

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

<p>1a Name of plan <u>GATE GOURMET, INC. DEFINED BENEFIT PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GATE GOURMET, INC.</u></p> <p><u>11955 DEMOCRACY DRIVE</u> <u>17TH FLOOR</u> <u>RESTON, VA 20190</u></p>	<p>1c Effective date of plan <u>07/01/1999</u></p> <p>2b Employer Identification Number (EIN) <u>36-3333786</u></p> <p>2c Plan Sponsor's telephone number <u>703-964-2847</u></p> <p>2d Business code (see instructions) <u>722300</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/23/2026	LEONARD DIJAMES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/23/2026	MICHAEL SPEAR
	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	5965
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)	586
	6a(2)	536
	6b	3158
	6c	1610
	6d	5304
	6e	569
	6f	5873
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I 3H

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input 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 _____
(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 07/01/2024 and ending 06/30/2025

▶ **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>GATE GOURMET, INC. DEFINED BENEFIT PENSION 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>GATE GOURMET, INC.</u>	D Employer Identification Number (EIN) <u>36-3333786</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>07</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>133156692</u>
	b Actuarial value	2b	<u>125496825</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>3458</u>	<u>116771596</u>
	b For terminated vested participants	<u>1921</u>	<u>41479925</u>
	c For active participants	<u>586</u>	<u>13307542</u>
	d Total	<u>5965</u>	<u>171559063</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>5.34 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>2850000</u>
	c Target normal cost	6c	<u>2850000</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>03/20/2026</u>
	Signature of actuary	Date
	<u>PAUL W. FOLEY, A.S.A., E.A.</u>	<u>23-05775</u>
	Type or print name of actuary	Most recent enrollment number
	<u>TRANSAMERICA</u>	<u>508-903-6016</u>
	Firm name	Telephone number (including area code)
	<u>6400 C STREET SW CEDAR RAPIDS, IA 52499</u>	
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
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	0
10	Interest on line 9 using prior year's actual return of <u>12.72</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		3291
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>5.17</u> %		170
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		3461
d	Portion of (c) to be added to prefunding balance		3461
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3461

Part III Funding Percentages			
14	Funding target attainment percentage	14	73.14 %
15	Adjusted funding target attainment percentage	15	73.14 %
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	72.64 %
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		
10/11/2024	1655088						
01/13/2025	1655088						
04/11/2025	1655088						
07/11/2025	1655088						
12/19/2025	23000000						
			Totals ▶	18(b)	29620352	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	27707416
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" 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
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 2850000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:		Outstanding Balance		Installment
a Net shortfall amortization installment		46065699	4505947	
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 7355947
		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 7355947
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 27707416
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 20351469
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 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 **07/01/2024** and ending **06/30/2025**

A Name of plan GATE GOURMET, INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GATE GOURMET, INC.	D Employer Identification Number (EIN) 36-3333786	

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

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

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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 12 15 28 38 50 59 61 62 63 64	RECORDKEEPER	373482	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

NATIONAL FINANCIAL SERVICES

04-3523567

(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?
33 71	SECURITIES BROKER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0

(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.	
INVESCO 11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0

(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.	
COHEN & STEERS 280 PARK AVENUE NEW YORK, NY 10017	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

(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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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 07/01/2024 and ending 06/30/2025

A Name of plan <u>GATE GOURMET, INC. DEFINED BENEFIT PENSION 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>GATE GOURMET, INC.</u>	D Employer Identification Number (EIN) <u>36-3333786</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>STATE ST. RUSSELL LARGE GROWTH</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET</u>		
c EIN-PN <u>90-0337987-228</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>15129704</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET U.S. RUSSELL LARGE CAP</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET</u>		
c EIN-PN <u>90-0337987-226</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>13324383</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AUIM COLLECTIVE INVESTMENT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>AEGON</u>		
c EIN-PN <u>42-0947988-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>35401143</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AEGON HIGH YIELD FIXED INC CIT CLAS</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>38-7264566-730</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>8365377</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A Name of plan GATE GOURMET, INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GATE GOURMET, INC.	D Employer Identification Number (EIN) 36-3333786

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3190101	24655088
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	56893098	72220607
(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)	73119194	66932259
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	133202393	163807954
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		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	133202393	163807954

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)	29620352	
(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)		29620352
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)		
(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)	1146320	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		6658734
(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)		7909740
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		45335146

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11749402	
(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)		11749402
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)	296626	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	76856	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2606701	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2980183
j Total expenses. Add all expense amounts in column (b) and enter total	2j		14729585

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		30605561
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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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		10000000
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 570382.

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 07/01/2024 and ending 06/30/2025

A Name of plan <u>GATE GOURMET, INC. DEFINED BENEFIT PENSION 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>GATE GOURMET, INC.</u>	D Employer Identification Number (EIN) <u>36-3333786</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
---	---	---

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): 13-3689044

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	16
--	---	----

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
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 63.7 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 25.5 %
 High-Yield Debt: 6.0 % Real Assets: 4.8 % Cash or Cash Equivalents: _____% Other: _____%

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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

**Gate Gourmet, Inc.
Defined Benefit Pension Plan**

Financial Statements and
Supplementary Information

June 30, 2025 and 2024

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Independent Auditors' Report

To the Plan Administrator of
Gate Gourmet, Inc. Defined Benefit Pension Plan

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

We have performed audits of the financial statements of Gate Gourmet, Inc. Defined Benefit Pension 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 June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of June 30, 2024, and the related statement of changes in accumulated plan benefits for the year 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 Gate Gourmet, Inc. Defined Benefit Pension 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 June 30, 2025 and 2024, and for the years ended June 30, 2025 and 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Gate Gourmet, Inc. Defined Benefit Pension 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 Gate Gourmet, Inc. Defined Benefit Pension 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 accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), and Schedule H, Line 4(j) - Schedule of Reportable Transactions as of or for the year ended June 30, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL'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).

Baker Tilly US, LLP

McLean, Virginia
February 1, 2026

Gate Gourmet, Inc. Defined Benefit Pension Plan

Statements of Net Assets Available for Benefits

June 30, 2025 and 2024

	2025	2024
Assets		
Investments		
Investments at fair value	\$ 139,152,866	\$ 130,012,292
Receivables		
Employer contributions	24,655,088	3,190,101
Total assets	163,807,954	133,202,393
Net assets available for benefits	\$ 163,807,954	\$ 133,202,393

See notes to financial statements

Gate Gourmet, Inc. Defined Benefit Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended June 30, 2025 and 2024

	2025	2024
Additions		
Investment income		
Interest and dividends	\$ 1,146,320	\$ 2,178,817
Net appreciation in fair value of investments	14,568,474	12,308,595
Total investment income	15,714,794	14,487,412
Contributions		
Employer contributions	29,620,352	9,070,446
Total additions	45,335,146	23,557,858
Deductions		
Benefits paid to participants	11,749,402	11,680,160
Administrative expenses	2,980,183	3,808,820
Total deductions	14,729,585	15,488,980
Net increase	30,605,561	8,068,878
Net assets available for benefits		
Beginning of year	133,202,393	125,133,515
End of year	\$ 163,807,954	\$ 133,202,393

See notes to financial statements

Gate Gourmet, Inc. Defined Benefit Pension Plan

Statement of Accumulated Plan Benefits

June 30, 2024

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	\$ 104,189,432
Other participants	46,672,045
Total vested benefits	150,861,477
Nonvested benefits	70,637
Total actuarial present value of accumulated plan benefits	\$ 150,932,114

See notes to financial statements

Gate Gourmet, Inc. Defined Benefit Pension Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended June 30, 2024

Actuarial present value of accumulated plan benefits at beginning of year	\$ 152,491,517
Increase (decrease) during the year attributable to:	
Interest accumulated	10,272,515
Benefits paid	(11,680,160)
Benefits accrued and actuarial experience	(151,758)
Net decrease	(1,559,403)
Actuarial present value of accumulated plan benefits at end of year	\$ 150,932,114

See notes to financial statements

Gate Gourmet, Inc. Defined Benefit Pension Plan

Notes to Financial Statements

June 30, 2025 and 2024

1. Description of Plan

The following description of the Gate Gourmet, Inc. Defined Benefit Pension Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan available to all employees of Gate Gourmet, Inc. and subsidiaries (collectively, the Company) who reached 21 years of age, completed at least 1,000 hours of service in a 12-month period and who began participation in the Plan prior to the dates when benefits were frozen as noted below. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Company executed an amendment to the plan agreement during 2004 to freeze accumulated plan benefits for all salaried participants as of June 30, 2004. Accordingly, no new salaried participants have been admitted to the Plan after that date. The Company executed an amendment to the plan agreement during 2006 to freeze accumulated benefits for all hourly participants as of January 1, 2006, except for eligible employees of GateSafe, which were frozen as of June 30, 2006. Accordingly, no new hourly participants have been admitted to the Plan after those dates. These amendments should not be regarded as a termination or partial termination of the Plan in accordance with Internal Revenue Code (IRC) guidelines.

For purposes of computing a participant's retirement benefits, average monthly compensation and credited service were frozen as of June 30, 2004 for salaried employees and as of June 30, 2006 for hourly employees. However, service credit for purposes of determining eligibility for vested benefits or certain subsidized early retirement benefits were not frozen. A participant who was not 100% vested on or prior to June 30, 2004 for salaried employees and June 30, 2006 for hourly employees did not become 100% vested on that day by reason of the Plan's frozen status. However, a participant may accrue additional years of credited service for vesting purposes under the terms of the plan agreement if he or she continues to be employed by the Company after June 30, 2004 for salaried employees and June 30, 2006 for hourly employees.

Funding Policy

The Company's funding policy is to make annual contributions to the Plan in the amounts that are estimated to fully provide all accrued benefits by the time each participant retires and to meet the minimum funding requirements of ERISA. The Company's contributions are to be made in cash no later than the earlier of the date permitted by law for meeting the minimum funding standards or the date for making tax deductible contributions. For the plan years ended June 30, 2025 and 2024, the annual contributions met the minimum funding requirements of ERISA.

Pension Benefits

Participants become vested in their accrued benefits after five years of credited service and after attainment of normal or early retirement age. The Plan provides for normal retirement at age 65 and for early retirement at age 55 and completion of ten years of service.

The amount of the participant's pension benefit is computed based upon the participant's status as an hourly or salaried employee, his or her compensation and years of service. For purposes of computing benefits, a participant's years of credited service shall be determined as of June 30, 2004 for salaried employees and June 30, 2006 for hourly employees. Upon retirement, distributions are paid in the form of a lump sum distribution or monthly annuity payments as defined in the plan agreement.

Gate Gourmet, Inc. Defined Benefit Pension Plan

Notes to Financial Statements

June 30, 2025 and 2024

Death and Disability Benefits

If a participant dies, the participant's surviving spouse or beneficiary is entitled to a death benefit as defined in the plan agreement. Hourly participants who have attained 40 years of age and become totally disabled after 15 years of service receive monthly benefits as defined in the plan agreement. Salaried participants are not eligible for a disability benefit.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

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 investment committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits 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 Statements of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments in the Statements of Changes in Net Assets Available for Benefits.

Gate Gourmet, Inc. Defined Benefit Pension Plan

Notes to Financial Statements

June 30, 2025 and 2024

Subsequent Events

Subsequent events were evaluated through February 1, 2026, the date the financial statements were available to be issued.

Management is preparing to terminate the Plan and therefore funded an additional contribution in December 2025 in order to bring the Plan closer to a fully funded status. There has been no formal amendment or resolution made to terminate the Plan as of the date of these financial statements.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments under the Plan's provisions attributable to services rendered by participants. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died and (c) present participants or their beneficiaries. The accumulated plan benefits are based on a participant's age and their assigned benefit level, as defined.

The actuarial present value of accumulated plan benefits is determined by Transamerica Retirement Solutions Corporation, the Plan's actuary and is determined by applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts or interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The computations of the actuarial present value of accumulated plan benefits were made as of July 1, 2024. Had the valuation been performed as of June 30, there would be no material differences. The significant actuarial assumptions used in the valuations were:

Assumption	July 1, 2024
Interest rate	7.00% per year compounded annually
Mortality rates	PRI-2012 Employee Tables with the Retiree and Contingent Survivor Tables for annuitants projected forward with Scale MP-2021
Average retirement age	Age 64

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

4. 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). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Gate Gourmet, Inc. Defined Benefit Pension Plan

Notes to Financial Statements

June 30, 2025 and 2024

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 to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at June 30, 2025 and 2024.

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

Investments measured at net asset value: Consisting of common-collective trusts, valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, 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 liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the common-collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2025 and 2024:

Assets at Fair Value as of June 30, 2025	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 66,932,259	\$ -	\$ -	\$ 66,932,259
Total assets in the fair value hierarchy	66,932,259	-	-	66,932,259
Investments measured at net asset value (a)	-	-	-	72,220,607
Total investments at fair value	\$ 66,932,259	\$ -	\$ -	\$ 139,152,866

Gate Gourmet, Inc. Defined Benefit Pension Plan

Notes to Financial Statements

June 30, 2025 and 2024

Assets at Fair Value as of June 30, 2024	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 73,119,195	\$ -	\$ -	\$ 73,119,195
Total assets in the fair value hierarchy	73,119,195	-	-	73,119,195
Investments measured at net asset value (a)	-	-	-	56,893,097
Total investments at fair value	\$ 73,119,195	\$ -	\$ -	\$ 130,012,292

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

Fair Value of Investments That Calculate Net Asset Value

The following table summarizes investments measured at fair value based on NAV per share as of June 30, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

June 30, 2025	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
State Street Russell Large Cap Value Index NI Series Class C	\$ 13,324,383	\$ -	Daily	Up to 12 months
State Street Russell Large Cap Growth Index NL Class C	15,129,704	-	Daily	Up to 12 months
AEGON Intermediate Credit Bond Fund Z	8,464,446	-	Daily	Up to 12 months
AEGON Long Credit Bond Fund Z	26,936,697	-	Daily	Up to 12 months
Aegon High Yield Fixed Income CIT Class Z	8,365,377	-	Daily	Up to 12 months
Total	\$ 72,220,607	\$ -		

Gate Gourmet, Inc. Defined Benefit Pension Plan

Notes to Financial Statements

June 30, 2025 and 2024

June 30, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
State Street Russell Large Cap Value Index NI Series Class C	\$ 8,910,902	\$ -	Daily	Up to 12 months
State Street Russell Large Cap Growth Index NL Class C	9,893,684	-	Daily	Up to 12 months
AEGON Intermediate Credit Bond Fund Z	6,315,138	-	Daily	Up to 12 months
AEGON Long Credit Bond Fund Z	23,711,318	-	Daily	Up to 12 months
Aegon High Yield Fixed Income CIT Class Z	8,062,055	-	Daily	Up to 12 months
Total	\$ 56,893,097	\$ -		

5. Concentrations

As of June 30, 2025 and 2024, the Plan had investments of \$84,884,377 and \$44,563,326, respectively, that were concentrated in four and two funds, respectively.

6. Information Certified by Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, State Street Bank and Trust Company, the Trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of June 30, 2025 and 2024, and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of June 30, 2025, and the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended June 30, 2025 and 2024 and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended June 30, 2025. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

7. Related-Party and Party in Interest Transactions

The Plan's investments are administered under a contract with State Street Bank and Trust Company, the Trustee of the Plan. Contributions are held by State Street Bank and Trust Company, who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party in interest transactions under ERISA.

Gate Gourmet, Inc. Defined Benefit Pension Plan

Notes to Financial Statements

June 30, 2025 and 2024

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

8. Plan Termination

In the event the Plan terminates, 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:

1. 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 was 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.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested 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 pensions. However, the PBGC does not guarantee all benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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.

9. Tax Status

The IRS has determined and informed the Company by a letter dated January 30, 2018, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination 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.

Gate Gourmet, Inc. Defined Benefit Pension Plan

Notes to Financial Statements

June 30, 2025 and 2024

10. 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 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.

Gate Gourmet, Inc. Defined Benefit Pension Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 36-3333786 Plan Number: 001

June 30, 2025

(a)	(b) Identity of Issue, 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
*	State Street Russell Large Cap Growth Index NL Class C	Common Collective Trust	\$ 12,878,802	\$ 13,324,383
*	State Street Russell Large Cap Value Index NL Series Class C	Common Collective Trust	12,063,404	15,129,704
	AEGON Intermediate Credit Bond Fund Z	Common Collective Trust	8,176,573	8,464,446
	AEGON Long Credit Bond Fund Z	Common Collective Trust	25,741,091	26,936,697
	Aegon High Yield Fixed Income CIT Class Z	Common Collective Trust	7,681,478	8,365,377
	Cohen & Steers Real Estate Securities A	Mutual Fund	6,292,833	6,727,019
	Fidelity 500 Index Instl Prem	Mutual Fund	25,275,189	28,479,312
	Fidelity Emerging Markets Index	Mutual Fund	3,208,879	3,574,934
	Fidelity International Index Instl Prem	Mutual Fund	12,517,424	14,338,664
	Vanguard Small Cap Index Instl	Mutual Fund	6,323,258	6,863,009
	Vanguard Mid Cap Index Instl	Mutual Fund	6,014,874	6,949,321
			\$ 126,173,805	\$ 139,152,866

*A party in interest as defined by ERISA.

Gate Gourmet, Inc. Defined Benefit Pension Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 36-3333786 Plan Number: 001

Year Ended June 30, 2025

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Single Transactions								
Transamerica Retirement Solutions	INVESCO DEVELOPING MARKETS Y	\$ -	\$ 8,233,435	\$ -	\$ -	\$ 8,161,204	\$ 8,233,435	\$ 72,231
Transamerica Retirement Solutions	AMERICAN FUNDS EUPAC R6	-	9,616,868	-	-	9,270,470	9,616,868	345,398
Transamerica Retirement Solutions	FIDELITY 500 INDEX	7,730,512	-	-	-	-	7,730,512	-
Transamerica Retirement Solutions	AEGON LONG CREDIT BOND FUND Z	6,885,646	-	-	-	-	6,885,646	-

Gate Gourmet, Inc. Defined Benefit Pension Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 36-3333786 Plan Number: 001

Year Ended June 30, 2025

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Series Transactions								
Transamerica Retirement Solutions	INVESCO DEVELOPING MARKETS Y	\$ 1,590,806	\$ -	\$ -	\$ -	\$ -	\$ 1,590,806	\$ -
		-	8,233,435	-	-	8,305,666	8,233,435	(72,231)
Transamerica Retirement Solutions	AMERICAN FUNDS EUPAC R6	409,704	-	-	-	-	409,704	-
		-	9,818,975	-	-	10,178,149	9,818,975	(359,174)
Transamerica Retirement Solutions	FIDELITY 500 INDEX	8,027,625	-	-	-	-	8,027,625	-
		-	3,867,633	-	-	3,604,444	3,867,633	263,189
Transamerica Retirement Solutions	AEGON LONG CREDIT BOND FUND Z	12,457,540	-	-	-	-	12,457,540	-
		-	10,704,900	-	-	10,427,767	10,704,900	277,133
Transamerica Retirement Solutions	AEGON INTERMEDIATE CREDIT BOND FUND Z	16,707,949	-	-	-	-	16,707,949	-
		\$ -	\$ 15,139,553	\$ -	\$ -	\$ 14,846,513	\$ 15,139,553	\$ 293,040

**Attachment to 2024 Form 5500 Schedule SB,
Line 26a - Schedule of Active Participant Data**

**Plan Name: Gate Gourmet, Inc. Defined Benefit Pension Plan
EIN/PN: 36-3333786/001**

..... Completed Years of Credited Service

<u>Age</u>	0 To <u>1</u>	1 to <u>4</u>	5 to <u>9</u>	10 To <u>14</u>	15 to <u>19</u>	20 to <u>24</u>	25 to <u>29</u>	30 to <u>34</u>	35 to <u>39</u>	40 ±	<u>Total</u>
0 – 24	0	0	0	0	0	0	0	0	0	0	0
25 – 29	0	0	0	0	0	0	0	0	0	0	0
30 – 34	0	0	0	0	0	0	0	0	0	0	0
35 – 39	0	0	0	0	0	0	0	0	0	0	0
40 – 44	0	3	0	0	0	0	0	0	0	0	3
45 – 49	0	9	13	4	0	0	0	0	0	0	26
50 – 54	1	22	16	13	2	0	0	0	0	0	54
55 – 59	0	26	35	48	28	6	0	0	0	0	143
60 – 64	3	26	43	58	28	20	5	0	0	0	183
65 – 69	4	18	22	27	20	15	11	1	0	0	118
70 & Up	<u>1</u>	<u>11</u>	<u>16</u>	<u>19</u>	<u>4</u>	<u>6</u>	<u>0</u>	<u>2</u>	<u>0</u>	<u>0</u>	<u>59</u>
Totals	9	115	145	169	82	47	16	3	0	0	586

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: Gate Gourmet, Inc. Defined Benefit Pension Plan
EIN/PN: 36-3333786/001**

A ACTUARIAL COST METHOD

The actuarial cost method used to determine the target normal cost, target liability and required contribution amounts for the plan is the Traditional Unit Credit Actuarial Cost Method. Under this method, both the target normal cost and target liability are based on the annual accrual of benefits as accruals occur each year.

The target liability for each active plan participant is equal to the actuarial present value of the participant's accrued benefit as of the valuation date. The total target liability of the plan is equal to the sum of such liabilities as determined for each active participant plus the actuarial present value of benefits being paid, or due to be paid, to retirees, beneficiaries and former participants with deferred vested benefits.

The target normal cost for each active participant is equal to the actuarial present value of the benefit expected to be earned during the year starting on the valuation date. The total target normal cost of the plan is the sum of the target normal costs for each active plan participant.

All employees who are plan participants on a valuation date are included in the actuarial valuation.

B ASSET VALUATION METHOD

The actuarial value of assets is equal to the market value of assets on the valuation date reduced by the sum of:

1. 66.67% of gains and losses of the prior year;
2. 33.33% of gains and losses of the second prior year.

Investment gains and losses are determined by the excess or deficiency of the expected return over the actual return on the market value (including employer contributions receivable for any given year. However, the expected return on assets may be limited by certain statutory interest rates.

The actuarial valuation of assets is further constrained to be not less than 90% or more than 110% of market value (including employer contributions receivable).

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: Gate Gourmet, Inc. Defined Benefit Pension Plan
EIN/PN: 36-3333786/001**

C INTEREST RATE METHODS

Target Liability Interest Rates

Segment rates based on July rates as of the valuation date as adjusted in accordance with Code Section 430(h)(2)(c)(iv).

PBGC Interest Rates

Based on the standard premium funding target and the PBGC segment interest rates in accordance with ERISA Section 4006.4(b)(2).

1 st Segment	5.09%
2 nd Segment	5.28%
3 rd Segment	5.52%

Effective rate 5.32%

(previously, 5.26 %, 5.23%, and 5.16%).

Expected Investment Return/
ASC 960-20 Interest Rate

7.00%.

D ACTUARIAL ASSUMPTIONS

Pre- and Post-Retirement Mortality

Funding: Generational Mortality Table in accordance with 1.430(h)(3)-1 for the valuation year.

Accounting (ASC 960-20): PRI-2012 Employee Tables with the Retiree and Contingent Survivor Tables for annuitants projected forward with Scale MP-2021 for all years. Contingent Survivor Tables are applied following the death of the participant.

Disability Mortality

Funding: Generational Mortality Table in accordance with 1.430(h)(3)-1 for the valuation year

Accounting (ASC 960-20): PRI-2012 Disabled Retiree Table for annuitants projected forward with Scale MP-2021.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: Gate Gourmet, Inc. Defined Benefit Pension Plan
EIN/PN: 36-3333786/001**

D ACTUARIAL ASSUMPTIONS (cont'd)

Withdrawal Rates

Rates varying by age, service and participant group:

Hourly

<u>Service</u>	<u>Age 25</u>	<u>Age 40</u>	<u>Age 55</u>
<1	N/A	N/A	N/A
1-2	.3500	.3500	.3500
2-3	.3200	.3200	.3200
3-4	.2724	.2449	.2308
4-5	.2244	.1695	.1418
>5	.1926	.1082	.0716

Salaried

<u>Service</u>	<u>Age 25</u>	<u>Age 40</u>	<u>Age 55</u>
<1	.3150	.3150	.3150
1-2	.2700	.2700	.2700
2-3	.2250	.2250	.2250
3-4	.1871	.1757	.1584
4-5	.1491	.1265	.0918
>5	.1312	.0798	.0500

Pre-retirement Death Benefit

Calculated using previously noted mortality, interest and termination assumptions and on the assumption that 75% of participants are married. Husbands are assumed to be 3 years older than wives.

Retirement Rates

Rates vary by age and participant group, and are as follows:

<u>Age</u>	<u>Hourly</u>	<u>Salaried</u>
55	.10	.20
56	.05	.10
57	.05	.10
58	.05	.05
59	.05	.05
60	.07	.15
61	.07	.10
62	.15	.15
63	.10	.10
64	.10	.10
65	.40	.60
66	.40	.40
67	1.00	1.00

Terminated vested participants are assumed to retire at age 65.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: Gate Gourmet, Inc. Defined Benefit Pension Plan
EIN/PN: 36-3333786/001**

D ACTUARIAL ASSUMPTIONS (cont'd)

Disability Incidence

Rate varying by age. Rates for sample ages are as follows:

<u>Age</u>	<u>Rate</u>
25	.0010
35	.0012
45	.0022
55	.0058

Form of Payment

Single life annuity for participants not in pay status

Plan Expenses

For 2024, equal to \$2,850,000 (previously, \$3,900,000).

**ATTACHMENT TO THE 2024 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) &
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS**

Plan Sponsor: Gate Gourmet, Inc.

Plan Name: Gate Gourmet, Inc. Defined Benefit Pension Plan

Plan Year: July 1, 2024 to June 30, 2025

EIN: 36-3333786

Plan No.: 001

Item 4i- Schedule of Assets Held at End of Year

Page 17 of the attached auditor's report of the Plan for the plan year ending June 30, 2025 provides the schedule of assets information.

Item 4j- Schedule of Reportable Transactions

Page 18 of the attached auditor's report of the Plan for the plan year ending June 30, 2025 provides the schedule of reportable transactions.

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 07/01/2024 and ending 06/30/2025

▶ **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 GATE GOURMET, INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GATE GOURMET, INC.	D Employer Identification Number (EIN) 36-3333786	
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>07</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	133156692
	b Actuarial value	2b	125496825
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	3458	116771596
	b For terminated vested participants	1921	41479925
	c For active participants	586	13231233
	d Total	5965	171482754
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	5.34 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	2850000
	c Target normal cost	6c	2850000

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	<i>Paul W. Foley</i> Signature of actuary PAUL W. FOLEY, A.S.A., E.A. Type or print name of actuary TRANSAMERICA Firm name 6400 C Street SW Cedar Rapids, IA 52499 Address of the firm	March 20, 2026 Date 23-05775 Most recent enrollment number (508) 903-6016 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	0
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	0
10 Interest on line 9 using prior year's actual return of <u>12.72</u> %.....	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		3291
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>5.17</u> %		170
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		3461
d Portion of (c) to be added to prefunding balance		3461
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3461

Part III	Funding Percentages	
14 Funding target attainment percentage.....	14	73.14 %
15 Adjusted funding target attainment percentage	15	73.14 %
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	72.64 %
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
10-11-2024	1655088				
01-13-2025	1655088				
04-11-2025	1655088				
07-11-2025	1655088				
12-19-2025	23000000				
			Totals ▶	18(b)	18(c)
				29620352	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	27707416	
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....	<input checked="" 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	
0	0	0	
(4) 4th			0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 61
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	2850000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	46065699	4505947	
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	7355947	
	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	7355947	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	27707416	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	20351469	
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

**Attachment to 2024 Form 5500 Schedule SB
Line 22- Description of Weighted Average Retirement Age**

**Plan Name: Gate Gourmet, Inc. Defined Benefit Pension Plan
EIN/PN: 36-3333786/001**

<u>Age</u>	<u>Percent Retiring</u>	<u>Calculation of Weighted Average Age</u>
55	10.0%	5.500
56	5.0%	2.520
57	5.0%	2.437
58	5.0%	2.356
59	5.0%	2.276
60	7.0%	3.079
61	7.0%	2.911
62	15.0%	5.896
63	10.0%	3.395
64	10.0%	3.104
65	40.0%	11.350
66	40.0%	6.915
67	100.0%	10.529
Total		62.268 =

Weighted Age for Hourly Employees

<u>Age</u>	<u>Percent Retiring</u>	<u>Calculation of Weighted Average Age</u>
55	20.0%	11.000
56	10.0%	4.480
57	10.0%	4.104
58	5.0%	1.879
59	5.0%	1.816
60	15.0%	5.263
61	10.0%	3.032
62	15.0%	4.161
63	10.0%	2.396
64	10.0%	2.190
65	60.0%	12.013
66	40.0%	3.253
67	100.0%	4.953
Total		60.540 =

Weighted Age for Salaried Employees

Total Weighted Average Retirement Age: 61.404

**Attachment to 2024 Form 5500 Schedule SB,
Line 26b - Schedule of Projection of Expected Benefit Payments**

**Plan Name: Gate Gourmet, Inc. Defined Benefit Pension Plan
EIN/PN: 36-3333786/001**

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2024	634,394	1,754,045	11,664,728	14,053,167
2025	765,762	1,994,477	11,369,238	14,129,477
2026	858,396	2,222,156	11,072,278	14,152,830
2027	917,461	2,411,482	10,751,422	14,080,365
2028	977,696	2,632,863	10,405,322	14,015,881
2029	1,008,970	2,835,140	10,044,200	13,888,310
2030	1,035,545	2,995,631	9,656,752	13,687,928
2031	1,047,407	3,136,679	9,256,694	13,440,780
2032	1,054,784	3,205,566	8,839,388	13,099,738
2033	1,053,814	3,245,834	8,410,943	12,710,591
2034	1,042,460	3,279,424	7,971,642	12,293,526
2035	1,022,709	3,305,421	7,525,544	11,853,674
2036	998,552	3,304,289	7,074,081	11,376,922
2037	975,151	3,262,622	6,620,323	10,858,096
2038	947,269	3,211,272	6,167,364	10,325,905
2039	918,899	3,139,761	5,718,207	9,776,867
2040	885,695	3,053,953	5,275,816	9,215,464
2041	851,111	2,953,266	4,842,984	8,647,361
2042	811,864	2,841,005	4,422,297	8,075,166
2043	769,854	2,719,877	4,016,122	7,505,853
2044	726,965	2,593,703	3,626,561	6,947,229
2045	682,612	2,463,127	3,255,439	6,401,178
2046	637,709	2,328,616	2,904,335	5,870,660
2047	592,565	2,190,406	2,574,556	5,357,527
2048	547,416	2,050,024	2,267,152	4,864,592
2049	502,668	1,908,493	1,982,914	4,394,075
2050	458,676	1,766,905	1,722,323	3,947,904
2051	415,807	1,626,115	1,485,541	3,527,463
2052	374,386	1,487,111	1,272,418	3,133,915
2053	334,729	1,350,984	1,082,461	2,768,174
2054	297,109	1,218,795	914,837	2,430,741
2055	261,751	1,091,566	768,444	2,121,761
2056	228,838	970,237	641,927	1,841,002
2057	198,495	855,643	533,720	1,587,858
2058	170,810	748,496	442,124	1,361,430
2059	145,813	649,318	365,359	1,160,490
2060	123,482	558,445	301,640	983,567
2061	103,733	476,063	249,230	829,026
2062	86,440	402,155	206,472	695,067
2063	71,442	336,567	171,825	579,834
2064	58,556	278,980	143,897	481,433
2065	47,581	228,985	121,456	398,022
2066	38,316	186,064	103,437	327,817
2067	30,565	149,636	88,939	269,140
2068	24,138	119,092	77,212	220,442
2069	18,864	93,779	67,646	180,289
2070	14,578	73,052	59,752	147,382
2071	11,134	56,293	53,142	120,569
2072	8,398	42,904	47,517	98,819
2073	6,250	32,344	42,651	81,245

**Attachment to 2024 Form 5500 Schedule SB,
Part V - Summary of Plan Provisions**

**Plan Name: Gate Gourmet, Inc. Defined Benefit Pension Plan
EIN/PN: 36-333786/001**

<u>Plan Type</u>	Frozen to participation and benefit accruals.
<u>Plan Provisions</u>	Based on Plan document most recently amended and restated effective July 1, 2016.
<u>Eligibility</u>	<p>The first January 1 or July 1 next following the completion of age 21 and 1,000 hours of service in a 12-month period measured from date of hire.</p> <p>For Salaried employees, participation is frozen as of June 30, 2004. No Salaried employees may enter the Plan after June 30, 2004.</p> <p>For Hourly employees, participation is frozen as of January 1, 2006 except for eligible employees of Gate Safe. No Hourly employees, except at Gate Safe, may enter the Plan after January 1, 2006. Effective June 30, 2006, participation has also been frozen for Gate Safe employees.</p>
<u>Accrued Benefit</u>	<p><i>Salaried Employees Who Terminated Employment Prior to January 1, 2002</i></p> <p>A monthly benefit equal to the greater of (I) the sum of (1) and (2) below, or (II) the minimum specified in (3) below.</p> <p>(1) <u>Credited Service after 1988</u>. For each year of Credited Service up to 35 years, an employee receives (i) 1.075% of Average Monthly Compensation up to Covered compensation, plus (ii) 1.425% of Average Monthly Compensation in excess of Covered Compensation, plus (iii) 1.425% of Average Monthly Compensation multiplied by Credited Service, if any, in excess of 35 years.</p> <p>With respect to Credited Service after December 31, 1994, item (iii) above is applied by substituting "1.075%" in place of "1.425%".</p>

**Attachment to 2024 Form 5500 Schedule SB,
Part V - Summary of Plan Provisions**

**Plan Name: Gate Gourmet, Inc. Defined Benefit Pension Plan
EIN/PN: 36-3333786/001**

Accrued Benefit (cont'd)

***Salaried Employees Who Terminated
Employment Prior to January 1, 2002***

- (2) Credited Service before 1989. (i) 1.5% of Average Monthly Compensation determined on December 31, 1988 multiplied by Credited Service earned before 1989, less (ii) 1.25% of the primary social security benefit multiplied by Credited Service (up to 40 years) earned prior to 1989. (iii) The result of (i) minus (ii) is then multiplied by a fraction, the numerator being current Average Monthly Compensation, and the denominator being Average Monthly Compensation determined on December 31, 1988.
- (3) Accrued Benefit as of December 31, 1988.

***Salaried Employees Who Terminated
Employment On or After January 1, 2002***

A monthly benefit equal to the amount below, but in no event less than the Accrued Benefit for Salaried Employees who terminated employment prior to January 1, 2002 shown above.

A monthly benefit determined using all Credited Service. For each year of Credited Service up to 35 years, an employee receives (i) 1.075% of Average Monthly Compensation up to Covered Compensation, plus (ii) 1.425% of Average Monthly Compensation in excess of Covered Compensation, plus (iii) 1.425% of Average Monthly Compensation multiplied by Credited Service, if any, in excess of 35 years.

With respect to Credited Service after December 31, 1994, item (iii) above is applied by substituting "1.075%" in place of "1.425%".

***Salaried Employees Subsequent to June 30,
2004***

No further benefit accruals after June 30, 2004.

**Attachment to 2024 Form 5500 Schedule SB,
Part V - Summary of Plan Provisions**

**Plan Name: Gate Gourmet, Inc. Defined Benefit Pension Plan
EIN/PN: 36-3333786/001**

Accrued Benefit (cont'd)

Hourly Employees Prior to January 2, 2006

For each year of Credited Service, a monthly benefit equal to 0.25% of Average Monthly Compensation plus \$3.00. Average Monthly Compensation is the average of an employee's highest five consecutive calendar years of compensation during his last ten calendar years of service.

Hourly Employees Subsequent to January 1, 2006

Except for eligible employees of Gate Safe, no further benefits will be accrued after January 1, 2006.

For eligible employees of Gate Safe, benefits will accrue based on the same formula as for Hourly Employees Prior to January 2, 2006.

Hourly Employees Subsequent to June 30, 2006

No further benefit accruals for employees of Gate Safe after June 30, 2006.

Compensation

Gross earnings paid by the employer as reported on Form W-2, including Section 125, 132(f)(4) and 402(g) salary deferrals.

Average Monthly Compensation

The average of the 5 highest consecutive calendar years of Compensation within the last 10 years of employment, divided by 60.

Covered Compensation

The average of the Social Security Taxable Wage Bases during the 35 years ending with and including the year an employee attains his Social Security Retirement Age, divided by 60.

Credited Service

Periods of employment in years, months and days as an eligible employee with the employer or a participating related company. Service before age 21 is not included. For the periods January 1, 1989 to December 31, 1996 and July 1, 1999 to December 31, 2000, Credited Service was based on 1,000 hours completed in a Plan Year.

**Attachment to 2024 Form 5500 Schedule SB,
Part V - Summary of Plan Provisions**

**Plan Name: Gate Gourmet, Inc. Defined Benefit Pension Plan
EIN/PN: 36-3333786/001**

<u>Service</u>	Periods of employment in years months and days as an eligible employee with the employer or related company. Service before age 18 is not included.
<u>Normal Retirement Date</u>	First of the month coincident with or next following attainment of age 65 for Salaried employees, or age 65 and the later of (i) five years of Service or (ii) the fifth anniversary of participation for Hourly employees.
<u>Normal Retirement Benefit</u>	Accrued Benefit commencing at Normal Retirement Date.
<u>Early Retirement Date</u>	Termination of employment on or after attaining age 55 and completing 10 years of Service.
<u>Early Retirement Benefit</u>	Accrued Benefit reduced 1/3 percent for each month that the Early Retirement Date precedes the Normal Retirement Date. If an employee commences benefits on or after attaining age 60 and the sum of his age and Service is greater than or equal to 90, the Accrued Benefit is unreduced for early commencement.
<u>Disability Retirement Date</u>	Hourly employees, upon becoming eligible for Social Security Disability benefits on or after age 40 and completing at least 15 years of Service. Salaried employees are not eligible for a Disability Retirement Benefit.
<u>Disability Retirement Benefit</u>	Accrued Benefit payable unreduced for early commencement.
<u>Deferred Retirement Date</u>	Commencement of benefits after Normal Retirement Date but in no event later than the IRC Minimum Required Distribution Date.
<u>Deferred Retirement Benefit</u>	The greater of (i) the Accrued Benefit calculated as of Normal Retirement Date actuarially increased to the Deferred Retirement Date, or (ii) the Accrued Benefit calculated as of the Deferred Retirement Date.
<u>Vesting</u>	100% vesting in the Accrued Benefit after completing 5 years of Service or upon attaining Normal Retirement Date.

**Attachment to 2024 Form 5500 Schedule SB,
Part V - Summary of Plan Provisions**

**Plan Name: Gate Gourmet, Inc. Defined Benefit Pension Plan
EIN/PN: 36-3333786/001**

<u>Normal Form of Payment</u>	Single Life Annuity if single. Actuarial equivalent 50% Joint & Survivor Pension if married.
<u>Optional Forms of Payment</u>	Single Life Annuity. 50%, 75% and 100% Joint & Survivor Pension or 10-Year Certain and Life option are all available on an actuarially equivalent basis. Non-spouse beneficiaries are allowed. Spousal consent is required under the Single Life Annuity and 10-Year Certain and Life options. Consent is also required under the Joint & Survivor Pensions with a non-spouse beneficiary.
<u>Pre-retirement Death Benefit</u>	If a vested employee dies, the employee's spouse will receive a benefit commencing no earlier than the earliest date the employee would have been eligible to retire. The spouse's benefit is payable for life and is equal to the benefit the spouse would have received if the employee had terminated on the day prior to his or her death, survived to his or her earliest retirement age, elected the 50% Joint & Survivor Pension, then died.
<u>Post-retirement Death Benefit</u>	If a retired participant receiving a pension benefit dies, the participant's named beneficiary shall receive a lump-sum benefit ranging from \$500 to \$3,000 based on the participant's employment status, i.e., Hourly or Salaried, and years of Credited Service.
<u>Employee Contributions</u>	The entire cost of the Plan is paid by the employer, and no employee contributions are allowed.
<u>Actuarial Equivalence Basis</u>	<p>The 1984 Unisex Pension Mortality Table (with a 2-year setback for employees and a 1-year setback for beneficiaries) and an interest rate of 7.5%.</p> <p>For de-minimis lump-sums, the 417(e) Mortality Table and 417(e) segmented interest rates for the month of May preceding the Plan Year in which the lump-sum is paid.</p>
<u>Benefits Not Included</u>	None to our knowledge.
<u>Significant Events</u>	None to our knowledge.
<u>Changes Since the Last Valuation</u>	None to our knowledge.

**ATTACHMENT TO THE 2024 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) &
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS**

Plan Sponsor: Gate Gourmet, Inc.

Plan Name: Gate Gourmet, Inc. Defined Benefit Pension Plan

Plan Year: July 1, 2024 to June 30, 2025

EIN: 36-3333786

Plan No.: 001

Item 4i- Schedule of Assets Held at End of Year

Page 17 of the attached auditor's report of the Plan for the plan year ending June 30, 2025 provides the schedule of assets information.

Item 4j- Schedule of Reportable Transactions

Page 18 of the attached auditor's report of the Plan for the plan year ending June 30, 2025 provides the schedule of reportable transactions.

**Attachment to 2024 Form 5500 Schedule SB,
Line 32 – Schedule of Amortization Bases**

**Plan Name: Gate Gourmet, Inc. Defined Benefit Pension Plan
EIP/PN: 36-3333786/001**

Amortization Schedule				
(a) <u>Year</u>	(b) <u>Type</u>	(c) <u>Present Value</u>	(d) <u>Years Left</u>	(e) <u>Payment</u>
2023	Shortfall	\$ 49,349,299	14	\$ 4,811,620
2024	Shortfall	<u>\$ (3,283,600)</u>	<u>15</u>	<u>\$ (305,673)</u>
Total		\$ 46,065,699		\$ 4,505,947

**Attachment to 2024 Form 5500 Schedule SB,
Line 24 – Change in Actuarial Assumptions**

**Plan Name: Gate Gourmet, Inc. Defined Benefit Pension Plan
EIN/PN: 36-3333786/001**

For 2024, the expected expenses included in the target normal cost was changed to \$2,850,000 to reflect expected plan year expenses to be paid from plan assets (previously, \$3,900,000 for 2023).