

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan RICELAND FOODS, INC. EMPLOYEE BENEFIT PENSION PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 07/15/1953
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) RICELAND FOODS, INC. 2120 SOUTH PARK AVENUE P.O. BOX 927 STUTTGART, AR 72160
2b	Employer Identification Number (EIN) 71-0578942
2c	Plan Sponsor's telephone number 870-673-5500
2d	Business code (see instructions) 311200

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.	05/15/2026	CRAIG PARR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 1833
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) 372 6a(2) 329 6b 918 6c 233 6d 1480 6e 305 6f 1785 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

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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/31/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan RICELAND FOODS, INC. EMPLOYEE BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF RICELAND FOODS, INC.	D Employer Identification Number (EIN) 71-0578942
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 08 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	324429987	
b	Actuarial value	2b	313956238	
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	1205	173755748	173755748
b	For terminated vested participants	262	14587872	14587872
c	For active participants	372	59719815	64140440
d	Total	1839	248063435	252484060
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	5.40 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	4302498	
b	Expected plan-related expenses	6b	750000	
c	Target normal cost	6c	5052498	

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 DAVID G. BELL Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name 500 NORTH AKARD STREET SUITE 4300 DALLAS, TX 75201 Address of the firm	05/12/2026 Date 26-03180 Most recent enrollment number 214-530-4200 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)	5645717	30174601
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)	5645717	30174601
10	Interest on line 9 using prior year's actual return of <u>11.23</u> %	634014	3388608
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.25</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	6279731	33563209

Part III Funding Percentages

14	Funding target attainment percentage	14	108.56 %
15	Adjusted funding target attainment percentage	15	124.34 %
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	115.92 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:			
a Segment rates:	1st segment: 5.04 %	2nd segment: 5.32 %	3rd segment: 5.59 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 63
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	5052498
b Excess assets, if applicable, but not greater than line 31a		31b	5052498
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/31/2025

A Name of plan RICELAND FOODS, INC. EMPLOYEE BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 RICELAND FOODS, INC.	D Employer Identification Number (EIN) 71-0578942

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

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

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

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

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

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

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

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

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

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

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

(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)

DELAWARE CAPITAL MANAGEMENT

23-3061021

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	297762	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LUTHER KING

71-0163033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	224054	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POLEN CAPITAL MANAGEMENT

13-2984374

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	168068	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

BRANDES

33-0704072

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	82541	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAZARD

93-0437848

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	69652	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAZARD - EM CORE EQUITY

05-0530199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	58206	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

ARISTOTLE VALUE EQUITY

47-1867873

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	48611	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLEAR BRIDGE

01-0846058

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	45717	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KAYNE ANDERSON CAPITAL ADVISORS LP

95-4486379

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	32543	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

BLACKROCK INVESTMENTS LLC

13-3806694

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	30277	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAPITAL GROUP INTERNATIONAL

95-4154357

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	27690	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEUBERGER INSTRINSIC VALUE FUND

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	25513	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

DELAWARE CAPITAL MANAGEMENT

23-3061021

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	24420	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PIMCO

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	22388	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/31/2025

A Name of plan RICELAND FOODS, INC. EMPLOYEE BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 RICELAND FOODS, INC.	D Employer Identification Number (EIN) 71-0578942

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	555895	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	952786	768967
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15659056	29243106
(2) U.S. Government securities	1c(2)	116940281	95523966
(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)	106953583	104652755
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	80528941	82258151
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	2850047	6499509

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	324440589	318946454
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	64684	33590
k Total liabilities (add all amounts in lines 1g through 1j)	1k	64684	33590
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	324375905	318912864

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	508888	
(B) U.S. Government securities	2b(1)(B)	4657214	
(C) Corporate debt instruments	2b(1)(C)	164942	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	14554	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5345598
(2) Dividends: (A) Preferred stock	2b(2)(A)	2579558	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2579558
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	399602761	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	398410370	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1192391
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	9451759	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		12569558
c Other income	2c		187841
d Total income. Add all income amounts in column (b) and enter total	2d		31326705

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16427083	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	17640637	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		34067720
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	2722026	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2722026
j Total expenses. Add all expense amounts in column (b) and enter total	2j		36789746

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-5463041
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: **FORVIS, LLP**

(2) EIN: **44-0160260**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
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 570045.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/31/2025		
A Name of plan RICELAND FOODS, INC. EMPLOYEE BENEFIT PENSION PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 RICELAND FOODS, INC.		D Employer Identification Number (EIN) 71-0578942
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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: 59.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 32.0 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 9.0 % Other: 0.0 %

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_____.



May 15, 2026

Department of Labor
Employee Benefits Security Administration

RE: Delay in Finalizing 2024 Audited Financial Statements

To Whom It May Concern:

We have experienced an unavoidable delay in finalizing our 2024 audited financial statements for the following Plan:

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
Plan Number: 002
Plan Sponsor: Riceland Foods, Inc.
EIN: 71-0578942
Plan Year End: July 31, 2025

We will make every effort to file an amended Form 5500 Annual Return/ Report of Employee Benefit Plan with audited financial statements as soon as possible.

Please feel free to reach out with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Craig Parr".

Craig Parr
Chief Financial Officer

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of August 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	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	1	10	0	0	0	0	0	11
40-44	0	0	0	0	16	19	0	0	0	0	35
45-49	0	0	0	0	19	37	6	0	0	0	62
50-54	0	0	0	1	14	24	27	10	3	0	79
55-59	0	0	0	0	7	17	18	20	19	0	81
60-64	0	0	0	1	9	15	14	8	21	8	76
65-69	0	0	0	0	3	1	4	3	7	5	23
70 & over	0	0	0	0	1	1	0	0	1	2	5
Total	0	0	0	3	79	114	69	41	51	15	372

¹ Age and service for purposes of determining category are based on exact (not rounded) values.
Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN: 71-0578942/002
Plan Sponsor: Riceland Foods, Inc.
Valuation Date: August 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month August
- Interest rate basis 3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	5.04%	5.04%
• Second segment rate	5.32%	5.32%
• Third segment rate	5.59%	5.33%
• Effective interest rate	5.40%	5.31%

Annual rates of increase

- Compensation 3.00%
- Future Social Security wage bases 3.00%
- Statutory limits on compensation 2.75%

Administrative expenses \$750,000

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN: 71-0578942/002
Plan Sponsor: Riceland Foods, Inc.
Valuation Date: August 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

- **Healthy** Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e. MP-2021 with no mortality improvement for 2020 – 2023 and future mortality improvement capped at 0.78% for years after 2024).
- **Disabled** Same as described above for healthy mortality

Termination The rates at which participants are assumed to leave the Company vary by age. Termination rates are shown below:

Percentage leaving during the year

Age	Males and Females
30 - 34	9.00%
35	8.00%
36	7.00%
37	6.00%
38 - 39	5.00%
40 - 54	4.25%
55 - 70	0.00%

Disability None.

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN: 71-0578942/002
Plan Sponsor: Riceland Foods, Inc.
Valuation Date: August 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age, average age 63.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Age	Males and Females
55	10.00%
56	3.00%
57	3.00%
58	3.00%
59	3.00%
60	5.00%
61	15.00%
62	20.00%
63	15.00%
64	20.00%
65	35.00%
66	25.00%
67	20.00%
68	10.00%
69	10.00%
70	100.00%

Benefit

commencement date:

- Preretirement death benefit If the participant had at least five years of vesting service, the later of the death of the active participant or the date the participant would have attained age 55; otherwise, Normal Retirement Age.
- Deferred vested benefit Age 65.
- Retirement benefit Upon termination of employment.

Form of payment

Participants are assumed to elect the normal form.

Percentage married

85% of eligible participants are assumed to be married. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN: 71-0578942/002
Plan Sponsor: Riceland Foods, Inc.
Valuation Date: August 1, 2024

SCHEDULE SB ATTACHMENTS

Spouse age	Male participants are assumed to be 3 years older than their spouses and female participants are assumed to be 3 years younger than their spouses.
Covered pay	Compensation assumed paid in the current year beginning on the valuation date is the larger of the actual plan compensation paid in the prior plan year and the current annual rate of pay. The amounts shown include compensation for those employees whose age on the valuation date equals or exceeds the ultimate net retirement age.
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan.
Cash flow	
Decrement timing	The assumptions used are collectively called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN: 71-0578942/002
Plan Sponsor: Riceland Foods, Inc.
Valuation Date: August 1, 2024

SCHEDULE SB ATTACHMENTS

receivable (discounted using the effective interest rate for the prior plan year).

Tax policy

The actuarial valuation performed for the plan year ending July 31, 2025 is used to determine the maximum deductible contribution for the tax year ending July 31, 2025.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with Riceland Foods, Inc. We have not valued potential Unpredictable Contingent Event Benefits because of the small likelihood that these benefits will be paid. WTW has reviewed the plan provisions with Riceland Foods, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits (with a present value up to \$7,000) in a single lump sum payment. Such lumps sums are not explicitly valued as such; rather such participants benefits are valued using the benefit choice assumptions described above.

Sources of Data and Other Information

The plan sponsor furnished participant data as of August 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

In consultation with Riceland Foods, the following assumptions were made for missing or apparently inconsistent data elements:

- **Missing spouse date of birth** Male participants are assumed to be 3 years older than their spouses and female participants are assumed to be 3 years younger than their spouses.
- **Missing spouse gender** Male participants are assumed to have female spouses and female participants are assumed to have male spouses.
- **Annual Pay Rate** Rate of pay as of the valuation date is assumed to be the greater of the current pay rate provided and the actual prior year pay.
- **Unavailable benefit information** For participants and beneficiaries where a deferred benefit amount was not readily available, estimates of the deferred benefit have been made.

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN: 71-0578942/002
Plan Sponsor: Riceland Foods, Inc.
Valuation Date: August 1, 2024

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Rates of increase in:

- **Compensation** Assumed compensation increases are based on plan sponsor expectations for near-term years and the effect that the assumed long-term CPI and NAW will have on compensation increases over the longer term.

We believe that the assumptions chosen do not significantly conflict with what would be reasonable based on the assumed future CPI increases inherent in current bond rates, the historical variability of CPI, and historical rates of compensation increase in the plan.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality Assumptions used for funding purposes are as prescribed by IRC §430(h).

Disabled Mortality Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination Termination rates were based on historic rates and plan size, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Retirement Retirement rates were based on historic rates and plan size, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Marital Assumptions

- **Percent married** The assumed percentage married is based on a blending of the marital status of recent retirees and of the current active population.
- **Spouse age** The assumed age difference for spouses is based on a blending of the age difference of recent retirees and of the current active population.

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN: 71-0578942/002
Plan Sponsor: Riceland Foods, Inc.
Valuation Date: August 1, 2024

SCHEDULE SB ATTACHMENTS

For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Source of Prescribed Methods

Funding methods The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions since prior valuation The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality tables and improvement scale, as required by guidance issued by the IRS under IRC §430, and was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by the IRS under IRC §430.

The disabled mortality assumption was updated to align with the healthy mortality assumption.

The assumed plan-related expenses added to the target normal cost were changed from \$725,000 for 2023 to \$750,000 for 2024.

The annual assumed rate of future compensation increases was changed from 3.50% to 3.00%.

Change in methods since prior valuation None.

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN: 71-0578942/002
Plan Sponsor: Riceland Foods, Inc.
Valuation Date: August 1, 2024



May 15, 2026

Department of Labor
Employee Benefits Security Administration

RE: Delay in Finalizing 2024 Audited Financial Statements

To Whom It May Concern:

We have experienced an unavoidable delay in finalizing our 2024 audited financial statements for the following Plan:

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
Plan Number: 002
Plan Sponsor: Riceland Foods, Inc.
EIN: 71-0578942
Plan Year End: July 31, 2025

We will make every effort to file an amended Form 5500 Annual Return/ Report of Employee Benefit Plan with audited financial statements as soon as possible.

Please feel free to reach out with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Craig Parr".

Craig Parr
Chief Financial Officer

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/31/2025

► Round off amounts to nearest dollar.

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

A Name of plan Riceland Foods, Inc. Employee Benefit Pension Plan		B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Riceland Foods, Inc.		D Employer Identification Number (EIN) 71-0578942	
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 08 Day 01 Year 2024				
2 Assets:				
a Market value		2a	324,429,987	
b Actuarial value		2b	313,956,238	
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		1,205	173,755,748	173,755,748
b For terminated vested participants		262	14,587,872	14,587,872
c For active participants		372	59,719,815	64,140,440
d Total		1,839	248,063,435	252,484,060
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	5.40 %	
6	Target normal cost			
a Present value of current plan year accruals		6a	4,302,498	
b Expected plan-related expenses		6b	750,000	
c Target normal cost		6c	5,052,498	

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	David G. Bell	DGB	May 12, 2026
Signature of actuary		Date	
David G. Bell		2603180	
Type or print name of actuary		Most recent enrollment number	
Willis Towers Watson US LLC		214-530-4200	
Firm name		Telephone number (including area code)	
500 North Akard Street Suite 4300 Dallas TX 75201			
Address of the firm			

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

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

Schedule SB (Form 5500) 2024
v. 240311

Part 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)	5,645,717	30,174,601
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)	5,645,717	30,174,601
10 Interest on line 9 using prior year's actual return of <u>11.23</u> %	634,014	3,388,608
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.25</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	6,279,731	33,563,209

Part III Funding Percentages

14 Funding target attainment percentage	14	108.56 %
15 Adjusted funding target attainment percentage	15	124.34 %
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	115.92 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

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

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

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

21 Discount rate:			
a Segment rates:	1st segment: 5.04 %	2nd segment: 5.32 %	3rd segment: 5.59 % ☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 63
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	5,052,498	
b Excess assets, if applicable, but not greater than line 31a	31b	5,052,498	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Riceland Foods, Inc.
EIN/PN	71-0578942/002
Plan Name	Riceland Foods, Inc. Employee Benefit Pension Plan
Valuation Date	August 1, 2024
Enrolled Actuary	David G. Bell
Enrollment Number	26-03180

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of August 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x	l_x	_{x-55}p₅₅	q_x * (l_x / l₅₅)	x * q_x * l_x / l₅₅
55	0.10	1,000	1.000000	0.100000	5.500000
56	0.03	900	0.900000	0.027000	1.512000
57	0.03	873	0.873000	0.026190	1.492830
58	0.03	847	0.846810	0.025404	1.473449
59	0.03	821	0.821406	0.024642	1.453888
60	0.05	797	0.796764	0.039838	2.390291
61	0.15	757	0.756925	0.113539	6.925867
62	0.20	643	0.643387	0.128677	7.977993
63	0.15	515	0.514709	0.077206	4.864002
64	0.20	438	0.437503	0.087501	5.600037
65	0.35	350	0.350002	0.122501	7.962552
66	0.25	228	0.227501	0.056875	3.753774
67	0.20	171	0.170626	0.034125	2.286390
68	0.10	137	0.136501	0.013650	0.928206
69	0.10	123	0.122851	0.012285	0.847671
70	1.00	111	0.110566	0.110566	7.739600

Average age at retirement 62.708551

Rounded for Schedule SB item 22 63

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN: 71-0578942/002
Plan Sponsor: Riceland Foods, Inc.
Valuation Date: August 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month August
- Interest rate basis 3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	5.04%	5.04%
• Second segment rate	5.32%	5.32%
• Third segment rate	5.59%	5.33%
• Effective interest rate	5.40%	5.31%

Annual rates of increase

- Compensation 3.00%
- Future Social Security wage bases 3.00%
- Statutory limits on compensation 2.75%

Administrative expenses \$750,000

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN: 71-0578942/002
Plan Sponsor: Riceland Foods, Inc.
Valuation Date: August 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

- **Healthy** Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e. MP-2021 with no mortality improvement for 2020 – 2023 and future mortality improvement capped at 0.78% for years after 2024).
- **Disabled** Same as described above for healthy mortality

Termination The rates at which participants are assumed to leave the Company vary by age. Termination rates are shown below:

Percentage leaving during the year

Age	Males and Females
30 - 34	9.00%
35	8.00%
36	7.00%
37	6.00%
38 - 39	5.00%
40 - 54	4.25%
55 - 70	0.00%

Disability None.

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN: 71-0578942/002
Plan Sponsor: Riceland Foods, Inc.
Valuation Date: August 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age, average age 63.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Age	Males and Females
55	10.00%
56	3.00%
57	3.00%
58	3.00%
59	3.00%
60	5.00%
61	15.00%
62	20.00%
63	15.00%
64	20.00%
65	35.00%
66	25.00%
67	20.00%
68	10.00%
69	10.00%
70	100.00%

Benefit

commencement date:

- Preretirement death benefit If the participant had at least five years of vesting service, the later of the death of the active participant or the date the participant would have attained age 55; otherwise, Normal Retirement Age.
- Deferred vested benefit Age 65.
- Retirement benefit Upon termination of employment.

Form of payment

Participants are assumed to elect the normal form.

Percentage married

85% of eligible participants are assumed to be married. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN: 71-0578942/002
Plan Sponsor: Riceland Foods, Inc.
Valuation Date: August 1, 2024

SCHEDULE SB ATTACHMENTS

Spouse age Male participants are assumed to be 3 years older than their spouses and female participants are assumed to be 3 years younger than their spouses.

Covered pay Compensation assumed paid in the current year beginning on the valuation date is the larger of the actual plan compensation paid in the prior plan year and the current annual rate of pay. The amounts shown include compensation for those employees whose age on the valuation date equals or exceeds the ultimate net retirement age.

At-risk assumptions For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan.

Cash flow

- **Decrement timing** The assumptions used are collectively called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
- **Timing of benefit payments** Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN: 71-0578942/002
Plan Sponsor: Riceland Foods, Inc.
Valuation Date: August 1, 2024

SCHEDULE SB ATTACHMENTS

receivable (discounted using the effective interest rate for the prior plan year).

Tax policy

The actuarial valuation performed for the plan year ending July 31, 2025 is used to determine the maximum deductible contribution for the tax year ending July 31, 2025.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with Riceland Foods, Inc. We have not valued potential Unpredictable Contingent Event Benefits because of the small likelihood that these benefits will be paid. WTW has reviewed the plan provisions with Riceland Foods, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits (with a present value up to \$7,000) in a single lump sum payment. Such lumps sums are not explicitly valued as such; rather such participants benefits are valued using the benefit choice assumptions described above.

Sources of Data and Other Information

The plan sponsor furnished participant data as of August 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

In consultation with Riceland Foods, the following assumptions were made for missing or apparently inconsistent data elements:

- **Missing spouse date of birth** Male participants are assumed to be 3 years older than their spouses and female participants are assumed to be 3 years younger than their spouses.
- **Missing spouse gender** Male participants are assumed to have female spouses and female participants are assumed to have male spouses.
- **Annual Pay Rate** Rate of pay as of the valuation date is assumed to be the greater of the current pay rate provided and the actual prior year pay.
- **Unavailable benefit information** For participants and beneficiaries where a deferred benefit amount was not readily available, estimates of the deferred benefit have been made.

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN: 71-0578942/002
Plan Sponsor: Riceland Foods, Inc.
Valuation Date: August 1, 2024

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Rates of increase in:

- **Compensation** Assumed compensation increases are based on plan sponsor expectations for near-term years and the effect that the assumed long-term CPI and NAW will have on compensation increases over the longer term.

We believe that the assumptions chosen do not significantly conflict with what would be reasonable based on the assumed future CPI increases inherent in current bond rates, the historical variability of CPI, and historical rates of compensation increase in the plan.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality Assumptions used for funding purposes are as prescribed by IRC §430(h).

Disabled Mortality Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination Termination rates were based on historic rates and plan size, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Retirement Retirement rates were based on historic rates and plan size, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Marital Assumptions

- **Percent married** The assumed percentage married is based on a blending of the marital status of recent retirees and of the current active population.
- **Spouse age** The assumed age difference for spouses is based on a blending of the age difference of recent retirees and of the current active population.

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN: 71-0578942/002
Plan Sponsor: Riceland Foods, Inc.
Valuation Date: August 1, 2024

SCHEDULE SB ATTACHMENTS

For the reasons discussed above, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality tables and improvement scale, as required by guidance issued by the IRS under IRC §430, and was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by the IRS under IRC §430.

The disabled mortality assumption was updated to align with the healthy mortality assumption.

The assumed plan-related expenses added to the target normal cost were changed from \$725,000 for 2023 to \$750,000 for 2024.

The annual assumed rate of future compensation increases was changed from 3.50% to 3.00%.

Change in methods since prior valuation

None.

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN: 71-0578942/002
Plan Sponsor: Riceland Foods, Inc.
Valuation Date: August 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were changed from \$725,000 for 2023 to \$750,000 for 2024.

The annual assumed rate of future compensation increases was changed from 3.50% to 3.00%.

The disabled mortality assumption was updated to align with the healthy mortality assumption.

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN: 71-0578942/002
Plan Sponsor: Riceland Foods, Inc.
Valuation Date: August 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Sponsor

Riceland Foods, Inc.

Plan

Riceland Foods, Inc. Employee Benefit Pension Plan

Effective Date and Most Recent Amendment

The plan was originally effective July 15, 1953. The plan was last amended effective April 5, 2024.

Plan Year

The twelve-month period ending July 31.

Coverage and Participation

Participation in the Plan was closed to new and rehired employees effective August 1, 2009.

Credited Service

The number of years and completed months of service from date of hire to date of termination, adjusted for certain periods of unpaid absence. Employees must be credited with at least 1,000 hours of service to earn credited service during the calendar year.

Vesting Service

Total service from date of hire to date of termination, less any absence in excess of 12 months, using elapsed time.

Plan Name:	Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN:	71-0578942/002
Plan Sponsor:	Riceland Foods, Inc.
Valuation Date:	August 1, 2024

SCHEDULE SB ATTACHMENTS

Final Average Compensation/Salary

The monthly average of the 60 consecutive months' compensation out of the last 120 months that gives the highest average. Compensation includes W-2 compensation plus any compensation deferred under a Section 125 or Section 401(k) plan, but exclusive of expense allowances and any form of compensation which would not be taxable as F.I.C.A. wages without regard to the dollar limitation. Compensation is limited to \$345,000 for 2024 (indexed) as required.

Normal Retirement Benefit

Normal Retirement Date: The first of the month coincident with or next following age 65.

Benefit Formula:

Formula A: 1.6% of final average monthly compensation times credited service

less

1.5% of the participant's age 65 monthly Primary Insurance Amount under the Social Security Law in effect on the January 1st preceding retirement or termination of service, times credited service up to 33-1/3 years.

Formula B: 3.0% of final average monthly compensation times credited service up to 20 years

less

60.0% of the participant's age 65 monthly Primary Insurance Amount under the Social Security Law in effect on the January 1st preceding retirement or termination of service.

Formula C: \$12 times credited service.

Normal Form of Benefit: 10 years certain & life thereafter.

Late Retirement

If retirement occurs after the normal retirement date, the late retirement income will be based on the greater of:

- The normal retirement benefit calculated using credited service and final average monthly compensation as of the late retirement date.

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN: 71-0578942/002
Plan Sponsor: Riceland Foods, Inc.
Valuation Date: August 1, 2024

SCHEDULE SB ATTACHMENTS

- The income provided by the single-sum value of the retirement income payable as of normal retirement date if employment had then terminated, accumulated with interest to actual retirement date.

Accrued Benefits

The participant's accrued benefit at any given date is the product of (a) the projected normal retirement benefit, based on the formulas above, the credited service projected to the participant's normal retirement date, and the final average monthly compensation determined as of the given date times (b) the ratio of credited service at the given date to credited service projected to normal retirement date.

Early Retirement Benefit

Eligibility: Age 55 and 5 years of vesting service.

Benefit: Accrued benefit as of early retirement date multiplied by an early retirement factor due to earlier commencement of payments.

Age	Factor on Pay Portion	Factor on PIA Portion
65	100.0%	100.0%
64	98.0%	93.3%
63	96.0%	86.7%
62	94.0%	80.0%
61	92.0%	73.3%
60	90.0%	66.7%
59	84.0%	63.3%
58	78.0%	60.0%
57	72.0%	56.7%
56	66.0%	53.3%
55	60.0%	50.0%

In lieu of the factors described above, the Factor on Pay Portion, in the case of a Participant who retires after having either (a) both attained the age of 55 and completed 35 years of vesting service or (b) both attained the age of 60 and completed 30 years of benefit accrual service shall be equal to 100%.

Vested Benefits Upon Termination of Service

Vesting: A participant is 100% vested upon completion of 5 years of vesting service. However, all participants become 100% vested upon reaching age 65.

Termination Benefit: The termination benefit is equal to the vested accrued benefit, payable in the normal form, commencing at normal retirement date. Optionally, the participant may elect to receive an actuarially reduced benefit commencing prior to normal retirement date. The participant may also elect to receive an actuarially reduced benefit in order to provide a death benefit for the period between termination and the date retirement payments commence. Such death benefit is equal to the actuarial

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN: 71-0578942/002
Plan Sponsor: Riceland Foods, Inc.
Valuation Date: August 1, 2024

SCHEDULE SB ATTACHMENTS

present value of the deferred accrued benefit, determined as of the termination date, accumulated with interest until the date of death.

Death Benefits for Participants in Active Service

Eligibility: 5 years of vesting service.

Benefit: The participant's beneficiary will receive an income payable for 10 years certain and life that can be provided by the present value of the accrued benefit.

If death occurs after normal retirement but prior to actual retirement, the participant's beneficiary will receive a benefit equal in value to the late retirement benefit described above that the participant would have received had he retired as of his date of death.

Optional Forms of Retirement Income in Lieu of Normal Form

The plan provides optional payment forms, including the qualified Joint and Contingent benefit for married employees, on an actuarially equivalent basis. Actuarial equivalence for this purpose is based on an 8.0% interest rate and the UP-1984 Mortality Table.

Special Provisions for Top-Heavy Plans

The plan is top-heavy in any plan year that the value of accrued benefits for "Key Employees" (as defined in the Internal Revenue Code) is 60% or more of the total value of accrued benefits under the plan.

Vesting: For years that the plan is top-heavy the minimum vesting percentage is equal to 20% after one year of vesting service, increasing by 20% per year until it is 100% after five years of vesting service.

Minimum Accrued Benefit: There is a minimum accrued benefit equal to 2% of five-year-average pay times the number of years of service after January 1, 1984, that the plan is top-heavy, up to a maximum of ten years.

Special Treatment for Former Participants in the Carpenters Union Retirement Plan

Accrued benefit from previous plan frozen at July 31, 1988.

Treated as new employees at August 1, 1988, but with prior vesting service.

Frozen accrued benefit receives actuarially equivalent early retirement factors.

Special Treatment for Former ADM Milling Employees

Receive back vesting and participation service from original date of hire.

Receive credited service from acquisition date of October 1, 1994.

Plan Name:	Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN:	71-0578942/002
Plan Sponsor:	Riceland Foods, Inc.
Valuation Date:	August 1, 2024

SCHEDULE SB ATTACHMENTS

Special Treatment for Former Missouri Rice Mill Employees

Receive participation service from original date of hire.

Receive credited and vesting service from acquisition date of October 1, 2002.

Changes in Plan Provisions since Last Actuarial Valuation

The plan was amended to let benefits with present values under \$7,000 be distributed as a lump sum.

Plan Name:	Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN:	71-0578942/002
Plan Sponsor:	Riceland Foods, Inc.
Valuation Date:	August 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of August 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	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	1	10	0	0	0	0	0	11
40-44	0	0	0	0	16	19	0	0	0	0	35
45-49	0	0	0	0	19	37	6	0	0	0	62
50-54	0	0	0	1	14	24	27	10	3	0	79
55-59	0	0	0	0	7	17	18	20	19	0	81
60-64	0	0	0	1	9	15	14	8	21	8	76
65-69	0	0	0	0	3	1	4	3	7	5	23
70 & over	0	0	0	0	1	1	0	0	1	2	5
Total	0	0	0	3	79	114	69	41	51	15	372

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan

EIN / PN: 71-0578942/002

Plan Sponsor: Riceland Foods, Inc.

Valuation Date: August 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	405,043	239,476	16,200,761	16,845,280
2025	1,019,586	447,763	15,927,807	17,395,156
2026	1,624,629	482,991	15,628,420	17,736,040
2027	2,164,625	537,595	15,300,229	18,002,449
2028	2,644,256	573,439	14,945,507	18,163,202
2029	3,080,787	609,987	14,537,643	18,228,417
2030	3,479,539	656,742	14,100,885	18,237,166
2031	3,879,671	694,222	13,656,534	18,230,427
2032	4,228,275	729,040	13,181,646	18,138,961
2033	4,518,430	813,293	12,659,788	17,991,511
2034	4,754,258	889,543	12,121,477	17,765,278
2035	4,978,314	929,069	11,583,801	17,491,184
2036	5,199,060	991,916	11,024,649	17,215,625
2037	5,348,732	1,046,235	10,446,705	16,841,672
2038	5,461,276	1,086,597	9,853,167	16,401,040
2039	5,557,236	1,138,026	9,247,637	15,942,899
2040	5,637,757	1,172,507	8,634,087	15,444,351
2041	5,702,766	1,180,285	8,016,877	14,899,928
2042	5,741,428	1,217,339	7,400,630	14,359,397
2043	5,754,687	1,276,969	6,790,174	13,821,830
2044	5,721,283	1,320,579	6,190,428	13,232,290
2045	5,659,507	1,327,506	5,606,232	12,593,245
2046	5,584,609	1,316,600	5,042,288	11,943,497
2047	5,483,809	1,310,564	4,502,996	11,297,369
2048	5,346,144	1,301,510	3,992,304	10,639,958
2049	5,171,869	1,294,380	3,513,575	9,979,824
2050	4,986,286	1,275,110	3,069,356	9,330,752
2051	4,791,399	1,248,863	2,661,353	8,701,615
2052	4,584,239	1,229,145	2,290,430	8,103,814
2053	4,357,904	1,195,645	1,956,653	7,510,202
2054	4,114,184	1,145,850	1,659,356	6,919,390
2055	3,867,027	1,095,621	1,397,190	6,359,838
2056	3,617,450	1,044,603	1,168,324	5,830,377
2057	3,367,903	992,182	970,531	5,330,616
2058	3,119,969	938,822	801,264	4,860,055
2059	2,875,592	884,622	657,829	4,418,043
2060	2,636,886	830,310	537,415	4,004,611
2061	2,405,374	776,162	437,217	3,618,753
2062	2,182,750	722,007	354,548	3,259,305
2063	1,970,471	668,764	286,860	2,926,095
2064	1,769,570	617,036	231,832	2,618,438
2065	1,580,357	566,703	187,384	2,334,444
2066	1,403,351	518,039	151,676	2,073,066
2067	1,238,838	471,275	123,106	1,833,219
2068	1,086,966	426,612	100,305	1,613,883
2069	947,667	384,210	82,116	1,413,993
2070	820,675	344,197	67,581	1,232,453
2071	705,681	306,674	55,918	1,068,273
2072	602,299	271,717	46,489	920,505
2073	510,062	239,358	38,801	788,221

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
 EIN / PN: 71-0578942/002
 Plan Sponsor: Riceland Foods, Inc.
 Valuation Date: August 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of August 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q _x	l _x	_{x-55} p ₅₅	q _x * (l _x / l ₅₅)	x * q _x * l _x / l ₅₅
55	0.10	1,000	1.000000	0.100000	5.500000
56	0.03	900	0.900000	0.027000	1.512000
57	0.03	873	0.873000	0.026190	1.492830
58	0.03	847	0.846810	0.025404	1.473449
59	0.03	821	0.821406	0.024642	1.453888
60	0.05	797	0.796764	0.039838	2.390291
61	0.15	757	0.756925	0.113539	6.925867
62	0.20	643	0.643387	0.128677	7.977993
63	0.15	515	0.514709	0.077206	4.864002
64	0.20	438	0.437503	0.087501	5.600037
65	0.35	350	0.350002	0.122501	7.962552
66	0.25	228	0.227501	0.056875	3.753774
67	0.20	171	0.170626	0.034125	2.286390
68	0.10	137	0.136501	0.013650	0.928206
69	0.10	123	0.122851	0.012285	0.847671
70	1.00	111	0.110566	0.110566	7.739600

Average age at retirement 62.708551

Rounded for Schedule SB item 22 63

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
 EIN / PN: 71-0578942/002
 Plan Sponsor: Riceland Foods, Inc.
 Valuation Date: August 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Riceland Foods, Inc.
EIN/PN	71-0578942/002
Plan Name	Riceland Foods, Inc. Employee Benefit Pension Plan
Valuation Date	August 1, 2024
Enrolled Actuary	David G. Bell
Enrollment Number	26-03180

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	405,043	239,476	16,200,761	16,845,280
2025	1,019,586	447,763	15,927,807	17,395,156
2026	1,624,629	482,991	15,628,420	17,736,040
2027	2,164,625	537,595	15,300,229	18,002,449
2028	2,644,256	573,439	14,945,507	18,163,202
2029	3,080,787	609,987	14,537,643	18,228,417
2030	3,479,539	656,742	14,100,885	18,237,166
2031	3,879,671	694,222	13,656,534	18,002,427
2032	4,228,275	729,040	13,181,646	18,138,961
2033	4,518,430	813,293	12,659,788	17,991,511
2034	4,754,258	889,543	12,121,477	17,765,278
2035	4,978,314	929,069	11,583,801	17,491,184
2036	5,199,060	991,916	11,024,649	17,215,625
2037	5,348,732	1,046,235	10,446,705	16,841,672
2038	5,461,276	1,086,597	9,853,167	16,401,040
2039	5,557,236	1,138,026	9,247,637	15,942,899
2040	5,637,757	1,172,507	8,634,087	15,444,351
2041	5,702,766	1,180,285	8,016,877	14,899,928
2042	5,741,428	1,217,339	7,400,630	14,359,397
2043	5,754,687	1,276,969	6,790,174	13,821,830
2044	5,721,283	1,320,579	6,190,428	13,232,290
2045	5,659,507	1,327,506	5,606,232	12,593,245
2046	5,584,609	1,316,600	5,042,288	11,943,497
2047	5,483,809	1,310,564	4,502,996	11,297,369
2048	5,346,144	1,301,510	3,992,304	10,639,958
2049	5,171,869	1,294,380	3,513,575	9,979,824
2050	4,986,286	1,275,110	3,069,356	9,330,752
2051	4,791,399	1,248,863	2,661,353	8,701,615
2052	4,584,239	1,229,145	2,290,430	8,103,814
2053	4,357,904	1,195,645	1,956,653	7,510,202
2054	4,114,184	1,145,850	1,659,356	6,919,390
2055	3,867,027	1,095,621	1,397,190	6,359,838
2056	3,617,450	1,044,603	1,168,324	5,830,377
2057	3,367,903	992,182	970,531	5,330,616
2058	3,119,969	938,822	801,264	4,860,055
2059	2,875,592	884,622	657,829	4,418,043
2060	2,636,886	830,310	537,415	4,004,611
2061	2,405,374	776,162	437,217	3,618,753
2062	2,182,750	722,007	354,548	3,259,305
2063	1,970,471	668,764	286,860	2,926,095
2064	1,769,570	617,036	231,832	2,618,438
2065	1,580,357	566,703	187,384	2,334,444
2066	1,403,351	518,039	151,676	2,073,066
2067	1,238,838	471,275	123,106	1,833,219
2068	1,086,966	426,612	100,305	1,613,883
2069	947,667	384,210	82,116	1,413,993
2070	820,675	344,197	67,581	1,232,453
2071	705,681	306,674	55,918	1,068,273
2072	602,299	271,717	46,489	920,505
2073	510,062	239,358	38,801	788,221

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
 EIN / PN: 71-0578942/002
 Plan Sponsor: Riceland Foods, Inc.
 Valuation Date: August 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Sponsor

Riceland Foods, Inc.

Plan

Riceland Foods, Inc. Employee Benefit Pension Plan

Effective Date and Most Recent Amendment

The plan was originally effective July 15, 1953. The plan was last amended effective April 5, 2024.

Plan Year

The twelve-month period ending July 31.

Coverage and Participation

Participation in the Plan was closed to new and rehired employees effective August 1, 2009.

Credited Service

The number of years and completed months of service from date of hire to date of termination, adjusted for certain periods of unpaid absence. Employees must be credited with at least 1,000 hours of service to earn credited service during the calendar year.

Vesting Service

Total service from date of hire to date of termination, less any absence in excess of 12 months, using elapsed time.

Plan Name:	Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN:	71-0578942/002
Plan Sponsor:	Riceland Foods, Inc.
Valuation Date:	August 1, 2024

SCHEDULE SB ATTACHMENTS

Final Average Compensation/Salary

The monthly average of the 60 consecutive months' compensation out of the last 120 months that gives the highest average. Compensation includes W-2 compensation plus any compensation deferred under a Section 125 or Section 401(k) plan, but exclusive of expense allowances and any form of compensation which would not be taxable as F.I.C.A. wages without regard to the dollar limitation. Compensation is limited to \$345,000 for 2024 (indexed) as required.

Normal Retirement Benefit

Normal Retirement Date: The first of the month coincident with or next following age 65.

Benefit Formula:

Formula A: 1.6% of final average monthly compensation times credited service

less

1.5% of the participant's age 65 monthly Primary Insurance Amount under the Social Security Law in effect on the January 1st preceding retirement or termination of service, times credited service up to 33-1/3 years.

Formula B: 3.0% of final average monthly compensation times credited service up to 20 years

less

60.0% of the participant's age 65 monthly Primary Insurance Amount under the Social Security Law in effect on the January 1st preceding retirement or termination of service.

Formula C: \$12 times credited service.

Normal Form of Benefit: 10 years certain & life thereafter.

Late Retirement

If retirement occurs after the normal retirement date, the late retirement income will be based on the greater of:

- The normal retirement benefit calculated using credited service and final average monthly compensation as of the late retirement date.

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN: 71-0578942/002
Plan Sponsor: Riceland Foods, Inc.
Valuation Date: August 1, 2024

SCHEDULE SB ATTACHMENTS

- The income provided by the single-sum value of the retirement income payable as of normal retirement date if employment had then terminated, accumulated with interest to actual retirement date.

Accrued Benefits

The participant's accrued benefit at any given date is the product of (a) the projected normal retirement benefit, based on the formulas above, the credited service projected to the participant's normal retirement date, and the final average monthly compensation determined as of the given date times (b) the ratio of credited service at the given date to credited service projected to normal retirement date.

Early Retirement Benefit

Eligibility: Age 55 and 5 years of vesting service.

Benefit: Accrued benefit as of early retirement date multiplied by an early retirement factor due to earlier commencement of payments.

Age	Factor on Pay Portion	Factor on PIA Portion
65	100.0%	100.0%
64	98.0%	93.3%
63	96.0%	86.7%
62	94.0%	80.0%
61	92.0%	73.3%
60	90.0%	66.7%
59	84.0%	63.3%
58	78.0%	60.0%
57	72.0%	56.7%
56	66.0%	53.3%
55	60.0%	50.0%

In lieu of the factors described above, the Factor on Pay Portion, in the case of a Participant who retires after having either (a) both attained the age of 55 and completed 35 years of vesting service or (b) both attained the age of 60 and completed 30 years of benefit accrual service shall be equal to 100%.

Vested Benefits Upon Termination of Service

Vesting: A participant is 100% vested upon completion of 5 years of vesting service. However, all participants become 100% vested upon reaching age 65.

Termination Benefit: The termination benefit is equal to the vested accrued benefit, payable in the normal form, commencing at normal retirement date. Optionally, the participant may elect to receive an actuarially reduced benefit commencing prior to normal retirement date. The participant may also elect to receive an actuarially reduced benefit in order to provide a death benefit for the period between termination and the date retirement payments commence. Such death benefit is equal to the actuarial

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN: 71-0578942/002
Plan Sponsor: Riceland Foods, Inc.
Valuation Date: August 1, 2024

SCHEDULE SB ATTACHMENTS

present value of the deferred accrued benefit, determined as of the termination date, accumulated with interest until the date of death.

Death Benefits for Participants in Active Service

Eligibility: 5 years of vesting service.

Benefit: The participant's beneficiary will receive an income payable for 10 years certain and life that can be provided by the present value of the accrued benefit.

If death occurs after normal retirement but prior to actual retirement, the participant's beneficiary will receive a benefit equal in value to the late retirement benefit described above that the participant would have received had he retired as of his date of death.

Optional Forms of Retirement Income in Lieu of Normal Form

The plan provides optional payment forms, including the qualified Joint and Contingent benefit for married employees, on an actuarially equivalent basis. Actuarial equivalence for this purpose is based on an 8.0% interest rate and the UP-1984 Mortality Table.

Special Provisions for Top-Heavy Plans

The plan is top-heavy in any plan year that the value of accrued benefits for "Key Employees" (as defined in the Internal Revenue Code) is 60% or more of the total value of accrued benefits under the plan.

Vesting: For years that the plan is top-heavy the minimum vesting percentage is equal to 20% after one year of vesting service, increasing by 20% per year until it is 100% after five years of vesting service.

Minimum Accrued Benefit: There is a minimum accrued benefit equal to 2% of five-year-average pay times the number of years of service after January 1, 1984, that the plan is top-heavy, up to a maximum of ten years.

Special Treatment for Former Participants in the Carpenters Union Retirement Plan

Accrued benefit from previous plan frozen at July 31, 1988.

Treated as new employees at August 1, 1988, but with prior vesting service.

Frozen accrued benefit receives actuarially equivalent early retirement factors.

Special Treatment for Former ADM Milling Employees

Receive back vesting and participation service from original date of hire.

Receive credited service from acquisition date of October 1, 1994.

Plan Name:	Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN:	71-0578942/002
Plan Sponsor:	Riceland Foods, Inc.
Valuation Date:	August 1, 2024

SCHEDULE SB ATTACHMENTS

Special Treatment for Former Missouri Rice Mill Employees

Receive participation service from original date of hire.

Receive credited and vesting service from acquisition date of October 1, 2002.

Changes in Plan Provisions since Last Actuarial Valuation

The plan was amended to let benefits with present values under \$7,000 be distributed as a lump sum.

Plan Name:	Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN:	71-0578942/002
Plan Sponsor:	Riceland Foods, Inc.
Valuation Date:	August 1, 2024



May 15, 2026

Department of Labor
Employee Benefits Security Administration

RE: Delay in Finalizing 2024 Audited Financial Statements

To Whom It May Concern:

We have experienced an unavoidable delay in finalizing our 2024 audited financial statements for the following Plan:

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
Plan Number: 002
Plan Sponsor: Riceland Foods, Inc.
EIN: 71-0578942
Plan Year End: July 31, 2025

We will make every effort to file an amended Form 5500 Annual Return/ Report of Employee Benefit Plan with audited financial statements as soon as possible.

Please feel free to reach out with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Craig Parr".

Craig Parr
Chief Financial Officer

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were changed from \$725,000 for 2023 to \$750,000 for 2024.

The annual assumed rate of future compensation increases was changed from 3.50% to 3.00%.

The disabled mortality assumption was updated to align with the healthy mortality assumption.

Plan Name: Riceland Foods, Inc. Employee Benefit Pension Plan
EIN / PN: 71-0578942/002
Plan Sponsor: Riceland Foods, Inc.
Valuation Date: August 1, 2024