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

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:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] 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
NATIONAL PRETZEL COMPANY, INC. RETIREMENT PLAN FOR HOURLY-PAID EMPLOYEES

1b Three-digit plan number (PN) ▶ 006

1c Effective date of plan 05/13/1983

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)
TREEHOUSE FOODS, INC.

2021 SPRING ROAD
SUITE 600
OAK BROOK, IL 60523

2b Employer Identification Number (EIN) 20-2311383

2c Plan Sponsor's telephone number 708-938-1783

2d Business code (see instructions) 311400

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.	10/07/2026	MATTHEW C. NARDIELLO
	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 [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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	158
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	**6a(1)**	91
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	86
b	Retired or separated participants receiving benefits	**6b**	5
c	Other retired or separated participants entitled to future benefits	**6c**	53
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	144
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	9
f	Total. Add lines **6d** and **6e**.	**6f**	153
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1I 3H

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

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
NATIONAL PRETZEL COMPANY, INC. RETIREMENT PLAN FOR HOURLY-PAID EMPLOYEES

B Three-digit plan number (PN) ▶ 006

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

D Employer Identification Number (EIN)
20-2311383

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	2599145
b Actuarial value	**2b**	2679156

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	8	347163	347163
b For terminated vested participants	59	908550	908550
c For active participants	91	1536958	1572890
d Total	158	2792671	2828603

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**	5.42 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	136000
c Target normal cost	**6c**	136000

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

09/30/2026
Date

RON SOLUM
Type or print name of actuary

26-06762
Most recent enrollment number

AON CONSULTING, INC.
Firm name

847-295-5000
Telephone number (including area code)

MSC# 17755
PO BOX 551343
ATLANTA, GA 30355
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 -0.91 %	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)		182595
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 5.16 %		9422
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		192017
d	Portion of (c) to be added to prefunding balance		192017
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	192017

Part III Funding Percentages

14	Funding target attainment percentage	14	87.92 %
15	Adjusted funding target attainment percentage	15	87.92 %
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	88.42 %
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
04/15/2026	25000	0			
07/15/2026	45000	0			
09/15/2026	45000	0			
			Totals ► 18(b)	115000	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	105990

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used
b Applicable month (enter code)			**21b**	
22 Weighted average retirement age			**22**	65

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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 [X] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. [ ] Yes [X] 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. [X] Yes [ ] No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [ ] Yes [X] 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**	136000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	341464	34736
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**	170736

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	170736	170736

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**	105990
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	105990
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	105990
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 [X] 2021

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

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

A Name of plan
NATIONAL PRETZEL COMPANY, INC. RETIREMENT PLAN FOR HOURLY-PAID EMPLOYEES

B Three-digit plan number (PN) ▶ 006

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TREEHOUSE FOODS, INC.

D Employer Identification Number (EIN)
20-2311383

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: TREEHOUSE FOODS MASTER TRUST

b Name of sponsor of entity listed in (a): TREEHOUSE FOODS, INC.

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)
20-7026355-001	M	2504201

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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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

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

A Name of plan
NATIONAL PRETZEL COMPANY, INC. RETIREMENT PLAN FOR HOURLY-PAID EMPLOYEES

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
TREEHOUSE FOODS, INC.

D Employer Identification Number (EIN)
20-2311383

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)	296000	115000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1207	5417
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	2317678	2504201
(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)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	2614885	2624618
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	10168	5800
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	10168	5800
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	2604717	2618818

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)	115000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		115000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)		0
(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)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		77695
(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		192695
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	25320	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	153274	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		178594
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)		
(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)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		178594
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		14101
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) [X] 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) [X] 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: PLANTE & MORAN, PLLC **(2)** EIN: 38-1357951

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 588308.

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

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

A Name of plan
NATIONAL PRETZEL COMPANY, INC. RETIREMENT PLAN FOR HOURLY-PAID EMPLOYEES

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
TREEHOUSE FOODS, INC.

D Employer Identification Number (EIN)
20-2311383

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 36-3046063

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

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

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

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

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

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

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

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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

TreeHouse Foods, Inc. Defined Benefit Plans

TreeHouse Pension Plan
Ralcorp Holdings, Inc. Retirement Plan
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees

Financial Report

December 31, 2025

TreeHouse Foods, Inc. Defined Benefit Plans

Contents

Independent Auditor's Report	1-3
Statements of Net Assets Available for Benefits	4-5
Statements of Changes in Net Assets Available for Benefits	6-7
Statements of Accumulated Plan Benefits	8
Statements of Changes in Accumulated Plan Benefits	9
Notes to Financial Statements	10-16

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Independent Auditor's Report

To the Plan Administrator
TreeHouse Foods, Inc. Defined Benefit Plans

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

We have performed audits of the financial statements of TreeHouse Pension Plan; Ralcorp Holdings, Inc. Retirement Plan; and National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees (collectively, the "Plans"), employee benefit plans 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 December 31, 2025 and 2024 and the related statements of changes in net assets available for benefits for the years then ended and the statements of accumulated plan benefits as of December 31, 2024 and the related statements of changes in accumulated plan benefits for the year then ended and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the years then ended stating that the certified investment information, as described in Note 3 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 *Auditor's Responsibilities for the Audits 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 (GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audits of the Financial Statements* section of our report. We are required to be independent of the Plans 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.

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Emphasis of Matter

As described in Note 2 to the financial statements, the 2024 financial statements have been restated to correct a misstatement. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP 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 Plans' ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

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

Auditor's Responsibilities for the Audits of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audits* 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 auditor's 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 audits conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is 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 audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 Plans' 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 Plans' 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 GAAP.

Accordingly, the objective of the 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 GAAP.

To the Plan Administrator
TreeHouse Foods, Inc. Defined Benefit Plans

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

Plante & Moran, PLLC

Schaumburg, Illinois
October 2, 2026

TreeHouse Foods, Inc. Defined Benefit Plans

Statements of Net Assets Available for Benefits

December 31, 2025

	TreeHouse Pension Plan	Ralcorp Holdings, Inc. Retirement Plan	National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees	Total (Unaudited - Memorandum Only)
Assets				
Investments at fair value - Plan's interest in the TreeHouse Foods, Inc. Master Retirement Trust: (Note 4)				
Mutual funds	$ 2,652,688	$ 25,444,757	$ 634,368	$ 28,731,813
Common/collective trust funds	6,471,129	62,071,551	1,547,521	70,090,201
U.S. government securities	1,347,783	12,928,042	322,312	14,598,137
Total investments	10,471,600	100,444,350	2,504,201	113,420,151
Employer contributions receivable	838,000	1,515,000	115,000	2,468,000
Accrued income	22,612	214,700	5,417	242,729
Annuity contract refund receivable (Note 2)	25,757	1,476,068	-	1,501,825
Total assets	11,357,969	103,650,118	2,624,618	117,632,705
Liabilities - Accrued expenses	13,608	60,737	5,800	80,145
Net Assets Available for Benefits	**$ 11,344,361**	**$ 103,589,381**	**$ 2,618,818**	**$ 117,552,560**

See notes to financial statements.

TreeHouse Foods, Inc. Defined Benefit Plans

Statements of Net Assets Available for Benefits

December 31, 2024
(As Restated)

	TreeHouse Pension Plan	Ralcorp Holdings, Inc. Retirement Plan	National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees	Total (Unaudited - Memorandum Only)
Assets				
Investments at fair value - Plan's interest in the TreeHouse Foods, Inc. Master Retirement Trust: (Note 4)				
Mutual funds	$ 5,804,792	$ 57,720,755	$ 805,404	$ 64,330,951
Common/collective trust funds	9,855,580	97,976,325	1,361,498	109,193,403
U.S. government securities	1,043,836	10,403,567	150,776	11,598,179
Total investments	16,704,208	166,100,647	2,317,678	185,122,533
Employer contributions receivable	961,000	-	296,000	1,257,000
Accrued income	8,698	86,493	1,207	96,398
Total assets	17,673,906	166,187,140	2,614,885	186,475,931
Liabilities - Accrued expenses	39,452	188,702	10,168	238,322
Net Assets Available for Benefits	**$ 17,634,454**	**$ 165,998,438**	**$ 2,604,717**	**$ 186,237,609**

See notes to financial statements.

TreeHouse Foods, Inc. Defined Benefit Plans

Statements of Changes in Net Assets Available for Benefits

Year Ended December 31, 2025

	TreeHouse Pension Plan	Ralcorp Holdings, Inc. Retirement Plan	National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees	Total (Unaudited - Memorandum Only)
Additions				
Employer contributions	$ 838,000	$ 1,515,000	$ 115,000	$ 2,468,000
Plan's interest in the investment gain of the TreeHouse Foods, Inc. Master Retirement Trust (Note 4)	1,752,190	16,877,471	245,444	18,875,105
Total additions	2,590,190	18,392,471	360,444	21,343,105
Deductions				
Benefits paid directly to participants or beneficiaries	1,256,220	14,302,943	25,320	15,584,483
Purchase of annuity contracts (Note 2)	7,163,055	65,191,846	153,274	72,508,175
Administrative expenses	461,008	1,306,739	167,749	1,935,496
Total deductions	8,880,283	80,801,528	346,343	90,028,154
Net (Decrease) Increase	(6,290,093)	(62,409,057)	14,101	(68,685,049)
Net Assets Available for Benefits				
Beginning of year	17,634,454	165,998,438	2,604,717	186,237,609
End of year	**$ 11,344,361**	**$ 103,589,381**	**$ 2,618,818**	**$ 117,552,560**

See notes to financial statements.

TreeHouse Foods, Inc. Defined Benefit Plans

Statements of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

	TreeHouse Pension Plan	Ralcorp Holdings, Inc. Retirement Plan	National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees	Total (Unaudited - Memorandum Only)
Additions				
Employer contributions	$ 1,597,000	$ -	$ 458,000	$ 2,055,000
Plan's interest in the investment gain of the TreeHouse Foods, Inc. Master Retirement Trust (Note 4)	138,631	2,042,553	15,113	2,196,297
Total additions	1,735,631	2,042,553	473,113	4,251,297
Deductions				
Benefits paid directly to participants or beneficiaries	1,140,044	13,991,380	15,293	15,146,717
Administrative expenses	450,267	1,159,085	160,599	1,769,951
Total deductions	1,590,311	15,150,465	175,892	16,916,668
Net Increase (Decrease)	145,320	(13,107,912)	297,221	(12,665,371)
Net Assets Available for Benefits				
Beginning of year	17,489,134	179,106,350	2,307,496	198,902,980
End of year	**$ 17,634,454**	**$ 165,998,438**	**$ 2,604,717**	**$ 186,237,609**

See notes to financial statements.

TreeHouse Foods, Inc. Defined Benefit Plans

Statements of Accumulated Plan Benefits

December 31, 2024

	TreeHouse Pension Plan	Ralcorp Holdings, Inc. Retirement Plan	National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees
Actuarial Present Value of Accumulated Plan Benefits			
Vested benefits:			
Participants currently receiving benefit payments	$ 8,694,524	$ 122,894,307	$ 303,311
Vested benefits for other participants	9,195,745	32,948,966	2,128,669
Total vested benefits	17,890,269	155,843,273	2,431,980
Nonvested benefits	-	85,007	31,768
Total Actuarial Present Value of Accumulated Plan Benefits	**$ 17,890,269**	**$ 155,928,280**	**$ 2,463,748**

See notes to financial statements.

TreeHouse Foods, Inc. Defined Benefit Plans

Statements of Changes in Accumulated Plan Benefits

Year Ended December 31, 2024

	TreeHouse Pension Plan	Ralcorp Holdings, Inc. Retirement Plan	National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees
Actuarial Present Value of Accumulated Plan Benefits - Beginning of year	$ 19,251,794	$ 174,085,548	$ 2,653,232
Increase (decrease) during the year attributable to:			
Interest due to the increase in the discount rate	1,074,660	9,613,289	152,127
Benefits paid	(1,140,044)	(13,991,380)	(15,293)
Changes in actuarial assumptions (Note 2)	(1,459,760)	(10,359,480)	(251,267)
Benefits accumulated and other	163,619	(3,419,697)	(75,051)
Net decrease	(1,361,525)	(18,157,268)	(189,484)
Actuarial Present Value of Accumulated Plan Benefits - End of year	**$ 17,890,269**	**$ 155,928,280**	**$ 2,463,748**

See notes to financial statements.

Note 1 - Plan Description

The following description of TreeHouse Pension Plan (the "TreeHouse Plan"); Ralcorp Holdings, Inc. Retirement Plan (the "Ralcorp Plan"); and National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees (the "National Pretzel Plan") (collectively, the "Plans") provides only general information. Participants should refer to the respective plan agreements for a more complete description of each plan's provisions.

General

The plan sponsor for the Plans is TreeHouse Foods, Inc. (the "Company"). All plans are noncontributory defined benefit plans and are subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The TreeHouse Plan provides defined benefits to nonunion and union employees at certain locations, as defined in the plan document. For nonunion employees, the TreeHouse Plan is closed to new participants, and accrued benefits were frozen effective December 31, 2002. The TreeHouse Plan was amended, effective December 31, 2017, to freeze entry into the plan for union employees at the Plymouth, Indiana location who are hired or rehired after January 1, 2018 and freeze all benefit accruals for participants at this location after December 31, 2017.

The Ralcorp Plan provides defined benefits to employees who are classified as a sales, administrative, or clerical (SAC) employee and certain production employees. In general, substantially all employees who were employed by the previous employer are eligible to participate in the Ralcorp Plan, as defined in the applicable supplements within the plan document. These employees became eligible after the earlier of one year of credited service or after attaining age 45. All future participation in the Ralcorp Plan has been frozen. The Ralcorp Plan benefits were frozen for participants classified as SAC employees and certain production employees effective December 31, 2003 and for other production employees at various dates. Certain production employees are still accruing benefits.

The National Pretzel Plan provides defined benefits to certain hourly compensated employees who are members of Local 771 of the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America, as defined in the plan document. Effective September 30, 2017, the National Pretzel Plan was frozen to new participants, and no participant shall accrue any additional benefits on and after October 1, 2017.

Eligibility and Vesting

Eligibility and vesting differs between the Plans and various supplements. Participants should refer to the respective plan agreements for the specific eligibility and vesting requirements.

Pension Benefits

The normal monthly retirement benefit is calculated as set forth in the applicable supplements to the Plans. The normal benefit is adjusted for early or late retirement, disability, or upon the participant's death, as defined in the respective plan documents.

Payment of Benefits

Distributions are payable upon retirement, death, disability, or termination of employment in the form of a lump-sum amount equal to the vested value of the participant's accumulated plan benefits if less than $5,000 or in various installment annuities.

Funding

Contributions are made by the Company in actuarially determined amounts. The Company's policy is to make contributions necessary to satisfy ERISA funding standards. Annual contributions meet the minimum funding requirements of ERISA for the years ended December 31, 2025 and 2024.

Note 1 - Plan Description (Continued)

Party-in-interest Transactions

Certain plan assets are in investment funds managed by The Northern Trust Company or its affiliates. The Northern Trust Company is the trustee of the Plans; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Restatement

In 2025, it was determined that U.S. government securities were valued as Level 1 investments. Previously, these investments were classified as common/collective trust funds valued at net asset value (NAV) in the fair value hierarchy disclosure and in the statements of net assets available for benefits. Accordingly, the 2024 fair value disclosure has been restated, which resulted in common/collective trust funds decreasing by $11,598,179 and U.S. government securities increasing by the same amount. Additionally, the statements of net assets available for benefits as of December 31, 2024 were restated, which resulted in common/collective trust funds decreasing by $1,043,836, $10,403,567, and $150,776 for the TreeHouse Plan, the Ralcorp Plan, and the National Pretzel Plan, respectively, with corresponding increases to U.S. government securities. The correction impacted only the classification of investments within the statements of net assets available for benefits and fair value disclosures and had no effect on total net assets available for benefits, changes in net assets, or accumulated plan benefits.

Basis of Accounting

The Plans prepare their financial statements on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Memorandum-only Totals

The memorandum-only total column in the statements of net assets available for benefits and the statements of changes in net assets available for benefits represents solely totals of the individual plans. The columns are unaudited and are provided for information only.

Investment in Master Trust

The Plans' investments are held in the TreeHouse Foods, Inc. Master Retirement Trust (the "Master Trust"), which was established for the investment of assets for plans sponsored by the Company. During the years ended December 31, 2025 and 2024, assets in the Master Trust were held by The Northern Trust Company (the “Trustee”). Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date.

The fair value of each plan's interest in the Master Trust is based on the beginning of the year value of the plan's interest plus actual contributions and allocated investment income, less actual distributions and administrative expenses, as well as certain allocated administrative expenses. See Note 4 for additional information.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plans' provisions to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Note 2 - Summary of Significant Accounting Policies (Continued)

Actuarial Assumptions

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from 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 significant actuarial assumptions used in the valuation of the Plans at December 31, 2024 and 2023 are summarized as follows:

Actuarial cost method	Projected unit credit
Assumed rate of return	6.55 percent per annum - 2024 5.75 percent per annum - 2023
Mortality basis	Pri-2012 mortality study projected generationally from 2012 using scale MP-2021 - 2024 and 2023
Retirement age	Rates graded by age, ranging from 55 to 68+ - 2024 and 2023

Strong investment performance and favorable economic conditions attributed to a change in the assumed rate of return.

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

Benefit Payments

Benefits are recorded when paid.

Annuity Contract

Effective October 15, 2025, the Plans were amended to reflect the purchase of a group annuity contract from Commonwealth Annuity and Life Insurance Company (Commonwealth). Under the agreement, Commonwealth assumed the obligation to pay future pension benefits starting on January 1, 2026 for 766 participants receiving annuity payments prior to July 1, 2025. The purchase price of the annuity contract, paid on October 15, 2025, was $74,010,000. After recognition of the $1,501,825 premium refund described below, the net purchase price reported in the accompanying statements of changes in net assets available for benefits for the year ended December 31, 2025 was $72,508,175. During April 2026, the Plans received a $1,501,825 premium refund as an adjustment after a completed data and death audit on the group annuity contract from Commonwealth, which resulted in adjustments to premiums for 52 participants and a removal of 6 participants from the annuity contract. This premium refund was included as a receivable in the statements of net assets available for benefits as of December 31, 2025 and as a reduction of the purchase price of the annuity contract in the statements of changes in net assets available for benefits for the year ended December 31, 2025 as it related to facts that existed prior to December 31, 2025. The breakout of the annuity contract by plan is summarized on the next page. The impact of the annuity purchase has not been reflected in the statements of accumulated plan benefits as of December 31, 2024 or the statements of changes in accumulated plan benefits for the year then ended.

Note 2 - Summary of Significant Accounting Policies (Continued)

The following table summarizes the impact of the annuity contract per plan:

	TreeHouse Pension Plan	Ralcorp Holdings, Inc. Retirement Plan	National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees	Total
Gross purchase price	$ 7,188,812	$ 66,667,914	$ 153,274	$ 74,010,000
Premium refund receivable	(25,757)	(1,476,068)	-	(1,501,825)
Net purchase price reported	$ 7,163,055	$ 65,191,846	$ 153,274	$ 72,508,175
Retirees currently receiving annuity payments	76	679	5	760

Administrative Expenses

Various administrative costs are paid by the Master Trust and the Company.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Risks and Uncertainties

Contributions to the Plans and the Plans' accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the financial statements.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 2, 2026, which is the date the financial statements were available to be issued.

Note 3 - Certified Information

The Northern Trust Company holds the Master Trust's investments and executes all investment transactions. The investment balances and related investment results included in the accompanying financial statements, including master trust information included in Note 4, are based solely on information certified by The Northern Trust Company.

Note 4 - Fair Value Measurements and Interest in Master Trust

The Plans' investments are in the Master Trust. Each participating benefit plan has an undivided interest in the Master Trust. The fair value of the Plans' interest in the Master Trust represents each plan's allocated portion. Investment income and loss and administrative expenses relating to the Master Trust are allocated to the individual plans based upon average monthly balances invested by each plan.

Note 4 - Fair Value Measurements and Interest in Master Trust (Continued)

At December 31, 2025 and 2024, the Plans' respective interests in the Master Trust were as follows:

	2025	2024
The Ralcorp Plan	88.6 %	89.7 %
The TreeHouse Plan	9.2	9.0
The National Pretzel Plan	2.2	1.3

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Master Trust has the ability to access.

Level 2

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Master Trust's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The following valuation methodologies have been used to value the Master Trust's investments:

Mutual Funds

The mutual funds are valued at quoted prices reported in active markets.

Common/Collective Trust Funds

The common/collective trust funds are valued at net asset value per share (or its equivalent) of the funds, which is based on the fair value of the funds' underlying net assets. There are no redemption restrictions or unfunded commitments on these investments.

U.S. Government Securities

The U.S. government securities consist primarily of U.S. Treasury bills and are valued using quoted prices in active markets for identical securities.

Note 4 - Fair Value Measurements and Interest in Master Trust (Continued)

The following tables present information about the net assets of the Master Trust and the Plans' interest in Master Trust balances at December 31, 2025 and 2024:

	Master Trust Net Assets at December 31, 2025	
	Balances	Level 1
Investments at fair value:		
Mutual funds	$ 28,731,813	$ 28,731,813
U.S. government securities	14,598,137	14,598,137
Total	43,329,950	$ 43,329,950
Investments measured at NAV - Common/collective trust funds	70,090,201	
Total master trust net assets	$ 113,420,151	

	Master Trust Net Assets at December 31, 2024	
	Balances	Level 1
Investments at fair value:		
Mutual funds	$ 64,330,951	$ 64,330,951
U.S. government securities	11,598,179	11,598,179
Total	75,929,130	$ 75,929,130
Investments measured at NAV - Common/collective trust funds	109,193,403	
Total master trust net assets	$ 185,122,533	

The investment income and loss for the Master Trust for the years ended December 31, 2025 and 2024 is as follows:

	2025	2024
Net realized and unrealized gains (losses) on investments	$ 17,627,797	$ (3,843,164)
Interest and dividends	1,247,308	6,039,461
Total	$ 18,875,105	$ 2,196,297

Note 5 - Tax Status

The Plans have each received a determination letter from the Internal Revenue Service indicating that the Plans, as designed, are qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plans have been amended since receiving a determination letter, management believes that the Plans are designed and are currently being operated in compliance with the applicable requirements of the IRC. Accordingly, no provision for income taxes has been made in the accompanying financial statements.

Note 6 - Plan Termination

Although it has expressed no interest to do so, the Company has the right under each plan to terminate any of the Plans subject to the provisions set forth in ERISA. Should any of the Plans terminate at some future time, the respective plan's net assets generally will not be available on a pro rata basis to provide participants' benefits. 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 (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Schedule SB Attachment (Form 5500) —2025 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees
EIN: 20-2311383 PN: 006

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		1								
35-39	1		1							
40-44	2	1	1	2						
45-49		2	4	3	2					
50-54			5	7	1	3	1			
55-59	2	1	2	7	1	10	2			
60-64			2	1	2	2	1	6	1	
65-69	1	2	1	2	1	1	4			
70+				1			1			

N-91

Schedule SB Attachment (Form 5500) —2025 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees
EIN: 20-2311383 PN: 006

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

Interest Rates	Based on the full yield curve with no lookback (as of December 2024) (to which the interest rate stabilization corridor does not apply), with sample rates as follows: Duration 0.5–4.60% Duration 5.5–4.80% Duration 10.5–5.20% Duration 15.5–5.45% Duration 20.5–5.56% Duration 25.5–5.57% Duration 30.5–5.58%
Payment Form Election	50% elect life annuity. 50% elect joint and 75% survivor annuity.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 65.
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii).
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Surviving Spouse Benefit	It is assumed that 60% of males and 60% of females have an eligible spouse, male spouses are one year older and female spouses are three years younger than the participant.

Schedule SB Attachment (Form 5500) —2025 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees
EIN: 20-2311383 PN: 006

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	6.25%, limited to 5.74%
2024 Plan Year	5.75%, limited to 5.59%
2025 Plan Year	6.55%, limited to 5.50%
Trust Expenses Included in Target Normal Cost	Based on prior year administrative expenses rounded to the nearest $1,000. $136,000 for 2025.
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2025.

Schedule SB Attachment (Form 5500) —2025 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees
EIN: 20-2311383 PN: 006

Table 1

Retirement Rates

Age	Rate
60	5%
61	5%
62	17%
63	15%
64	15%
65	25%
66	30%
67	20%
68+	100%

Schedule SB Attachment (Form 5500) —2025 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees
EIN: 20-2311383 PN: 006

Table 2

Withdrawal Rates

	Years of Service				
Age	**1**	**2**	**3**	**4**	**5+**
20	40.00%	14.00%	9.00%	8.00%	10.91%
21	40.00%	14.00%	9.00%	8.00%	10.91%
22	40.00%	14.00%	9.00%	8.00%	10.91%
23	40.00%	14.00%	9.00%	8.00%	10.91%
24	40.00%	14.00%	9.00%	8.00%	10.10%
25	40.00%	14.00%	9.00%	8.00%	9.63%
26	40.00%	14.00%	9.00%	8.00%	9.17%
27	40.00%	14.00%	9.00%	8.00%	8.70%
28	40.00%	14.00%	9.00%	8.00%	8.21%
29	40.00%	14.00%	9.00%	8.00%	7.81%
30	40.00%	14.00%	9.00%	8.00%	7.56%
31	40.00%	14.00%	9.00%	8.00%	7.32%
32	40.00%	14.00%	9.00%	8.00%	7.06%
33	40.00%	14.00%	9.00%	8.00%	6.74%
34	40.00%	14.00%	9.00%	8.00%	6.48%
35	40.00%	14.00%	9.00%	8.00%	6.15%
36	40.00%	14.00%	9.00%	8.00%	5.86%
37	40.00%	14.00%	9.00%	8.00%	5.60%
38	40.00%	14.00%	9.00%	8.00%	5.31%
39	40.00%	14.00%	9.00%	8.00%	5.06%
40	40.00%	14.00%	9.00%	8.00%	4.90%
41	40.00%	14.00%	9.00%	8.00%	4.70%
42	40.00%	14.00%	9.00%	8.00%	4.58%
43	40.00%	14.00%	9.00%	8.00%	4.50%
44	40.00%	14.00%	9.00%	8.00%	4.43%

Table 2 (continued)

Withdrawal Rates

	Years of Service				
Age	**1**	**2**	**3**	**4**	**5+**
45	40.00%	14.00%	9.00%	8.00%	4.35%
46	40.00%	14.00%	9.00%	8.00%	4.27%
47	40.00%	14.00%	9.00%	8.00%	4.19%
48	40.00%	14.00%	9.00%	8.00%	4.14%
49	40.00%	14.00%	9.00%	8.00%	4.10%
50	40.00%	14.00%	9.00%	8.00%	5.35%
51	40.00%	14.00%	9.00%	8.00%	5.21%
52	40.00%	14.00%	9.00%	8.00%	5.08%
53	40.00%	14.00%	9.00%	8.00%	4.85%
54	40.00%	14.00%	9.00%	8.00%	4.10%
55	40.00%	14.00%	9.00%	8.00%	5.84%
56	40.00%	14.00%	9.00%	8.00%	5.63%
57	40.00%	14.00%	9.00%	8.00%	5.15%
58	40.00%	14.00%	9.00%	8.00%	5.30%
59	40.00%	14.00%	9.00%	8.00%	5.68%
60	40.00%	14.00%	9.00%	8.00%	5.50%
61	40.00%	14.00%	9.00%	8.00%	5.83%
62	40.00%	14.00%	9.00%	8.00%	6.40%
63	40.00%	14.00%	9.00%	8.00%	6.25%
64	40.00%	14.00%	9.00%	8.00%	6.55%
65+	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500) —2025 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees
EIN: 20-2311383 PN: 006

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

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
NATIONAL PRETZEL COMPANY, INC. RETIREMENT PLAN FOR HOURLY-PAID EMPLOYEES

B Three-digit plan number (PN) ▶ 006

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

D Employer Identification Number (EIN)
20-2311383

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	2,599,145
b Actuarial value	**2b**	2,679,156

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	8	347,163	347,163
b For terminated vested participants	59	908,550	908,550
c For active participants	91	1,536,958	1,572,890
d Total	158	2,792,671	2,828,603

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**	5.42%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	136,000
c Target normal cost	**6c**	136,000

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

Ron Solum
Signature of actuary

09/30/2026
Date

RON SOLUM
Type or print name of actuary

2606762
Most recent enrollment number

Aon Consulting, Inc.
Firm name

847-295-5000
Telephone number (including area code)

MSC# 17755
PO Box 551343
ATLANTA GA 30355
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 -0.91%	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)		182,595
	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 5.16%		9,422
	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		192,017
	d Portion of (c) to be added to prefunding balance		192,017
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	192,017

Part III Funding Percentages

14	Funding target attainment percentage	14	87.92%
15	Adjusted funding target attainment percentage	15	87.92%
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	88.42%
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
04/15/2026	25,000	0			
07/15/2026	45,000	0			
09/15/2026	45,000	0			
			Totals ► 18(b)	115,000	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	105,990

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: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) — **21b**

22 Weighted average retirement age — **22** 65

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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 [X] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. [ ] Yes [X] 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. [X] Yes [ ] No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... [ ] Yes [X] 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**	136,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	341,464	34,736
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** 170,736

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	170,736	170,736

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**	105,990

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

a Total (excess, if any, of line 37 over line 36)	**38a**	105,990
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	105,990
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 [X] 2021

Schedule SB Attachment (Form 5500) —2025 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees
EIN: 20-2311383 PN: 006

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

Date	Amount		Days to Discount to 1/1/2025 at 5.42%	Interest Adjusted Contribution	
April 15, 2026	$	25,000	469	$	23,361
July 15, 2026		45,000	560		41,500
September 15, 2026		45,000	622		41,129
Total Contribution	$	115,000		$	105,990

Schedule SB Attachment (Form 5500) —2025 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees
EIN: 20-2311383 PN: 006

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
60.5	5.00%	1.0000	3.03
61.5	5.00%	0.9500	2.92
62.5	17.00%	0.9025	9.59
63.5	15.00%	0.7491	7.13
64.5	15.00%	0.6367	6.16
65.5	25.00%	0.5412	8.86
66.5	30.00%	0.4059	8.10
67.5	20.00%	0.2841	3.84
68	100.00%	0.2273	15.46
	Weighted Average		65.09

Schedule SB Attachment (Form 5500) —2025 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees
EIN: 20-2311383 PN: 006

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

Interest Rates	Based on the full yield curve with no lookback (as of December 2024) (to which the interest rate stabilization corridor does not apply), with sample rates as follows: Duration 0.5–4.60% Duration 5.5–4.80% Duration 10.5–5.20% Duration 15.5–5.45% Duration 20.5–5.56% Duration 25.5–5.57% Duration 30.5–5.58%
Payment Form Election	50% elect life annuity. 50% elect joint and 75% survivor annuity.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 65.
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii).
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Surviving Spouse Benefit	It is assumed that 60% of males and 60% of females have an eligible spouse, male spouses are one year older and female spouses are three years younger than the participant.

Schedule SB Attachment (Form 5500) —2025 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees
EIN: 20-2311383 PN: 006

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	6.25%, limited to 5.74%
2024 Plan Year	5.75%, limited to 5.59%
2025 Plan Year	6.55%, limited to 5.50%
Trust Expenses Included in Target Normal Cost	Based on prior year administrative expenses rounded to the nearest $1,000. $136,000 for 2025.
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2025.

Schedule SB Attachment (Form 5500) —2025 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees
EIN: 20-2311383 PN: 006

Table 1

Retirement Rates

Age	Rate
60	5%
61	5%
62	17%
63	15%
64	15%
65	25%
66	30%
67	20%
68+	100%

Schedule SB Attachment (Form 5500) —2025 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees
EIN: 20-2311383 PN: 006

Table 2

Withdrawal Rates

	Years of Service				
Age	**1**	**2**	**3**	**4**	**5+**
20	40.00%	14.00%	9.00%	8.00%	10.91%
21	40.00%	14.00%	9.00%	8.00%	10.91%
22	40.00%	14.00%	9.00%	8.00%	10.91%
23	40.00%	14.00%	9.00%	8.00%	10.91%
24	40.00%	14.00%	9.00%	8.00%	10.10%
25	40.00%	14.00%	9.00%	8.00%	9.63%
26	40.00%	14.00%	9.00%	8.00%	9.17%
27	40.00%	14.00%	9.00%	8.00%	8.70%
28	40.00%	14.00%	9.00%	8.00%	8.21%
29	40.00%	14.00%	9.00%	8.00%	7.81%
30	40.00%	14.00%	9.00%	8.00%	7.56%
31	40.00%	14.00%	9.00%	8.00%	7.32%
32	40.00%	14.00%	9.00%	8.00%	7.06%
33	40.00%	14.00%	9.00%	8.00%	6.74%
34	40.00%	14.00%	9.00%	8.00%	6.48%
35	40.00%	14.00%	9.00%	8.00%	6.15%
36	40.00%	14.00%	9.00%	8.00%	5.86%
37	40.00%	14.00%	9.00%	8.00%	5.60%
38	40.00%	14.00%	9.00%	8.00%	5.31%
39	40.00%	14.00%	9.00%	8.00%	5.06%
40	40.00%	14.00%	9.00%	8.00%	4.90%
41	40.00%	14.00%	9.00%	8.00%	4.70%
42	40.00%	14.00%	9.00%	8.00%	4.58%
43	40.00%	14.00%	9.00%	8.00%	4.50%
44	40.00%	14.00%	9.00%	8.00%	4.43%

Table 2 (continued)

Withdrawal Rates

	Years of Service				
Age	**1**	**2**	**3**	**4**	**5+**
45	40.00%	14.00%	9.00%	8.00%	4.35%
46	40.00%	14.00%	9.00%	8.00%	4.27%
47	40.00%	14.00%	9.00%	8.00%	4.19%
48	40.00%	14.00%	9.00%	8.00%	4.14%
49	40.00%	14.00%	9.00%	8.00%	4.10%
50	40.00%	14.00%	9.00%	8.00%	5.35%
51	40.00%	14.00%	9.00%	8.00%	5.21%
52	40.00%	14.00%	9.00%	8.00%	5.08%
53	40.00%	14.00%	9.00%	8.00%	4.85%
54	40.00%	14.00%	9.00%	8.00%	4.10%
55	40.00%	14.00%	9.00%	8.00%	5.84%
56	40.00%	14.00%	9.00%	8.00%	5.63%
57	40.00%	14.00%	9.00%	8.00%	5.15%
58	40.00%	14.00%	9.00%	8.00%	5.30%
59	40.00%	14.00%	9.00%	8.00%	5.68%
60	40.00%	14.00%	9.00%	8.00%	5.50%
61	40.00%	14.00%	9.00%	8.00%	5.83%
62	40.00%	14.00%	9.00%	8.00%	6.40%
63	40.00%	14.00%	9.00%	8.00%	6.25%
64	40.00%	14.00%	9.00%	8.00%	6.55%
65+	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500) —2025 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees
EIN: 20-2311383 PN: 006

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB Attachment (Form 5500) —2025 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees
EIN: 20-2311383 PN: 006

Schedule SB, Part V — Summary of Plan Provisions

Eligibility for Participation	Hourly Pretzel employees covered by Local 771 of the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America who have attained age 21 with at least one year of vesting service. Effective September 30, 2017, no new participants are permitted to enter the plan.
Benefit Freeze	Effective September 30, 2017, benefits in the plan were frozen.
Normal Retirement	
Eligibility	Age 65.
Benefit	Monthly accrued benefit is the sum of: (1) $11.25 x years of credited service from April 1, 1980 through March 31, 2001; plus (2) $13.00 x years of credited service earned from April 1, 2001 through September 30, 2017. Credited service is limited to 35 years.
Early Retirement	
Eligibility	Age 60 and 15 years of vesting service.
Benefit	Normal retirement benefit reduced by 1/180 per month from age 65 to age 60.
Vested Termination	
Eligibility	Five years of vesting service or age 65.
Benefit	Normal retirement benefit payable at age 65 or early retirement age with reductions as for early retirement.
Disability Retirement	
Eligibility	Fifteen years of vesting service.
Benefit	$200 per month, offset by workers' compensation payments. Paid until commencement of the normal retirement benefit or the date the worker is no longer disabled, if earlier.

Schedule SB Attachment (Form 5500) —2025 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees
EIN: 20-2311383 PN: 006

Preretirement Survivor Benefit	
Eligibility	Five years of vesting service and married.
Benefit	50% of the amount which would have been payable to the employee if the employee had terminated on the date of death, survived to the earliest retirement date, and retired with a 50% joint and survivor annuity.
Normal Form of Annuity	For unmarried participants: Life annuity. For married participants: 50% joint and survivor annuity.
Optional Forms of Payment	Life annuity. 50% joint and survivor annuity. 75% joint and survivor annuity. 100% joint and survivor annuity. 10-year certain and life annuity.
Vesting Service	Years and months of service with the company. Service prior to April 1, 1980 for Pretzel participants is only counted for vesting purposes under Universal Foods Corporation.
Credited Service	Years and months of service from the date of participation to the benefit freeze date.
Pension Risk Settlements	Terminated vested lump sum window (September - December 2017)
	Retiree annuity purchase lift-out to Securian Financial (October 2023)
	Retiree annuity purchase lift-out to Global Atlantic (October 2025)

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes since the prior year.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) —2025 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees
EIN: 20-2311383 PN: 006

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		1								
35-39	1		1							
40-44	2	1	1	2						
45-49		2	4	3	2					
50-54			5	7	1	3	1			
55-59	2	1	2	7	1	10	2			
60-64			2	1	2	2	1	6	1	
65-69	1	2	1	2	1	1	4			
70+				1			1			

N-91

Schedule SB Attachment (Form 5500) —2025 Plan Year

National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees

EIN: 20-2311383 PN: 006

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 386,626	January 1, 2023	13	$ 39,200
Shortfall	$ (70,832)	January 1, 2024	14	$ (6,830)
Shortfall	$ 25,670	January 1, 2025	15	$ 2,366

Schedule SB Attachment (Form 5500) —2025 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees
EIN: 20-2311383 PN: 006

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

Date	Amount		Days to Discount to 1/1/2025 at 5.42%	Interest Adjusted Contribution	
April 15, 2026	$	25,000	469	$	23,361
July 15, 2026		45,000	560		41,500
September 15, 2026		45,000	622		41,129
Total Contribution	$	115,000		$	105,990

Schedule SB Attachment (Form 5500) —2025 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees
EIN: 20-2311383 PN: 006

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
60.5	5.00%	1.0000	3.03
61.5	5.00%	0.9500	2.92
62.5	17.00%	0.9025	9.59
63.5	15.00%	0.7491	7.13
64.5	15.00%	0.6367	6.16
65.5	25.00%	0.5412	8.86
66.5	30.00%	0.4059	8.10
67.5	20.00%	0.2841	3.84
68	100.00%	0.2273	15.46
	Weighted Average		65.09

Schedule SB Attachment (Form 5500) —2025 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees
EIN: 20-2311383 PN: 006

Schedule SB, Part V — Summary of Plan Provisions

Eligibility for Participation	Hourly Pretzel employees covered by Local 771 of the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America who have attained age 21 with at least one year of vesting service. Effective September 30, 2017, no new participants are permitted to enter the plan.
Benefit Freeze	Effective September 30, 2017, benefits in the plan were frozen.
Normal Retirement	
Eligibility	Age 65.
Benefit	Monthly accrued benefit is the sum of: (1) $11.25 x years of credited service from April 1, 1980 through March 31, 2001; plus (2) $13.00 x years of credited service earned from April 1, 2001 through September 30, 2017. Credited service is limited to 35 years.
Early Retirement	
Eligibility	Age 60 and 15 years of vesting service.
Benefit	Normal retirement benefit reduced by 1/180 per month from age 65 to age 60.
Vested Termination	
Eligibility	Five years of vesting service or age 65.
Benefit	Normal retirement benefit payable at age 65 or early retirement age with reductions as for early retirement.
Disability Retirement	
Eligibility	Fifteen years of vesting service.
Benefit	$200 per month, offset by workers' compensation payments. Paid until commencement of the normal retirement benefit or the date the worker is no longer disabled, if earlier.

Schedule SB Attachment (Form 5500) —2025 Plan Year
National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees
EIN: 20-2311383 PN: 006

Preretirement Survivor Benefit	
Eligibility	Five years of vesting service and married.
Benefit	50% of the amount which would have been payable to the employee if the employee had terminated on the date of death, survived to the earliest retirement date, and retired with a 50% joint and survivor annuity.
Normal Form of Annuity	For unmarried participants: Life annuity. For married participants: 50% joint and survivor annuity.
Optional Forms of Payment	Life annuity. 50% joint and survivor annuity. 75% joint and survivor annuity. 100% joint and survivor annuity. 10-year certain and life annuity.
Vesting Service	Years and months of service with the company. Service prior to April 1, 1980 for Pretzel participants is only counted for vesting purposes under Universal Foods Corporation.
Credited Service	Years and months of service from the date of participation to the benefit freeze date.
Pension Risk Settlements	Terminated vested lump sum window (September - December 2017)
	Retiree annuity purchase lift-out to Securian Financial (October 2023)
	Retiree annuity purchase lift-out to Global Atlantic (October 2025)

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes since the prior year.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) —2025 Plan Year

National Pretzel Company, Inc. Retirement Plan for Hourly-Paid Employees

EIN: 20-2311383 PN: 006

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 386,626	January 1, 2023	13	$ 39,200
Shortfall	$ (70,832)	January 1, 2024	14	$ (6,830)
Shortfall	$ 25,670	January 1, 2025	15	$ 2,366