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. . . . . ▶ [ ]

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
BLUE BELL CREAMERIES, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1957

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)
BLUE BELL CREAMERIES, INC.

P.O. BOX 1807
BRENHAM, TX 77834-1807

2b Employer Identification Number (EIN)
74-2983264

2c Plan Sponsor's telephone number
979-836-7977

2d Business code (see instructions)
311500

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.	10/13/2026	PHIL MCCORMICK, CFO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	4641
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)**	3001
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3043
b	Retired or separated participants receiving benefits	**6b**	829
c	Other retired or separated participants entitled to future benefits	**6c**	732
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4604
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	126
f	Total. Add lines **6d** and **6e**.	**6f**	4730
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**	225
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:

1A

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(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 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
BLUE BELL CREAMERIES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-2983264

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**	418667003
b Actuarial value	**2b**	418667003

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	903	104026389	104026389
b For terminated vested participants	763	39743862	39743862
c For active participants	3001	143708474	152317291
d Total	4667	287478725	296087542

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**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	9506325
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	9506325

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

06/01/2026
Date

DAVID A. SAWYER, FSA, EA
Type or print name of actuary

26-06271
Most recent enrollment number

DEFINITI
Firm name

281-296-1100
Telephone number (including area code)

3 HOLLAND ST.
ERIE, PA 16507
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)	14354289	
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	14354289	
10	Interest on line 9 using prior year's actual return of 10.59 %	1520119	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.27 %		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	15874408	0

Part III Funding Percentages

14	Funding target attainment percentage	14	136.03 %
15	Adjusted funding target attainment percentage	15	141.39 %
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	137.61 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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	
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

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**

22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	9506325
b Excess assets, if applicable, but not greater than line 31a	**31b**	9506325

32 Amortization installments:

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

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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	

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

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

SCHEDULE C (Form 5500)	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
BLUE BELL CREAMERIES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BLUE BELL CREAMERIES, INC.

D Employer Identification Number (EIN)
74-2983264

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

JPMORGAN CHASE & CO.

383 MADISON AVENUE
NEW YORK, NY 10179

13-2624428

(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	INVESTMENT MANAGER	662083	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

US BANK

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?
19 21	RUSTEE/CUSTODIAN FEES	28071	Yes [ ] No [X]	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
BLUE BELL CREAMERIES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-2983264

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): JPMORGAN 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	35205168

a Name of MTIA, CCT, PSA, or 103-12 IE: SPECIAL SITUATION PROPERTY FUND

b Name of sponsor of entity listed in (a): JPMORGAN 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)
13-3980309-001	C	15230034

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
BLUE BELL CREAMERIES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BLUE BELL CREAMERIES, INC.

D Employer Identification Number (EIN)
74-2983264

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	72364	286483631
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5746969	9110222
(2) U.S. Government securities	1c(2)	6269905	6472123
(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)	45778325	51001424
(5) Partnership/joint venture interests	1c(5)	15420844	15000003
(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)	308040478	50435202
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	38886948	45589338

		(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	420215833	464091943
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	420215833	464091943

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
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)	407779	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		407779
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1915688	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1915688
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	10038680	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		10038680

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		42585285
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		54947432
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10377108	
(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)		10377108
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	694214	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		694214
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11071322
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		43876110
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: COHNREZNICK LLP **(2)** EIN: 33-4144829

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
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**		X	

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 580503.

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
BLUE BELL CREAMERIES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BLUE BELL CREAMERIES, INC.

D Employer Identification Number (EIN)
74-2983264

Part I Distributions

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

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

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

EIN(s): _____ _____

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** | 57

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: 52.0 % Private Equity: 9.5 % Investment-Grade Debt and Interest Rate Hedging Assets: 1.4 %
High-Yield Debt: 12.5 % Real Assets: 14.6 % Cash or Cash Equivalents: 10.0 % Other: 0.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Blue Bell Creameries, Inc.
Pension Plan

Financial Statements
(With Supplementary Information)
and Independent Auditor's Report

December 31, 2025 and 2024

CohnReznick

Blue Bell Creameries, Inc. Pension Plan

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Supplemental Schedules:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	20
Schedule H, Line 4j - Schedule of Reportable Transactions	21

* Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, have been omitted because they are not applicable.

Independent Auditor's Report

To the Plan Administrator and Plan Participants
Blue Bell Creameries, Inc. Pension Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements

We have performed an audit of the financial statements of the Blue Bell Creameries, Inc. Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025, and the related statement of changes in net assets available for benefits for the year then ended, and the Statement of Accumulated Plan Benefits as of December 31, 2024, and the related Statement of Changes in Accumulated Plan Benefits for the year then ended, and the related notes to the financial statements (collectively referred to as "2025 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2025 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 audit 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 a certification from a qualified institution as of and for the year ended December 31, 2025 stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2025 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2025 Financial Statements section:

- The amounts and disclosures in the accompanying 2025 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 2025 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 meet the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the 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 audit. 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 2025 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 within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 2025 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that 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 audit did not extend to the certified investment information, except for obtaining and reading the certification, 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 audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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 supplemental schedule, 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 supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, 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 supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2024 Financial Statements

Predecessor auditor performed an audit of the 2024 financial statements of the Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated September 30, 2025, indicated that (a) the amounts and disclosures in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2024 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). Their report also indicated that the form and content of the 2024 supplemental schedules, other than the information in the 2024 supplemental schedule that agreed to or is derived from the certified investment information, was presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2024 supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C).

CohnReznick LLP

Houston, Texas
October 13, 2026

Blue Bell Creameries, Inc. Pension Plan

Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments at fair value (See Notes 2 and 3)	$ 177,608,312	$ 420,143,469
Receivables		
Accrued interest	113,896	72,364
Due from brokers	286,369,735	-
Total receivables	286,483,631	72,364
Net assets available for benefits	$ 464,091,943	$ 420,215,833

See Notes to Financial Statements.

Blue Bell Creameries, Inc. Pension Plan

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
Investment income		
Interest and dividends	$ 2,323,467	$ 1,568,965
Net appreciation (depreciation) in fair value of investments		
Collective investment trust funds	42,585,285	31,088,415
Common stocks	5,082,062	8,329,363
Government obligations	99,846	(687,052)
Real estate partnership	(635,338)	(872,922)
Private equity funds	5,492,110	2,983,883
Total net appreciation in fair value	52,623,965	40,841,687
Total investment income	54,947,432	42,410,652
Total additions	54,947,432	42,410,652
Deductions from net assets attributable to		
Benefits paid to participants	10,377,108	9,507,814
Administrative expenses	694,214	338,797
Total deductions	11,071,322	9,846,611
Net increase in net assets available for benefits	43,876,110	32,564,041
Net assets available for benefits at beginning of year	420,215,833	387,651,792
Net assets available for benefits at end of year	$ 464,091,943	$ 420,215,833

See Notes to Financial Statements.

Blue Bell Creameries, Inc. Pension Plan

Statement of Accumulated Plan Benefits
As of December 2024

Actuarial present value of vested benefits	
Participants currently receiving payments	$ 90,042,547
Other participants	140,712,859
Total vested benefits	230,755,406
Actuarial present value of nonvested benefits	7,170,872
Total actuarial present value of accumulated benefits	$ 237,926,278

* The Plan presents accumulated plan benefits using beginning of year actuarial data. (See Note 2)

See Notes to Financial Statements.

Blue Bell Creameries, Inc. Pension Plan

Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2024

Actuarial present value of accumulated plan benefits at beginning of period	$ 221,853,649
Increase (decrease) during the year attributable to	
Benefits paid	(9,507,814)
Benefits accumulated and plan experience	10,383,461
Increase in interest due to decrease in discount period	15,196,982
Net increase	16,072,629
Actuarial present value of accumulated plan benefits at end of period	$ 237,926,278

* The Plan presents accumulated plan benefits using beginning of year actuarial data. (See Note 2)

See Notes to Financial Statements.

Note 1 - Description of Plan

The following description of the Blue Bell Creameries, Inc. Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan covering substantially all full-time employees of Blue Bell Creameries, Inc. (the "Company"). The Plan, as amended, is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Administration

The Plan is administered by the Company. US Bank, N.A., JPMorgan Chase Bank, N.A. and Charles Schwab & Co., (the "Custodians") each served as a custodian of a portion of the Plan's assets during the years ended December 31, 2025 and 2024 (see Note 4). Certain employees of the Company serve as trustees of the Plan.

Funding policy

The Company contributes such amounts as are necessary, based on actuarial calculations, to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants and their beneficiaries. The contributions to the Plan are subject to the limitations of maximum tax-deductible contributions and minimum required contributions determined by the actuary. Interest earned and net appreciation (depreciation) on investments serves to reduce or increase future contributions. The Company was not required to make a contribution to the Plan for the years ended December 31, 2025 and 2024. The Plan met the minimum funding requirements of ERISA.

Pension benefits

All full-time employees who have completed one year of service, as defined by the Plan document, automatically become participants in the Plan. Each participant accrues an annual retirement benefit equal to 1% of final average earnings multiplied by years of pension credit. Final average earnings are the highest five consecutive years' earnings out of the final ten years of the participant's service. The total accrued benefit is payable as a single life annuity beginning at age 65 to any participant who is vested at the time his employment terminates. The Plan permits participants to elect early retirement after completing five years of service and the attainment of age 55. Other forms of payment may be elected, in which case the benefit amount is reduced so that it is actuarially equivalent in value to the life annuity benefit. Unless the participant elects otherwise and has spousal consent, the Plan will automatically pay benefits under a qualified joint and survivor annuity.

Disability benefits

Participants qualifying for disability benefits under the Federal Social Security Act are entitled to the Plan's normal pension benefits at age 65. Participants with five years of service as of the date of disablement may elect an early retirement with benefits reduced to equal the actuarial equivalent of the accrued normal retirement pension.

Vesting

Benefits are fully vested after the earlier of five years of service or age 65.

Administrative expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan

are recorded as deductions from net assets in the accompanying Statements of Changes in Net Assets Available for Benefits.

Expense offset arrangements
Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of investments, as they are paid through revenue sharing, rather than a direct payment.

Note 2 - Summary of significant accounting policies

Basis of accounting
The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of estimates
The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits 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. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition
The Plan's investments are stated 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 3 for discussion of fair value investments.

The Plan presents in the Statements of Changes in Net Assets Available for Benefits the net appreciation (depreciation) in the fair value of its investments, which consists of realized gains and losses on investments sold during the year and unrealized appreciation (depreciation) of investments held at the end of the year. Purchases and sales of investments are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Income from other investments is recorded as earned.

Due from Brokers
At December 31, 2025, the Plan recorded a receivable from brokers of $286,369,735 related to the redemption of units in the JPMCB Diversified Global Fund. The transactions were executed prior to year end and settled in the ordinary course of business subsequent to December 31, 2025. The receivable is included in total receivables on the Statements of Net Assets Available for Benefits. Upon settlement, the proceeds were reinvested in accordance with the Plan's investment strategy.

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 value of investment securities will occur in the near-term, and such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits is 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.

Actuarial present value of accumulated Plan benefits
Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service which participants have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died and present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the 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 was calculated as of January 1, 2025 and accordingly, the Plan presents the Statement of Accumulated Plan Benefits and the Statement of Changes in Accumulated Plan Benefits using beginning of year actuarial data. Had the actuarial valuation been performed as of December 31, 2024, there would be no material differences. The significant actuarial assumptions underlying the actuarial valuation as of January 1, 2025 are as follows:

Discount rate	7.00%

Turnover Percentage of employees terminating employment during the year of age shown.

Age	Rate
20	20.00%
25	15.00%
30	10.00%
35	6.00%
40	4.00%
45	3.50%
50	3.00%
55	2.50%

Retirement Age:

Active employees Percentage of employees retiring during the year of age shown.

Age	Rate
55	2.00%
56-57	1.00%
58-60	5.00%
61	10.00%
62	15.00%
63	20.00%
64	25.00%
65	30.00%
66	15.00%
67	100.00%

Average Retirement Age	63.26
Vested Terminations	Age 65
Marriage Assumptions	80% of participants are assumed to be married. Males are assumed to be three years older than their spouses.
Mortality Rates	Pri-2012 blue collar mortality tables used and then projected with Scale MP-2021.
Form of Payment	It is assumed that benefits will be paid in the normal annuity form applicable to the particular benefit
Asset Valuation Method	Market value

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 will be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial assumptions used in determining the actuarial present value of accumulated plan benefits remain unchanged from the prior year's valuation except the funding target segment rates and mortality assumptions have been updated as prescribed by Internal Revenue Service ("IRS") regulations.

Benefit payments
Benefits are recorded when paid.

Note 3 - Fair value measurements

Accounting Standards Codifications ("ASC") 820 establishes a framework for measuring fair value. That framework 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 under ASC 820 are described below:

- 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 at the measurement date.

- 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 unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access at the measurement date.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

In determining fair value, the Plan uses the market approach, which uses prices and other relevant data based on market transactions involving identical or comparable assets and liabilities.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Interest-bearing cash: Valued at cost, which approximates fair value.

Money market: Valued using the closing price reported on the active market.

Government obligations: Valued based on over-the-counter trade quotes.

Common stocks: Valued using the closing price reported on the active market on which the individual securities are traded.

Real estate partnership and private equity funds: Valued based on the net asset value ("NAV"). The NAV, as reported in the audited financial statements of the fund, is used as a practical expedient to estimate fair value.

Collective investment trusts: Valued at the NAV of units of a collective investment fund. The NAV, as provided by the custodian or as reported in the audited financial statements of the collective investment funds, is used as the practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is

not used when it is determined to be probable that the collective investment fund will sell the investment for an amount different than the reported NAV.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value on a recurring basis as of December 31, 2025 and 2024:

	Assets at fair value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	$ 1,337,016	$ -	$ -	$ 1,337,016
Money market funds	7,773,206	-	-	7,773,206
Government obligations	-	6,472,123	-	6,472,123
Common stocks	51,001,424	-	-	51,001,424
Total assets in fair value hierarchy	$ 60,111,646	$ 6,472,123	$ -	66,583,769
Investments measured at NAV [1]				111,024,543
Total assets at fair value				$ 177,608,312

	Assets at fair value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	$ 698,553	$ -	$ -	$ 698,553
Money market funds	5,048,416	-	-	5,048,416
Government obligations	-	6,269,905	-	6,269,905
Common stocks	45,778,325	-	-	45,778,325
Total assets in fair value hierarchy	$ 51,525,294	$ 6,269,905	$ -	57,795,199
Investments measured at NAV [1]				362,348,270
Total assets at fair value				$ 420,143,469

1. In accordance with ASC 820, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

The following tables summarize investments measured at fair value based on the NAV per share as a practical expedient as of December 31, 2025 and 2024:

Investment at Fair Value	2025	2024	Unfunded Commitments 2025	Unfunded Commitments 2024	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective investment trust funds						
JPMCB Diversified Global Fund	$ -	$ 258,382,017	$ -	$ -	Daily	Daily
JPMorgan Strategic Property Fund	35,205,168	33,577,324	-	-	Quarterly	30 days
JPMCB Special Situation Property Fund	15,230,034	16,081,137	-	-	Quarterly	30 days
Private equity funds						
JPMorgan Global Private Equity Institutional Investors V Offshore Special L.P. [a]	14,392,834	15,111,923	403,622	403,622	Not Redeemable	N/A
JPMorgan US Global Private Equity XI L.P. [a]	10,379,880	18,723,283	12,312,500	16,062,500	Not Redeemable	N/A
JPMorgan US Global Private Equity IX L.P. [a]	20,816,624	5,051,742	4,153,660	7,049,881	Not Redeemable	N/A
Real estate partnership						
JPMorgan U.S. Real Estate Income and Growth Fund [b]	15,000,003	15,420,844	-	-	Quarterly	45 Days
Total investments measured at NAV	$ 111,024,543	$ 362,348,270	$ 16,869,782	$ 23,516,003		

Investment strategies

a) The fund seeks capital returns by investing in limited partnerships and other pooled or direct investment vehicles.

b) The fund's strategy is focused on producing high income returns with the potential for capital appreciation. The fund utilizes moderate amounts of leverage to enhance portfolio returns.

Note 4 - Information certified by the custodian (Unaudited)

The Plan Administrator has elected the method of annual reporting and compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, certain information disclosed in the accompanying financial statements and supplemental schedules, including investments held by US Bank, N.A. at December 31, 2025 and 2024, and net appreciation (depreciation) in fair value of such investments, and interest and dividends related to such investments for the years ended December 31, 2025 and 2024, was obtained and derived from information supplied to the Plan administrator and certified as complete and accurate by US Bank, N.A. as follows:

	2025	2024
Certified investments held by US Bank, N.A.	$ 14,245,329	$ 11,318,321
Interest and dividend income	$ 508,803	$ 319,682
Net appreciation (depreciation) in fair value of investments	$ 99,846	$ (687,052)

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

Note 5 - Uncertified information by the custodians (Audited)

Investments held by Charles Schwab & Co., Inc. and all investments held by JPMorgan Chase Bank, N.A. are uncertified, and accordingly, the Plan's independent auditors performed full-scope audit procedures. Following is an analysis of such investments, by custodian, at December 31, 2025 and 2024:

	2025	2024
Investments held by Charles Schwab & Co., Inc.	$ 52,338,440	$ 46,476,878
Private equity funds held by JPMorgan Chase Bank, N.A.	45,589,338	38,886,948
Collective investment trust fund held by JPMorgan Chase Bank, N.A.	50,435,202	308,040,478
Real estate partnership held by JPMorgan Chase Bank, N.A.	15,000,003	15,420,844
	$ 163,362,983	$ 408,825,148

Following is an analysis of interest income, dividend income and net appreciation (depreciation) in fair value of uncertified investments, by custodian, for the years ended December 31, 2025 and 2024:

Interest and Dividend Income		
Real estate partnership held by JPMorgan Chase Bank, N.A.	$ 373,034	$ 342,875
Investments held by Charles Schwab & Co., Inc.	812,458	559,693
Private equity funds held by JPMorgan Chase Bank	629,172	346,715
	$ 1,814,664	$ 1,249,283
Net Appreciation (Depreciation) in Fair Value of Investments		
Collective investment trust funds held by JPMorgan Investment Management Inc.	$ 43,436,388	$ 32,814,672
Investments held by Charles Schwab & Co., Inc.	5,082,062	8,329,363
Collective investment trust fund held by JPMorgan Chase Bank, N.A.	(851,103)	(1,726,257)
Real estate partnership held by JPMorgan Chase Bank, N.A.	(635,338)	(872,922)
Private equity funds held by JPMorgan Chase Bank	5,492,110	2,983,883
	$ 52,524,119	$ 41,528,739

Note 6 - Federal income tax status

The Plan obtained its latest determination letter dated March 30, 2018, in which the IRS states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, Plan management believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7 - Plan termination

Although it has not expressed any intent to do so, the Company has the right to discontinue contributions at any time and terminate the Plan. In the event of Plan termination, the assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employer contributions, taking into account those paid out before termination.

2. Annuity benefits for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

3. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations.

4. All other vested benefits (that is, vested benefits not insured by the PBGC).

5. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early 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. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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. Any assets remaining after all Plan expenses have been paid and all accrued liabilities have been provided for by the purchase of annuities or otherwise will revert to the Company.

Note 8 - Party-in-interest transactions

Certain Plan investments held during the year or as of year-end include money market accounts, collective investment trust funds, a real estate partnership fund, private equity funds, or common stock issued by the Custodians, and therefore, such transactions qualify as party-in-interest transactions. These party-in-interest transactions are exempt from the ERISA prohibited transaction rules; consequently, these transactions are permissible.

Note 9 - Subsequent events

Plan management has evaluated all subsequent events through October 13, 2026, which is the date the financial statements were available to be issued, and has concluded that there are no significant events to be reported.

Supplementary Information

Blue Bell Creameries, Inc. Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

EIN: 74-2983264
PN: 001

(a)	75-Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Interest-bearing cash			
*	Charles Schwab & Co., Inc.	Cash Account	$ 1,337,016	$ 1,337,016
	Money market funds			
*	US Bank, N.A.	First American Government Obligation Fund - Class Z	7,773,206	7,773,206
	Government obligations			
	United States Treasury Bond	$1,800,000 face value, bearing interest at 2.50%, due February 15, 2046	1,781,461	1,253,466
	United States Treasury Bond	$2,165,000 face value, bearing interest at 2.50%, due May 15, 2046	2,113,105	1,501,622
	United States Treasury Bond	$2,570,000 face value, bearing interest at 2.25%, due August 15, 2046	2,230,893	1,691,291
	United States Treasury Bond	$1,510,000 face value, bearing interest at 1.25%, due May 15, 2050	1,045,689	722,792
	United States Treasury Bond	$2,650,000 face value, bearing interest at 1.375%, due August 15, 2050	1,680,398	1,302,952
	Total government obligations		8,851,546	6,472,123
	Collective investment trust funds			
*	JPMorgan Chase Bank, N.A.	Strategic Property Fund	27,835,083	35,205,168
*	JPMorgan Chase Bank, N.A.	Special Situation Property Fund	13,548,242	15,230,034
	Total collective investment funds		41,383,325	50,435,202
	Common stocks			
	Nvidia Corp	Common Stock, 19,550 Shares	1,078,016	3,646,073
	Apple Inc	Common Stock, 9,686 Shares	1,236,966	2,633,236
	Alphabet Inc	Common Stock, 8,022 Shares	1,141,628	2,510,885
	Microsoft Corp	Common Stock, 4,614 Shares	962,670	2,231,423
	Ubs Group Ag F	Common Stock, 38,357 Shares	473,840	1,776,313
	Broadcom Inc	Common Stock, 4,970 Shares	129,817	1,720,117
	Bank Of Ny Mellon Co	Common Stock, 13,553 Shares	563,695	1,573,368
	Amazon.Com Inc	Common Stock, 6,520 Shares	572,220	1,504,946
	Deere & Co	Common Stock, 2,885 Shares	1,151,730	1,343,169
	Berkshire Hathaway	Common Stock, 2,582 Shares	824,589	1,297,842
	Gilead Sciences Inc	Common Stock, 10,344 Shares	664,364	1,269,623
	Abbvie Inc	Common Stock, 5,509 Shares	879,743	1,258,751
	Unilever Plc	Common Stock, 18,521 Shares	1,049,919	1,211,273
	Meta Platforms Inc	Common Stock, 1,782 Shares	284,391	1,176,280
	Kroger Company	Common Stock, 18,370 Shares	558,951	1,147,758
	Spire Inc	Common Stock, 13,200 Shares	880,131	1,091,640
	Ametek Inc New	Common Stock, 5,250 Shares	972,447	1,077,878

* Party-in-interest.

Blue Bell Creameries, Inc. Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

EIN: 74-2983264
PN: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Common stocks, continued			
	Brixmor Ppty Group Inc	Common Stock, 39,800 Shares	1,022,061	1,043,556
	Pfizer Inc	Common Stock, 41,500 Shares	1,117,051	1,033,350
	Ameriprise Finl Inc	Common Stock, 1,981 Shares	779,424	971,364
	Nintendo Ltd	Common Stock, 56,830 Shares	744,660	958,154
	Palo Alto Networks	Common Stock, 5,164 Shares	444,169	951,209
	Netflix Inc	Common Stock, 9,960 Shares	409,258	933,850
	Mastercard Inc	Common Stock, 1,630 Shares	624,052	930,534
	Resmed	Common Stock, 3,850 Shares	958,456	927,350
	Bank Ozk	Common Stock, 19,700 Shares	848,327	906,594
	Amegen Inc	Common Stock, 2,731 Shares	527,599	893,884
	Ugi Corp New	Common Stock, 23,600 Shares	771,154	883,348
	Nutrien Ltd F	Common Stock, 14,210 Shares	657,970	877,041
	Autodesk Inc	Common Stock, 2,959 Shares	615,382	875,894
	Pultegroup Inc	Common Stock, 7,218 Shares	221,043	846,383
	Garmin Ltd	Common Stock, 4,159 Shares	523,041	843,653
	Chevron Corporation	Common Stock, 5,373 Shares	597,589	818,899
	W P Carey Inc	Common Stock, 12,600 Shares	772,779	810,936
	Relx Plc	Common Stock, 19,113 Shares	830,483	772,547
	Williams Sonoma	Common Stock, 4,272 Shares	200,756	762,936
	Booz Allen Hamilton	Common Stock, 8,734 Shares	804,028	736,800
	Lowes Companies Inc	Common Stock, 3,041 Shares	243,910	733,368
	Autozone Inc	Common Stock, 216 Shares	461,239	732,564
	Eagle Materials Inc	Common Stock, 3,258 Shares	454,525	673,363
	Toyota Motor Corp	Common Stock, 2,626 Shares	414,918	562,122
	Devon Energy Corp	Common Stock, 15,233 Shares	399,854	557,985
	Zoetis Inc Class	Common Stock, 4,100 Shares	713,455	515,862
	Hp Inc	Common Stock, 21,549 Shares	331,850	480,112
	Wix Com Ltd	Common Stock, 4,150 Shares	709,455	431,144
	The Magnum Ice Cream C F	Common Stock, 4,167 Shares	57,832	66,047
	Total common stocks		30,681,437	51,001,424
	Real estate partnership			
*	JPMorgan Chase Bank, N.A.	U.S. Real Estate Income and Growth Domestic, LP	15,828,756	15,000,003
	Private equity funds			
*	JPMorgan Chase Bank, N.A.	PEG Global Private Equity Institutional Investors V, LLC	9,298,491	14,392,834
*	JPMorgan Chase Bank, N.A.	PEG Global Private Equity IX, L.P.	13,955,574	20,816,624
*	JPMorgan Chase Bank, N.A.	PEG Global Private Equity XI, L.P.	7,580,182	10,379,880
	Total private equity funds		30,834,247	45,589,338
	Total assets held for investment purposes		$ 136,689,533	$ 177,608,312

* Party-in-interest.

See Independent Auditor's Report.

Blue Bell Creameries, Inc. Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

EIN: 74-2983264
PN: 001

(a) Identity of Party Involved	(b) Description of Asset	No. of Transactions	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
US Bank, N.A.	First American Government Obligation Fund Z	73	$ 16,288,516	$ -	$ 16,288,516	$ 16,288,516	$ -
US Bank, N.A.	First American Government Obligation Fund Z	64	-	14,501,227	14,501,227	14,501,227	-
JPMorgan Chase Bank, N.A	JPMCB Diversified Global Fund	1	1,586,645	-	1,586,645	1,586,645	-
JPMorgan Chase Bank, N.A	JPMCB Diversified Global Fund	22	$ -	$ 301,777,206	$ 190,957,626	$ 301,777,206	$ 110,819,580

See Independent Auditor's Report.

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BLUEBELL CREAMERIES, INC. PENSION PLAN
EIN #74-2983264 / PN 001

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Effective Date	Effective January 1, 1970; restated January 1, 2020. Last amendment effective September 1, 2020.
Eligibility	Each employee shall be covered as a participant on the first anniversary of his employment commencement date.
Contributions	The employer pays the entire cost of the retirement plan.
Actuarial Equivalence	Optional annuity forms of payment are based on the 1984 Unisex Pension Mortality Table and 7.00% interest for optional forms. Lump sum payments are calculated using the IRC Section 417(e)(3) Applicable Mortality Table and Applicable Segment Rates for the November preceding the year of distribution.
Vesting Service	A year of vesting service is credited for each plan year in which 1,000 hours of service is completed.
Benefit Service	Prior to January 1, 2015, $1/12^{th}$ of a year of service is credited for each completed calendar month of service. Effective January 1, 2015, active participants shall be credited with one year of service for each year in which the participant attains at least 1,500 hours of service. Active participant with less than 1,000 hours of service shall receive no service for that plan year, but will receive a partial year of service if credited with at least 1,000 hours of service. The partial year of service is equal to the participant's credited hours of service divided by 1,500 with the resulting fraction rounded down to the nearest 0.1. In the year of hire and year of termination, a partial year of service will be credited using the same fraction described above.
Compensation	A participant's wages, salaries, fees for professional services and other amounts received for personal services actually rendered including compensation on the basis of a percentage of profits and bonuses. Compensation includes elective contributions made by the employer on the employee's behalf.

BLUEBELL CREAMERIES, INC. PENSION PLAN
EIN #74-2983264 / PN 001

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Average Monthly Compensation	The monthly Compensation averaged over the 5 consecutive Plan Years which produce the highest monthly average within the last ten completed years of employment. Effective as of January 1, 2015, any Compensation earned by a participant during a plan year in which the participant is not credited with any benefit service shall be excluded from the calculation of the participant's Average Monthly Compensation. In addition, Compensation will be annualized for years in which only a partial year of benefit service is credited.
Retirement Dates:	
➢ Normal	Attainment of age 65 and completion of 5 years of Vesting Service.
➢ Early	A participant may elect to retire early on the first day of any month after he has attained age 55 and completed 5 years of Vesting Service.
Accrued Benefit	Upon termination of employment at any time, a participant's Accrued Benefit equals the monthly retirement income commencing on his Normal Retirement Date with Benefit Accrual Service and Final Average Earnings as of his termination date.
Retirement Benefit:	
➢ Normal	The benefit is equal to 1% of Average Monthly Compensation times years of Benefit Service. This benefit cannot be less than the sum of the accrued benefit as of December 31, 1993 plus 1% of Average Monthly Compensation times years of Benefit Service after December 31, 1993.
➢ Early	The actuarial equivalent of the total amount of the accrued benefit as determined on the date the participant ceases to be employed by the employer.
Benefit Upon Separation	The actuarial equivalent of the total amount of the accrued benefit as determined on the date the participant ceases to be employed by the employer. Employee may elect to start receiving a reduced benefit (actuarial equivalent) after attaining age 55.

SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Pre-Retirement Death Benefit:

➢ After Early Retirement Date	A qualified surviving spouse is eligible for 50% of the benefit which would have been payable if the employee had retired and elected the qualified joint and survivor annuity on the day prior to his death.
➢ Before Early Retirement Date	A qualified surviving spouse is eligible for 50% of the benefit the participant would have received had he separated from service at his date of death, survived to his earliest retirement age and retired with a qualified joint and survivor annuity form of benefit.
Form of Pension	The normal form of pension is a life annuity.
Optional Benefit Forms	The following actuarially equivalent forms of benefit are available: (1) 50%, 75% or 100% joint & survivor annuity. (2) Life annuity with term certain of 120 months. (3) A lump sum if not more than $30,000. (4) An annuity, which combined with an estimated social security benefit, will produce a level series of payments for life.
Changes in Plan Provisions	There have been no changes since the prior valuation.

Blue Bell Creameries, Inc. Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

EIN: 74-2983264
PN: 001

(a)	75-Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Interest-bearing cash			
*	Charles Schwab & Co., Inc.	Cash Account	$ 1,337,016	$ 1,337,016
	Money market funds			
*	US Bank, N.A.	First American Government Obligation Fund - Class Z	7,773,206	7,773,206
	Government obligations			
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	United States Treasury Bond	$2,650,000 face value, bearing interest at 1.375%, due August 15, 2050	1,680,398	1,302,952
	Total government obligations		8,851,546	6,472,123
	Collective investment trust funds			
*	JPMorgan Chase Bank, N.A.	Strategic Property Fund	27,835,083	35,205,168
*	JPMorgan Chase Bank, N.A.	Special Situation Property Fund	13,548,242	15,230,034
	Total collective investment funds		41,383,325	50,435,202
	Common stocks			
	Nvidia Corp	Common Stock, 19,550 Shares	1,078,016	3,646,073
	Apple Inc	Common Stock, 9,686 Shares	1,236,966	2,633,236
	Alphabet Inc	Common Stock, 8,022 Shares	1,141,628	2,510,885
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	Broadcom Inc	Common Stock, 4,970 Shares	129,817	1,720,117
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	Amazon.Com Inc	Common Stock, 6,520 Shares	572,220	1,504,946
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	Berkshire Hathaway	Common Stock, 2,582 Shares	824,589	1,297,842
	Gilead Sciences Inc	Common Stock, 10,344 Shares	664,364	1,269,623
	Abbvie Inc	Common Stock, 5,509 Shares	879,743	1,258,751
	Unilever Plc	Common Stock, 18,521 Shares	1,049,919	1,211,273
	Meta Platforms Inc	Common Stock, 1,782 Shares	284,391	1,176,280
	Kroger Company	Common Stock, 18,370 Shares	558,951	1,147,758
	Spire Inc	Common Stock, 13,200 Shares	880,131	1,091,640
	Ametek Inc New	Common Stock, 5,250 Shares	972,447	1,077,878

* Party-in-interest.

Blue Bell Creameries, Inc. Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

EIN: 74-2983264
PN: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Common stocks, continued			
	Brixmor Ppty Group Inc	Common Stock, 39,800 Shares	1,022,061	1,043,556
	Pfizer Inc	Common Stock, 41,500 Shares	1,117,051	1,033,350
	Ameriprise Finl Inc	Common Stock, 1,981 Shares	779,424	971,364
	Nintendo Ltd	Common Stock, 56,830 Shares	744,660	958,154
	Palo Alto Networks	Common Stock, 5,164 Shares	444,169	951,209
	Netflix Inc	Common Stock, 9,960 Shares	409,258	933,850
	Mastercard Inc	Common Stock, 1,630 Shares	624,052	930,534
	Resmed	Common Stock, 3,850 Shares	958,456	927,350
	Bank Ozk	Common Stock, 19,700 Shares	848,327	906,594
	Amegen Inc	Common Stock, 2,731 Shares	527,599	893,884
	Ugi Corp New	Common Stock, 23,600 Shares	771,154	883,348
	Nutrien Ltd F	Common Stock, 14,210 Shares	657,970	877,041
	Autodesk Inc	Common Stock, 2,959 Shares	615,382	875,894
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	Garmin Ltd	Common Stock, 4,159 Shares	523,041	843,653
	Chevron Corporation	Common Stock, 5,373 Shares	597,589	818,899
	W P Carey Inc	Common Stock, 12,600 Shares	772,779	810,936
	Relx Plc	Common Stock, 19,113 Shares	830,483	772,547
	Williams Sonoma	Common Stock, 4,272 Shares	200,756	762,936
	Booz Allen Hamilton	Common Stock, 8,734 Shares	804,028	736,800
	Lowes Companies Inc	Common Stock, 3,041 Shares	243,910	733,368
	Autozone Inc	Common Stock, 216 Shares	461,239	732,564
	Eagle Materials Inc	Common Stock, 3,258 Shares	454,525	673,363
	Toyota Motor Corp	Common Stock, 2,626 Shares	414,918	562,122
	Devon Energy Corp	Common Stock, 15,233 Shares	399,854	557,985
	Zoetis Inc Class	Common Stock, 4,100 Shares	713,455	515,862
	Hp Inc	Common Stock, 21,549 Shares	331,850	480,112
	Wix Com Ltd	Common Stock, 4,150 Shares	709,455	431,144
	The Magnum Ice Cream C F	Common Stock, 4,167 Shares	57,832	66,047
	Total common stocks		30,681,437	51,001,424
	Real estate partnership			
*	JPMorgan Chase Bank, N.A.	U.S. Real Estate Income and Growth Domestic, LP	15,828,756	15,000,003
	Private equity funds			
*	JPMorgan Chase Bank, N.A.	PEG Global Private Equity Institutional Investors V, LLC	9,298,491	14,392,834
*	JPMorgan Chase Bank, N.A.	PEG Global Private Equity IX, L.P.	13,955,574	20,816,624
*	JPMorgan Chase Bank, N.A.	PEG Global Private Equity XI, L.P.	7,580,182	10,379,880
	Total private equity funds		30,834,247	45,589,338
	Total assets held for investment purposes		$ 136,689,533	$ 177,608,312

* Party-in-interest.

See Independent Auditor's Report.

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

1. DO NOT REMOVE OR MODIFY ROWS 1-12 OR COLUMN A

2. The following are valid values:

Description	Column He	Data Type
Active Part	Under25;2	N/A
Active Part	Under1;1tc	8-digit Type
Active Part	UnderOne(	Signed 15-digit integer
Active Part	UnderOne/	Signed 15-digit integer

Active Part	Under1 Number	Under1 Compensa	Under1 Cash Balar	1to4 Number	1to4 Compensa	1to4 Cash Balar	5to9 Number	5to9 Compensa	5to9 Cash Balar
Active Participant Attained Age									
Under25	76	4741	0	202	42436	0	13	0	0
25to29	15	0	0	142	52797	0	56	53304	0
30to34	5	0	0	121	52388	0	69	60648	0
35to39	13	0	0	103	53705	0	57	61324	0
40to44	11	0	0	110	56339	0	72	55583	0
45to49	10	0	0	113	50154	0	62	58099	0
50to54	7	0	0	87	48949	0	59	56245	0
55to59	13	0	0	77	45419	0	51	55337	0
60to64	14	0	0	54	41526	0	34	51593	0
65to69	8	0	0	19	0	0	14	0	0
70Up	6	0	0	9	0	0	4	0	0

10to14 Number	10to14 Compensa	10to14 Cash Balar	15to19 Number	15to19 Compensa	15to19 Cash Balar	20to24 Number	20to24 Compensa	20to24 Cash Balar	25to29 Number
0	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0
45	63554	0	4	0	0	0	0	0	0
71	66930	0	35	66012	0	4	0	0	0
46	62236	0	36	70529	0	35	76100	0	12
42	62597	0	45	65145	0	39	66518	0	37
45	59152	0	52	61788	0	31	69651	0	55
53	61135	0	44	61427	0	50	65047	0	66
43	58825	0	29	59562	0	25	61541	0	40
8	0	0	8	0	0	7	0	0	10
2	0	0	1	0	0	0	0	0	1

25to29 Compensa	25to29 Cash Balar	30to34 Number	30to34 Compensa	30to34 Cash Balar	35to39 Number	35to39 Compensa	35to39 Cash Balar	FortyPlus Number	FortyPlus Compensa
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
81280	0	10	0	0	0	0	0	0	0
78343	0	39	74168	0	7	0	0	0	0
70165	0	46	75617	0	34	75513	0	10	0
66771	0	26	79449	0	32	94839	0	38	96884
0	0	6	0	0	2	0	0	16	0
0	0	0	0	0	0	0	0	2	0

FortyPlus
Cash Balance

0
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BLUEBELL CREAMERIES, INC. PENSION PLAN
EIN #74-2983264 / PN 001

SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Economic Assumptions

Interest Rates:

PPA Funding Target Interest Rates

5.00% - 1st Segment Rate
5.27% - 2nd Segment Rate
5.50% - 3rd Segment Rate
5.37% - Effective Rate

Salary Scale

Age	Rate
20	7.00%
25	6.00%
30	5.00%
35	4.00%
40	3.50%
45	3.30%
50	3.30%
55	3.00%
60	2.50%
Average	3.72%

Average based on an age 25 participant working to age 65.

Demographic Assumptions

Mortality:

Separate mortality tables and generational projection scales for males and females as prescribed in Section 1.430(h)(3)-1 for the current plan year.

Disability

None.

Turnover

Percentage of employees terminating during the year of age shown.

Age	Rates
20	20.00%
25	15.00%
30	10.00%
35	6.00%
40	4.00%
45	3.50%
50	3.00%
55	2.50%

BLUEBELL CREAMERIES, INC. PENSION PLAN
EIN #74-2983264 / PN 001

SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Marriage Assumptions

80% of participants are assumed to be married. Males are assumed to be three years older than their spouses.

Retirement Age:

- Active Employees

Percentage of employees retiring during the year of age shown.

Age	Rates
55	2.00%
56	1.00%
57	1.00%
58	5.00%
59	5.00%
60	5.00%
61	10.00%
62	15.00%
63	20.00%
64	25.00%
65	30.00%
66	15.00%
67	100.00%
Average Age	63.26 years

- Vested Terminations

Age 65.

Other Assumptions

Administrative Expenses

Administrative expenses of $0 are expected to be paid from the Trust.

Form of Payment

It has been assumed that benefits will be paid in the normal annuity form applicable to the particular benefit. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis differing from the valuation assumptions, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.

SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Late Retirement	The benefit earned after normal retirement reflects the additional accruals due to the increase in benefit service and compensation.
Maximum Benefit Limitations Under IRC Sec. 415	$280,000.
Valuation Pay	Valuation pay is the expected pensionable earnings for the 2025 calendar year limited to $350,000. For 2025, valuation pay is equal to the 2024 pensionable earnings multiplied by the salary scale.
Valuation Payroll	The sum of the valuation pay for all active participants determined without applying the qualified plan pay limit (pay limit is applied in the actuarial measurements).
Changes in Assumptions	The Funding Target segment rates and mortality assumption have been updated as prescribed in IRS regulations. There have been no other changes in actuarial assumptions from the prior valuation.

SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Methods

Valuation Date	January 1, 2025 (first day of the plan year)
Asset Valuation Method	Market Value.
Unit Credit Actuarial Cost Method	The Unit Credit Actuarial Cost Method is used to determine the Funding Target. The target normal cost for each employee is the present value of the benefit which accrues during that current year. The total target normal cost is the sum of the normal costs for all active participants.
Changes in Methods	There have been no changes in actuarial methods from the prior year.

BLUEBELL CREAMERIES, INC. PENSION PLAN
EIN #74-2983264 / PN 001

SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

- Active Employees

Percentage of employees retiring during the year of age shown.

Age	Rate	Lives	Retiring	Weight
55	2.0%	100.00	2.00	1.10
56	1.0%	98.00	0.98	0.55
57	1.0%	97.02	0.97	0.55
58	5.0%	96.05	4.80	2.79
59	5.0%	91.25	4.56	2.69
60	5.0%	86.68	4.33	2.60
61	10.0%	82.35	8.24	5.02
62	15.0%	74.12	11.12	6.89
63	20.0%	63.00	12.60	7.94
64	25.0%	50.40	12.60	8.06
65	30.0%	37.80	11.34	7.37
66	15.0%	26.46	3.97	2.62
67	100.0%	22.49	22.49	15.07
Weighted Average Retirement Age				63.26

- Vested Terminations

Age 65.

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

1. DO NOT REMOVE OR MODIFY ROWS 1-11

2. The following are valid values:

Column He	Data Type
Plan Year	4-digit Year
Active Part	USAmountType
Terminatec	USAmountType
Retired Pai	USAmountType
Total Partic	USAmountType

Plan Year	Active Part	Terminatec	Retired Pai	Total Participants
2025	1,661,907	293,036	9,154,854	########
2026	2,829,367	546,931	9,050,494	########
2027	4,241,487	814,336	8,934,924	########
2028	5,249,075	1,109,461	8,780,389	########
2029	6,340,281	1,361,676	8,609,413	########
2030	7,258,893	1,608,671	8,429,197	########
2031	8,056,734	1,770,528	8,243,189	########
2032	8,803,885	1,948,260	8,051,172	########
2033	9,493,380	2,120,893	7,841,126	########
2034	########	2,283,062	7,610,481	########
2035	########	2,550,745	7,365,933	########
2036	########	2,759,975	7,109,357	########
2037	########	2,908,638	6,837,197	########
2038	########	3,132,570	6,554,946	########
2039	########	3,271,940	6,257,266	########
2040	########	3,422,677	5,942,996	########
2041	########	3,487,113	5,619,915	########
2042	########	3,504,365	5,289,526	########
2043	########	3,561,970	4,942,388	########
2044	########	3,617,888	4,588,167	########
2045	########	3,655,042	4,229,627	########
2046	########	3,649,728	3,869,810	########
2047	########	3,650,142	3,513,944	########
2048	########	3,652,518	3,163,341	########
2049	########	3,615,750	2,821,113	########
2050	########	3,506,586	2,492,094	########
2051	########	3,400,482	2,179,848	########
2052	########	3,299,925	1,887,601	########
2053	########	3,199,778	1,617,937	########
2054	########	3,066,654	1,372,720	########
2055	9,960,562	2,914,090	1,153,014	########
2056	9,483,622	2,763,743	959,069	########
2057	9,041,449	2,613,092	790,364	########

2058	8,552,369	2,461,567	645,693	########
2059	8,103,394	2,313,533	523,342	########
2060	7,612,743	2,162,209	421,249	########
2061	7,137,558	2,001,036	337,136	9,475,730
2062	6,653,137	1,844,743	268,644	8,766,524
2063	6,218,277	1,694,379	213,457	8,126,113
2064	5,781,979	1,549,284	169,383	7,500,646
2065	5,381,983	1,410,853	134,441	6,927,277
2066	4,986,811	1,279,504	106,880	6,373,195
2067	4,605,950	1,155,533	85,313	5,846,796
2068	4,235,801	1,039,089	68,234	5,343,124
2069	3,886,439	930,241	54,752	4,871,432
2070	3,554,814	828,977	44,065	4,427,856
2071	3,242,154	735,178	35,546	4,012,878
2072	2,949,090	648,678	28,706	3,626,474
2073	2,675,928	569,280	23,178	3,268,386
2074	2,421,896	496,785	18,680	2,937,361

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.)
☒ a single-employer plan ☐ a DFE (specify) _____

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

C If the plan is a collectively-bargained plan, check here ▶ ☐

D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description)

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
BLUE BELL CREAMERIES, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1957

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)
BLUE BELL CREAMERIES, INC.

P.O. BOX 1807

BRENHAM TX 77834-1807

2b Employer Identification Number (EIN) 74-2983264

2c Plan Sponsor's telephone number 979-836-7977

2d Business code (see instructions) 311500

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	Phil McCormick	10/13/26	PHIL MCCORMICK, CFO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2025)
v. 250312

518401 12-22-25

11401012 147227 8748344-0748344.5500 2025.04030 BLUE BELL CREAMERIES, INC 87483441

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN

5 Total number of participants at the beginning of the plan year	5	4641
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)	3001
a (2) Total number of active participants at the end of the plan year	6a(2)	3043
b Retired or separated participants receiving benefits	6b	829
c Other retired or separated participants entitled to future benefits	6c	732
d Subtotal. Add lines **6a(2), 6b,** and **6c**	6d	4604
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	126
f Total. Add lines **6d** and **6e**	6f	4730
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)	
(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	225
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:
1A

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

(1) ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information - Small Plan)
(3) ☐ **A** (Insurance Information) - Number Attached ____
(4) ☒ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

Blue Bell Creameries, Inc. Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

EIN: 74-2983264
PN: 001

(a) Identity of Party Involved	(b) Description of Asset	No. of Transactions	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
US Bank, N.A.	First American Government Obligation Fund Z	73	$ 16,288,516	$ -	$ 16,288,516	$ 16,288,516	$ -
US Bank, N.A.	First American Government Obligation Fund Z	64	-	14,501,227	14,501,227	14,501,227	-
JPMorgan Chase Bank, N.A	JPMCB Diversified Global Fund	1	1,586,645	-	1,586,645	1,586,645	-
JPMorgan Chase Bank, N.A	JPMCB Diversified Global Fund	22	$ -	$ 301,777,206	$ 190,957,626	$ 301,777,206	$ 110,819,580

See Independent Auditor's Report.

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
BLUE BELL CREAMERIES, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
74-2983264

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**	418,667,003
b Actuarial value	**2b**	418,667,003

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	903	104,026,389	104,026,389
b For terminated vested participants	763	39,743,862	39,743,862
c For active participants	3,001	143,708,474	152,317,291
d Total	4,667	287,478,725	296,087,542

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**	5.37%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	9,506,325
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	9,506,325

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

David A. Sawyer
Signature of actuary

06/01/2026
Date

DAVID A. SAWYER, FSA, EA
Type or print name of actuary

2606271
Most recent enrollment number

DEFINITI
Firm name

281-296-1100
Telephone number (including area code)

3 HOLLAND ST.

ERIE NC 16507
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)	14,354,289	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)	14,354,289	0
10	Interest on line 9 using prior year's actual return of 10.59%	1,520,119	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.27%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	15,874,408	0

Part III Funding Percentages

14	Funding target attainment percentage	14	136.03%
15	Adjusted funding target attainment percentage	15	141.39%
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	137.61%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] 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:	☐ N/A, full yield curve used
5.00 %	5.27 %	5.50%	

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	9,506,325
b Excess assets, if applicable, but not greater than line 31a	**31b**	9,506,325

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

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

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

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

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

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