Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

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

C Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

D If the plan is a collectively-bargained plan, check here ▶ [ ]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BARTLETT DAIRY, INC. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2005

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)
BARTLETT DAIRY, INC.

161-02 ROCKAWAY BOULEVARD
JAMAICA, NY 11434

2b Employer Identification Number (EIN) 11-3024832

2c Sponsor's telephone number 718-658-2299

2d Business code (see instructions) 424400

3a Plan administrator's name and address [X] 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

5a Total number of participants at the beginning of the plan year	**5a**	62
b Total number of participants at the end of the plan year	**5b**	62
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	45
d(2) Total number of active participants at the end of the plan year	**5d(2)**	42
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2026	ROBERT PATRIZIO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 578439. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	7993861	8516815
b Total plan liabilities	7b	1825	0
c Net plan assets (subtract line 7b from line 7a)	7c	7992036	8516815
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	579970	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		579970
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10353	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	44838	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		55191
i Net income (loss) (subtract line 8h from line 8c)	8i		524779
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristic Codes

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1C 3D 3H

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

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. [X] Yes [ ] No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | **11a** | 0

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- [ ] Yes.
- [ ] No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- [ ] No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- [ ] No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. [ ] Yes [X] No

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		[ ] Yes [ ] No [ ] N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		[ ] Yes [X] No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		[ ] Yes [X] No

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? [X] Yes [ ] No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- [ ] Design-based safe harbor method
- [ ] "Prior year" ADP test
- [ ] "Current year" ADP test
- [X] N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705311A.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
BARTLETT DAIRY, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BARTLETT DAIRY, INC.

D Employer Identification Number (EIN)
11-3024832

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	7992036
b Actuarial value	**2b**	7992036

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	0	0	0
b For terminated vested participants	17	186711	186711
c For active participants	45	7377424	7377424
d Total	62	7564135	7564135

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.32 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	345649
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	345649

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

09/24/2026
Date

NICHOLAS K. FOX
Type or print name of actuary

26-08073
Most recent enrollment number

PREFERRED PENSION PLANNING CORP
Firm name

908-575-7575
Telephone number (including area code)

991 ROUTE 22 WEST
BRIDGEWATER, NJ 08807

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.91 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		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 5.13 %		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	0

Part III Funding Percentages

14	Funding target attainment percentage	14	105.65 %
15	Adjusted funding target attainment percentage	15	105.65 %
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	111.20 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

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**	345649
b Excess assets, if applicable, but not greater than line 31a	**31b**	345649

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

BARTLETT DAIRY, INC. RETIREMENT PLAN

Schedule of Active Participant Data
Plan Year: 1/1/2025 to 12/31/2025
Valuation Date: 1/1/2025

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<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	4	0	0	0	0	0	0	0	0	4
35-39	0	1	2	4	0	0	0	0	0	0	7
40-44	0	0	3	0	4	3	0	0	0	0	10
45-49	0	1	4	1	1	0	0	0	0	0	7
50-54	0	0	0	2	0	4	0	0	0	0	6
55-59	0	0	1	1	0	2	0	0	0	0	4
60-64	0	0	1	0	0	2	0	0	0	0	3
65-69	0	0	0	2	0	2	0	0	0	0	4
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	6	11	10	5	13	0	0	0	0	45

* Employees who have not met the minimum eligibility requirements are excluded

Current Year: Average Age: 47.2 Average Service: 12.4

BARTLETT DAIRY, INC. RETIREMENT PLAN

Summary of Actuarial Assumptions and Method
Plan Year: 1/1/2025 to 12/31/2025
Valuation Date: 1/1/2025

		For Funding Min	For Funding Max	For Actuarial Equiv.
Interest Rates	Seg 1:	5.00%	5.00%	Pre-Retirement: 6.00%
	Seg 2:	5.27%	5.27%	Post-Retirement: 6.00%
	Seg 3:	5.50%	5.40%	
Applicable Date		01/2025	01/2025	
Pre-Retirement				
Turnover		None		None
Mortality		None		None
Assumed Ret Age		Normal retirement age 65		Normal retirement age 65
Post-Retirement				
Mortality		Male-2025 Small Plan Static Table – Combined Male Female-2025 Small Plan Static Table – Combined Female		GAR 94 without loads projected to 2002 with scale AA 50%M/50%F
Assumed Benefit Form For Funding		100% Lump Sum / 0% Normal Form		
Assumed Spouse's Age		Spouse assumed to be the same age as participant Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known		Spouse assumed to be the same age as participant Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known
Calculated Effective Interest Rate		5.32%		
Cash Balance Projected Interest Crediting Rate		4.58% annual rate		
Cash Balance Post-Retirement Conversion Assumptions		6.00% interest GAR 94 without loads projected to 2002 with scale AA 50%M/50%F		
Actuarial Cost Method		The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.		

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

SCHEDULE S (Form 5500	Single Employer Defined Actuarial Information	2025
Department of the T Internal Revenue S Department of Lab Employee Benefits Secu Pension Benefit Guara	This schedule is required to be fi Retirement Income Security Act of 1974 (ERISA) Internal Revenue Code (the File as an attachment to Form 5500	This Form is Ope Inspection

01/01/2025 12/31/2025

Round off amounts to nearest dollar.

Caution: A penalty of $1,000 will be assessed for late filing of this repor

A Name of plan Bartlett Dairy, Inc. Retirement Plan	B Three-digit plan number (PN)	002
C Plan sponsorôs name as shown on line 2a of Bartlett Dairy, Inc.	D Employer Identification N 11-3024832	
E Type of plan:	F Prior year plan size:	

Part I Basic Information

1 Enter the valuation date: 01 01 2025 Month

2 Assets:			
a Market value		2 a	7,992,036
b Actuarial value		2 b	7,992,036
3 Funding target/participant count			
a For retired participants and beneficiaries	0	0	0
b For terminated vested participants	17	186,711	186,711
c For active participants	45	7,377,424	7,377,424
d Total	62	7,564,135	7,564,135
4 If the plan is at-risk, check the box (a) and complete			
a Funding target disregarding prospective risk assumptions		4 a	
b Funding target assumptions, but disregarding transitions for fewer than five consecutive years and d		4 b	
5 Effective interest rate		5	5.32
6 Target normal cost			
a Present value of current plan year accruals		6 a	345,649
b Expected related expenses		6 b	0
c Target normal cost		6 c	345,649

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedule is complete and accordance with applicable law and regulations. In my opinion, each other plan assumption is in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Nicholas K. Fox 09/24/2026

Nicholas K. Fox 2608073

PREFERRED PENSION PLANNING CORP 908-575-7575

991 ROUTE 22 WEST

BRIDGEWATER NJ 08807

Part Beginning and Prior Year Funding Balances

	(a) Carryover balances	(b) Prefunding balances
7 Balance at beginning of prior year (line 13 from prior year)	0	0
8 Portion elected to be used to offset prior year minimum funding requirement	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's 5.91% actual return	0	0
11 Prior year's excess contributions to be added		
a Present value of additional funding (prior year)		0
b (1) Interest on the excess, if any, of Schedule SB, using prior year's 5.13% effective		0
b (2) Interest on line 38b from prior year return		0
c Total available at beginning of current year		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11c + line 12)	0	0

Part Funding Percentages

14 Funding target attainment percentage	14	105.65%
15 Adjusted funding target attainment percentage	15	105.65%
16 Prior year's funding percentage for purposes of determining year's funding requirement	16	111.20%
17 If the current value of the assets of the plan is less than	17	%

Part Contributions and Liquidity Shortfalls

18 Contributions made to plan for 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(a)	0	18(c) 0

19 Discounted employer contributions for small plan with		
a Contributions allocated toward unpaid minimum required contributions from prior years	19	0
b Contributions made to avoid restrictions adjusted	19	0
c Contributions allocated toward minimum required co	19	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 ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the fo

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part Assumptions Used to Determine Funding Target and Tar

21 Discount rate:

a Segment r	1st segment: 5.00%	2nd segment 5.27%	3rd segment 5.50%	☐ N/A, full yie

b Applicable month (enter code)	21b	0
22 Weighted average retirement age	22	65

23 Mortality table(s) ☒ Prescribed combine ☐ Prescribed pedra ☐ Substitute

Part Miscellaneous I

24 Has a change been made in the actuarial assumptions for the current plan attachment ☒ Yes ☐ No

25 Has a method change been made for the current plan year? ☐ Yes ☒ No

26 Demographic information

a Is the plan required to provide a Schedule of Active Participants ☒ Yes ☐ No

b Is the plan required to provide a Schedule of Active Participants ☐ Yes ☒ No

27 If the plan is subject to alternative funding rul attachment	27	

Part Reconciliation of Unpaid Minimum Required Contributions For P

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions added to the total (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions	30	0

Part Minimum Required Contribution For Current Year

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

a Target normal cost	31a	345,649
b Excess assets, but not greater than	31b	345,649

32 Amortization installments:

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

33 If a waiver has been approved for this plan year, (Month _____ Day ___ and the waiver amount	33	
34 Total funding requirement before (line 31a + 32a + 33)	34	0

	Carryover ba	Prefunding b	Total balan
35 Balance elected to offset requirement	0	0	0

36 Additional cash requirement (line 34 minus 35)	36	0
37 Contributions made to unpaid required contribution for (line 19c)	37	0

38 Present value of excess contributions for current year (see instructi

a Total (excess, if any, of line 36 over line 37)	38a	0
b Portion included in line 38a use of prefunding an	38b	0
39 Unpaid minimum required contributions for current	39	0
40 Unpaid minimum required contribution	40	0

Part Pension Funding Relief Under Recurrence (SPeleanInAsctruocft i2o0n2s1)

41 If an election was made to use amortization rule for a plan year beginning plan year for which the 2021 rule applies.

BARTLETT DAIRY, INC. RETIREMENT PLAN

Weighted Average Retirement Age
Plan Year: 1/1/2025 to 12/31/2025
Valuation Date: 1/1/2025

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

Attainment of age 65

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 65

BARTLETT DAIRY, INC. RETIREMENT PLAN

EMPLOYER IDENTIFICATION NUMBER 11-3024832; PLAN NUMBER 002

SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS

1. **Eligibility**: All non-union employees are eligible on the January 1 or July 1 following the completion of one Year of Service and attainment of age 21.

   No Eligible Employees will become eligible to participate in the Plan after December 31, 2023.

2 **Normal Retirement Date**: First of the month following the attainment of age 65.

3. **Compensation**: Gross compensation for the year ending December 31.

4. **Normal Retirement Benefit**: The benefit that can be provided by the actuarial accumulation of contributions each year, which shall be determined as follows:

   i. For Donald Malave, the Theoretical Contribution shall be equal to 20% of Compensation.
   ii. For Kenneth Malave, the Theoretical Contribution shall be equal to 38% of Compensation.
   iii. For Michael Malave, the Theoretical Contribution shall be equal to 32% of Compensation.
   iv. For Thomas Malave, the Theoretical Contribution shall be equal to 23% of Compensation.
   v. For Thomas Malave, Sr. and Honora Malave, the Theoretical Contribution shall be equal to 0% of Compensation.
   vi. For all other Participants, the Theoretical Contribution shall be equal to 3% of Compensation.

5. **Accrued Benefit**: Same as Normal Retirement Benefit.

6. **Interest Crediting Rate**: The 30 Year Treasury Securities Rate as issued by the Internal Revenue Service for the month preceding the first day of the plan vear is used to accumulate the Hypothetical Account Balance. For the plan year beginning January 1, 2024, this interest rate was 4.15%, the December 2023 rate.

7. **Standard Form of Retirement Benefit**: A single life annuity which is the actuarial equivalent of the value of the participant's accumulated contributions. If the Participant is married, the benefit must be converted to an actuarially equivalent Joint & Survivor Annuity, unless elected otherwise with spousal consent.

8. **Early Retirement Benefit**: None

9. **Disability Benefit**: Upon retirement due to Total and Permanent Disability, the Actuarial Equivalent of Accrued Benefit is payable.

10. **Death Benefits**: Upon death prior to retirement, actuarial present value of Accrued Benefit is payable (in the form of a Pre-Retirement Survivor Annuity unless elected otherwise with Spousal Consent).

11. **Termination of Employment**: Upon termination of employment prior to retirement, death, or disability, the vested Accrued Benefit is payable.

12. **Vesting**: Vested in the accrued benefit based on years of service. 0% for less than 3 years increasing to 100% on or after 3 years. A year of vesting service is credited for each Plan Year in which an employee completes at least 1,000 hours of service.

    For participants who terminated employment prior to January 1, 2007, the vesting schedule is 0% prior to 2 years of service, 20% after 2 years of service increasing by 20% per year to 100% after 6 years of service.

BARTLETT DAIRY, INC. RETIREMENT PLAN

EMPLOYER IDENTIFICATION NUMBER 11-3024832; PLAN NUMBER 002

SCHEDULE SB, LINE 24 – CHANGE IN ACTUARIAL ASSUMPTIONS

The projected interest crediting rate was changed from 4.15% as of January 1, 2024 to 4.58% as of January 1, 2025 to better reflect anticipated 30-year Treasury Security Rates.

Per section 430(h)(5)(B)(iii) of the Code, approval is not required because the change in assumptions (determined after taking into account any changes in interest rate and mortality table) results in either a decrease in the funding shortfall of the plan for the stated plan year of less than $5,000,000, or an increase in the funding shortfall.