

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 10/01/2024 and ending 09/30/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan POST HOLDINGS, INC. RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 005
1c	Effective date of plan 02/04/2012
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) POST HOLDINGS, INC. 2503 SOUTH HANLEY ROAD ST. LOUIS, MO 63144-2503
2b	Employer Identification Number (EIN) 45-3355106
2c	Plan Sponsor's telephone number 314-644-7600
2d	Business code (see instructions) 311900

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.	07/13/2026	RANDY RIDENHOUR
	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 1315
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) 302 6a(2) 235 6b 583 6c 424 6d 1242 6e 55 6f 1297 6g(1) 6g(2) 6h
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 1B

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 _____
- (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 10/01/2024 and ending 09/30/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan POST HOLDINGS, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF POST HOLDINGS, INC.	D Employer Identification Number (EIN) 45-3355106
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 10 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	106682558	
b	Actuarial value	2b	96014302	
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	585	41002204	41002204
b	For terminated vested participants	432	17101025	17101025
c	For active participants	302	27092183	28431174
d	Total	1319	85195412	86534403
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	1251178	
b	Expected plan-related expenses	6b	415000	
c	Target normal cost	6c	1666178	

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 DARRYL RICARD Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name 800 NORTH GELBE ROAD, FLOOR 10 ARLINGTON, VA 22203 Address of the firm	Date 26-07973 Most recent enrollment number 703-258-8000 Telephone number (including area code)
--------------------------	--	--

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

21 Discount rate:			
a Segment rates:	1st segment: 4.93 %	2nd segment: 5.27 %	3rd segment: 5.59 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
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	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
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	1666178
b Excess assets, if applicable, but not greater than line 31a		31b	
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		11310758	1138450
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34	2804628
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		2804628	2804628
36 Additional cash requirement (line 34 minus line 35)		36	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	

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 10/01/2024 and ending 09/30/2025

A Name of plan POST HOLDINGS, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 POST HOLDINGS, INC.	D Employer Identification Number (EIN) 45-3355106

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)

STATE STREET GLOBAL ADVISORS

81-4017137

(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?
51 19 18 21	NONE	680040	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

TOWERS WATSON DELAWARE

101 S HANLEY
ST. LOUIS, MO 63105-3411

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	360952	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET BANK & TRUST COMPANY

61-1673012

(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?
25 28 50 62 99	NONE	78731	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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan POST HOLDINGS, INC. RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 005
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 POST HOLDINGS, INC.		D Employer Identification Number (EIN) 45-3355106
Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)	
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 INDEX		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-160	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18412673
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL DEFENSIVE EQUITY NL		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 46-6399427-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16165626
a Name of MTIA, CCT, PSA, or 103-12 IE: 20+ YEAR U.S. TREASURY STRIPS		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-169	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15525431
a Name of MTIA, CCT, PSA, or 103-12 IE: DAILY MSC INTERNATIONAL EAFE INDEX		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-182	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15054532
a Name of MTIA, CCT, PSA, or 103-12 IE: 20+ YEAR U.S. HIGH QUALITY CORP BD		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-296	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11964282
a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. HIGH YIELD BOND INDEX		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-3508891-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10759442
a Name of MTIA, CCT, PSA, or 103-12 IE: DAILY MSCI EMERGING MARKETS INDEX		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-192	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5573364
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

a Name of MTIA, CCT, PSA, or 103-12 IE: 3-10 YEAR U.S. TREASURY INDEX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 04-0025081-447	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4404663
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 INDEX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 04-0025081-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4317589
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG U.S. CREDIT INDEX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 04-0025081-146	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. REIT INDEX NL

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 04-0025081-327	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--------------------------------	------------------------	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 10/01/2024 and ending 09/30/2025

A Name of plan POST HOLDINGS, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 POST HOLDINGS, INC.	D Employer Identification Number (EIN) 45-3355106

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	11395	961446
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3632669	5827282
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	103038492	102177602
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(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	106682556	108966330
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	202299	221790
i Acquisition indebtedness	1i		
j Other liabilities	1j		250000
k Total liabilities (add all amounts in lines 1g through 1j)	1k	202299	471790
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	106480257	108494540

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)	225951	
(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)		225951
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	225842	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		225842
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7177665
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7629458

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5254223	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5254223
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)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	360952	
(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)		360952
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5615175

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2014283
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: RUBINBROWN LLP

(2) EIN: 43-0765316

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?	☒		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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 576550.

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 10/01/2024 and ending 09/30/2025					
A Name of plan POST HOLDINGS, INC. RETIREMENT PLAN				B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 POST HOLDINGS, INC.				D Employer Identification Number (EIN) 45-3355106	
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	
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): 04-1867445					
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	12
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: 55.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 29.0 %

High-Yield Debt: 10.0 % Real Assets: _____ % Cash or Cash Equivalents: 1.0 % Other: 5.0 %

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_____.

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule SB, line 26b Schedule of Projection of Expected Benefit Payments		2024		
			This Form is Open to Public Inspection		

Name of Plan	POST HOLDINGS, INC. RETIREMENT PLAN						
Plan Year Begin Date	10/01/2024	Plan Year End Date	09/30/2025	EIN	45-3355106	PN	005

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	180644	193035	3987522	4361201
2025	495744	323546	3626253	4445543
2026	750871	401469	3453890	4606230
2027	991169	514129	3319227	4824525
2028	1207578	641162	3185247	5033987
2029	1391869	737051	3097671	5226591
2030	1565507	846641	3028879	5441027
2031	1711047	948020	2964829	5623896
2032	1838804	1026401	2900807	5766012
2033	1959518	1111994	2830006	5901518
2034	2062582	1191027	2754447	6008056
2035	2154306	1280760	2682039	6117105
2036	2232213	1356573	2604111	6192897
2037	2305431	1391671	2520440	6217542
2038	2368447	1443831	2430883	6243161
2039	2415680	1502134	2335386	6253200
2040	2447019	1527834	2234009	6208862
2041	2469747	1533339	2126937	6130023
2042	2488398	1524450	2014508	6027356
2043	2488650	1518935	1897226	5904811
2044	2472069	1530540	1775796	5778405
2045	2456874	1543575	1651134	5651583
2046	2428560	1538003	1524337	5490900
2047	2381433	1524003	1396665	5302101
2048	2328015	1494684	1269484	5092183

Name of Plan	POST HOLDINGS, INC. RETIREMENT PLAN						
Plan Year Begin Date	10/01/2024	Plan Year End Date	09/30/2025	EIN	45-3355106	PN	005

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049	2264324	1451205	1144207	4859736
2050	2193575	1406880	1022257	4622712
2051	2114947	1363643	904989	4383579
2052	2029377	1319889	793632	4142898
2053	1940211	1263121	689255	3892587
2054	1846390	1194003	592691	3633084
2055	1748068	1124095	504531	3376694
2056	1647422	1053757	425111	3126290
2057	1544815	982434	354506	2881755
2058	1441212	911604	292570	2645386
2059	1337650	842162	238954	2418766
2060	1234993	774562	193156	2202711
2061	1134128	709198	154550	1997876
2062	1035874	646409	122437	1804720
2063	940958	586477	96075	1623510
2064	850043	529629	74712	1454384
2065	763686	476035	57617	1297338
2066	682302	425798	44100	1152200
2067	606176	378954	33535	1018665
2068	535479	335490	25365	896334
2069	470272	295352	19108	784732
2070	410519	258459	14357	683335
2071	356120	224725	10773	591618
2072	306913	194051	8082	509046
2073	262686	166333	6066	435085

Post Holdings, Inc. Retirement Plan

Financial Statements and Supplemental Information

September 30, 2025

**Post Holdings, Inc.
Retirement Plan
Table of Contents**

	<u>Page</u>
<u>Independent Auditors' Report</u>	<u>1</u>
Financial Statements	
<u>Statements of Net Assets Available for Benefits</u>	<u>6</u>
<u>Statements of Changes in Net Assets Available for Benefits</u>	<u>7</u>
<u>Notes to Financial Statements</u>	<u>8</u>
Supplemental Information	
<u>Schedule H, Line 4i - Schedule of Assets (Held at End of Year)</u>	<u>12</u>
<u>Schedule H, Line 4j - Schedule of Reportable Transactions</u>	<u>13</u>

Independent Auditors' Report

Employee Benefit Trustees Committee and Plan Participants
Post Holdings, Inc. Retirement Plan
St. Louis, Missouri

Scope And Nature Of The ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Post Holdings, Inc. Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of September 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended September 30, 2025 and 2024, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

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

Basis For Opinion

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

Responsibilities Of Management For The Financial Statements

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

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

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

Auditors' Responsibilities For The Audit Of The Financial Statements

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

In performing an audit in accordance with auditing standards generally accepted in the United States of America, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters - Supplemental Schedules Required By ERISA

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of September 30, 2025 and supplemental Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended September 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

RubinBrown LLP

July 10, 2026

Post Holdings, Inc.
Retirement Plan
Statements of Net Assets Available for Benefits
(in thousands)

	September 30,	
	2025	2024
Assets		
Cash	\$ 595	\$ —
Investments	102,178	103,038
Cash equivalent	5,232	3,633
Total investments	107,410	106,671
Interest receivable	18	11
Other receivables	943	—
Total assets	108,966	106,682
Liabilities		
Accrued expenses	221	202
Other payables	250	—
Net assets available for benefits	<u>\$ 108,495</u>	<u>\$ 106,480</u>

See accompanying Notes to Financial Statements.

Post Holdings, Inc.
Retirement Plan
Statements of Changes in Net Assets Available for Benefits
(in thousands)

	Year Ended September 30,	
	2025	2024
Additions		
Investment income:		
Interest and dividend income, investments	\$ 221	\$ 155
Net appreciation in fair value, investments	7,178	21,486
Net investment income	7,399	21,641
Participant contributions	226	235
Other income	5	—
Total additions	7,630	21,876
Deductions		
Payment of benefits	5,254	5,395
Administrative expenses	361	358
Total deductions	5,615	5,753
Net increase in assets available for benefits	2,015	16,123
Net assets available for benefits:		
Beginning of year	106,480	90,357
End of year	<u>\$ 108,495</u>	<u>\$ 106,480</u>

See accompanying Notes to Financial Statements.

Post Holdings, Inc. Retirement Plan
Notes to Financial Statements

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Post Holdings, Inc. Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a noncontributory (except for certain employees as described below) defined benefit plan, the purpose of which is to provide for retirement benefits to eligible employees of Post Holdings, Inc. (“Post” or the “Company”), and certain subsidiaries that have satisfied the requirements for participation in the Plan. In addition, production employees covered under a collective bargaining agreement at the Company’s Battle Creek, Michigan facility may elect to make contributions to the Plan. Such employee contributions are computed and deposited each eligible pay period to total an annual amount no greater than 2.75% of the lesser of \$60,000 or the employee’s prior year earnings (as defined in the Plan document). Detailed information about the Plan and vesting and benefit provisions are contained in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Plan Administration and Contributions

The Plan is administered and sponsored by the Company. As Plan sponsor, the Company makes contributions to the Plan, pays certain administrative costs and appoints the trustees. Administrative and management expenses may, to the extent permitted by law and Plan provisions, be charged to the trust fund. The Company pays administrative expenses not paid by the Plan. The Plan sponsor has the authority to amend or terminate the Plan. As Plan administrator, the Company has the authority to control and manage the administration of the Plan, as well as the responsibility for paying benefits provided by the Plan.

Except for matters required by the terms of the Plan to be decided by the Company’s Board of Directors (the “Board”), the Company’s Benefits Administration Committee (the “BAC”) has the right to interpret the Plan and to decide certain matters arising under the Plan. The Board has designated the Company’s Employee Benefit Trustees Committee (“EBTC”) as having certain rights and obligations to control and manage Plan assets and to appoint and remove the trustee and any investment managers retained in connection with the investment of Plan assets. The EBTC has adopted a passive (indexed) investment strategy for substantially all of the Plan assets.

The Plan is primarily funded by the Post Holdings, Inc. Retirement Plan Trust (the “Trust”), whose custodial trustee is State Street Bank and Trust Company (the “Trustee”). The Trustee receives contributions when made from the Plan sponsor and, subject to instructions from the EBTC, has exclusive authority and discretion to manage and control Plan assets, except to the extent such authority is delegated to one or more investment managers, as defined in Section 3(38) of ERISA.

Certain Amendments and Termination Provision

In 2013, the Company elected to freeze new entry into the Plan. According to the amendment that was authorized on December 9, 2012, no employee employed at the Battle Creek, Michigan facility whose employment began after January 1, 2013 may be considered a participant in the Plan. According to the Plan’s requirements, which includes that an employee must work a year of service including 1,000 hours of service, the last day of entry was December 31, 2013.

The Company acquired the private label ready-to-eat cereal business from TreeHouse Foods, Inc. on June 1, 2021 and amended the Plan to allow former TreeHouse Union Employees into the Plan effective July 1, 2021.

The Company anticipates the Plan will continue without interruption but reserves the right to discontinue its participation in the Plan. In the event that such discontinuance results in termination of the Plan, the Plan provides that the net assets will be allocated among the participants and beneficiaries of the Plan in the manner outlined in the Plan and according to Section 4044 of ERISA. Whether a particular participant’s accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (the “PBGC”) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared using the accrual basis of accounting. Benefit payments are recorded when paid.

Use of Estimates

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

Investment Valuation

The Plan’s investments and cash equivalent are stated at fair value as provided by the Trustee. See Note 3 for further discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation or depreciation in fair value of investments is comprised of net realized and unrealized gains and losses. Dividends are recorded on the ex-dividend date.

Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities may occur in the near term. If this occurs, a change in the value of the Plan’s assets could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan’s provisions to services rendered by the participants through the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries and present employees or their beneficiaries. Benefits for sales, administrative and clerical employees are based on final average earnings, length of service and an offset allowance for Social Security benefits. Benefits for production employees are based on annual earnings and length of service. The actuarial present value of accumulated plan benefits is determined by the Plan actuary and is that amount which results from applying actuarial assumptions (selected by the EBTC) to the adjusted accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawals or retirement), between the valuation date and expected date of payment.

Expenses

The Plan’s expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as “Administrative expenses” in the Statements of Changes in Net Assets Available for Benefits. In addition, certain investment-related expenses are included in “Net appreciation in fair value, investments” in the Statements of Changes in Net Assets Available for Benefits.

Funding Policies

It is the Company’s practice to fund accumulated plan benefits in accordance with the minimum and maximum limits imposed by ERISA and federal income tax laws. The method of funding benefits is the Projected Unit Credit Cost method. Under this method, the annual cost of the program is determined for each individual participant as the liability associated with the portion of the individual’s projected benefit that has been allocated to each year of the participant’s service based upon the participant’s projected service under the Plan. During the years ended September 30, 2025 and 2024, no employer contributions were required to meet ERISA minimum funding requirements.

Subsequent Events

The Plan has evaluated subsequent events through July 10, 2026, the date the financial statements were available to be issued.

NOTE 3 – FAIR VALUE MEASUREMENTS

The Plan’s investments and cash equivalent consist entirely of collective trusts. The fair values of the Plan’s collective trusts are based on net asset value (“NAV”) as provided by the Trustee as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. In accordance with Accounting Standards Codification Topic 820, “Fair Value Measurement,” investments that were measured at NAV per unit (or its equivalent) are not classified in the fair value hierarchy.

The preceding method may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial

instruments could result in a different fair value measurement at the reporting date. These investments can be redeemed daily and there are no unfunded commitments or participant redemption restrictions for these investments.

NOTE 4 – ACCUMULATED PLAN BENEFITS

The Company's actuary calculates the actuarial present value of the accumulated plan benefits by applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of October 1, 2024, based on participant status as of that date, is as follows:

Participants currently receiving payments	\$ 35,634,165
Other participants	34,608,933
	<u>70,243,098</u>
Nonvested benefits	1,149,827
Actuarial present value of accumulated plan benefits	<u>\$ 71,392,925</u>

The change in actuarial present value of accumulated plan benefits is as follows:

Actuarial present value of accumulated plan benefits as of October 1, 2023	\$ 74,896,672
(Decrease) increase during the year attributable to:	
Benefits paid	(5,394,790)
Actuarial gains	(568,421)
Decrease in the discount period	4,802,433
Assumption changes	(4,027,282)
Benefits accumulated	1,684,313
	<u>(3,503,747)</u>
Actuarial present value of accumulated plan benefits as of October 1, 2024	<u>\$ 71,392,925</u>

Significant assumptions underlying the actuarial computations for October 1, 2024 are as follows:

Discount Rate	7.00%
Mortality basis	Mortality table of Pri-2012 with collar adjustments, projected forward using generational Scale MP-2019 grading linearly to 0.75% long-term mortality improvement.
Retirement	Percentages distributed over a period from early retirement at age 55 to retirement at age 69.
Salary Increase	3.00%

The interest rate used to calculate the benefit obligation was 6.50% at October 1, 2023. This change decreased the actuarial present value of accumulated plan benefits as of October 1, 2024 by \$4,027,282.

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to be terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. Accumulated participant contributions, including interest, as of October 1, 2024 were \$3,922,370 and the interest rate credited to accumulated participant contributions as of October 1, 2024 was 5.25%.

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

Plan investments are units of collective trusts managed by the Trustee. Therefore, transactions within these investments qualify as permitted party-in-interest transactions under the provisions of ERISA.

NOTE 6 – INCOME TAX STATUS

The Plan obtained its latest determination letter dated October 23, 2017, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code as a qualified plan exempt from income tax. The Plan has been amended since receiving the most recent determination letter. The Plan's administrator and legal counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the Code.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7 – CERTIFIED INVESTMENT INFORMATION

As permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA, the Company has obtained certifications from the Trustee as to the accuracy and completeness of investment information included in the accompanying financial statements and the supplemental schedules and has instructed the Plan's independent auditors not to perform any auditing procedures with respect to such information. The following is a summary of the Plan's financial information which is certified by the Trustee as complete and accurate in accordance with 29 CFR 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA:

- Investments and cash equivalent as of September 30, 2025 and 2024, which are included in the Statements of Net Assets Available for Benefits.
- Interest and dividend income and net appreciation in fair value of investments for the years ended September 30, 2025 and 2024, which are included in the Statements of Changes in Net Assets Available for Benefits.
- All information regarding assets held for investment purposes by the Plan at September 30, 2025 included in the supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and supplemental Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended September 30, 2025.

Post Holdings, Inc.
Retirement Plan
EIN 45-3355106 Plan 005
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
September 30, 2025

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Cost	Current Value
* State Street Corporation	Collective Trust - State Street Short Term Investment Fund	\$ 5,232,194	\$ 5,232,194
* State Street Corporation	Collective Trust - State Street US High Yield Bond IND	9,369,131	10,759,442
* State Street Corporation	Collective Trust - Daily MSC International EAFE Index Fund	11,101,974	15,054,532
* State Street Corporation	Collective Trust - Daily Emerging Markets Index Fund	4,069,394	5,573,364
* State Street Corporation	Collective Trust - Russell 1000 Index Fund	11,539,733	18,412,673
* State Street Corporation	Collective Trust - 20+ Year US Treasury Strips	17,888,114	15,525,431
* State Street Corporation	Collective Trust - Russell 2000 Index Fund	3,293,092	4,317,589
* State Street Corporation	Collective Trust - Global Defensive Equity NL CTF ZVMN	8,618,650	16,165,626
* State Street Corporation	Collective Trust - 20+ Year US High Quality Corp Bond	11,000,544	11,964,282
* State Street Corporation	Collective Trust - 3-10 Year US Treasury Index Fund	4,278,244	4,404,663
		<u>\$ 86,391,070</u>	<u>\$ 107,409,796</u>

* Party-in-Interest

Post Holdings, Inc.
Retirement Plan
EIN 45-3355106 Plan 005
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended September 30, 2025

Description of Assets	Number of Transactions	Purchase Price	Selling Price	Cost of Assets	Current Value of Assets on Transaction Date	Net Gain (Loss)
Single Transactions						
* State Street US High Yield Bond IND		\$8,470,756	\$ —	\$8,470,756	\$ 8,470,756	\$ —
* State Street US High Yield Bond IND		—	8,470,756	8,470,756	8,470,756	—
* 20+ Year US Treasury Strips		7,890,000	—	7,890,000	7,890,000	—
Series of Transactions						
* State Street Short Term Investment Fund	147	28,726,697	—	28,726,697	28,726,697	—
* State Street Short Term Investment Fund	103	—	27,127,173	27,127,173	27,127,173	—
* Daily MSC International EAFE Index Fund	4	4,310,000	—	4,310,000	4,310,000	—
* Daily MSC International EAFE Index Fund	8	—	3,528,000	2,959,496	3,528,000	568,504
* Russell 1000 Index Fund	4	1,440,000	—	1,440,000	1,440,000	—
* Russell 1000 Index Fund	9	—	9,040,514	6,386,551	9,040,514	2,653,963
* 20+ Year US Treasury Strips	3	8,844,280	—	8,844,280	8,844,280	—
* 20+ Year US Treasury Strips	4	—	3,250,000	4,017,387	3,250,000	(767,387)
* 3-10 Year US Treasury Index Fund	4	5,220,000	—	5,220,000	5,220,000	—
* 3-10 Year US Treasury Index Fund	2	—	951,641	941,756	951,641	9,885

*Party involved is State Street Corporation, who is a Party-in-Interest

Columns (e) "Lease Rental" and (f) "Expenses Incurred with Transactions" are not applicable

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

The most recent amendment reflected in the following plan provisions was effective June 1, 2021.
TreeHouse Private Brands, Inc. was acquired by the Post Holdings, Inc. Retirement Plan.

Plan Provisions for Post Salaried and Jonesboro Hourly Participants

Covered employees Each full-time employee shall become a participant in the plan as of the first day of the month coincident with or next following the date an employee completes one year of Credited Service. Each part-time, seasonal, or temporary employee shall become a participant in the plan as of the first day of the month coincident with or next following the anniversary of the date of hire if they complete 1,000 hours. If they work less than 1,000 hours, they participate on the January 1 following the calendar year in which they complete 1,000 hours.

Note: All accruals for Jonesboro Hourly participants, who so elected, and all Post Salaried participants ceased as of December 31, 2010.

Participation date First day of the month coincident with or next following the completion of six months of continuous service.

Definitions

Pension service One year for 1,000 or more hours worked.
0.75 years for 750 – 999 hours worked.
0.50 years for 500 – 749 hours worked.
0.25 years for 250 – 499 hours worked.
No credited service for less than 250 hours worked.

Pensionable earnings Earnings includes base pay, overtime, commissions, premium pay, cash incentives, shift differential and cash bonuses.

Average earnings The final average pay benefit is based on the greater of the average of the member's 5 highest consecutive Annual Earnings during the last 10 complete calendar years and the average pay during the last 60 months before termination.

Plan Name: Post Holdings Inc. Retirement Plan
EIN / PN: 45-3355106/005
Plan Sponsor: Post Holdings Inc.
Valuation Date: October 1, 2024

SCHEDULE SB ATTACHMENTS

Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 with five years of pension service.
Monthly pension benefit	The amount of benefit is 1.3% of final average pay up to Social Security Covered Compensation multiplied by service (maximum 30 years) plus 1.675% of final average pay over Social Security Covered Compensation multiplied by service (maximum 30 years) plus 0.5% of final average pay multiplied by years of service over 30 years.
Monthly preretirement death benefit	If hired or acquired before 2004, the early retirement benefit is the accrued benefit unreduced at age 62, reduced by 0.25% per month between commencement and age 62. If hired or acquired after 2003, the early retirement benefit is the accrued benefit unreduced at age 65, reduced by 0.5% per month between commencement age and age 65.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	A participant is eligible for early retirement upon attainment of age 55 and 10 years of service.
Postponed retirement	Retirement after NRD
Deferred vested termination	The member's accrued benefit is fully vested after 5 years of service. Benefits commencing before age 65 are reduced by the early retirement reduction above.
Monthly preretirement death benefit	A participant is eligible for early retirement upon attainment of age 55 and 10 years of service.
Disability benefit	Total and permanent disability is determined by a Company appointed physician

Plan Name:	Post Holdings Inc. Retirement Plan
EIN / PN:	45-3355106/005
Plan Sponsor:	Post Holdings Inc.
Valuation Date:	October 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	The amount of benefit is 1.3% of final average pay up to Social Security Covered Compensation multiplied by service (maximum 30 years) plus 1.675% of final average pay over Social Security Covered Compensation multiplied by service (maximum 30 years) plus 0.5% of final average pay multiplied by years of service over 30 years.
Early retirement	If hired or acquired before 2004, the early retirement benefit is the accrued benefit unreduced at age 62, reduced by 0.25% per month between commencement and age 62. If hired or acquired after 2003, the early retirement benefit is the accrued benefit unreduced at age 65, reduced by 0.5% per month between commencement age and age 65.
Postponed retirement	Monthly pension benefit determined as of the actual retirement date
Deferred vested termination	The member's accrued benefit is fully vested after 5 years of service. Benefits commencing before age 65 are reduced by the early retirement reduction above.
Preretirement death benefit	If hired or acquired before 2004, the early retirement benefit is the accrued benefit unreduced at age 62, reduced by 0.25% per month between commencement and age 62. If hired or acquired after 2003, the early retirement benefit is the accrued benefit unreduced at age 65, reduced by 0.5% per month between commencement age and age 65.
Disability benefit	The disability benefit gives continued accruals assuming continuation of current Earnings to earlier of recovery and Normal Retirement Date.

Modesto Hourly Participants Provisions

Covered employees	Each employee shall become a participant in the plan as of the first day of the month coincident with or next following the date an employ completes one year of service. Note: All accruals for Modesto participants, with the exception of the early retirement supplement noted below, ceased as of September 30, 2010. The plant closed as of September 1, 2014.
--------------------------	---

Plan Name:	Post Holdings Inc. Retirement Plan
EIN / PN:	45-3355106/005
Plan Sponsor:	Post Holdings Inc.
Valuation Date:	October 1, 2024

SCHEDULE SB ATTACHMENTS

Participant date	Each employee shall become a participant in the plan as of the first day of the month coincident with or next following the date an employ completes one year of service.
-------------------------	---

Definitions

Pension service	One year for 1,000 or more hours worked. 0.75 years for 750 – 999 hours worked. 0.50 years for 500 – 749 hours worked. 0.25 years for 250 – 499 hours worked. No credited service for less than 250 hours worked.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 with five years of pension service.
Monthly pension benefit	\$39 per month multiplied by credited service.
Monthly preretirement death benefit	The surviving spouse benefit is 50% of the accrued benefit.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	A participant is eligible for early retirement upon attainment of age 55.
Postponed retirement	Retirement after NRD
Deferred vested	The member's accrued benefit is fully vested after age 55 or 5 years of service. Benefits commencing before age 65 are reduced for early retirement.
Monthly preretirement death benefit	Surviving spouse benefits are effective if married for at least one year at the time of death and the employee was age 55 or had five years of Credited Service.

Plan Name:	Post Holdings Inc. Retirement Plan
EIN / PN:	45-3355106/005
Plan Sponsor:	Post Holdings Inc.
Valuation Date:	October 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	The early retirement benefit is the accrued benefit unreduced at age 62, reduced by 3% per year for the next 6 years early, and 2% for the next year early. Supplement: A \$600 monthly benefit payable until age 65 if a participant is eligible to retire early by December 31, 2014.
Postponed retirement	Monthly pension benefit determined as of actual retirement date
Termination with deferred vested benefit	The member's accrued benefit is fully vested after age 55 or 5 years of service. Benefits commencing before age 65 are reduced for early retirement.
Death with preretirement death benefit	The surviving spouse benefit is 50% of the accrued benefit.

Post Battle Creek Hourly Plan Provisions

Covered employees	An Employee becomes a Participant in the Plan on the date he completes one year of service and has worked at least 1,000 hours during the first year of employment or any subsequent calendar year. Employees first hired on or after January 1, 2013 will not be eligible to become a Participant in the Plan.
--------------------------	---

Definitions

Pension service	One year for each year of 1,000 or more hours. Service during the first and last years of employment is prorated based on the schedule below: 0.75 years for 750 – 999 hours worked. 0.50 years for 500 – 749 hours worked. 0.25 years for 250 – 499 hours worked. No credited service for less than 250 hours worked.
------------------------	---

Plan Name:	Post Holdings Inc. Retirement Plan
EIN / PN:	45-3355106/005
Plan Sponsor:	Post Holdings Inc.
Valuation Date:	October 1, 2024

SCHEDULE SB ATTACHMENTS

Pension earnings	Earnings include base wage rate plus pay for regularly scheduled hours over 40 hours per week (including straight time and overtime premiums), shift differentials, and the average of any wage standards premiums based on a standard work week.
Average earnings	Average earnings during the highest 5 calendar years during the last 10 years. The maximum final average pay is \$60,000.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 with five years of pension service.
Monthly pension benefit	Non Contributory Benefit: \$47 per month multiplied by service (maximum 35 years) Contributory Benefit: 0.9% of Final Average Pay multiplied by contributory service (up to 30 years) plus 0.5% of Final Average Pay multiplied by contributory service (over 30 years).
Monthly preretirement death benefit	The surviving spouse benefit is 50% of the accrued benefit.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after age 55
Postponed retirement	Retirement after NRD
Termination with deferred vested benefit	Termination for reasons other than death or retirement after completing five years of vesting service or attaining age 55.
Preretirement death benefit	Surviving spouse benefits are effective if married for at least one year at the time of death and the employee had five years of service.

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	The early retirement benefit is the accrued benefit unreduced at age 62, reduced by 3% per year for the next 6 years early, and 2% for the next year early. Supplement: \$25 per month per year of credited service up to 35 years, payable until age 62 if Early Retirement eligibility is met by October 1, 2020, otherwise \$8 per month per year.

Plan Name:	Post Holdings Inc. Retirement Plan
EIN / PN:	45-3355106/005
Plan Sponsor:	Post Holdings Inc.
Valuation Date:	October 1, 2024

SCHEDULE SB ATTACHMENTS

Postponed retirement	Monthly pension benefit determined as of actual retirement date
Termination with deferred vested benefit	The member's accrued benefit is fully vested after age 55 or 5 years of service. Benefits commencing before age 65 are reduced for early retirement.
Death with preretirement death benefit	The surviving spouse benefit is 50% of the accrued benefit.

All Benefits Payable

Forms of payment	Benefits are paid in the form of the 50% contingent annuitant option or, if the participant elects and the spouse consents, another optional form offered by the plan. Optional forms include: level income annuity; term certain and life annuity with a term certain of 5, 10, 15 or 20 years; joint and survivor annuity with 50%, 75% or 100% continuance to the contingent annuitant after the retiree's death. Employee contributions with interest can be paid as a lump sum.
Pension increases	None
Plan participant contributions	2.75% of earnings up to \$60,000 per year. Interest is compounded annually at a rate of 120% of the federal mid-term rate.
Maximum limitations on benefits and compensation	Eligible compensation is limited to \$60,000 for Battle Creek Participants.

Former Weetabix Hourly Plan

Covered employees	Minimum months of service: 6 Salaried Employees are Ineligible. Employees hired after January 1, 2011 are not eligible to enter the Plan until January 1, 2013. The Weetabix plant was shut down and only inactive participants remain eligible for these benefits.
Participation date	First day of the month coincident with or next following the completion of six months of continuous service.

Plan Name:	Post Holdings Inc. Retirement Plan
EIN / PN:	45-3355106/005
Plan Sponsor:	Post Holdings Inc.
Valuation Date:	October 1, 2024

SCHEDULE SB ATTACHMENTS

Definitions

Pension service	12-consecutive month computation period in which an employee is credited with 1,000 or more hours of service
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 with five years of pension service.
Monthly pension benefit	The attainment of Age 65 for all employees who were participants on the Effective Date. For all other participants, the later of his/her 65 th birthday or 5 years of participation.
Monthly preretirement death benefit	The benefit payable to the participant's surviving spouse is the benefit the spouse would have received if the participant had separated from service on the date of death, survived to the earliest retirement age under the plan or, if later, his attained age, retired with an immediate joint fifty percent survivor annuity and died on the day after attaining the earliest retirement age or, if later, his attained age.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	A participant is eligible for early retirement upon attainment of age 62 and 5 years of service.
Postponed retirement	Retirement after NRD
Deferred vested termination	The member's accrued benefit is fully vested after 5 years of service. Benefits commencing before age 65 are reduced by the early retirement reduction above.
Monthly preretirement death benefit	5 Years of vesting Service and surviving spouse to whom the participant was married to for at least one year as of the of his death.
Disability benefit	Total and permanent disability is determined by a Company appointed physician

Plan Name:	Post Holdings Inc. Retirement Plan
EIN / PN:	45-3355106/005
Plan Sponsor:	Post Holdings Inc.
Valuation Date:	October 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

For terminations subsequent to August 1, 1998, the monthly Normal Retirement Benefit will be the sum of the following:

- \$15 per year of service prior to August 1, 1992.
- \$20 per year of service after August 1, 1992 but prior to August 1, 1996.
- \$25 per year of service after August 1, 1996 but prior to August 1, 1998.
- \$30 per year of service after August 1, 1998 but prior to August 1, 2002.
- \$35 per year of service after August 1, 2002 but prior to August 1, 2004.
- \$40 per month per year of future service after August 1, 2004 but prior to August 1, 2007.
- \$45 per month per year of future service after August 1, 2007 but prior to August 1, 2009.
- \$50 per month per year of future service after August 1, 2009 but prior to August 1, 2010.
- \$55 per month per year of future service after August 1, 2010.

For the Employees hired after January 1, 2011 that become eligible to enter the Plan on or after January 1, 2013:

Effective January 1, 2013: \$35 per month per year of future service after January 1, 2013.

Early retirement

If a Participant elects to retire on his Early Retirement Date, he will receive his Vested Accrued Benefit, based upon his Credited Service to the date his Employment Ceases. The benefit shall be calculated based on the formula that is used for the calculation of Normal Retirement Benefit.

Postponed retirement

If a participant's actual retirement date occurs on or before the last day of the plan year in which this Normal Retirement Date occurred, his benefit will be the greater of:

1. The Actuarial Equivalent of the benefit payable as of his Normal Retirement Date
2. Retirement Benefit determined using Years of Service earned as of his actual retirement date.

Plan Name: Post Holdings Inc. Retirement Plan
EIN / PN: 45-3355106/005
Plan Sponsor: Post Holdings Inc.
Valuation Date: October 1, 2024

SCHEDULE SB ATTACHMENTS

Deferred vested termination	Upon termination after 5 years of service, the Accrued Benefit as of the date of termination, payable at Normal Retirement Date.
Preretirement death benefit	The benefit payable to the participant's surviving spouse is the benefit the spouse would have received if the participant had separated from service on the date of death, survived to the earliest retirement age under the plan or, if later, his attained age, retired with an immediate joint fifty percent survivor annuity and died on the day after attaining the earliest retirement age or, if later, his attained age.
Disability benefit	Actuarial Equivalent of the Accrued Benefit, determined as of the date of disability.

Former Weetabix Salaried Plan

Covered employees	Minimum Age: 21 Minimum months of service: 6 Must be a member of the Salaried Plan As of November 1, 2009, the plan is frozen to new entrants. As of August 1, 2011, the definition of eligible employee excludes any individual holding the office of Vice President Finance and Administration. The Weetabix plant was shut down and only inactive participants remain eligible for these benefits.
Participation date	First day of the month coincident with or next following the completion of six months of continuous service.

Definitions

Pension service	12-consecutive month computation period in which an employee is credited with 1,000 or more hours of service
------------------------	--

Plan Name:	Post Holdings Inc. Retirement Plan
EIN / PN:	45-3355106/005
Plan Sponsor:	Post Holdings Inc.
Valuation Date:	October 1, 2024

SCHEDULE SB ATTACHMENTS

Pensionable earnings	Earnings includes base pay, overtime, commissions, premium pay, cash incentives, shift differential and cash bonuses.
Average earnings	Compensation averaged over the 5 consecutive years of the last 10 years prior to termination of employment or retirement which produce the highest average.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 with five years of pension service.
Monthly pension benefit	The Normal Retirement Benefit based on Average Compensation to date, multiplied by the ratio of (a) Years of Service to date to (b) Years of Service projected to Normal Retirement Date. Service prior to August 1, 1981 is not credited. The Accrued Benefit shall not be less than the sum of the Accrued Benefit earned as of July 31, 1994 and the Accrued Benefit earned subsequent to July 31, 1994 determined with Years of Service credited after July 31, 1994. Benefit accruals have been frozen effective July 31, 2013 for all participants.
Monthly preretirement death benefit	The benefit payable to the participant's surviving spouse is the benefit the spouse would have received if the participant had separated from service on the date of death, survived to the earliest retirement age under the plan or, if later, his attained age, retired with an immediate joint fifty percent survivor annuity and died on the day after attaining the earliest retirement age or, if later, his attained age.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	A participant is eligible for early retirement upon attainment of age 60 and 15 years of service.
Postponed retirement	Retirement after NRD
Deferred vested termination	The member's accrued benefit is fully vested after 5 years of service. Benefits commencing before age 65 are reduced by the early

Plan Name:	Post Holdings Inc. Retirement Plan
EIN / PN:	45-3355106/005
Plan Sponsor:	Post Holdings Inc.
Valuation Date:	October 1, 2024

SCHEDULE SB ATTACHMENTS

retirement reduction above.

Monthly preretirement death benefit 5 Years of vesting Service and surviving spouse to whom the participant was married to for at least one year as of the of his death.

Disability benefit Total and permanent disability is determined by a Company appointed physician

Benefits Paid Upon the Following Events

Normal retirement 40% of Average Compensation reduced by 1/30 for each Year of Credited Service less than 30 at Normal Retirement date.

Early retirement Accrued benefit is actuarial adjusted for early payment.

Postponed retirement If a participant's actual retirement date occurs on or before the last day of the plan year in which this Normal Retirement Date occurred, his benefit will be the greater of:

1. The Actuarial Equivalent of the benefit payable as of his Normal Retirement Date
2. Retirement Benefit determined using Years of Service earned as of his actual retirement date.

Deferred vested termination Upon termination after 5 years of service, the Accrued Benefit as of the date of termination, payable at Normal Retirement Date.

Preretirement death benefit The benefit payable to the participant's surviving spouse is the benefit the spouse would have received if the participant had separated from service on the date of death, survived to the earliest retirement age under the plan or, if later, his attained age, retired with an immediate joint fifty percent survivor annuity and died on the day after attaining the earliest retirement age or, if later, his attained age.

Disability benefit Actuarial Equivalent of the Accrued Benefit, determined as of the date of disability.

Plan Name: Post Holdings Inc. Retirement Plan
EIN / PN: 45-3355106/005
Plan Sponsor: Post Holdings Inc.
Valuation Date: October 1, 2024

SCHEDULE SB ATTACHMENTS

Lancaster Hourly Plan Provisions (Formerly TreeHouse)

Covered employees	One year of service or attained age 45. Plan participation is closed for those hired after June 14, 2004. The Lancaster plant was shut down effective October 4, 2024.
--------------------------	--

Definitions

Credited / Vesting service	Years and months of service with the company. No additional service will accrue following the Lancaster plant shut down effective October 4, 2024.
-----------------------------------	--

Pension earnings	Total compensation, including regular pay, overtime, bonuses, gainsharing amounts, and pre-tax contributions to the DC plan.
-------------------------	--

Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65.
-------------------------------------	--

Monthly preretirement death benefit	The surviving spouse benefit is 50% of the accrued benefit.
--	---

Eligibility for Benefits

Normal retirement	Age 65
--------------------------	--------

Early retirement	Retirement before NRD and on or after age 55 and two years of credited service.
-------------------------	---

Postponed retirement	Retirement after NRD
-----------------------------	----------------------

Termination with deferred vested benefit	Termination for reasons other than death or retirement after completing five years of vesting service or attaining age 55.
---	--

Preretirement death benefit	Surviving spouse benefits are effective if married for at least one year at the time of death and the employee had five years of service.
------------------------------------	---

Disability benefit	Fifteen years of credited service
---------------------------	-----------------------------------

Plan Name:	Post Holdings Inc. Retirement Plan
EIN / PN:	45-3355106/005
Plan Sponsor:	Post Holdings Inc.
Valuation Date:	October 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	Participants accrue a yearly benefit based on the sum of 1), 2), and 3), less 4): 1) Accrued benefit prior to January 1, 1973; plus 2) The greatest of: i) 1% x average of participant's annual earnings from January 1, 1984 to December 31, 1988 x credited service through December 31, 1988; or ii) 1.25% annual earnings for each calendar year of credited service from December 31, 1972 through December 31, 1988; or iii) \$240 x years of credited service through December 31, 1988; plus 3) 1.25% x annual earnings for each year of credited service after December 31, 1988. 4) The accrued benefit payable from the Treehouse Pension Plan determined as of June 30, 2021. Lancaster and Sparks participants receive the greater of: a) The sum of 1), 2), and 3) above; or b) 1.25% x three-year average annual earnings as of January 1, 1993 x years of credited service as of December 31, 1992. c) Less 4) above
Early retirement	The sum of 1), 2) and 3) above, reduced 5/12% per month from age 62 less 4) as determined at commencement under the terms of the Treehouse plan based on a participant termination date of June 30, 2021
Postponed retirement	Monthly pension benefit determined as of actual retirement date
Termination with deferred vested benefit	Accrued benefit (the sum of 1), 2), and 3) above, less 4)), reduced 5/12% per month from age 65.

Plan Name:	Post Holdings Inc. Retirement Plan
EIN / PN:	45-3355106/005
Plan Sponsor:	Post Holdings Inc.
Valuation Date:	October 1, 2024

SCHEDULE SB ATTACHMENTS

Death with preretirement death benefit

If early retirement eligible, the surviving spouse is entitled to an immediate annuity. The surviving spouse will receive 50% of the participant's accrued benefit, minimum of \$25 per month.

If not early retirement eligible, the surviving spouse is entitled to an immediate annuity. The surviving spouse will receive 30% of the participant's accrued benefit, minimum of \$25 per month.

Disability

Unreduced normal retirement benefit, payable after six months of disability.

All Benefits Payable

Forms of payment

Life annuity; 50% joint and survivor annuity; 75% joint and survivor annuity (married participants only); 100% joint and survivor annuity; 10 year certain and life annuity; Age 62 level income option.

Pension increases

None

Future Plan Changes

WTW is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

None.

Plan Name: Post Holdings Inc. Retirement Plan
EIN / PN: 45-3355106/005
Plan Sponsor: Post Holdings Inc.
Valuation Date: October 1, 2024

Post Holdings, Inc.
Retirement Plan
EIN 45-3355106 Plan 005
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
September 30, 2025

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Cost	Current Value
* State Street Corporation	Collective Trust - State Street Short Term Investment Fund	\$ 5,232,194	\$ 5,232,194
* State Street Corporation	Collective Trust - State Street US High Yield Bond IND	9,369,131	10,759,442
* State Street Corporation	Collective Trust - Daily MSC International EAFE Index Fund	11,101,974	15,054,532
* State Street Corporation	Collective Trust - Daily Emerging Markets Index Fund	4,069,394	5,573,364
* State Street Corporation	Collective Trust - Russell 1000 Index Fund	11,539,733	18,412,673
* State Street Corporation	Collective Trust - 20+ Year US Treasury Strips	17,888,114	15,525,431
* State Street Corporation	Collective Trust - Russell 2000 Index Fund	3,293,092	4,317,589
* State Street Corporation	Collective Trust - Global Defensive Equity NL CTF ZVMN	8,618,650	16,165,626
* State Street Corporation	Collective Trust - 20+ Year US High Quality Corp Bond	11,000,544	11,964,282
* State Street Corporation	Collective Trust - 3-10 Year US Treasury Index Fund	4,278,244	4,404,663
		<u>\$ 86,391,070</u>	<u>\$ 107,409,796</u>

* Party-in-Interest

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of October 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	5	1	0	0	0	0	0	6
40-44	5	0	0	10	3	2	0	0	0	0	20
45-49	11	0	0	19	7	3	4	0	0	0	44
50-54	14	0	1	11	11	13	13	1	0	0	64
55-59	8	0	0	9	12	10	17	15	3	0	74
60-64	18	0	0	6	11	4	15	7	5	1	67
65-69	3	0	0	0	1	4	2	5	2	6	23
70 & over	0	0	0	0	0	0	0	0	1	3	4
Total	59	0	1	60	46	36	51	28	11	10	302

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

Plan Name: Post Holdings Inc. Retirement Plan
 EIN / PN: 45-3355106/005
 Plan Sponsor: Post Holdings Inc.
 Valuation Date: October 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month June 2024
- Interest rate basis Segment rates from fifth month preceding valuation date

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	4.93%	4.93%
• Second segment rate	5.27%	5.27%
• Third segment rate	5.59%	5.26%
• Effective interest rate	5.40%	5.25%

Annual rates of increase

- Compensation: 3.25%

Plan-related expenses \$415,000, based on the prior year actual expenses, adjusted as needed for expected large changes.

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

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.

Plan Name: Post Holdings Inc. Retirement Plan
EIN / PN: 45-3355106/005
Plan Sponsor: Post Holdings Inc.
Valuation Date: October 1, 2024

SCHEDULE SB ATTACHMENTS

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** For disabled participants, the Revenue Ruling 96-7 Disability Mortality table was used. For the former Weetabix Plans, healthy mortality listed above was used.

Termination

A rate of termination of employment is assumed. Such rate varies by attained age, service and division. A sample of the rates, showing the percentage of employees assumed to terminate in the next year, is found below.

Percentage leaving during the year	
Location	All ages through age 54
Administrative Employees	7.5%
Battle Creek Employees	6.0%
Jonesboro Employees	5.5%

Disability

None assumed for Weetabix nor Battle Creek.

Age	M	F
30	0.020%	0.030%
40	0.035%	0.050%
50	0.090%	0.130%
60	0.450%	0.605%

Plan Name: Post Holdings Inc. Retirement Plan
EIN / PN: 45-3355106/005
Plan Sponsor: Post Holdings Inc.
Valuation Date: October 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

For purposes of determining the benefit obligation and service cost, the rates at which participants retire by age are shown below.

Age	Rate of Retirement
55 - 61	10%
62	20%
63 - 64	15%
65 - 69	20%
69+	100%

Non-Weetabix terminated vested participants are assumed to retire at age 61. Weetabix terminated vested participants are assumed to retire at age 65.

Benefit commencement date:

- Preretirement death benefit: The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit: Annuity is deferred until participants attains age 61.
- Retirement benefit: Upon termination of employment

Form of payment

Participants are assumed to elect optional forms based upon the following rates:

Optional Form	Battlecreek	Other Non-Weetabix	Weetabix
Life Annuity	20%	35%	10%
Ten Year Certain & Life	5%	10%	0%
50% Joint and Survivor	50%	15%	40%
100% Joint and Survivor	25%	40%	0%
Lump Sum	0%	0%	50%

Percent married

90% of non-Weetabix and 80% of Weetabix participants are assumed to be married at death.

Spouse age

Husbands are assumed to be 3 years older than their wives.

Plan Name: Post Holdings Inc. Retirement Plan
EIN / PN: 45-3355106/005
Plan Sponsor: Post Holdings Inc.
Valuation Date: October 1, 2024

SCHEDULE SB ATTACHMENTS

Covered pay Assumed plan compensation for the year beginning on the valuation date was determined as plan compensation the prior year of the valuation date plus expected base salary increases during the plan year.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date First day of plan year

Funding target The Funding Target is the present value of accrued benefits based on compensation and service to date as required under IRC §430.

Target normal cost The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative related expenses to be paid from plan assets during the year as required under §430.

Actuarial value of assets for determining minimum required contributions Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average value must be within 10% of the market value, including discounted contributions receivable (discounted using the prior year effective interest rate). The method of computing the actuarial value of assets complies with the rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of the plan assets, but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Plan Name: Post Holdings Inc. Retirement Plan
EIN / PN: 45-3355106/005
Plan Sponsor: Post Holdings Inc.
Valuation Date: October 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with Post Holdings, Inc. regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with Post Holdings, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name: Post Holdings Inc. Retirement Plan
EIN / PN: 45-3355106/005
Plan Sponsor: Post Holdings Inc.
Valuation Date: October 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of October 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	10/01/2024	3,220,726	15.00000	3,220,726	299,384
2. Shortfall	10/01/2023	(1,296,523)	14.00000	(1,219,492)	(118,736)
3. Shortfall	10/01/2022	10,051,288	13.00000	9,063,488	928,854
4. Shortfall	10/01/2021	(81,997)	12.00000	(70,479)	(7,646)
5. Shortfall	10/01/2020	389,766	11.00000	316,515	36,594
Total				11,310,758	1,138,450

Plan Name: Post Holdings Inc. Retirement Plan
EIN / PN: 45-3355106/005
Plan Sponsor: Post Holdings Inc.
Valuation Date: October 1, 2024

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 <u>10/01/2024</u> and ending <u>09/30/2025</u>	
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.)
B This return/report is:	☒ a single-employer plan ☐ a DFE (specify) _____ ☐ 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 POST HOLDINGS, INC. RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ <u>005</u>
	1c Effective date of plan <u>02/04/2012</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) POST HOLDINGS, INC. 2503 SOUTH HANLEY ROAD ST. LOUIS MO 63144-2503	2b Employer Identification Number (EIN) <u>45-3355106</u> 2c Plan Sponsor's telephone number <u>314-644-7600</u> 2d Business code (see instructions) <u>311900</u>

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

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

SIGN HERE		<u>July 13, 2026</u>	RANDY RIDENHOUR
	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

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

Form 5500 (2024)
v. 240311

RubinBrown LLP
7676 Forsyth Blvd., Suite 2100
St. Louis, Missouri 63105

I, Randy Ridenhour, the Plan Administrators/Fund Representatives, for the Post Holdings, Inc. Retirement Plan, authorize RubinBrown LLP and any of its partners and employees to electronically submit the Plan's annual Form 5500 to the Department of Labor. I understand that attached to the submittal will be a true and correct PDF copy of the first page of the completed Form 5500 including my manual signature as the Plan Administrator/Employer Representative. I am also aware that by selecting this electronic signature option the PDF image of that manual signature will be included with the rest of the return/report posted by the Department of Labor (DOL) on the Internet for public disclosure. Lastly, I am aware that RubinBrown LLP will communicate to me any inquiries and information received from EFAST2, DOL, IRS or PBGC regarding this annual return/report.

Name:  _____

Title: Senior Vice President-Tax

Date: July 13, 2026

Post Holdings, Inc.
Retirement Plan
EIN 45-3355106 Plan 005
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended September 30, 2025

Description of Assets	Number of Transactions	Purchase Price	Selling Price	Cost of Assets	Current Value of Assets on Transaction Date	Net Gain (Loss)
Single Transactions						
* State Street US High Yield Bond IND		\$8,470,756	\$ —	\$8,470,756	\$ 8,470,756	\$ —
* State Street US High Yield Bond IND		—	8,470,756	8,470,756	8,470,756	—
* 20+ Year US Treasury Strips		7,890,000	—	7,890,000	7,890,000	—
Series of Transactions						
* State Street Short Term Investment Fund	147	28,726,697	—	28,726,697	28,726,697	—
* State Street Short Term Investment Fund	103	—	27,127,173	27,127,173	27,127,173	—
* Daily MSC International EAFE Index Fund	4	4,310,000	—	4,310,000	4,310,000	—
* Daily MSC International EAFE Index Fund	8	—	3,528,000	2,959,496	3,528,000	568,504
* Russell 1000 Index Fund	4	1,440,000	—	1,440,000	1,440,000	—
* Russell 1000 Index Fund	9	—	9,040,514	6,386,551	9,040,514	2,653,963
* 20+ Year US Treasury Strips	3	8,844,280	—	8,844,280	8,844,280	—
* 20+ Year US Treasury Strips	4	—	3,250,000	4,017,387	3,250,000	(767,387)
* 3-10 Year US Treasury Index Fund	4	5,220,000	—	5,220,000	5,220,000	—
* 3-10 Year US Treasury Index Fund	2	—	951,641	941,756	951,641	9,885

*Party involved is State Street Corporation, who is a Party-in-Interest

Columns (e) "Lease Rental" and (f) "Expenses Incurred with Transactions" are not applicable

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 10/01/2024 and ending 09/30/2025

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

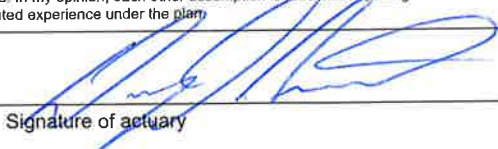
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan POST HOLDINGS, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF POST HOLDINGS, INC.	D Employer Identification Number (EIN) 45-3355106
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 10 Day 01 Year 2024			
2 Assets:			
a Market value		2a	106,682,558
b Actuarial value		2b	96,014,302
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	585	41,002,204	41,002,204
b For terminated vested participants	432	17,101,025	17,101,025
c For active participants	302	27,092,183	28,431,174
d Total	1,319	85,195,412	86,534,403
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	1,251,178
b Expected plan-related expenses		6b	415,000
c Target normal cost		6c	1,666,178

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	Darryl Ricard		6/19/2026
		Signature of actuary	Date
Darryl Ricard		2607973	
Type or print name of actuary		Most recent enrollment number	
Willis Towers Watson US LLC		703-258-8000	
Firm name		Telephone number (including area code)	
800 NORTH GLEBE ROAD FLOOR 10 ARLINGTON VA 22203 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)	0	19,615,905
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2,952,719
9 Amount remaining (line 7 minus line 8)	0	16,663,186
10 Interest on line 9 using prior year's actual return of <u>24.77</u> %	0	4,127,471
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>5.32</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)	0	20,790,657

Part III Funding Percentages

14 Funding target attainment percentage	14	86.92 %
15 Adjusted funding target attainment percentage	15	110.95 %
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	90.11 %
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
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.93 %	2nd segment: 5.27 %	3rd segment: 5.59 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
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	1,666,178
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		11,310,758	1,138,450
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	2,804,628
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2,804,628	2,804,628
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
--