

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 02/01/2025 and ending 01/31/2026	
A	This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)
D	If the plan is a collectively-bargained plan, check here ▶ ☐
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan LAKESIDE FOODS PENSION PLAN FOR UNITED FOOD & COMMERCIAL WORKERS - OWATONNA DIVISION (PN) ▶	1b Three-digit plan number 002
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) LAKESIDE FOODS, INC. P.O. BOX 1327 2400 S 44TH ST MANITOWOC, WI 54221-1327	1c Effective date of plan 02/01/1961
3a	Plan administrator's name and address ☒ Same as Plan Sponsor.	2b Employer Identification Number (EIN) 39-0417640
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	2c Sponsor's telephone number 920-684-3356
5a	Total number of participants at the beginning of the plan year	2d Business code (see instructions) 311400
b	Total number of participants at the end of the plan year	3b Administrator's EIN
c(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	3c Administrator's telephone number
c(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	4b EIN
d(1)	Total number of active participants at the beginning of the plan year	4d PN
d(2)	Total number of active participants at the end of the plan year	
e	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	04/27/2026	WENDY LE VENE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 571852. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	2404376	2264187
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	2404376	2264187
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	76999	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	265622	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		342621
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	446745	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	10885	
g Other expenses	8g	25180	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		482810
i Net income (loss) (subtract line 8h from line 8c)	8i		-140189
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristic Codes

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1I
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.	☒ Yes ☐ No
a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a 0
b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____	

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.	☐ Yes ☒ No
a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b
c Enter the amount contributed by the employer to the plan for this plan year	12c
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☒ Yes ☐ No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a 0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	
☐ Yes ☒ No	
c 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.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
13c(3) PN(s)	

Part VIII IRS Compliance Questions

14a 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
14b 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	
15 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 _____.	

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2025 or fiscal plan year beginning 02/01/2025 and ending 01/31/2026	
▶ 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 LAKESIDE FOODS PENSION PLAN FOR UNITED FOOD & COMMERCIAL WORKERS - OWATONNA DIVISION	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LAKESIDE FOODS, INC.	D Employer Identification Number (EIN) 39-0417640
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 02 Day 01 Year 2025			
2	Assets:			
a	Market value	2a	2404277	
b	Actuarial value	2b	2404277	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	59	2073214	2073214
b	For terminated vested participants	12	396369	396369
c	For active participants	13	242264	244873
d	Total	84	2711847	2714456
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
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	5.32 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	40180	
c	Target normal cost	6c	40180	

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

SIGN HERE	Signature of actuary ANTHONY L. URDAHL Type or print name of actuary USI CONSULTING GROUP Firm name 8000 NORMAN CENTER DRIVE, SUITE 400 BLOOMINGTON, MN 55437 Address of the firm	04/16/2026 Date 26-05312 Most recent enrollment number 952-934-5554 Telephone number (including area code)
--------------------------	--	--

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>13.83</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)		438
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>5.01</u> %		22
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		460
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	88.57 %
15 Adjusted funding target attainment percentage	15	88.57 %
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	82.83 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/09/2025	16624	0			
08/08/2025	16624	0			
11/07/2025	16624	0			
02/06/2026	16624	0			
03/13/2026	10503	0			
Totals ►			18(b)	76999	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	75089

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.05 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 66
23 Mortality table(s) (see instructions)	☒ Prescribed - combined	☐ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	40180	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	310179	33702	
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	73882	
	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	73882	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	75089	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1207	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Attachment to 2025 Form 5500 Schedule SB
 Lakeside Foods Pension Plan for United Food & Commercial Workers - Owatonna Division
 EIN: 39-0417640 P/N: 002

Schedule SB, Line 26 – Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	1	1	0	0	0	0	0	0	0	2
50 to 54	0	0	2	1	0	0	0	0	0	0	3
55 to 59	0	1	3	0	1	0	0	0	0	0	5
60 to 64	0	0	0	1	2	0	0	0	0	0	3
65 to 69	0	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	0	2	6	2	3	0	0	0	0	0	13

Attachment to 2025 Form 5500 Schedule SB
Lakeside Foods Pension Plan for United Food & Commercial Workers - Owatonna Division
EIN: 39-0417640 P/N: 002

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

Summary of Methods	
Valuation Date	February 1, 2025
Funding Method	Unit credit
Market Assets	Trustee value plus prior year accrued contributions discounted at the plan's effective interest rate to the Valuation Date
Actuarial Assets	Market Assets
Segment Rate Basis	24-month average with look back of 4 months

Economic Assumptions			
Segment Rates		<u>ARPA/IIJA</u>	<u>Non-Stabilized</u>
	Segment 1: years 1-5	5.05%	5.05%
	Segment 2: years 5-20	5.31%	5.31%
	Segment 3: years 20+	5.50%	5.37%
Effective Interest Rate	5.32%		
Low-Default-Risk Obligation Method (LDROM) Rates	The same as non-stabilized segment rates.		
Salary Increases	0.00%		
Lump Sums	For non-cash balance lump sums, rates are based on the regular segment rates above, if applicable, adjusted to reflect any lump sum minimum basis defined in the plan		

Other Assumptions	
Mortality (pre-retirement)	IRS 2025 Optional Small Plan
Mortality (post-retirement)	IRS 2025 Optional Small Plan
Disability	None
Withdrawal	Society of Actuaries 2003 Small Plan Aggregate Turnover by Age Table
Expenses Paid from Trust	Expected PBGC premiums plus other administrative expenses estimated to be \$15,000
Retirement Age	Society of Actuaries 2003 Small Plan Aggregate Turnover by Age Table
Form of Payment	30% Life Annuity, 70% Lump Sum. Terminated Vested participants are assumed to elect a Life Annuity.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2025 or fiscal plan year beginning 02/01/2025 and ending 01/31/2026	
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 LAKESIDE FOODS PENSION PLAN FOR UNITED FOOD & COMMERCIAL WORKERS - OWATONNA DIVISION	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LAKESIDE FOODS, INC.	D Employer Identification Number (EIN) 39-0417640
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 02 Day 01 Year 2025			
2	Assets:			
a	Market value	2a	2,404,277	
b	Actuarial value	2b	2,404,277	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	59	2,073,214	2,073,214
b	For terminated vested participants	12	396,369	396,369
c	For active participants	13	242,264	244,873
d	Total	84	2,711,847	2,714,456
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
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	5.32%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	40,180	
c	Target normal cost	6c	40,180	

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	ALY Signature of actuary Anthony L. Urdahl Type or print name of actuary USI Consulting Group Firm name 8000 Norman Center Drive, Suite 400 Bloomington MN 55437 Address of the firm	04/16/2026 Date 2605312 Most recent enrollment number 952-934-5554 Telephone number (including area code)
----------------------	---	---

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>13.83</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)		438
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>5.01</u> %		22
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		460
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	88.57 %
15 Adjusted funding target attainment percentage	15	88.57 %
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	82.83 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/09/2025	16,624	0			
08/08/2025	16,624	0			
11/07/2025	16,624	0			
02/06/2026	16,624	0			
03/13/2026	10,503	0			
Totals ►			18(b)	76,999	18(c) style="text-align: right;">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	75,089

20 Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 5.05 % 2nd segment: 5.31 % 3rd segment: 5.50 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	4
22	Weighted average retirement age	22	66
23	Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☐ Yes ☒ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c).....	31a	40,180
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	310,179	33,702
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 73,882
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35).....		36 73,882
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37 75,089
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a 1,207
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b 0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 0
40	Unpaid minimum required contributions for all years		40 0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021		

Attachment to 2025 Form 5500 Schedule SB
 Lakeside Foods Pension Plan for United Food & Commercial Workers - Owatonna Division
 EIN: 39-0417640 P/N: 002

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

Weighted Average Retirement Age				
(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
62	9.2660	0.0666	0.6175	38.2839
63	8.5980	0.1535	1.3198	83.1477
64	8.2268	0.1923	1.5820	101.2509
65	6.5911	0.2390	1.5755	102.4071
66	4.9689	0.2937	1.4592	96.3084
67	3.4715	0.3532	1.2263	82.1602
68	2.2169	0.4187	0.9282	63.1175
69	1.2695	0.4870	0.6183	42.6624
70	0.6396	1.0000	0.6396	44.7730
Total			9.9664	654.1111
Average				65.6300

Attachment to 2025 Form 5500 Schedule SB
Lakeside Foods Pension Plan for United Food & Commercial Workers - Owatonna Division
EIN: 39-0417640 P/N: 002

Schedule SB, Line 24 – Change in Actuarial Assumptions

The form of payment assumption was updated from 40% of future retirees electing a single life annuity and 60% of future retirees electing a lump sum and to 30% of future retirees electing a single life annuity and 70% of future retirees electing a lump sum.

Attachment to 2025 Form 5500 Schedule SB
 Lakeside Foods Pension Plan for United Food & Commercial Workers - Owatonna Division
 EIN: 39-0417640 P/N: 002

Schedule SB, Line 26 – Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	1	1	0	0	0	0	0	0	0	2
50 to 54	0	0	2	1	0	0	0	0	0	0	3
55 to 59	0	1	3	0	1	0	0	0	0	0	5
60 to 64	0	0	0	1	2	0	0	0	0	0	3
65 to 69	0	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	0	2	6	2	3	0	0	0	0	0	13

Attachment to 2025 Form 5500 Schedule SB
Lakeside Foods Pension Plan for United Food & Commercial Workers - Owatonna Division
EIN: 39-0417640 P/N: 002

Schedule SB, Line 32 – Schedule of Amortization Bases

Base	Date Created	Years Left	Present Value of Remaining Installments	Installment
Shortfall	2/1/2023	13	531,616	54,628
Shortfall	2/1/2024	14	(64,084)	(6,257)
Shortfall	2/1/2025	15	(157,353)	(14,669)
Total			310,179	33,702

Attachment to 2025 Form 5500 Schedule SB
Lakeside Foods Pension Plan for United Food & Commercial Workers - Owatonna Division
EIN: 39-0417640 P/N: 002

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

Summary of Methods	
Valuation Date	February 1, 2025
Funding Method	Unit credit
Market Assets	Trustee value plus prior year accrued contributions discounted at the plan's effective interest rate to the Valuation Date
Actuarial Assets	Market Assets
Segment Rate Basis	24-month average with look back of 4 months

Economic Assumptions			
Segment Rates		<u>ARPA/IIJA</u>	<u>Non-Stabilized</u>
	Segment 1: years 1-5	5.05%	5.05%
	Segment 2: years 5-20	5.31%	5.31%
	Segment 3: years 20+	5.50%	5.37%
Effective Interest Rate	5.32%		
Low-Default-Risk Obligation Method (LDROM) Rates	The same as non-stabilized segment rates.		
Salary Increases	0.00%		
Lump Sums	For non-cash balance lump sums, rates are based on the regular segment rates above, if applicable, adjusted to reflect any lump sum minimum basis defined in the plan		

Other Assumptions	
Mortality (pre-retirement)	IRS 2025 Optional Small Plan
Mortality (post-retirement)	IRS 2025 Optional Small Plan
Disability	None
Withdrawal	Society of Actuaries 2003 Small Plan Aggregate Turnover by Age Table
Expenses Paid from Trust	Expected PBGC premiums plus other administrative expenses estimated to be \$15,000
Retirement Age	Society of Actuaries 2003 Small Plan Aggregate Turnover by Age Table
Form of Payment	30% Life Annuity, 70% Lump Sum. Terminated Vested participants are assumed to elect a Life Annuity.

Attachment to 2025 Form 5500 Schedule SB
Lakeside Foods Pension Plan for United Food & Commercial Workers - Owatonna Division
EIN: 39-0417640 P/N: 002

Schedule SB, Part V – Summary of Plan Provisions

Key Plan Provisions																													
EIN / Plan Number	39-0417640 / 002																												
Effective Date	February 1, 2004																												
Plan Year	February 1, 2025 to January 31, 2026																												
Vesting Service	Computation periods (December 1 – November 30) in which an employee completes at least 100 days of service (1 hour worked in day).																												
Participation	February 1 st or August 1 st coincident with or next following attainment of age 21 with 1 year of Eligibility Service. No employees will enter the plan after February 1, 2004.																												
Vesting	100% after 5 years of Vesting Service																												
Normal Retirement Date	1 st of the month coincident with or next following the later of age 65 or 5 years of Participation																												
Benefit Service (Effective post-2000) (Frozen July 15, 2004)	Based on the following chart of days of service (1 hour worked in day) worked in a given calendar year: <table><tr><td>Days of Service</td><td>Benefit Service</td><td>Days of Service</td><td>Benefit Service</td></tr><tr><td>16-31</td><td>1/12</td><td>112-127</td><td>7/12</td></tr><tr><td>32-47</td><td>2/12</td><td>128-143</td><td>8/12</td></tr><tr><td>48-63</td><td>3/12</td><td>144-159</td><td>9/12</td></tr><tr><td>64-79</td><td>4/12</td><td>160-175</td><td>10/12</td></tr><tr><td>80-95</td><td>5/12</td><td>176-191</td><td>11/12</td></tr><tr><td>96-111</td><td>6/12</td><td>192+</td><td>12/12</td></tr></table>	Days of Service	Benefit Service	Days of Service	Benefit Service	16-31	1/12	112-127	7/12	32-47	2/12	128-143	8/12	48-63	3/12	144-159	9/12	64-79	4/12	160-175	10/12	80-95	5/12	176-191	11/12	96-111	6/12	192+	12/12
Days of Service	Benefit Service	Days of Service	Benefit Service																										
16-31	1/12	112-127	7/12																										
32-47	2/12	128-143	8/12																										
48-63	3/12	144-159	9/12																										
64-79	4/12	160-175	10/12																										
80-95	5/12	176-191	11/12																										
96-111	6/12	192+	12/12																										
Monthly Accrued Benefit (Frozen July 15, 2004)	\$21 (benefit level) multiplied by years of Benefit Service.																												
Early Retirement Benefit	Eligibility: Age 59 ½ with 5 years of Vesting Service Benefit: Accrued Benefit reduced by 5% for each year the commencement date precedes the Normal Retirement Date to age 62 and actuarially reduced prior to age 62.																												
Late Retirement Benefit	Accrued benefit actuarially increased for any month after Normal Retirement Date in which the Participant completes less than 40 hours of service.																												
Disability Retirement Benefit	Eligibility: Disabled and qualifying for Social Security disability with 15 years of Vesting Service Benefit: Accrued Benefit without reduction once other disability payments are exhausted																												
Death Benefit	60% of the Accrued Benefit reduced for the 50% J&S form payable to qualified surviving spouse. Reduced for early commencement similarly to Early Retirement Benefit.																												
Actuarial Equivalence	Non-417(e): Interest (6%) and IRS Applicable Mortality 417(e) Basis: 1 year stability period, 2-month look back																												
Normal Form of Payment	Single Life Annuity																												
Optional Payment Forms	Lump sum, life only, J&S annuity (50%, 75%, 100%), Life and Certain annuity (5, 10, 15 year)																												

Attachment to 2025 Form 5500 Schedule SB
 Lakeside Foods Pension Plan for United Food & Commercial Workers - Owatonna Division
 EIN: 39-0417640 P/N: 002

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

Weighted Average Retirement Age				
(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
62	9.2660	0.0666	0.6175	38.2839
63	8.5980	0.1535	1.3198	83.1477
64	8.2268	0.1923	1.5820	101.2509
65	6.5911	0.2390	1.5755	102.4071
66	4.9689	0.2937	1.4592	96.3084
67	3.4715	0.3532	1.2263	82.1602
68	2.2169	0.4187	0.9282	63.1175
69	1.2695	0.4870	0.6183	42.6624
70	0.6396	1.0000	0.6396	44.7730
Total			9.9664	654.1111
Average				65.6300

Attachment to 2025 Form 5500 Schedule SB
Lakeside Foods Pension Plan for United Food & Commercial Workers - Owatonna Division
EIN: 39-0417640 P/N: 002

Schedule SB, Part V – Summary of Plan Provisions

Key Plan Provisions																													
EIN / Plan Number	39-0417640 / 002																												
Effective Date	February 1, 2004																												
Plan Year	February 1, 2025 to January 31, 2026																												
Vesting Service	Computation periods (December 1 – November 30) in which an employee completes at least 100 days of service (1 hour worked in day).																												
Participation	February 1 st or August 1 st coincident with or next following attainment of age 21 with 1 year of Eligibility Service. No employees will enter the plan after February 1, 2004.																												
Vesting	100% after 5 years of Vesting Service																												
Normal Retirement Date	1 st of the month coincident with or next following the later of age 65 or 5 years of Participation																												
Benefit Service (Effective post-2000) (Frozen July 15, 2004)	Based on the following chart of days of service (1 hour worked in day) worked in a given calendar year: <table><tr><td>Days of Service</td><td>Benefit Service</td><td>Days of Service</td><td>Benefit Service</td></tr><tr><td>16-31</td><td>1/12</td><td>112-127</td><td>7/12</td></tr><tr><td>32-47</td><td>2/12</td><td>128-143</td><td>8/12</td></tr><tr><td>48-63</td><td>3/12</td><td>144-159</td><td>9/12</td></tr><tr><td>64-79</td><td>4/12</td><td>160-175</td><td>10/12</td></tr><tr><td>80-95</td><td>5/12</td><td>176-191</td><td>11/12</td></tr><tr><td>96-111</td><td>6/12</td><td>192+</td><td>12/12</td></tr></table>	Days of Service	Benefit Service	Days of Service	Benefit Service	16-31	1/12	112-127	7/12	32-47	2/12	128-143	8/12	48-63	3/12	144-159	9/12	64-79	4/12	160-175	10/12	80-95	5/12	176-191	11/12	96-111	6/12	192+	12/12
Days of Service	Benefit Service	Days of Service	Benefit Service																										
16-31	1/12	112-127	7/12																										
32-47	2/12	128-143	8/12																										
48-63	3/12	144-159	9/12																										
64-79	4/12	160-175	10/12																										
80-95	5/12	176-191	11/12																										
96-111	6/12	192+	12/12																										
Monthly Accrued Benefit (Frozen July 15, 2004)	\$21 (benefit level) multiplied by years of Benefit Service.																												
Early Retirement Benefit	Eligibility: Age 59 ½ with 5 years of Vesting Service Benefit: Accrued Benefit reduced by 5% for each year the commencement date precedes the Normal Retirement Date to age 62 and actuarially reduced prior to age 62.																												
Late Retirement Benefit	Accrued benefit actuarially increased for any month after Normal Retirement Date in which the Participant completes less than 40 hours of service.																												
Disability Retirement Benefit	Eligibility: Disabled and qualifying for Social Security disability with 15 years of Vesting Service Benefit: Accrued Benefit without reduction once other disability payments are exhausted																												
Death Benefit	60% of the Accrued Benefit reduced for the 50% J&S form payable to qualified surviving spouse. Reduced for early commencement similarly to Early Retirement Benefit.																												
Actuarial Equivalence	Non-417(e): Interest (6%) and IRS Applicable Mortality 417(e) Basis: 1 year stability period, 2-month look back																												
Normal Form of Payment	Single Life Annuity																												
Optional Payment Forms	Lump sum, life only, J&S annuity (50%, 75%, 100%), Life and Certain annuity (5, 10, 15 year)																												

Attachment to 2025 Form 5500 Schedule SB
Lakeside Foods Pension Plan for United Food & Commercial Workers - Owatonna Division
EIN: 39-0417640 P/N: 002

Schedule SB, Line 32 – Schedule of Amortization Bases

Base	Date Created	Years Left	Present Value of Remaining Installments	Installment
Shortfall	2/1/2023	13	531,616	54,628
Shortfall	2/1/2024	14	(64,084)	(6,257)
Shortfall	2/1/2025	15	(157,353)	(14,669)
Total			310,179	33,702

Attachment to 2025 Form 5500 Schedule SB
Lakeside Foods Pension Plan for United Food & Commercial Workers - Owatonna Division
EIN: 39-0417640 P/N: 002

Schedule SB, Line 24 – Change in Actuarial Assumptions

The form of payment assumption was updated from 40% of future retirees electing a single life annuity and 60% of future retirees electing a lump sum and to 30% of future retirees electing a single life annuity and 70% of future retirees electing a lump sum.