire and rehires.

Gray Employees

Former Gray employees were transferred to the Seneca plan as of January 1, 2018. Any benefits accrued under the Gray pension plan were transferred to the Seneca plan at that point. Additional accruals under the Gray plan formula ceased as of March 31, 2018 and benefits were frozen. All Gray employees (including those not participating in the Gray pension plan) began accruing benefits under the Seneca plan on April 1, 2018.

Employee

Any person who performs an hour of service for the sponsor and who receives compensation except hourly, collective bargaining employees at the Rochester, Janesville, Leicester, Oakfield, Modesto, and Clyman facilities and hourly employees hired prior to November 1, 1982, at the Baraboo facilities.

Employee Contribution

None required or permitted.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
 Seneca Foods Corporation Employees' Pension Benefit Plan
 EIN: 16-0733425 PN: 001

Compensation

Regular wages as reported on Form W-2 including overtime but excluding bonuses, commissions and certain other types of pay, but including elective contributions made by the employer on behalf of the participant that are not included in gross income under Section 125 or Section 402(e)(3) of the Code.

Average Monthly Compensation

The total compensation received during the highest five consecutive calendar years, or if higher the final 60 consecutive months, divided by 60. If the participant's entire period of service is less than five consecutive years, the average will be based on the entire period of service.

Year of Service

For Eligibility to Participate

The 12-month period beginning with the employment commencement date, and plan years thereafter, in which an employee completes at least 1,000 hours of service including years with certain acquired groups.

For Vesting

A plan year in which an employee completes at least 1,000 hours of service including years with certain acquired groups.

Credited Service

A plan year in which a participant completes at least 1,000 hours of service while eligible to participate in the plan. A participant shall accumulate credited service in accordance with the following schedule:

Hours of Service in a Plan Year	Years of Credited Service
Under 1,000	0.0
1,000 – 1,166	0.5
1,167 – 1,333	0.6
1,334 – 1,500	0.7
1,501 – 1,667	0.8
1,668 – 1,834	0.9
More than 1,834	1.0

For the plan year in which he retires, a participant shall receive a fraction of a year of credited service not to exceed one, the numerator of which is the number of hours of service the participant is credited for that plan year and the denominator is 1,834. Certain other provisions of the plan document apply for special situations involving prior employers.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
Seneca Foods Corporation Employees' Pension Benefit Plan
EIN: 16-0733425 PN: 001

Accrued Benefit

The benefit using the formula for the normal retirement benefit, based upon average monthly compensation and credited service as of the date of calculation. The accrued benefit is payable at the normal retirement date in the normal form.

Normal Retirement Date

The later of the day a participant attains age 65 or the fifth anniversary of his date of participation.

Early Retirement Date

The first day of the month coincident with or next following age 55 and the completion of 20 years of credited service (including certain additional service with certain prior employers credited only for this purpose).

Covered Compensation

A participant's covered compensation is the average (without indexing) of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the calendar year in which the participant attains (or will attain) Social Security retirement age. In determining a participant's covered compensation, the taxable wage base for the current plan year and any subsequent plan year shall be assumed to be the same as the taxable wage base in effect as of the first day of the plan year for which the determination is being made. A participant's covered compensation for a plan year after the 35-year period is the participant's covered compensation for the plan year during which the 35-year period ends (to agree with regulations). A participant's covered compensation for a plan year before the 35-year period is the taxable wage base in effect as of the beginning of that plan year.

Normal Form of Benefit

A monthly annuity for life.

Optional Forms of Benefit

Benefits actuarially equivalent to the benefit provided under the normal form of benefit; optional forms: Life annuity, joint and survivor annuity (50%, 75%, and 100%), life with 10-year certain annuity, and lump sums under \$5,000.

Normal Retirement Benefit

A monthly benefit equal to 0.6% of the participant's average monthly compensation plus 0.6% of the participant's average monthly compensation in excess of covered compensation both multiplied by the years of credited service, not to exceed 35. (The frozen offset benefit as of July 31, 1989, is a minimum benefit.)

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
Seneca Foods Corporation Employees' Pension Benefit Plan
EIN: 16-0733425 PN: 001

Late Retirement Benefit

The monthly benefit determined under the formula for the normal retirement benefit, based on the participant's average monthly compensation and service as of his late retirement date and increased on an actuarially equivalent basis to his actual benefit commencement date. Effective April 1, 2013, accruals for a plan year ending after a participant's normal retirement date are offset by such actuarial increases as allowed by law.

Early Retirement Benefit

A participant who elects to retire on or after his early retirement date may receive an early retirement benefit commencing at his normal retirement date equal to his accrued benefit. If he further elects to have such benefit commence prior to his normal retirement date, it shall be reduced by 1/180 for each of the first 60 months, and 1/360 for each of the next 60 months, by which the benefit commencement date precedes his normal retirement date.

Death Benefit

The qualifying spouse of a participant who dies prior to the commencement of benefits will receive a qualified preretirement survivor annuity commencing on the participant's earliest possible retirement date. If at the time of death the participant had attained age 60 and completed 20 years of service, the spouse shall receive a life annuity which is actuarially equivalent to the participant's accrued benefit. Otherwise the spouse will receive a benefit at the participant's earliest retirement date equal to the benefit which would have been paid as if the participant ceased employment on the date of death, survived to the earliest retirement age, retired with an immediate qualified joint and 100% survivor annuity, and died on the following day.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
 Seneca Foods Corporation Employees' Pension Benefit Plan
 EIN: 16-0733425 PN: 001

Termination of Employment Benefit

A participant who terminates his employment for reason other than death, disability or retirement shall be entitled to a deferred monthly benefit commencing at his normal retirement date equal to the product of his vested percentage, as determined from the following schedules, and his accrued benefit:

For terminations of employment occurring before April 1, 2017:

Years of Service for Vesting	Vested Percentage
Less than 3	0%
3	20%
4	40%
5	60%
6	80%
7 or more	100%

For terminations of employment occurring after March 31, 2017:

Years of Service for Vesting	Vested Percentage Entry Date Before 4/1/2017	Vested Percentage Entry Date on or After 4/1/2017
Less than 3	0%	0%
3	20%	0%
4	40%	0%
5 or more	100%	100%

Also, each participant terminated on or before December 28, 1998, in connection with the sale of the Eastern Juice Division shall be 100% vested.

Disability Benefit

A participant who has at least 15 years of vesting service and separates from service because of disability may start receiving his accrued benefit at any time between his separation and normal retirement date, reduced 1/180 for each of the first 60 months and 1/360 for each of the next 60 months and on an actuarially equivalent basis thereafter for each month by which the commencement precedes his normal retirement date.

Maximum Benefit

IRC section 415 limits apply.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
Seneca Foods Corporation Employees' Pension Benefit Plan
EIN: 16-0733425 PN: 001

Actuarial Equivalent

Having equal present value when computed using the actuarial assumptions as follows:

- (1) Interest rate is the adjusted first, second and third segment rates pursuant to section 417(e)(3) of the Code applicable for the month of November immediately preceding the plan year during which the lump sum payment is made and applicable mortality table pursuant to section 417(e)(3) of the Code.
- (2) For determining other forms of benefit, the interest rate is 6.5% and the mortality table is the 1971 Group Annuity Mortality Table for males with a six-year setback for beneficiaries' ages.

Top-Heavy Status

The plan is not top-heavy.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
Seneca Foods Corporation Employees' Pension Benefit Plan
EIN: 16-0733425 PN: 001

Hourly Employees' Unit Benefit Pension Plan (Seneca CBU Plan)

General Information

Original Effective Date	March 9, 1982
Restated Effective Date	April 1, 2018
Effective Date of Last Amendment	Fifth amendment effective January 1, 2022.
Plan Year	April 1 through March 31.
Employer Fiscal Year	April 1 through March 31.
Employer ID Number	16-0733425
Plan Administrator's ID Number	16-0733425
Plan Number	001
Plan Administrator	Seneca Foods Corporation

Eligibility

A part-time, seasonal or regular employee will become a participant on April 1 or October 1 coinciding with or following the date on which the employee completes one years of eligibility service and attains age 21. A seasonal employee who fails to complete one years of service shall become a participant on the first day of the month coinciding with or following his performing an hour of service in the next season after completing at least 500 hours of service in each of three successive seasons.

Effective January 1, 2020, the plan was closed to all new hires and rehires.

Employee

Any person who receives compensation on an hourly, collective bargaining basis at the Rochester, Janesville, Leicester, Clyman or Oakfield facilities.

Seasonal Employee

Any employee classified as such under a labor agreement or under rules uniformly applicable on a nondiscriminatory basis to all employees.

Employee Contributions

None required or permitted.

Compensation

Regular wages as reported on Form W-2 including overtime but excluding bonuses, commissions and certain other types of pay, but including elective contributions made by the employer on behalf of the participant that are not included in gross income under Section 125 or Section 402(e)(3) of the Code.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
 Seneca Foods Corporation Employees' Pension Benefit Plan
 EIN: 16-0733425 PN: 001

Average Monthly Compensation

The total compensation received during the highest five consecutive calendar years, or if higher the final 60 consecutive months, divided by 60. If the participant's entire period of service is less than five consecutive years, the average will be based on the entire period of service.

Year of Service

For Eligibility to Participate

The 12-month period beginning with the employment commencement date, and plan years thereafter, in which an employee completes at least 1,000 hours of service including years with certain acquired groups.

For Vesting

A plan year in which an employee completes at least 1,000 hours (500 hours for seasonal employees) of service including years with certain acquired groups.

Credited Service

Credited service shall be granted in accordance with the following schedule for each plan year in which a participant completes at least 1,000 hours of service (501 hours of service for seasonal employees) while eligible to participate in the plan:

Hours of Service in a Plan Year	Seasonal Employees Years of Credited Service	Employees Years of Credited Service
Under 501	0.0	0.0
501 – 655	0.2	0.0
656 – 832	0.3	0.0
833 – 999	0.4	0.0
1,000 – 1,166	0.5	0.5
1,167 – 1,333	0.6	0.6
1,334 – 1,500	0.7	0.7
1,501 – 1,667	0.8	0.8
1,668 – 1,834	0.9	0.9
More than 1,834	1.0	1.0

For the plan year in which he retires, a participant shall receive a fraction of a year of credited service not to exceed one, the numerator of which is the number of hours of service the participant is credited for that plan year and the denominator is 1,834. Certain other provisions of the Plan document apply for special situations involving prior employers.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
Seneca Foods Corporation Employees' Pension Benefit Plan
EIN: 16-0733425 PN: 001

Accrued Benefit (Seasonal Employees)

The benefit using the formula for the normal retirement benefit based upon credited service as of the date of calculation. The accrued benefit is payable at the normal retirement date in the normal form.

**Accrued Benefit
(Regular and Part-Time Employees)**

The benefit using the formula for the normal retirement benefit, based upon average monthly compensation and credited service as of the date of calculation. The accrued benefit is payable at the normal retirement date in the normal form.

Normal Retirement Date

The later of the day a participant attains age 65 or the fifth anniversary of his date of participation.

Early Retirement Date

The first day of the month coincident with or next following age 55 and the completion of 20 years of credited service (including certain additional service with certain prior employers credited only for this purpose).

Covered Compensation

A participant's covered compensation is the average (without indexing) of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the calendar year in which the participant attains (or will attain) Social Security retirement age. In determining a participant's covered compensation, the taxable wage base for the current plan year and any subsequent plan year shall be assumed to be the same as the taxable wage base in effect as of the first day of the plan year for which the determination is being made. A participant's covered compensation for a plan year after the 35-year period is the participant's covered compensation for the plan year during which the 35-year period ends (to agree with regulations). A participant's covered compensation for a plan year before the 35-year period is the taxable wage base in effect as of the beginning of that plan year.

Normal Form of Benefit

A monthly annuity for life.

Optional Forms of Benefit

Benefits actuarially equivalent to the benefit provided under the normal form of benefit; optional forms: life annuity, joint and survivor annuity (50%, 75%, and 100%), life with 10-year certain annuity, and lump sums under \$5,000.

**Normal Retirement Benefit
(Seasonal Employees)**

A monthly benefit payable at normal retirement date equal to \$5 multiplied by a participant's years of credited service.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
Seneca Foods Corporation Employees' Pension Benefit Plan
EIN: 16-0733425 PN: 001

**Normal Retirement Benefit
(Regular and Part-Time Employees)**

A monthly benefit equal to 0.6% of the participant's average monthly compensation plus 0.6% of the participant's average monthly compensation in excess of covered compensation both multiplied by the years of credited service, not to exceed 35. (The frozen offset benefit as of July 31, 1989, is a minimum benefit.)

Late Retirement Benefit

The monthly benefit determined under the formula for the normal retirement benefit, based on the participant's average monthly compensation (if applicable) and service as of his late retirement date and increased on an actuarially equivalent basis to his actual benefit commencement date. Effective April 1, 2013, accruals for a plan year ending after a participant's normal retirement date are offset by such actuarial increases as allowed by law.

Early Retirement Benefit

A participant who elects to retire on or after his early retirement date may receive an early retirement benefit commencing at his normal retirement date equal to his accrued benefit. If he further elects to have such benefit commence prior to his normal retirement date, it shall be reduced by 1/180 for each of the first 60 months, and 1/360 for each of the next 60 months, by which the benefit commencement date precedes his normal retirement date.

Death Benefit

The qualifying spouse of a participant who dies prior to the commencement of benefits will receive a qualified preretirement survivor annuity commencing on the participant's earliest possible retirement date. If at the time of death the participant had attained age 60 and completed 20 years of service, the spouse shall receive a life annuity which is actuarially equivalent to the participant's accrued benefit. Otherwise the spouse will receive a benefit at the participant's earliest retirement date equal to the benefit which would have been paid as if the participant ceased employment on the date of death, survived to the earliest retirement age, retired with an immediate qualified joint and 100% survivor annuity, and died on the following day.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
Seneca Foods Corporation Employees' Pension Benefit Plan
EIN: 16-0733425 PN: 001

Termination of Employment Benefit

A participant who terminates his employment for reason other than death, disability or retirement shall be entitled to a deferred monthly benefit commencing at his normal retirement date equal to the product of his vested percentage, as determined from the following schedule, and his accrued benefit:

Years of Service for Vesting	Vested Percentage
Less than 5	0%
5 or more	100%

Also, each participant terminated on or before December 28, 1998, in connection with the sale of the Eastern Juice Division shall be 100% vested.

Disability Benefit

A participant who has at least 15 years of vesting service and separates from service because of disability may start receiving his accrued benefit at any time between his separation and normal retirement date, reduced 1/180 for each of the first 60 months and 1/360 for each of the next 60 months and on an actuarially equivalent basis thereafter for each month by which the commencement precedes his normal retirement date.

Maximum Benefit

IRC section 415 limits apply.

Actuarial Equivalent

Having equal present value when computed using the actuarial assumptions as follows:

- (1) Interest rate is the adjusted first, second and third segment rates pursuant to section 417(e)(3) of the Code applicable for the month of November immediately preceding the plan year during which the lump sum payment is made and applicable mortality table pursuant to section 417(e)(3) of the Code.
- (2) For determining other forms of benefit, the interest rate is 6.5% and the mortality table is the 1971 Group Annuity Mortality Table for males with a six-year setback for beneficiaries' ages.

Top-Heavy Status

The plan is not top-heavy.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
Seneca Foods Corporation Employees' Pension Benefit Plan
EIN: 16-0733425 PN: 001

Employees' Unit Benefit Pension Plan
(Baraboo Hourly Hired Before November 1, 1982)

General Information

Original Effective Date	March 9, 1982
Restated Effective Date	April 1, 2018
Effective Date of Last Amendment	Fifth amendment effective January 1, 2022.
Plan Year	April 1 through March 31.
Employer Fiscal Year	April 1 through March 31.
Employer ID Number	16-0733425
Plan Administrator's ID Number	16-0733425
Plan Number	001
Plan Administrator	Seneca Foods Corporation

Eligibility

Each employee will become a participant on the day on which he completes an hour of service.

Effective January 1, 2020, the plan was closed to all new hires and rehires.

Employee

Any person who receives compensation on an hourly basis and was hired prior to November 1, 1982, at the Baraboo facilities.

Transferred Employee

A Libby employee who transferred to S. S. Pierce Company, Inc. on April 1, 1982, or who had been laid off from Libby for not more than 12 months prior to March 9, 1982.

Employee Contribution

None required or permitted.

Year of Service for Vesting

A plan year in which an employee completes at least 1,000 hours of eligibility service including years with members of the controlled group of corporations and with Libby, McNeil and Libby, Inc., prior to March 9, 1982.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
 Seneca Foods Corporation Employees' Pension Benefit Plan
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Credited Service

Years before April 1, 2015: A participant shall receive a fraction of a year of credited service, not to exceed one, the numerator of which is the hours of service which the participant is credited with during the plan year while eligible to participate in the plan and the denominator of which is 1,200. Except for the plan year in which a participant retires or is disabled, a participant shall not receive any credit for a plan year in which he works less than 1,000 hours. Certain other provisions of the Plan document apply for special situations involving prior employers and time periods. Certain additional service with prior employers may be credited only for purposes of the service retirement date or the disability and layoff retirement date.

Years after March 31, 2015: A plan year in which a participant completes at least 1,000 hours of service while eligible to participate in the plan. A participant shall accumulate credited service in accordance with the following schedule:

Hours of Service in a Plan Year	Years of Credited Service
Under 1,000	0.0
1,000 – 1,166	0.5
1,167 – 1,333	0.6
1,334 – 1,500	0.7
1,501 – 1,667	0.8
1,668 – 1,834	0.9
More than 1,834	1.0

Accrued Benefit

The benefit using the formula for the normal retirement benefit, based upon credited service as of the date of calculation. The accrued benefit is payable at the normal retirement date in the normal form.

Normal Retirement Date

For a Baraboo participant that terminates before January 1, 2015: The earliest of (1) the date a participant attains age 62 and completes 10 years of credited service, (2) the date a participant attains age 65 and completes 10 years of service, (3) the date a participant attains age 65 and completes 10 years of participation in the plan. A participant who terminates on or after his normal retirement date is entitled to the normal retirement benefit and the special retirement payment.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
 Seneca Foods Corporation Employees' Pension Benefit Plan
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For a Baraboo participant that terminates after December 31, 2014: The later of the day a participant attains age 65 or the fifth anniversary of his date of participation.

Service Retirement Date

The date the participant completes 30 years of credited service including service prior to the effective date of the plan. A participant who terminates on or after his service retirement date is entitled to the normal retirement benefit (commencing on the first day of the fourth month following his termination) and the special retirement payment. The retirement benefit before January 1, 2015, can be taken unreduced. However, the retirement benefit after December 31, 2014, is reduced with the early retirement benefit reduction and actuarially equivalent reduction before age 55.

Early Retirement Date

For a Baraboo participant that terminates before January 1, 2015: The first day of the month coincident with or next following the later of age 60 or the completion of 10 years of credited service.

For a Baraboo participant that terminates after December 31, 2014: The first day of the month coincident with or next following age 55 and the completion of 20 years of credited service.

Normal Form of Benefit

A monthly annuity for life.

Optional Forms of Benefit

Benefits actuarially equivalent to the benefit provided under the normal form of benefit; optional forms: life annuity, joint and 50%, 75% or 100% survivor annuity and lump sums under \$5,000.

Normal Retirement Benefit

For a Baraboo participant that terminates before January 1, 2015: A monthly benefit commencing on the first day of the fourth month following a participant's normal retirement date equal to his years (and fractions) of credited service multiplied by the benefit level for his job class.

Job Class	Benefit Level
1 – 5	\$ 11.00
6 – 9	11.65
10 – 13	12.30
14 – 15	13.00
16 – 17	13.65
18 – 19	14.30
20 and over	15.00

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
Seneca Foods Corporation Employees' Pension Benefit Plan
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A participant is considered to be in the highest job class in which he was credited with at least 1,000 hours of service during any 12 consecutive months out of the last 60 months preceding his termination, or if never credited with at least 1,000 hours in one job class, the job class in which he had the most hours.

The first day of the month following his termination on or after his normal retirement date or his service retirement date; each participant shall also receive the special retirement payment.

For a Baraboo participant that terminates after December 31, 2014: A monthly benefit equal to 0.51% of the participant's average monthly compensation plus 0.51% of the participant's average monthly compensation in excess of covered compensation both multiplied by the years of credited service, not to exceed 35.

Special Retirement Payment

For a participant who is not a transferred employee, it is 520 hours multiplied by the average straight time hourly rate less accrued vacation pay received by the participant upon his termination. For a transferred employee, the payment is the same, multiplied by a fraction not greater than one, the numerator of which is the participant's years of credited service after March 9, 1982, and the denominator is 30.

Late Retirement Benefit

For a Baraboo participant that terminates before January 1, 2015: The monthly benefit determined under the formula for the normal retirement benefit, based on the participant's credited service as of his late retirement date.

For a Baraboo participant that terminates after December 31, 2014: The monthly benefit determined under the formula for the normal retirement benefit, based on the participant's average monthly compensation and service as of his late retirement date and increased on an actuarially equivalent basis to his actual benefit commencement date. Accruals for a plan year ending after a participant's normal retirement date are offset by such actuarial increases as allowed by law.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
Seneca Foods Corporation Employees' Pension Benefit Plan
EIN: 16-0733425 PN: 001

Early Retirement Benefit

A participant who elects to retire on or after his early retirement date may receive his special retirement payment on the first day of the month following his termination plus his accrued benefit commencing on the first day of the fourth month after his normal retirement date.

For a Baraboo participant that terminates before January 1, 2015: If he further elects to have his accrued benefit commence prior to his normal retirement date, it shall be reduced by 0.5% for each month before age 62.

For a Baraboo participant that terminates after December 31, 2014: A participant who elects to retire on or after his early retirement date may receive an early retirement benefit commencing at his normal retirement date equal to his accrued benefit. If he further elects to have such benefit commence prior to his normal retirement date, it shall be reduced by 1/180 for each of the first 60 months, and 1/360 for each of the next 60 months, by which the benefit commencement date precedes his normal retirement date.

Death Benefit

The qualifying spouse of a participant who dies prior to the commencement of benefits will receive a qualified preretirement survivor annuity commencing on the participant's earliest possible retirement date. If at the time of death the participant had attained age 60 and completed 20 years of service, the spouse shall receive a life annuity which is actuarially equivalent to the participant's accrued benefit. Otherwise the spouse will receive a benefit at the participant's earliest retirement date equal to the benefit which would have been paid as if the participant ceased employment on the date of death, survived to the earliest retirement age, retired with an immediate qualified joint and 100% survivor annuity, and died on the following day.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
 Seneca Foods Corporation Employees' Pension Benefit Plan
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Termination of Employment Benefit

For a Baraboo participant that terminates before January 1, 2015: A vested participant who terminates his employment for reason other than death, disability, layoff, or retirement shall be entitled to a deferred monthly benefit commencing any time after age 60, equal to his accrued benefit, reduced by 0.5% for each month it commences before age 62.

Years of Service for Vesting	Vested Percentage
Less than 5	0%
5 or more	100%

Disability and Layoff Retirement Date

For a Baraboo participant that terminates before January 1, 2015: The date on which a participant completes 15 years of credited service and (1) has attained age 50 and his age combined with his years of credited service is at least 70 or (2) whose combined age and years of service equals at least 75.

Disability Retirement Date

For a Baraboo participant that terminates after December 31, 2014: A participant who has at least 15 years of vesting service.

Disability and Layoff Benefit

For a Baraboo participant that terminates before January 1, 2015: A participant who has reached the disability and layoff retirement date shall receive a special retirement payment payable the first day of the month in which he qualifies, plus his normal retirement benefit commencing the first day of the fourth month following his qualification. He shall also receive a monthly supplement until the earlier of age 62 or the month in which he becomes eligible for unreduced Federal Social Security benefits for age or, unless retired for disability, Social Security benefits for disability. If retired for disability, the monthly supplement is offset by the Social Security disability benefits.

Disability Benefit

For a Baraboo participant that terminates after December 31, 2014: A participant may start receiving his accrued benefit at any time between his separation and normal retirement date, reduced 1/180 for each of the first 60 months and 1/360 for each of the next 60 months and on an actuarially equivalent basis thereafter for each month by which the commencement precedes his normal retirement date.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
Seneca Foods Corporation Employees' Pension Benefit Plan
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Monthly Supplement

For a Baraboo participant that terminates before January 1, 2015: For a participant who is not a transferred employee, \$230. For a transferred employee, it shall be \$230 multiplied by a fraction not greater than one, the numerator of which is the participant's years of credited service after March 9, 1982, and the denominator is 20.

Maximum Benefit

IRC section 415 limits apply.

Actuarial Equivalent

Having equal present value when computed using the actuarial assumptions as follows:

- (1) Interest rate is the adjusted first, second and third segment rates pursuant to section 417(e)(3) of the Code applicable for the month of November immediately preceding the plan year during which the lump sum payment is made and applicable mortality table pursuant to section 417(e)(3) of the Code.
- (2) For determining other forms of benefit, the interest rate is 6.5% and the mortality table is the 1971 Group Annuity Mortality Table for males with a six-year setback for beneficiaries' ages.

Top-Heavy Status

The plan is not top-heavy.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations do not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

SENECA FOODS CORPORATION EMPLOYEES' PENSION BENEFIT PLAN
EIN #16-0733425
Plan #001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
March 31, 2025

(a)	(b) Identity of issuer, borrower lessor or similar party	(c) Description of investment; including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Common Collective Trust Funds:				
*	AON Long CR BD	Common collective trust funds	\$ 154,132,501	\$ 144,709,792
*	AON US Intermediate Government	Common collective trust funds	20,791,293	21,265,758
*	AON Enhanced Liability Driven Inv Fund	Common collective trust funds	18,989,945	20,345,509
*	AON Large Cap Equity Index	Common collective trust funds	12,605,869	15,214,254
*	AON 20 + Years Treasury Strips	Common collective trust funds	15,216,838	13,826,345
*	AON Non-US Equity Index	Common collective trust funds	8,070,713	9,310,508
*	AON Core Real Estate	Common collective trust funds	4,342,975	4,451,150
*	AON Intermediate CR BD	Common collective trust funds	3,500,000	3,513,321
*	BNY Mellon EB Temporary Investment Fund	Common collective trust funds	3,457,878	3,457,878
*	AON Multi Asset Credit Fund	Common collective trust funds	2,669,439	3,023,017
*	AON US Long Government Index	Common collective trust funds	2,748,727	2,962,593
*	AON Small Cap Equity Index	Common collective trust funds	2,375,000	2,378,596
*	NISA Ultra Long Treasury CIF	Common collective trust funds	2,173,700	1,896,165
*	AON High Yield Plus CL I	Common collective trust funds	541,588	619,813
			251,616,466	246,974,699
Common Stocks:				
*	Seneca Foods Corp. Class B	Common stocks	26,371,290	42,766,800
Hedge Fund:				
*	AON Return Enhancing Alternative Port	Hedge fund	3,097,637	3,352,654
			\$ 281,085,393	\$ 293,094,153

* Denotes known party-in-interest to the Plan

This schedule was prepared solely from information certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A.

Schedule SB Attachment (Form 5500)—April 1, 2024 Plan Year
Seneca Foods Corporation Employees' Pension Benefit Plan
EIN: 16-0733425 PN: 001

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the expected return on assets from 6.15 percent to 6.55 percent to better reflect future experience.

This change was made to better reflect the anticipated plan experience. The assumption change did not reduce the funding shortfall more than the thresholds stated in the Internal Revenue Section 430(h)(5), as such approval of the Commissioner is not required.