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
BANQUET EMPLOYEES - UNIONS PENSION TRUST FUND

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 10/06/1969

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)
CONAGRA BRANDS, INC.
D/B/A CONAGRA CONSUMER FROZEN FOODS CO.

FIVE CONAGRA DRIVE
OMAHA, NE 68102-5005

2b Employer Identification Number (EIN) 47-0248710

2c Plan Sponsor's telephone number 402-595-7795

2d Business code (see instructions) 311900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2026	TARALYNN FORMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

BOARD OF TRUSTEES OF BANQUET EMPLOYEES UNIONS PENSION TRUST FUND

2901 WEST BELTLINE HWY, SUITE 100
MADISON, WI 53713

3b Administrator's EIN: 47-1085759

3c Administrator's telephone number: 608-278-9500

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	4486
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)**	973
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	897
b	Retired or separated participants receiving benefits	**6b**	1896
c	Other retired or separated participants entitled to future benefits	**6c**	1215
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4008
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	341
f	Total. Add lines **6d** and **6e**.	**6f**	4349
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**	60
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 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) [X] 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) [X] 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) [X] **A** (Insurance Information) – Number Attached 1
- (4) [X] **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
BANQUET EMPLOYEES - UNIONS PENSION TRUST FUND

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
47-0248710

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA-0609A	4349	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
3882	36115

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

THE UNION LABOR LIFE INSURANCE COMP
8403 COLESVILLE RD
13TH FLOOR
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	36115	ASSET MANAGEMENT FEE	7

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ULLICO INVESTMENT COMPANY, LLC
8403 COLESVILLE RD
13TH FLOOR
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3882			0

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	6784045

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
BANQUET EMPLOYEES - UNIONS PENSION TRUST FUND

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
47-0248710

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**	193384599
b Actuarial value	**2b**	188343197

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	2288	98399360	98399360
b For terminated vested participants	1226	35247052	35247052
c For active participants	830	32854344	36485599
d Total	4344	166500756	170132011

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**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	2867556
b Expected plan-related expenses	**6b**	1024000
c Target normal cost	**6c**	3891556

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

10/02/2026
Date

MATTHEW D. DAVIS
Type or print name of actuary

26-08289
Most recent enrollment number

BUCK GLOBAL, LLC
Firm name

412-328-9246
Telephone number (including area code)

600 GRANT STREET
SUITE 2880
PITTSBURGH, PA 15219
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 11.25 %	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)		1579324
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 5.21 %		82283
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		1661607
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	110.70 %
15	Adjusted funding target attainment percentage	15	110.70 %
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	103.82 %
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
01/22/2025	128259	0	07/22/2025	122006	0
02/25/2025	165200	0	08/27/2025	153202	0
03/25/2025	133837	0	09/23/2025	118685	0
04/22/2025	132375	0	10/21/2025	121869	0
05/28/2025	157347	0	11/25/2025	159707	0
06/24/2025	126615	0	12/23/2025	138563	0
			Totals ► 18(b)	1657665	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	1613792

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

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

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	3891556
b Excess assets, if applicable, but not greater than line 31a	**31b**	3891556

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

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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1613792

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

a Total (excess, if any, of line 37 over line 36)	**38a**	1613792
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
BANQUET EMPLOYEES - UNIONS PENSION TRUST FUND

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
47-0248710

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

US BANCORP ASSET MANAGEMENT

41-2003732

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

MELLON INVESTMENTS CORPORATION

25-1442864

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

THE UNION LABOR LIFE INS. CO

13-1423090

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

JP MORGAN DISTRIBUTION SERVICES

74-2945358

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

GREAT GRAY TRUST COMPANY, LLC

92-1941236

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

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

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

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

BENEFIT PLAN ADMINISTRATION OF WI

39-1400101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	162910	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 50 51	NONE	156049	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

ASSET CONSULTING GROUP, LLC

26-0887580

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50 51 70	NONE	129300	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

WELLS CAPITAL MANAGEMENT INC.

95-3692822

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68 71 99	NONE	118413	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

US BANK NA

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 27 49 50 59 60 62	NONE	65202	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

BUCK GLOBAL, LLC

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	48973	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

SEI TRUST COMPANY

06-1271230

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 27 28 50 51 68	NONE	36100	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

LUTZ & COMPANY PC

47-0625816

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	27000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE PREVIANT LAW FIRM, S.C.

39-1211596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	23282	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 28 51	NONE	7565	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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
BANQUET EMPLOYEES - UNIONS PENSION TRUST FUND

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
47-0248710

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: STRATEGIC PROPERTY FUND

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK

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)
13-6038770-001	C	15666191

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT J - MORTGAGES

b Name of sponsor of entity listed in (a): UNION LABOR LIFE INSURANCE COMPANY

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)
13-1423090-203	P	6784045

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA US AGGREGATE BOND INDEX

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

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)
04-0025081-070	C	71672390

a Name of MTIA, CCT, PSA, or 103-12 IE: ARISTOTLE COLLECTIVE INV TRUST

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

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)
81-2704975-095	C	8676833

a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER MULTI-SECTOR FIXED INCOME

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

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)
38-4065337-435	C	21078372

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

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

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)
45-2081287-000	C	16315449

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

b Name of plan sponsor | **c** EIN-PN

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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

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
BANQUET EMPLOYEES - UNIONS PENSION TRUST FUND

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
47-0248710

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	1033416	998523
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1118900	1142700
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	190665	202052
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	903550	1660875
(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)	113731389	117093786
(10) Value of interest in pooled separate accounts	1c(10)	6377751	6784045
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	71464791	88796289
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	25696	27697

		(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	194846158	216705967
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	165129	173133
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	165129	173133
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	194681029	216532834

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)	1681465	
(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)		1681465
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)	149926	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		149926
(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)	2515276	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2515276
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	36213589	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	29830743	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		6382846
(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)		16481496
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6303765
c Other income	2c		15259
d Total income. Add all **income** amounts in column (b) and enter total	2d		33530033
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10333278	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		10333278
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)	162910	
(3) Recordkeeping fees	2i(3)	28149	
(4) IQPA audit fees	2i(4)	27000	
(5) Investment advisory and investment management fees	2i(5)	490143	
(6) Bank or trust company trustee/custodial fees	2i(6)	88977	
(7) Actuarial fees	2i(7)	48973	
(8) Legal fees	2i(8)	23282	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	475516	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1344950
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11678228
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		21851805
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: LUTZ & COMPANY, P.C. **(2)** EIN: 47-0625816

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		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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 586715.

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
BANQUET EMPLOYEES - UNIONS PENSION TRUST FUND

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
47-0248710

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): 13-6065488

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** 7

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: 69.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 3.0 %
High-Yield Debt: _____ % Real Assets: 7.0 % Cash or Cash Equivalents: 1.0 % Other: 20.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Banquet Employees -
Unions Pension Trust Fund

Financial Statements and Independent Auditors' Report

December 31, 2025 and 2024



Banquet Employees - Unions Pension Trust Fund

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Note: Schedules required by the Employee Retirement Income Security Act of 1974 that have not been included herein are not applicable.

INDEPENDENT AUDITORS' REPORT

Board of Trustees
Banquet Employees - Unions Pension Trust Fund
Omaha, Nebraska

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed audits of the financial statements of Banquet Employees - Unions Pension Trust Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (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 Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion
In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements
Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. 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 Plan's ability to continue as a going concern for 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 Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements
Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.
Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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.

Other Matter – Supplementary Information Required by ERISA
The supplementary information as of and for the year ended December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplementary information, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplementary information that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplementary information, we evaluated whether the supplementary information, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplementary information, other than the information in the supplementary information that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplementary information 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).

Lutz & Company, P.C.

October 8, 2026

Banquet Employees - Unions Pension Trust Fund

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments at Fair Value		
Pooled Separate Account	$ 6,784,045	$ 6,377,751
Money Market Fund	1,660,875	903,550
Common/Collective Trusts	133,409,235	125,661,203
Mutual Funds	72,480,840	59,534,977
Total Investments at Fair Value	214,334,995	192,477,481
Receivables		
Accrued Investment Income	202,052	190,665
Employer Contributions	1,142,700	1,118,900
Total Receivables	1,344,752	1,309,565
Cash	998,523	1,033,416
Other Assets	27,697	25,696
Total Assets	216,705,967	194,846,158
LIABILITIES		
Accrued Administrative Expenses	173,133	165,129
NET ASSETS AVAILABLE FOR BENEFITS	**$ 216,532,834**	**$ 194,681,029**

See Notes to Financial Statements.

Banquet Employees - Unions Pension Trust Fund

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	2025	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment Income		
Net Appreciation in Fair Value of Investments	$ 29,183,366	$ 18,430,347
Interest and Dividends from Investments	2,665,202	2,374,910
Total Investment Income	31,848,568	20,805,257
Employer Contributions	1,681,465	1,670,401
Total Additions	33,530,033	22,475,658
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits Paid Directly to Participants	10,333,278	10,061,225
Administrative Expenses	1,344,950	1,421,819
Total Deductions	11,678,228	11,483,044
NET INCREASE	21,851,805	10,992,614
Net Assets Available for Benefits, Beginning of Year	194,681,029	183,688,415
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	**$ 216,532,834**	**$ 194,681,029**

See Notes to Financial Statements.

1. Description of the Plan

The following description of the Banquet Employees—Unions Pension Trust Fund (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Plan Provisions

The Plan is a defined benefit pension plan formed in 1969 under an agreement between the United Food and Commercial Workers, International Union, AFL-CIO, the International Brotherhood of Teamsters, Chauffers, Warehousemen and Helpers of America, the United Food and Commercial Workers Local 410, and Banquet Foods Corporation (Banquet), which provides retirement benefits for eligible union members.

Conagra Brands, Inc. (the Company) contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to provide the specified benefits to covered employees and meet the funding provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan's actuary has advised that the minimum funding requirements of ERISA have been met in 2025 and 2024. There are no employee contributions. U.S. Bank, N.A. (the Trustee) serves as the trustee of the Plan.

All employees at Banquet plants and certain employees of participating unions represented by a collective bargaining agreement with their respective union who have attained age 21 and completed 1,000 hours of service are eligible for participation in the Plan. A participant is eligible to receive a future pension benefit after completing five years of vesting service. A year of vesting service is earned for each plan year in which a participant completes at least 1,000 hours of service.

Every participant who attains age 65 is entitled to a monthly pension benefit upon retirement. A participant who has attained age 57 and completed at least 10 years of credited service may elect early retirement with a reduced pension benefit. If a participant leaves before retirement and has at least five years of credited service, a deferred vested pension is payable at age 65. A full year of credited service is earned for any calendar year in which the participant completes 1,400 hours of service. A pro rata share of a year of credited service is given to a participant for any plan year in which the participant completes at least 1,000 hours but less than 1,400 hours of service. After five years of continuous service, full vesting occurs.

If employment ends because of retirement, disability or death, the monthly pension benefit is equal to the accumulated pension credit multiplied by the pension amount per credit at the time of retirement, disability or death. At December 31, 2025 and 2024, the pension amount per credit was $39 and $38, respectively.

For those participants opting for early retirement, the monthly benefit is reduced by a specific percentage for each month early. If employment ends because of termination, all unvested pension credits are forfeited after a five-year break in service. If a terminated person once again becomes a participant prior to the five-year break in service, prior earned pension credits will be reinstated. For a participant who is married at the date pension benefits are to commence, a reduction will be made to provide 75 percent of the reduced benefit to the surviving spouse unless both parties have agreed, in writing, to waive the spousal benefit. The Plan also provides for certain disability benefits.

The Company is required by collective bargaining agreements to contribute on a cents-per-hour basis for each hour worked by covered employees. For the years ended December 31, 2025 and 2024, the contribution rate was $0.6485 per hour. While it is intended that the Company's contribution rate, established by collective bargaining agreements, will fund benefits accrued under the Plan, the ultimate payment of such benefits is limited to the sufficiency of the net assets of the Plan. The Board of Trustees may amend the Plan to equitably reduce or increase benefits based on periodic actuarial valuation of the obligations of the Plan in comparison with the plan assets and projected future contributions, subject to applicable limitations stipulated by ERISA.

Administration

The Plan is administered by the Board of Trustees, which is composed of representatives of the Company and applicable union representatives.

2. Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan:

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

Use of Estimates

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

Contributions

Contributions from the Company are accrued based upon amounts required to be funded under ERISA or, if greater, amounts to be contributed for the year, under the funding policy adopted.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 8 for a discussion of fair value measurements.

Purchases and sales of securities are reflected on a trade-date basis. Interest income is recorded as earned on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Union Labor Life Insurance Company (Union Labor Life) holds a group annuity contract with an effective date of January 1, 1976, pursuant to an agreement dated May 7, 1976. Under this group annuity contract, the Plan can invest in various pooled separate accounts. At December 31, 2025 and 2024, the Plan had an investment in a pooled separate account with Union Labor Life.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

Expenses

Administrative expenses of the Plan are paid by the Plan as provided in the Plan document.

Benefits

Benefits are recorded when paid.

Subsequent Events

Subsequent events are events or transactions that occur after the statement of net assets available for benefits date, but before the financial statements are available to be issued and may require potential recognition or disclosure in the financial statements. Management has considered such events or transactions through October 8, 2026, noting no items requiring disclosure.

3. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company, by a letter dated April 11, 2019, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan's management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations beyond three years.

4. Termination of the Plan

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA and the applicable collective bargaining agreements.

In the event that the Plan terminates, the Plan provides that the net assets of the Plan will be allocated among participants and beneficiaries, as prescribed by ERISA, generally in the following order:

- Benefits attributable to employee contributions, taking into account those paid out before termination.
- Certain pension benefits for former employees or their beneficiaries who were in pay status three years prior to plan termination and for employees who could have been in pay status three years prior to plan termination if they had retired prior to that time.
- Other vested benefits insured by the Pension Benefit Guaranty Corporation (the PBGC) (a U.S. governmental agency) up to the applicable limitations, as discussed below.
- Other non-forfeitable benefits in accordance with priorities set forth in the Plan.
- All non-vested benefits.

To the extent that there are unfunded vested benefits other than benefits that become vested by virtue of plan terminations, ERISA provides that such benefits are payable to participants, up to specified limitations, by the PBGC. The PBGC guarantees most, but not all, vested retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

5. Actuarial Methods and Assumptions

The most recent actuarial valuation performed by the Plan's actuaries was as of January 1, 2025. There were no significant differences between December 31, 2024, and January 1, 2025, that would cause the actuarial valuation not to be representative as of December 31, 2024. The methods and significant assumptions used in the actuarial valuation of the Plan as of January 1, 2025 and 2024, were as follows:

Discount Rate: Discount Rate is 7.50 percent for calculating actuarial present value of accumulated plan benefits.

Mortality: Mortality as of January 1, 2025 is based on Pri-2012 Total Employee and Retiree Mortality Tables (base year 2012) with Mercer's Modified Scale 2021, except for current and future beneficiaries of deceased participants. Mortality as of January 1, 2024 is based on Pri-2012 Total Employee and Retiree Mortality Tables (base year 2012) with Blue Collar adjustment and projected with Mortality Improvement Scale MP-2021, except for current and future beneficiaries of deceased participants. For current and future beneficiaries of deceased participants, mortality is based on the Pri-2012 Contingent Survivor Mortality Tables with Blue Collar adjustment and projected with Mortality Improvement Scale MP-2021.

Retirement: Retirement is assumed at increasing rates beginning at age 57 (5 percent) and continuing through age 70 (100 percent).

Spousal Benefits: It is assumed that 80 percent of the male and female employees are married, with males assumed to be three years older than females.

Disability: Disability is assumed according to rates based on ages 25 to 60 and above. For participants with less than 10 years of pension credit, the disability decrement is added to withdrawal or retirement as applicable.

Certain Plan assumptions and Plan provisions were changed for the calculation of actuarial present value of accumulated plan benefits as of January 1, 2025 and 2024. The Plan assumption changes in 2025 were primarily related to changes to the mortality tables. The Plan assumption changes in 2024 were primarily due to an experience study. There were no Plan provisions changes during the 2025 and 2024 valuation periods.

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

6. Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits based on projections by the Plan's actuary as of January 1, 2025 and 2024, are as follows:

	2025	2024
Actuarial Present Value of Accumulated Plan Benefits:		
Vested Benefits		
Participants and Beneficiaries Currently Receiving Benefits	$ 81,861,506	$ 78,552,734
Terminated Vested	25,118,294	27,899,538
Active Participants	23,427,217	23,069,737
Nonvested Benefits	2,803,030	2,817,864
Total Actuarial Present Value of Accumulated Plan Benefits	$ 133,210,047	$ 132,339,873

The changes in the actuarial present value of accumulated plan benefits for the years ended January 1, 2025 and 2024, are as follows:

	2025	2024
Actuarial Present Value of Accumulated Plan Benefits, Beginning of Year	$ 132,339,873	$ 133,792,675
Increase (Decrease) During the Year Attributable to:		
Interest	9,555,015	9,677,810
Assumption Changes	241,965	(1,028,529)
Benefits Accumulated and Other	1,134,419	(416,558)
Benefits Paid Directly to Participants	(10,061,225)	(9,685,525)
Net Increase (Decrease)	870,174	(1,452,802)
Actuarial Present Value of Accumulated Plan Benefits, End of Year	$ 133,210,047	$ 132,339,873

7. Information Certified or Provided by the Plan's Trustee

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator has obtained certifications from the Trustee of the Plan that all the information provided by the Trustee is complete and accurate. Information included in the accompanying financial statements as to investments, net appreciation in fair value of investments, interest, dividends, and other income and the information in the supplementary information is presented in reliance solely upon those certifications.

The summary of information below was furnished to the Plan Administrator and certified by the Trustee as of and for the years ended December 31, 2025 and 2024:

	2025	2024
Certified Investments at Fair Value	$ 74,141,715	$ 60,438,527
Net Appreciation in Fair Value of Investments	$ 10,770,155	$ 8,941,908
Interest and Dividends from Investments	2,253,449	1,870,943
Total Certified Investment Income	$ 13,023,604	$ 10,812,851

The summary of information below was furnished to the Plan Administrator by the Trustee as of and for the years ended December 31, 2025 and 2024. These investments are not covered by the Trustee's certification:

	2025	2024
Non-Certified Investments at Fair Value	$ 140,193,280	$ 132,038,954
Net Appreciation in Fair Value of Investments	$ 18,413,211	$ 9,488,439
Interest and Dividends from Investments	411,753	503,967
Total Non-Certified Investment Income	$ 18,824,964	$ 9,992,406

8. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

When available, quoted market prices are used to determine fair value of investments held in the Plan, and such items are classified within Level 1 of the fair value hierarchy. An example is mutual funds with available market prices. A description of the valuation methodologies used for instruments measured at fair value, as well as the general classification of such instruments pursuant to the valuation hierarchy, is set forth below. The level to which an asset or liability is classified is based upon the lowest level of input that is significant to the fair value measurements. There have been no changes in valuation methodologies at December 31, 2025, compared to December 31, 2024.

The following is a description of the valuation methodologies used for assets measured at fair value:

Pooled Separate Account: The pooled separate account is valued by Union Labor Life Insurance Company and is stated at an audited net asset value. The net asset value, as provided by Union Labor Life Insurance Company, is used as a practical expedient to estimate fair value for this account.

Mutual and Money Market Funds: Valued at the daily closing price as reported by the fund. Mutual and money market funds held by the Plan are open-end mutual and money market funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual and money market fund held by the Plan are deemed to be actively traded.

Common/Collective Trusts: Common/collective trusts are valued at the net asset value as determined using the net asset value of the underlying investments in the respective trusts at year-end. The net asset value, as provided by the trustee, is used as a practical expedient to estimate fair value for these accounts.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025:

	Level 1	Level 2	Level 3	Total
Mutual Funds	72,480,840	-	-	72,480,840
Money Market Fund	1,660,875	-	-	1,660,875
Total Assets in Fair Value Hierarchy	$ 74,141,715	$ -	$ -	74,141,715
Investments Measured at Net Asset Value				140,193,280
Total Investments at Fair Value				$ 214,334,995

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 59,534,977	$ -	$ -	$ 59,534,977
Money Market Fund	903,550	-	-	903,550
Total Assets in Fair Value Hierarchy	$ 60,438,527	$ -	$ -	60,438,527
Investments Measured at Net Asset Value				132,038,954
Total Investments at Fair Value				$ 192,477,481

9. Fair Value of Investments in Certain Entities

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value as a practical expedient as of December 31, 2025:

	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Investments				
Common/Collective Trusts	$ 133,409,235	$ -	Daily	None
Pooled Separate Account	6,784,045	-	Monthly	90 Days
	$ 140,193,280	$ -		

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value as a practical expedient as of December 31, 2024:

	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Investments				
Common/Collective Trusts	$ 125,661,203	$ -	Daily	None
Pooled Separate Account	6,377,751	-	Monthly	90 Days
	$ 132,038,954	$ -		

10. Related-Party Transactions and Party-in-Interest Transactions

Certain Plan investments are shares of a common/collective trusts, pooled separate account, or a mutual fund managed by U.S. Bank, N.A., JP Morgan Asset Management, Pioneer Institutional Asset Management, State Street Global Advisors, Wells Capital Management, Aristotle, and Union Labor Life Insurance Company. U.S. Bank, N.A. is the Trustee as defined by the Plan, and the others are investment managers; therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the administrative expenses to these related parties amounted to approximately $426,000 and $438,000 for the years ended December 31, 2025 and 2024, respectively.

SUPPLEMENTARY INFORMATION

Banquet Employees - Unions Pension Trust Fund

Schedule of Assets (Held at End of Year) – Schedule H – Item 4i

Year Ended December 31, 2025

Employer Identification Number 47-0248710
Plan Number 004

	Description of Investment	Shares	Cost	Current Value
U.S. BANK, N.A.				
* Aristotle Small Cap Equity CTF	Common/Collective Trust	493,282	$ 5,213,993	$ 8,676,833
* JPMCB Strategic Property Fund	Common/Collective Trust	1,351,458	14,870,919	15,666,191
* Pioneer Multi-Sector Fixed Inc Tier 3	Common/Collective Trust	1,103,585	12,324,637	21,078,372
* SSGA US Aggregate Bond Indx NL Fund	Common/Collective Trust	191,538	4,604,759	6,631,032
* SSGA S&P 500® Flagship NL Fund	Common/Collective Trust	34,586	48,506,401	65,041,365
* Wells Fargo Emerging Mkts Equity Fund	Common/Collective Trust	715,732	9,400,000	16,315,442
Total Common/Collective Trusts			94,920,709	133,409,235
First Am Treas Ob Fd Cl Z	Money Market Fund	1,663,847	1,663,847	1,660,875
American Euro Pac Growth Fdcl R6 Fund	Mutual Fund	342,485	17,812,673	20,747,711
Artisan Mid Cap Fd Instl Shares Fund	Mutual Fund	158,665	6,341,825	6,617,920
Mondrian International Value Equity	Mutual Fund	1,326,968	19,638,275	22,996,364
Victory Integrity Small Mid Cap	Mutual Fund	329,095	6,043,209	7,444,119
* JPMorgan Strategic Income	Mutual Fund	1,281,635	14,796,104	14,674,726
Total Mutual Funds			64,632,086	72,480,840
UNION LABOR LIFE INSURANCE COMPANY				
* Separate Account J Mortgages	Pooled Separate Account	339,052	6,746,789	6,784,045
Total Investment Assets			**$167,963,431**	**$ 214,334,995**

*Indicates party-in-interest

Banquet Employees - Unions Pension Trust Fund

Schedule of Reportable Transactions – Schedule H – Item 4j

Year Ended December 31, 2025

Employer Identification Number 47-0248710
Plan Number 004

	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
U.S. BANK, N.A.					
First Am Inst Prime Ob Fd Cl Y	$ 5,000,000	$ -	$ 5,000,000	$ 5,000,000	$ -
First Am Inst Prime Ob Fd Cl Y	-	5,000,000	5,000,000	5,000,000	-
First Am Treas Ob Fd Cl Z	16,854,599	-	16,854,599	16,854,599	-
First Am Treas Ob Fd Cl Z	-	16,096,171	16,096,171	16,096,171	-
SSGA S&P 500® Flagship NL Fund	-	10,006,294	8,148,758	10,006,294	1,857,536


Lutz

Banquet Employees - Unions Pension Trust Fund
EIN/PN: 47-0248710 / 004

Schedule SB, Line 26a – Schedule of Active Participant Data

Attained Age	Years of Credited Service									
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & up
Under 25	0	52	1	0	0	0	0	0	0	0
25 - 29	2	73	10	0	0	0	0	0	0	0
30 - 34	0	58	29	7	1	0	0	0	0	0
35 - 39	0	50	33	14	9	1	0	0	0	0
40 - 44	1	59	32	15	17	12	0	0	0	0
45 - 49	0	22	28	12	21	25	5	1	0	0
50 - 54	0	32	25	14	24	14	6	5	1	0
55 - 59	0	18	22	17	28	23	11	6	11	3
60 - 64	0	8	11	13	16	17	9	6	12	10
65 - 69	0	3	1	1	4	1	0	0	2	6
70 & up	0	1	0	1	1	0	0	0	0	0
Total	3	376	192	94	121	93	31	18	26	19

Banquet Employees - Unions Pension Trust Fund
EIN/PN: 47-0248710 / 004

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Funding assumptions and methods selection and rationale

The funding interest rates, and mortality assumptions have a significant effect on the measurement and are prescribed in accordance with applicable provisions of the Internal Revenue Code and associated regulations for purposes of determining obligations for required minimum contribution and maximum tax deduction purposes.

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice.

The other funding assumptions that have a significant effect on the measurement are the frequency of optional payment forms, retirement rates, disability rates, and withdrawal rates. These assumptions were selected by the plan's enrolled actuary based on an experience study covering the 2018 – 2022 plan years. The asset valuation method was selected by the plan sponsor and is an acceptable method under PPA. The expected return on plan assets was based on an analysis of long term expected returns for the asset classes in which the plan's assets were invested as of the measurement date.

Use of Models

Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules and/or accounting standards specified in this report. Further, the model applies those funding rules and/or accounting standards to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding and/or accounting outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding and/or accounting rules as well as the manner in which the model generates its output.

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report. However, an assessment of risks for the plan was performed.

Banquet Employees - Unions Pension Trust Fund
EIN/PN: 47-0248710 / 004

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Prescribed Funding/PBGC Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Interest rates

	2025 Plan Year	2024 Plan Year
Funding Rates – Constrained*		
First Segment Rate	5.00%	4.75%
Second Segment Rate	5.27%	4.96%
Third Segment Rate	5.50%	5.59%
Effective Interest Rate	5.35%	5.21%
Funding Rates – Unconstrained**		
First Segment Rate	5.00%	4.37%
Second Segment Rate	5.27%	4.96%
Third Segment Rate	5.40%	4.95%
Effective Interest Rate	5.31%	4.92%

* Used for minimum funding and benefit restriction purposes.

** Used for maximum tax-deduction, ERISA 4010 reporting purposes, and for PBGC premium purposes.

The interest rates used for funding purposes are the Segment Rates with no lookback, constrained in accordance with relevant legislation.

Mortality

Mortality tables for non-disabled participants is based on the IRS 2024 Generational Mortality tables, as mandated by current legislation, as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, and as amended by IRS Notice 2024-42, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale. For disabled participants, mortality is based on 1983 Group Annuity Mortality set forward 3 years.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan expenses to be paid from plan assets during the year.

Banquet Employees - Unions Pension Trust Fund
EIN/PN: 47-0248710 / 004

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

Expenses

The Target Normal Cost includes expected administrative expenses of $1,264,000. The expenses are calculated as the prior year actual expenses minus the PBGC premium paid in the prior year plus the expected PBGC premium to be paid in the current year, rounded to the nearest $1,000.

Frequency of optional payment forms

Payment Form	Percentage
Life Annuity	38%
5-Year Certain and Life	2%
10 -Year Certain and Life	4%
Joint & Survivor 50%	6%
Joint & Survivor 75%	28%
High-Low Option	22%

Marital percentage

80% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

Retirement rates

	Probability of Retirement During Year for Active Participants	Probability of Retirement During Year for Terminated Vested Participants
Age Beginning of Year	Rate	Rate
57	5%	5%
58	0%	5%
59	0%	0%
60	0%	0%
61	15%	0%
62	20%	10%
63	25%	10%
64	25%	20%
65	40%	50%
66	50%	50%
67	40%	50%
68	40%	50%
69	40%	50%
70	100%	100%

Banquet Employees - Unions Pension Trust Fund
EIN/PN: 47-0248710 / 004

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Disability rates

Sample rates as follows:

Age	Male	Female
25	0.1%	0.1%
30	0.1%	0.1%
35	0.2%	0.2%
40	0.3%	0.3%
45	0.5%	0.4%
50	0.8%	0.6%
55	1.3%	1.0%
60	1.9%	1.2%

Withdrawal rates for active participants not eligible for retirement

Sample rates as follows:

	Withdrawal Rates			
Age	1st Year	2nd Year	3rd Year	Ult
23	47%	34%	30%	0%
28	45%	32%	20%	15%
33	41%	29%	19%	13%
38	36%	27%	18%	10%
43	32%	24%	17%	8%
48	30%	22%	16%	7%
53	27%	19%	15%	6%
58	27%	17%	14%	5%
63	27%	14%	13%	3%

Asset valuation method

The Valuation Assets are determined using a method that spreads asset gains/(losses) over one year. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. The discounted value of accrued contributions, if any, is included in the Valuation Assets.

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2025 Expected Return	7.50%	5.50%	5.50%
2024 Expected Return	7.50%	5.59%	5.59%
2023 Expected Return	7.50%	5.74%	5.74%

Banquet Employees - Unions Pension Trust Fund
EIN/PN: 47-0248710 / 004

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Summary of Changes from the January 1, 2024 Valuation

- The segment interest rates used for funding purposes were updated to the current valuation date. These rates are constrained in in accordance with relevant legislation.
- The change in the assumptions listed above decreased the Funding Target by approximately $0.9 million.

Banquet Employees - Unions Pension Trust Fund

Schedule of Reportable Transactions – Schedule H – Item 4j

Year Ended December 31, 2025

Employer Identification Number 47-0248710
Plan Number 004

	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
U.S. BANK, N.A.					
First Am Inst Prime Ob Fd Cl Y	$ 5,000,000	$ -	$ 5,000,000	$ 5,000,000	$ -
First Am Inst Prime Ob Fd Cl Y	-	5,000,000	5,000,000	5,000,000	-
First Am Treas Ob Fd Cl Z	16,854,599	-	16,854,599	16,854,599	-
First Am Treas Ob Fd Cl Z	-	16,096,171	16,096,171	16,096,171	-
SSGA S&P 500® Flagship NL Fund	-	10,006,294	8,148,758	10,006,294	1,857,536

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
Banquet Employees - Unions Pension Trust Fund

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Conagra Brands, Inc.

D Employer Identification Number (EIN)
47-0248710

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**	193,384,599
b Actuarial value	**2b**	188,343,197

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	2,288	98,399,360	98,399,360
b For terminated vested participants	1,226	35,247,052	35,247,052
c For active participants	830	32,854,344	36,485,599
d Total	4,344	166,500,756	170,132,011

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**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	2,867,556
b Expected plan-related expenses	**6b**	1,024,000
c Target normal cost	**6c**	3,891,556

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 Matthew D. Davis MDD — Signature of actuary — 10/02/2026 — Date

Matthew D. Davis — Type or print name of actuary — 2608289 — Most recent enrollment number

Buck Global, LLC — Firm name — 412-328-9246 — Telephone number (including area code)

600 Grant Street
Suite 2880
Pittsburgh PA 15219
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 11.25%	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)		1,579,324
	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 5.21%		82,283
	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		1,661,607
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	110.70%
15	Adjusted funding target attainment percentage	15	110.70%
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	103.82%
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
01/22/2025	128,259	0			
02/25/2025	165,200	0			
03/25/2025	133,837	0			
04/22/2025	132,375	0			
05/28/2025	157,347	0			
06/24/2025	126,615	0			
07/22/2025	122,006	0			
08/27/2025	153,202	0			
09/23/2025	118,685	0			
10/21/2025	121,869	0			
11/25/2025	159,707	0			
12/23/2025	138,563	0			
			Totals ► 18(b)	1,657,665	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	1,613,792

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

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

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	3,891,556
b Excess assets, if applicable, but not greater than line 31a	**31b**	3,891,556

32 Amortization installments:

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

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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,613,792

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

a Total (excess, if any, of line 37 over line 36)	**38a**	1,613,792
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Banquet Employees - Unions Pension Trust Fund
EIN/PN: 47-0248710 / 004

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

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
57	290.6624	0.0440	12.7864	728.8223
58	296.8567	0.0000	0.0000	0.0000
59	313.5819	0.0000	0.0000	0.0000
60	336.0183	0.0000	0.0000	0.0000
61	353.4655	0.1379	48.7341	2,972.7773
62	313.6182	0.1843	57.8021	3,583.7295
63	270.4046	0.2280	61.6519	3,884.0694
64	217.2115	0.2268	49.2650	3,152.9569
65	176.5929	0.3911	69.0703	4,489.5668
66	108.5753	0.4864	52.8145	3,485.7541
67	59.2194	0.3800	22.5035	1,507.7345
68	38.3890	0.3793	14.5625	990.2511
69	25.5950	0.3847	9.8463	679.3932
70	16.5767	1.0000	16.5767	1,160.3721
71	2.0000	1.0000	2.0000	142.0000
72	1.0000	0.0000	0.0000	0.0000
73	0.9889	0.0000	0.0000	0.0000
74	0.9768	0.0000	0.0000	0.0000
75	0.9637	1.0000	0.9637	72.2762
Total			**418.5768**	**26,849.7034**
Weighted Average Retirement Age = 26849.7034 / 418.5768				**64.15**
Rounded Weighted Average Retirement Age				**64**

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

Banquet Employees - Unions Pension Trust Fund
EIN/PN: 47-0248710 / 004

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	$ 202,228	$ 326,734	$ 9,922,311	$ 10,451,273
2026	$ 574,760	$ 609,085	$ 9,593,530	$ 10,777,375
2027	$ 900,527	$ 880,128	$ 9,286,436	$ 11,067,091
2028	$ 1,184,859	$ 1,128,020	$ 8,988,705	$ 11,301,584
2029	$ 1,443,261	$ 1,371,261	$ 8,683,634	$ 11,498,156
2030	$ 1,689,305	$ 1,605,945	$ 8,368,475	$ 11,663,725
2031	$ 1,923,599	$ 1,832,842	$ 8,040,463	$ 11,796,904
2032	$ 2,131,083	$ 2,043,041	$ 7,709,856	$ 11,883,980
2033	$ 2,309,577	$ 2,233,876	$ 7,364,893	$ 11,908,346
2034	$ 2,468,018	$ 2,398,942	$ 7,017,547	$ 11,884,507
2035	$ 2,593,645	$ 2,536,426	$ 6,663,250	$ 11,793,321
2036	$ 2,709,286	$ 2,660,760	$ 6,303,565	$ 11,673,611
2037	$ 2,807,074	$ 2,769,905	$ 5,943,545	$ 11,520,524
2038	$ 2,904,465	$ 2,861,745	$ 5,578,164	$ 11,344,374
2039	$ 2,989,625	$ 2,935,970	$ 5,215,941	$ 11,141,536
2040	$ 3,047,102	$ 3,000,865	$ 4,855,709	$ 10,903,676
2041	$ 3,087,598	$ 3,053,950	$ 4,496,743	$ 10,638,291
2042	$ 3,119,259	$ 3,091,039	$ 4,143,319	$ 10,353,617
2043	$ 3,136,858	$ 3,105,818	$ 3,797,164	$ 10,039,840
2044	$ 3,148,161	$ 3,105,725	$ 3,460,015	$ 9,713,901
2045	$ 3,135,198	$ 3,094,416	$ 3,133,575	$ 9,363,189
2046	$ 3,132,617	$ 3,066,967	$ 2,819,526	$ 9,019,110
2047	$ 3,102,392	$ 3,037,055	$ 2,519,513	$ 8,658,960
2048	$ 3,043,318	$ 2,997,257	$ 2,235,093	$ 8,275,668
2049	$ 2,985,720	$ 2,943,540	$ 1,967,700	$ 7,896,960
2050	$ 2,924,257	$ 2,873,430	$ 1,718,576	$ 7,516,263
2051	$ 2,849,504	$ 2,786,479	$ 1,488,689	$ 7,124,672
2052	$ 2,759,204	$ 2,688,746	$ 1,278,699	$ 6,726,649
2053	$ 2,652,515	$ 2,578,730	$ 1,088,913	$ 6,320,158
2054	$ 2,547,291	$ 2,458,495	$ 919,260	$ 5,925,046
2055	$ 2,433,788	$ 2,330,101	$ 769,294	$ 5,533,183
2056	$ 2,311,447	$ 2,195,368	$ 638,235	$ 5,145,050
2057	$ 2,196,689	$ 2,057,155	$ 525,013	$ 4,778,857
2058	$ 2,080,693	$ 1,917,321	$ 428,328	$ 4,426,342
2059	$ 1,959,752	$ 1,778,182	$ 346,719	$ 4,084,653
2060	$ 1,841,808	$ 1,641,699	$ 278,619	$ 3,762,126
2061	$ 1,722,560	$ 1,508,922	$ 222,424	$ 3,453,906
2062	$ 1,606,878	$ 1,380,874	$ 176,559	$ 3,164,311
2063	$ 1,496,258	$ 1,258,375	$ 139,523	$ 2,894,156
2064	$ 1,391,883	$ 1,141,941	$ 109,917	$ 2,643,741
2065	$ 1,289,749	$ 1,031,934	$ 86,475	$ 2,408,158
2066	$ 1,193,910	$ 928,588	$ 68,076	$ 2,190,574
2067	$ 1,101,780	$ 832,013	$ 53,750	$ 1,987,543
2068	$ 1,010,599	$ 742,220	$ 42,678	$ 1,795,497
2069	$ 924,418	$ 659,121	$ 34,175	$ 1,617,714
2070	$ 842,794	$ 582,543	$ 27,676	$ 1,453,013
2071	$ 766,477	$ 512,264	$ 22,728	$ 1,301,469
2072	$ 695,281	$ 448,016	$ 18,972	$ 1,162,269
2073	$ 629,029	$ 389,532	$ 16,126	$ 1,034,687
2074	$ 567,535	$ 336,539	$ 13,969	$ 918,043

Banquet Employees - Unions Pension Trust Fund
EIN/PN: 47-0248710 / 004

Schedule SB, Part V - Summary of Plan Provisions

Effective Date
The plan was adopted effective October 6, 1969 and was most recently amended effective August 1, 2021.

Eligibility
Employees covered per Collective Bargaining Agreement. Full plan coverage occurs after age 21 and one year of service.

Pension Credit
One year of credit for each calendar year with 1400 or more hours worked. Pro-rata credit earned for less than 1400 hours. Prior to 1994, 1600 hours and prior to 1985, 1800 hours were required for a full year of credit. Special rules apply for breaks-in-service.

Vesting Credit
One year of credit for each calendar year with 1000 or more hours. Special rules apply for breaks and for service prior to 1976.

Normal Retirement
Eligibility: Retirement after attainment of age 65 and fifth anniversary of initial participation, seniority or Pension Credit.

Benefit

A monthly benefit equal to the product of Pension Credit times the Pension Amount, as follows:

Retirement Date	Pension Amount	Retirement Date	Pension Amount
Before 4/1/1986	$ 9.50	8/1/2006 to 7/31/2007	$ 27.00
4/1/1986 to 3/31/1987	$ 10.00	8/1/2007 to 7/31/2008	$ 28.00
4/1/1987 to 3/31/1988	$ 11.00	8/1/2008 to 7/19/2009	$ 29.00
4/1/1988 to 3/31/1989	$ 11.50	7/20/2009 to 7/17/2011	$ 30.00
4/1/1989 to 3/31/1990	$ 12.00	7/18/2011 to 8/31/2012	$ 31.00
4/1/1990 to 3/31/1991	$ 13.00	9/1/2012 to 7/31/2013	$ 32.00
4/1/1991 to 3/31/1992	$ 13.50	8/1/2013 to 7/31/2014	$ 33.00
4/1/1992 to 3/31/1993	$ 14.00	8/1/2014 to 8/31/2015	$ 34.00
4/1/1993 to 3/31/1994	$ 15.00	9/1/2015 to 7/31/2019	$ 35.00
4/1/1994 to 3/31/1995	$ 15.50	8/1/2019 to 7/31/2021	$ 36.00
4/1/1995 to 3/31/1996	$ 16.50	8/1/2021 to 7/31/2023	$ 37.00
4/1/1996 to 3/31/1997	$ 18.00	8/1/2023 to 7/31/2025	$ 38.00
4/1/1997 to 3/31/1998	$ 19.00	On or after 8/1/2025	$ 39.00
4/1/1998 to 3/31/1999	$ 20.00		
4/1/1999 to 3/31/2000	$ 20.50		
4/1/2000 to 3/31/2001	$ 21.00		
4/1/2001 to 7/31/2003	$ 23.00		
8/1/2003 to 7/31/2004	$ 24.00		
8/1/2004 to 7/31/2005	$ 25.00		
8/1/2005 to 7/31/2006	$ 26.00		

Banquet Employees - Unions Pension Trust Fund
EIN/PN: 47-0248710 / 004

Schedule SB, Part V - Summary of Plan Provisions (continued)

Early Retirement

Eligibility: Retirement after attainment of age 57 and completion of ten years of Pension or Vesting Credit.

Benefit: As for Normal Retirement, reduced by 5/12 of 1% for each month retirement precedes age 65. No reduction if the participant works until age 62 or later and then retires.

Early Retirement Supplement

Eligibility: Early retirement prior to age 62 with 30 or more years of Pension Credit.

Benefit: An additional monthly benefit of $100 payable until age 62.

Vested Deferred Retirement

Eligibility: Termination of seniority prior to age 65 and after five years of Vesting Credit, except by death or with eligibility for retirement or disability benefits.

Benefit: Monthly benefit as for normal or early retirement, based on multiplier in effect on date of termination.

Disability

Eligibility: On disability leave of absence prior to age 65 with ten years of Pension Credit and Eligibility for Social Security disability benefit.

Benefit: Monthly benefit as for Normal Retirement, but payable immediately.

Pre-Retirement Lump Sum Death Benefit

Eligibility: Termination of seniority by death after ten years of Pension Credit.

Benefit: Single sum payment equal to $300 times years of Pension Credit.

Pre-Retirement Survivor Benefit

Eligibility: Death of vested participant with surviving legally married spouse.

Benefit: Monthly benefit to the surviving spouse equal to the benefit which would have been payable if the participant had:

(1) Terminated seniority on the date of death;

(2) Survived until his earliest possible retirement date;

(3) Retired, electing the optional form with 75% continued to the spouse;

(4) Died thereafter.

The surviving spouse's benefit thus commences on the participant's earliest possible retirement date and continues for the life of the spouse.

Coordination: The surviving spouse may elect to receive the lump sum death benefit above (if eligible). Such benefit will reduce the benefit under this section by its actuarial equivalent

Banquet Employees - Unions Pension Trust Fund
EIN/PN: 47-0248710 / 004

Schedule SB, Part V - Summary of Plan Provisions (continued)

Actuarial Equivalence
6% interest and unisex mortality rates based on the RP-2000 Mortality Table (38% Males, 62% Females).

Form of Payment
The normal form is a life annuity. Optional forms include:

(1) 75% joint and survivor

(2) 50% joint and survivor

(3) Life with 60 months certain

(4) Life with 120 months certain

(5) "High-Low" benefits with increased benefits for 36 months and reduced benefits thereafter.

Summary of Changes from the January 1, 2024 Valuation

None.

Banquet Employees - Unions Pension Trust Fund

Schedule of Assets (Held at End of Year) – Schedule H – Item 4i

Year Ended December 31, 2025

Employer Identification Number 47-0248710
Plan Number 004

	Description of Investment	Shares	Cost	Current Value
U.S. BANK, N.A.				
* Aristotle Small Cap Equity CTF	Common/Collective Trust	493,282	$ 5,213,993	$ 8,676,833
* JPMCB Strategic Property Fund	Common/Collective Trust	1,351,458	14,870,919	15,666,191
* Pioneer Multi-Sector Fixed Inc Tier 3	Common/Collective Trust	1,103,585	12,324,637	21,078,372
* SSGA US Aggregate Bond Indx NL Fund	Common/Collective Trust	191,538	4,604,759	6,631,032
* SSGA S&P 500® Flagship NL Fund	Common/Collective Trust	34,586	48,506,401	65,041,365
* Wells Fargo Emerging Mkts Equity Fund	Common/Collective Trust	715,732	9,400,000	16,315,442
Total Common/Collective Trusts			94,920,709	133,409,235
First Am Treas Ob Fd Cl Z	Money Market Fund	1,663,847	1,663,847	1,660,875
American Euro Pac Growth Fdcl R6 Fund	Mutual Fund	342,485	17,812,673	20,747,711
Artisan Mid Cap Fd Instl Shares Fund	Mutual Fund	158,665	6,341,825	6,617,920
Mondrian International Value Equity	Mutual Fund	1,326,968	19,638,275	22,996,364
Victory Integrity Small Mid Cap	Mutual Fund	329,095	6,043,209	7,444,119
* JPMorgan Strategic Income	Mutual Fund	1,281,635	14,796,104	14,674,726
Total Mutual Funds			64,632,086	72,480,840
UNION LABOR LIFE INSURANCE COMPANY				
* Separate Account J Mortgages	Pooled Separate Account	339,052	6,746,789	6,784,045
Total Investment Assets			**$167,963,431**	**$ 214,334,995**

*Indicates party-in-interest