# 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
BIG HEART PET BRANDS RETIREMENT PLAN

**1b** Three-digit plan number (PN) ▶ 202

**1c** Effective date of plan 01/01/1990

**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)
THE J.M. SMUCKER COMPANY

1 STRAWBERRY LANE
ORRVILLE, OH 44667

**2b** Employer Identification Number (EIN) 34-0538550

**2c** Plan Sponsor's telephone number 415-247-3000

**2d** Business code (see instructions) 311400

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/15/2026 | JESSE NICHOLS |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address [X] Same as Plan Sponsor

**3b** Administrator's EIN

**3c** Administrator's telephone number

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

**a** Sponsor's name

**4b** EIN

**c** Plan Name

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 2325 |
| **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)** | 105 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 18 |
| **b** | Retired or separated participants receiving benefits | **6b** | 1297 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 304 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 1619 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 291 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 1910 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

1A 1C 1H 3H

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

**9a** Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

**a Pension Schedules**

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

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [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 C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**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
BIG HEART PET BRANDS RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 202

**C** Plan sponsor's name as shown on line 2a of Form 5500
THE J.M. SMUCKER COMPANY

**D** Employer Identification Number (EIN)
34-0538550

## 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)

TOWERS WATSON DELAWARE INC

53-0181291

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 11 15 | NONE | 301480 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

SEI INVESTMENTS COMPANY

23-1707341

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 21 28 | TRUSTEE | 213413 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

MALONEY + NOVOTNY LLC

34-0677006

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 | NONE | 25665 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

VORYS, SATER, SEYMOUR & PEASE LLP

31-4333125

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 29 | NONE | 20042 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

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

**(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
BIG HEART PET BRANDS RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 202

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE J.M. SMUCKER COMPANY

**D** Employer Identification Number (EIN)
34-0538550

## 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: SEI CORE PROPERTY COLLECTIVE INV TR

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 27-3224429-045 | C | 0 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**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
BIG HEART PET BRANDS RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 202

**C** Plan sponsor's name as shown on line 2a of Form 5500
THE J.M. SMUCKER COMPANY

**D** Employer Identification Number (EIN)
34-0538550

## 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 | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 15800000 | 6800000 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 251388 | 293354 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 30487301 | 5552260 |
| **(2)** U.S. Government securities | 1c(2) | 15781163 | 18917078 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | 22817 | 0 |
| **(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) | 3610879 | 0 |
| **(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) | 56444907 | 56199457 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **1e** Buildings and other property used in plan operation | 1e | | |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 122398455 | 87762149 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | 1100000 | 400000 |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 1100000 | 400000 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 121298455 | 87362149 |

## 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) | | 0 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 0 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 4042299 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 4042299 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 83925957 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 83093703 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 832254 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| **(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) | | 1882974 |
| **c** Other income | 2c | | -9145785 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | -2388258 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 31440999 | |
| **(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) | | 31440999 |
| **f** Corrective distributions (see instructions) | 2f | | |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: | | | |
| **(1)** Salaries and allowances | 2i(1) | | |
| **(2)** Contract administrator fees | 2i(2) | | |
| **(3)** Recordkeeping fees | 2i(3) | | |
| **(4)** IQPA audit fees | 2i(4) | | |
| **(5)** Investment advisory and investment management fees | 2i(5) | | |
| **(6)** Bank or trust company trustee/custodial fees | 2i(6) | | |
| **(7)** Actuarial fees | 2i(7) | | |
| **(8)** Legal fees | 2i(8) | | |
| **(9)** Valuation/appraisal fees | 2i(9) | | |
| **(10)** Other trustee fees and expenses | 2i(10) | | |
| **(11)** Other expenses | 2i(11) | 107049 | |
| **(12)** Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 107049 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 31548048 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | -33936306 |
| **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: MALONEY + NOVOTNY LLC **(2)** EIN: 34-0677006

**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 | | 1500000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | X | | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [X] Yes [ ] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

**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 581118.

# 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
BIG HEART PET BRANDS RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 202

**C** Plan sponsor's name as shown on line 2a of Form 5500
THE J.M. SMUCKER COMPANY

**D** Employer Identification Number (EIN)
34-0538550

## Part I Distributions

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

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

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

EIN(s): 25-1926855

**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 | 361

## 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: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 90.0 %

High-Yield Debt: 3.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 7.0 % 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_____.

**BIG HEART PET BRANDS**
**RETIREMENT PLAN**

**FINANCIAL REPORT**
**(IN LIQUIDATION)**

**DECEMBER 31, 2025 and 2024**



BIG HEART PET BRANDS RETIREMENT PLAN

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* Refers to sections of Form 5500 (Annual Return/Report of Employee Benefit Plan) for Plan year ended December 31, 2025, which material is incorporated herein by reference.

MALONEY + NOVOTNY LLC

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Independent Auditors' Report

The Plan Administrator
Big Heart Pet Brands Retirement Plan
Orville, Ohio

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

We have performed audits of the financial statements of the Big Heart Pet Brands Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

**Opinion**

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

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

**Basis for Opinion**

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

**Emphasis of Matter - Plan Termination and Liquidation Basis of Accounting**

As further discussed in Note A to the financial statements, management of the Plan approved a plan of liquidation on September 25, 2023, and management determined that liquidation was imminent. As a result, the liquidation basis of accounting is used in presenting these financial statements. Our opinion is not modified with respect to this matter.

**Responsibilities of Management for the Financial Statements**

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

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

**Auditors' Responsibilities for the Audits of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than 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.

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

Accordingly, the objective of 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 GAAP.

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

**Supplemental Schedules Required by ERISA**

The supplemental schedule of assets (held at end of year) as of December 31, 2025 and the supplemental schedules of reportable transactions for the year then ended 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits 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 to by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Maloney + Novotny LLC

Cleveland, Ohio
October 14, 2026

BIG HEART PET BRANDS RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| ASSETS | | |
| INVESTMENTS, AT FAIR VALUE | | |
| Money market fund | $ 5,552,260 | $ 30,487,301 |
| Mutual funds | 56,199,457 | 56,444,907 |
| U.S. government agencies | 18,917,078 | 15,781,163 |
| Collective trust fund | - | 3,610,879 |
| Limited partnership interest | - | 22,817 |
| Total investments, at fair value | 80,668,795 | 106,347,067 |
| RECEIVABLES | | |
| Estimated employer contributions | 6,800,000 | 15,800,000 |
| Interest and dividends | 293,354 | 251,388 |
| Total receivables | 7,093,354 | 16,051,388 |
| Total assets | 87,762,149 | 122,398,455 |
| LIABILITIES | | |
| Accrued administrative expenses | 400,000 | 1,100,000 |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 87,362,149 | $ 121,298,455 |

The accompanying notes are an integral part of these financial statements.

BIG HEART PET BRANDS RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2025 and 2024

| | 2025 | 2024 |
|---|---|---|
| ADDITIONS | | |
| Interest and dividend income | $ 4,042,299 | $ 4,395,350 |
| Net appreciation in fair value of investments | 2,569,443 | - |
| Increase in estimated employer contributions | - | 15,800,000 |
| Total additions | 6,611,742 | 20,195,350 |
| DEDUCTIONS | | |
| Net depreciation in fair value of investments | - | 4,102,672 |
| Decrease in estimated employer contributions | 9,000,000 | - |
| Benefits paid directly to participants | 31,440,999 | 13,584,295 |
| Administrative expenses | 107,049 | 335,840 |
| Total deductions | 40,548,048 | 18,022,807 |
| NET INCREASE (DECREASE) | (33,936,306) | 2,172,543 |
| NET ASSETS AVAILABLE FOR BENEFITS BEGINNING OF YEAR | 121,298,455 | 119,125,912 |
| END OF YEAR | $ 87,362,149 | $ 121,298,455 |

The accompanying notes are an integral part of these financial statements.

## A) Description of Plan

General:

The following brief description of the Big Heart Pet Brands Retirement Plan (the "Plan") is provided for general information purposes only. For more complete information about the Plan's provisions, participants should refer to the Plan document.

The Plan is a noncontributory defined benefit plan originally sponsored by Big Heart Pet Brands, Inc. ("Big Heart"), established to provide retirement benefits to those employees of The J. M. Smucker Company (the "Company"), and certain of its subsidiaries. The Plan was created when Big Heart amended its three former defined benefit retirement plans by merging the Del Monte Corporation Retirement Plan for Hourly Employees ("Hourly Plan") and the Del Monte Corporation Retirement System for Hourly Employees ("RSH Plan") into the Del Monte Corporation Retirement Plan for Salaried Employees ("Salaried Plan") effective with the close of business on December 31, 2009. The Plan was amended and restated effective November 1, 2018, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Effective as of the close of business on December 31, 2022, the Company executed certain amendments to the Plan as part of a restructuring initiative. As a result, The J. M. Smucker Company Multifoods Pension Equity Plan ("PEP Plan") was merged into the Plan. The Plan document was amended by the Company on the merger date to include the Plan document of the PEP Plan and all provisions within. Benefits within the PEP Plan were based on compensation and years of service. Additionally, an amendment was executed that merged certain classes of union employees referred to as the "Milk-Bone Employees," from the Plan into The J. M. Smucker Company Represented Employees' Retirement Plan ("Represented Plan"). The Represented Plan's Plan document was amended by the Company on the merger date to include the relevant appendices from the Plan document of the Plan and all provisions pertaining to the Milk-Bone Employees.

In 2023, the Company elected to terminate the Plan ("Plan termination") effective December 31, 2023. The plan administrator issued affected parties a notice of intent to terminate the Plan, pursuant to Section 4041(a)(2) of ERISA, 29 USC Section 1341(a)(2). The expectation is that the Plan will be fully liquidated in 2026.

Benefit Provision and Vesting:

**Salaried Plan** – Effective December 31, 2016, benefits were frozen for participants in the former Salaried Plan so that no employee who is hired or rehired after that date is eligible to participate and no further compensation credits will be accrued.

Eligible employees who had completed one year of service were eligible to participate in the Plan. Participant benefit accruals are expressed as a cash balance (the "Credit Balance"). Participant Credit Balances are increased each month with compensation credits and interest credits. Compensation credits are calculated as a percentage, based on age, of eligible compensation as defined in the Plan.

Interest credits are calculated by multiplying the prior month's Credit Balance by the monthly interest factor. The monthly interest factor is based on the annual yield on the six-month Treasury bill plus 1.5%, converted to a monthly amount with a minimum annual effective interest factor of 4.5%. Participants become 100% vested in their accrued benefit after completing three years of vesting service.

## A) Description of Plan (Continued)

### Salaried Plan (Continued)

Upon termination of employment, participants may receive their vested accrued benefit in the form of an immediate lump sum or as an immediate monthly annuity. In addition, participants who have not yet attained normal retirement age (age 65) may elect to receive a deferred monthly annuity. If a participant dies prior to commencing payments under the Plan, his or her beneficiary would be entitled to receive a lump sum death benefit equal to his or her Credit Balance.

**Hourly Plan** – The Hourly Plan was amended to generally cease participation and accruals for new hires and rehired employees effective January 1, 1996, with the exception of certain union Milk-Bone Employees. In addition, certain nonunion hourly participants in the Hourly Plan ceased participation and accruals by December 31, 1995.

Participant accrued benefits are calculated as based on a percentage of average final compensation. Participants became 100% vested in their accrued benefit upon completion of five years of vesting service.

Benefits are payable as a single life annuity, or a joint and 50% or 100% survivor annuity, commencing at normal retirement age (age 65). The Plan also provides for early retirement based on age and years of service. If a vested married participant dies prior to commencing payments under the Plan, his or her surviving spouse would be entitled to a survivor's benefit.

**RSH Plan** – Benefits ceased to accrue to participants in the RSH Plan at various dates from 2003-2008 in conjunction with the sale of the business unit or through negotiation with the applicable union.

Eligible employees with five or more years of service are entitled to an annual pension benefit at normal retirement age (age 65). The Plan permits early retirement. Benefits are generally calculated based on a participant's annual eligible compensation and years of service with certain adjustments necessary to achieve minimum benefits levels as defined by the Plan.

Benefits are generally payable for life and are in the form of a single life annuity or joint and survivor annuity if the participant is married. For certain participants, a special retirement supplement benefit may also be paid as a lump sum in the amount of $6,500. If a participant dies prior to commencing payments under the Plan, his or her beneficiary would be entitled to receive a survivor's benefit. Generally, an active employee with 10 or more years of continuous service who becomes disabled, is retired from service and receives a disability retirement benefit commencing on the disability retirement date.

**All** – If the lump sum value of a retired participant's nonforfeitable benefit is less than $1,000, the entire benefit shall be paid in a lump sum without the written consent of the participant's spouse and neither the retired participant nor the retired participant's spouse shall have any further rights under the Plan. For distributions where the lump sum value is between $1,000 and $5,000, the benefit may be paid in a lump sum without the written consent of the participant's spouse within 90 days of notice of such election by the participants of the Hourly Plan or the RSH Plan, and within 180 days of notice of such election for the Salaried Plan.

In connection with the Plan termination, a lump sum window was executed in 2025, and accounted for approximately $20,100,000 in distributions to participants.

## B) Summary of Significant Accounting Policies

Basis of Accounting:

As a result of the Plan termination described in Note A, the Plan has used the liquidation basis of accounting in presenting the 2025 and 2024 financial statements in accordance with accounting principles generally accepted in the United States of America. Certain accruals relating to the income to be received by the Plan through the date of liquidation have not been recorded, as such amounts are not reasonably determinable. Employer contributions relating to funding required through the date of liquidation have been estimated to be $6,800,000 and $15,800,000 at December 31, 2025 and 2024, respectively. These have been recorded as receivables on the statements of net assets available for benefits and the changes therein are recorded on the statements of changes in net assets available for benefits. Benefits to participants are recorded when paid. Administrative fees are paid by the Plan or by the Company. Expenses to be paid by the Plan through the date of liquidation were estimated to be $400,000 and $1,100,000 at December 31, 2025 and 2024, respectively. These amounts have been recorded as a liabilities on the statements of net assets available for benefits and are included in administrative expenses on the statements of changes in net assets available for benefits.

Use of Estimates:

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

Investment Valuation and Income Recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Administration & Investments Committee determines the Plan's valuation policies utilizing information provided by its investment advisers, custodian and SEI Private Trust Company ("SEI" or "Trustee"). See Note D for a description of fair value measurements. Management does not believe that there are any valuation adjustments necessary to any of the Plan's investments at December 31, 2025 or 2024, which would otherwise be required under the liquidation basis of accounting.

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

Risks and Uncertainties:

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

**B) Summary of Significant Accounting Policies (Continued)**

Risks and Uncertainties (Continued)

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.

Subsequent Events:

The Plan has evaluated subsequent events through October 14, 2026, the date the financial statements were available to be issued.

In conjunction with the Plan termination, the Company purchased group annuity contracts from a highly reputable insurance company in April 2026, covering most remaining participants and beneficiaries in the Plan after the 2025 lump sum window. As a result, the insurance company is now responsible for paying all future benefits to those participants and beneficiaries, and the Plan no longer has any obligation to provide those covered benefits.

The remaining participants and beneficiaries not included in the annuity purchase transaction will be transferred to the Pension Benefit Guaranty Corporation ("PBGC") Missing Participants Program in 2026.

**C) Trustee Certification**

The Plan's management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, management received certifications from SEI Private Trust Company, the Trustee of the Plan, acknowledging the completeness and accuracy of all investments (except the fair value of the Huff Alternative Fund, LP of $22,817 at December 31, 2024) on the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024, the related investment activity reflected on the statements of changes in net assets available for benefits for the years then ended, the supplemental schedules as of and for the year ended December 31, 2025 and investment related information in the accompanying notes to the financial statements. This information is unaudited by independent accountants.

**D) Fair Value Measurements**

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. The inputs used to measure fair value are classified into three levels:

- Level 1 – Quoted market prices in active markets for identical assets and liabilities
- Level 2 – Significant observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3 – Significant unobservable inputs in which little or no market data exists

**D) Fair Value Measurements (Continued)**

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

- Mutual funds and money market fund: Valued at the quoted net asset value ("NAV") of shares held by the Plan at year end. These are classified as Level 1.
- U.S. government agencies: Valued based on observable market information in primary markets or determined by pricing services based on market values for investments with similar credit ratings and maturity dates. These securities are classified as Level 2.
- Collective trust fund: Valued at fair value using the NAV per share (or its equivalent) practical expedient and, therefore, has not been classified in the fair value hierarchy.
- Limited partnership interest: Valued at fair value using the NAV per share (or its equivalent) practical expedient and, therefore, has not been classified in the fair value hierarchy.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in the methodologies used from 2024 to 2025. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The asset's fair value measurement level is based on the lowest level of any input that is significant to the fair value measurement.

The following tables set forth by level, within the fair value hierarchy, the Plan assets as of December 31, 2025 and 2024:

| | Assets at Fair Value as of December 31, 2025 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Money market fund | $ 5,552,260 | $ - | $ - | $ 5,552,260 |
| Mutual funds | 56,199,457 | - | - | 56,199,457 |
| U.S. government agencies | - | 18,917,078 | - | 18,917,078 |
| Investments at fair value | $ 61,751,717 | $ 18,917,078 | $ - | $ 80,668,795 |

| | Assets at Fair Value as of December 31, 2024 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Money market fund | $ 30,487,301 | $ - | $ - | $ 30,487,301 |
| Mutual funds | 56,444,907 | - | - | 56,444,907 |
| U.S. government agencies | - | 15,781,163 | - | 15,781,163 |
| Total assets in the fair value hierarchy | $ 86,932,208 | $ 15,781,163 | $ - | 102,713,371 |
| Investments measured at NAV | | | | 3,633,696 |
| Investments at fair value | | | | $ 106,347,067 |

**D) Fair Value Measurements (Continued)**

The Plan values its investments in the collective trust fund and limited partnership at amounts reported by the investment manager and as validated through consideration of the audited financial statements of the investments. Accordingly, the Plan does not use separate quantitative information to value the investments.

The following table summarizes the investment strategy types of the collective trust fund and limited partnership as of December 31, 2025 and 2024:

| Instrument | Fair Value at December 31, 2025 | Fair Value at December 31, 2024 | Unfunded Commitments | Redemption Frequency (if Currently Eligible) | Redemption Notice Period |
|---|---|---|---|---|---|
| Collective trust fund (a) | $ - | $ 3,610,879 | $ - | Quarterly | 95 days |
| Limited partnership interest (b) | - | 22,817 | - | (*) | (*) |

(*) Was not able to be redeemed prior to the termination of the partnership as provided for in the partnership agreement.

(a) The SEI Core Property Collective Investment Trust (the "Core Property Fund") seeks both current income and appreciation through investment in underlying funds that acquire, manage and dispose of commercial real estate properties. The Core Property Fund operated under the expectation to invest at least 85% of its assets in open-end core underlying funds focused on properties in the U.S. with "core" meaning high-quality, low-leveraged, income-generating office, industrial, retail and multi-family properties, generally fully-leased to creditworthy companies and governmental entities. Up to 5% of the Core Property Fund's net assets may be invested in liquid real estate strategies (publicly-traded REITs) for cash management purposes and the Core Property Fund may have up to a 15% allocation to non-core sectors and strategies.

(b) The category comprises a private equity fund of funds whose investments consisted of primary limited partnership interests in corporate finance and venture capital funds. In addition, secondary partnership and co-investment deals were acceptable. Corporate finance investments could have included leveraged buy-out, industry consolidation, growth or fundamental business change, acquisitions, refinancing and recapitalization, mezzanine investments and distressed and turnaround strategies. Venture capital investments include start-up companies and companies developing new business solutions and technologies.

**E) Funding Policy**

Prior to the Plan termination described in Note A, funding requirements were determined annually. The Company had historically agreed to contribute such amounts as are necessary to meet the minimum funding requirements of ERISA and to provide assets sufficient to meet the benefits to be paid to Plan participants. Funding requirements were met for 2024 and are not required for 2025. As of December 31, 2025, estimated employer contributions were determined based on amounts necessary for the final liability funding in 2026.

**F) Plan Termination**

As discussed in Note A, the Company elected to terminate the Plan effective December 31, 2023. Upon liquidation, Plan assets shall be apportioned and distributed for the purchase of annuities in the order of priority outlined in the Plan agreement subject to compliance with ERISA regulations.

Certain benefits under the Plan are insured by the PBGC. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by, and the financial condition of, the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

**G) Accumulated Plan Benefits**

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

Benefits under the Plan are based on employees' years of credited service. Benefits payable are included to the extent they are deemed attributable to employee service through the earlier of the valuation date or the relevant freeze dates described in Note A.

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 Plan is reporting on a liquidation basis as a result of the Plan termination on December 31, 2023.

The accumulated plan benefit information as of December 31, is as follows:

| | 2025 | 2024 |
|---|---|---|
| Vested benefits: | | |
| Participants currently receiving benefits | $ 79,006,048 | $ 82,584,044 |
| Other participants | 18,981,659 | 38,750,258 |
| Total vested benefits | 97,987,707 | 121,334,302 |
| Nonvested benefits | - | - |
| Total actuarial present value of accumulated plan benefits | $ 97,987,707 | $ 121,334,302 |

**G) Accumulated Plan Benefits (Continued)**

Changes in the actuarial present value of accumulated plan benefits from December 31, 2024 to December 31, 2025 are as follows:

| | |
|---|---|
| Balance at December 31, 2024 | $ 121,334,302 |
| Actuarial losses | 361,069 |
| Decrease in the discount period | 4,773,744 |
| Actual benefits paid | (31,440,999) |
| Assumption changes | 2,959,591 |
| Net decrease | (23,346,595) |
| Balance at December 31, 2025 | $ 97,987,707 |

The interest rate used to calculate the present value of accrued benefits prior to any liquidation adjustments was changed as a result of changes to market yields since the last measurement date. The mortality table used to convert PRA balances to annuities was updated to reflect the most recently published Internal Revenue Code §417(e) mortality table as of the measurement date. Due to the completion of the Plan termination lump sum election window in December 2025, assumptions regarding lump sum elections and values during that window are no longer necessary.

Prior to the election to terminate the Plan, actuarial assumptions were based on the presumption that the Plan will continue. Due to the Plan termination, the financial statements now present the liability using the liquidation basis as of December 31, 2025 and 2024.

| | |
|---|---|
| Cash balance crediting rate | 4.51% at December 31, 2025 and 2024 |
| Life expectancy of participants | PRI-2012 adjusted backward to 2006 with MP-14 and projected forward using MP-2021, using separate gender-distinct rates for annuitants and non-annuitants (based on employee table) |

Retirement age:

| Age | Rates |
|---|---|
| 60 | 15% |
| 62 | 30% |
| 65 | 50% |
| 68 | 100% |

Significant assumptions used in the valuation as of December 31, 2025 and 2024 are:

| | Insurer Pricing Loads |
|---|---|
| Estimated premiums to the present value of accrued benefits ("PVAB") | |
| Active participants | 110% - 125% of Account Balance |
| Terminated vested participants, with PEP benefit | 110% - 120% of PVAB |
| Terminated vested participants, with Big Heart benefit | 110% - 125% of Account balance or PVAB (depending on benefit) |
| Retirees and beneficiaries | 102% - 107% of PVAB |

## H) Income Tax Status

The Plan obtained a determination letter on June 22, 2017, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended subsequent to the applicable dates within the letter; however, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements.

In connection with the Plan termination, the Company applied for a new IRS determination letter on October 25, 2023.

## I) Related Party/Party-in-Interest Transactions

The Plan holds investments which are under the management of the Trustee who also receives administrative fees from the Plan. These transactions qualify as party-in-interest transactions.

In 2025, the Plan sold its units of the SEI Core Property Collective Investment Trust ("Core Property Fund") to The J. M. Smucker Company Employees' Retirement Plan (the "Salaried Plan"), a qualified plan sponsored by the Company. In this transaction, the Plan sold 1,144 units of the of the Core Property Fund to the Salaried Plan for $3,493,438 which was the fair value of the units as determined by independent fiduciaries for each of the Plans.

ACCOUNT NUMBER
15336-BHPB-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
BIG HEART PET BRANDS RET PL-CON



| DATE BOUGHT/SOLD | (a)(b) SHARES PAR VALUE | UNIT PRICE | (f) EXPENSE INCURRED | (c)(d) PRINCIPAL EX | (h) CASH | (g) TRANSACTION COST | (i) REALIZED GAIN/LOSS |
|---|---|---|---|---|---|---|---|
| BEGINNING MARKET VALUE | | | 71,735,079.40 | | | | |
| COMPARATIVE VALUE (5%) | | | 3,586,753.97 | | | | |
| CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE | | | | | | | |
| ISSUE: 783965593 - GOVERNMENT FUND (SEOXX) | | | | | | | |
| 15336-BH-LDI 06/02/25 B | 4,500,000 | 1.000 | | 0 | 4,500,000-* | 4,500,000 | |
| ISSUE: 783965593 - GOVERNMENT FUND (SEOXX) | | | | | | | |
| 15336-BHPB 03/04/25 B | 8,750,096 | 1.000 | | 0 | 8,750,096-* | 8,750,096 | |
| ISSUE: 783965593 - GOVERNMENT FUND (SEOXX) | | | | | | | |
| 15336-BHPB 06/02/25 S | 4,500,000 | 1.000 | | 0 | 4,500,000 * | 4,500,000 | 0 |
| ISSUE: 783965593 - GOVERNMENT FUND (SEOXX) | | | | | | | |
| 15336-BHPB 06/02/25 B | 4,500,000 | 1.000 | | 0 | 4,500,000-* | 4,500,000 | |
| ISSUE: 783965593 - GOVERNMENT FUND (SEOXX) | | | | | | | |
| 15336-BHPB 06/03/25 S | 4,500,000 | 1.000 | | 0 | 4,500,000 * | 4,500,000 | 0 |
| ISSUE: 783965593 - GOVERNMENT FUND (SEOXX) | | | | | | | |
| 15336-BHPB 12/19/25 S | 20,117,532 | 1.000 | | 0 | 20,117,532 * | 20,117,532 | 0 |
| ISSUE: 783980584 - SEI INTERMEDIATE DUR CREDIT-A (SIDCX | | | | | | | |
| 15336-BH-LDI 03/17/25 B | 1,003,701 | 8.800 | | 0 | 8,832,573-* | 8,832,573 | |
| ISSUE: 783980584 - SEI INTERMEDIATE DUR CREDIT-A (SIDCX | | | | | | | |
| 15336-BH-LDI 06/17/25 S | 598,046 | 8.760 | | 0 | 5,238,879 * | 5,312,873 | -73,993 |
| ISSUE: 783980634 - SEI LONG DUR CREDIT FUND A (SLDAX) | | | | | | | |
| 15336-BH-LDI 03/17/25 S | 1,011,483 | 7.760 | | 0 | 7,849,112 * | 8,848,164 | -999,052 |
| ISSUE: 783980634 - SEI LONG DUR CREDIT FUND A (SLDAX) | | | | | | | |
| 15336-BH-LDI 11/17/25 S | 471,064 | 7.860 | | 0 | 3,702,561 * | 4,087,376 | -384,814 |
| ISSUE: 9128334T4 - U.S. TREASURY STRIPS Z-CPN 2/15/32 | | | | | | | |
| 15336-BH-LDI 06/17/25 S | 5,076,000 | 0.752 | | 0 | 3,816,523 * | 3,668,231 | 148,292 |
| ISSUE: 9128334V9 - U.S. TREASURY STRIPS Z-CPN 2/15/33 | | | | | | | |
| 15336-BH-LDI 06/17/25 B | 7,772,000 | 0.718 | | 0 | 5,580,801-* | 5,580,801 | |
| ISSUE: 9128334Z0 - U.S. TREASURY STRIPS Z-CPN 2/15/35 | | | | | | | |
| 15336-BH-LDI 06/17/25 S | 9,752,000 | 0.644 | | 0 | 6,281,244 * | 6,129,931 | 151,313 |
| ISSUE: 9128335B2 - U.S. TREASURY STRIPS Z-CPN 2/15/36 | | | | | | | |
| 15336-BH-LDI 06/17/25 B | 12,177,000 | 0.614 | | 0 | 7,474,243-* | 7,474,243 | |
| ISSUE: 912834JB5 - U.S. TREASURY STRIPS Z-CPN 8/15/40 | | | | | | | |
| 15336-BH-LDI 06/17/25 B | 8,244,000 | 0.472 | | 0 | 3,894,779-* | 3,894,779 | |
| GRAND TOTAL | | | | 0 | 99,538,343 | 100,696,599 | -1,158,255 |

ACCOUNT NUMBER
15336-BHPB-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
BIG HEART PET BRANDS RET PL-CON



| DATE BOUGHT/SOLD | (a)(b) SHARES PAR VALUE | UNIT PRICE | (f) EXPENSE INCURRED | (c)(d) PRINCIPAL EX | (h) CASH | (g) TRANSACTION COST | (i) REALIZED GAIN/LOSS |
|---|---|---|---|---|---|---|---|

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

ACCOUNT NUMBER
15336-BHPB-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
BIG HEART PET BRANDS RET PL-CON



| | (a)(b) | | (f) | (c)(d) (h) | (g) | (i) | |
|---|---|---|---|---|---|---|---|
| DATE BOUGHT/SOLD | SHARES PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH EX | TRANSACTION COST | REALIZED GAIN/LOSS | |
| **CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE** | | | | | | | |
| **ISSUE: 783980584 - SEI INTERMEDIATE DUR CREDIT-A (SIDCX** | | | | | | | |
| 15336-BH-LDI 01/02/25 R | 6,304 | 8.730 | 0 | 55,036- | 55,036 | | |
| 15336-BH-LDI 02/03/25 R | 5,304 | 8.750 | 0 | 46,410- | 46,410 | | |
| 15336-BH-LDI 03/03/25 R | 4,764 | 8.890 | 0 | 42,356- | 42,356 | | |
| 15336-BH-LDI 04/01/25 R | 9,651 | 8.840 | 0 | 85,313- | 85,313 | | |
| 15336-BH-LDI 05/01/25 R | 11,561 | 8.820 | 0 | 101,970- | 101,970 | | |
| 15336-BH-LDI 06/02/25 R | 12,052 | 8.760 | 0 | 105,575- | 105,575 | | |
| 15336-BH-LDI 07/01/25 R | 10,565 | 8.880 | 0 | 93,816- | 93,816 | | |
| 15336-BH-LDI 08/01/25 R | 9,747 | 8.850 | 0 | 86,264- | 86,264 | | |
| 15336-BH-LDI 09/02/25 R | 9,692 | 8.900 | 0 | 86,257- | 86,257 | | |
| 15336-BH-LDI 10/01/25 R | 9,306 | 8.990 | 0 | 83,661- | 83,661 | | |
| 15336-BH-LDI 11/03/25 R | 9,669 | 9.000 | 0 | 87,018- | 87,018 | | |
| 15336-BH-LDI 12/01/25 R | 9,814 | 9.020 | 0 | 88,524- | 88,524 | | |
| SUB-TOTAL OF REINVS # 12 | | | 0 | 962,200 | 962,200 | | |
| 15336-BH-LDI 03/17/25 B | 1,003,701 | 8.800 | 0 | 8,832,573-* | 8,832,573 | | |
| 15336-BH-LDI 11/17/25 B | 278,454 | 8.950 | 0 | 2,492,162- | 2,492,162 | | |
| SUB-TOTAL OF BUYS # 2 | | | 0 | 11,324,735 | 11,324,735 | | |
| 15336-BH-LDI 06/17/25 S | 598,046 | 8.760 | 0 | 5,238,879 * | 5,312,873 | -73,993 | |
| 15336-BH-LDI 12/17/25 S | 84 | 8.960 | 0 | 750 | 744 | 6 | |
| SUB-TOTAL OF SALES # 2 | | | 0 | 5,239,629 | 5,313,617 | -73,988 | |
| SUB-TOTAL | | | 0 | 17,526,564 | 17,600,552 | -73,988 | |
| **ISSUE: 783980634 - SEI LONG DUR CREDIT FUND A (SLDAX)** | | | | | | | |
| 15336-BH-LDI 01/02/25 R | 13,976 | 7.670 | 0 | 107,195- | 107,195 | | |
| 15336-BH-LDI 02/03/25 R | 14,850 | 7.680 | 0 | 114,049- | 114,049 | | |
| 15336-BH-LDI 03/03/25 R | 13,109 | 7.930 | 0 | 103,954- | 103,954 | | |
| 15336-BH-LDI 04/01/25 R | 19,356 | 7.790 | 0 | 150,787- | 150,787 | | |
| 15336-BH-LDI 05/01/25 R | 17,514 | 7.690 | 0 | 134,681- | 134,681 | | |
| 15336-BH-LDI 06/02/25 R | 18,574 | 7.580 | 0 | 140,793- | 140,793 | | |
| 15336-BH-LDI 07/01/25 R | 17,747 | 7.770 | 0 | 137,897- | 137,897 | | |
| 15336-BH-LDI 08/01/25 R | 19,019 | 7.730 | 0 | 147,017- | 147,017 | | |

ACCOUNT NUMBER
15336-BHPB-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
BIG HEART PET BRANDS RET PL-CON



| DATE BOUGHT/SOLD | (a)(b) SHARES PAR VALUE | (f) UNIT PRICE | EXPENSE INCURRED | (c)(d) (h) PRINCIPAL CASH EX | (g) TRANSACTION COST | (i) REALIZED GAIN/LOSS |
|---|---|---|---|---|---|---|
| 15336-BH-LDI 09/02/25 R | 18,808 | 7.750 | 0 | 145,762- | 145,762 | |
| 15336-BH-LDI 10/01/25 R | 17,844 | 7.950 | 0 | 141,862- | 141,862 | |
| 15336-BH-LDI 11/03/25 R | 18,540 | 7.970 | 0 | 147,762- | 147,762 | |
| 15336-BH-LDI 12/01/25 R | 17,478 | 7.980 | 0 | 139,474- | 139,474 | |
| SUB-TOTAL OF REINVS # 12 | | | 0 | 1,611,233 | 1,611,233 | |
| 15336-BH-LDI 06/17/25 B | 149,216 | 7.590 | 0 | 1,132,550- | 1,132,550 | |
| SUB-TOTAL OF BUYS # 1 | | | 0 | 1,132,550 | 1,132,550 | |
| 15336-BH-LDI 03/17/25 S | 1,011,483 | 7.760 | 0 | 7,849,112 * | 8,848,164 | -999,052 |
| 15336-BH-LDI 11/17/25 S | 471,064 | 7.860 | 0 | 3,702,561 * | 4,087,376 | -384,814 |
| SUB-TOTAL OF SALES # 2 | | | 0 | 11,551,673 | 12,935,540 | -1,383,867 |
| SUB-TOTAL | | | 0 | 14,295,456 | 15,679,323 | -1,383,867 |
| ISSUE: 9128334T4 - U.S. TREASURY STRIPS Z-CPN 2/15/32 | | | | | | |
| 15336-BH-LDI 03/17/25 S | 687,000 | 0.744 | 0 | 511,096 | 496,469 | 14,628 |
| 15336-BH-LDI 06/17/25 S | 5,076,000 | 0.752 | 0 | 3,816,523 * | 3,668,231 | 148,292 |
| SUB-TOTAL OF SALES # 2 | | | 0 | 4,327,619 | 4,164,700 | 162,920 |
| SUB-TOTAL | | | 0 | 4,327,619 | 4,164,700 | 162,920 |
| ISSUE: 9128334V9 - U.S. TREASURY STRIPS Z-CPN 2/15/33 | | | | | | |
| 15336-BH-LDI 06/17/25 B | 7,772,000 | 0.718 | 0 | 5,580,801-* | 5,580,801 | |
| SUB-TOTAL OF BUYS # 1 | | | 0 | 5,580,801 | 5,580,801 | |
| 15336-BH-LDI 11/17/25 S | 598,000 | 0.748 | 0 | 447,011 | 429,403 | 17,608 |
| SUB-TOTAL OF SALES # 1 | | | 0 | 447,011 | 429,403 | 17,608 |
| SUB-TOTAL | | | 0 | 6,027,812 | 6,010,204 | 17,608 |
| ISSUE: 9128334Z0 - U.S. TREASURY STRIPS Z-CPN 2/15/35 | | | | | | |
| 15336-BH-LDI 03/17/25 S | 1,239,000 | 0.644 | 0 | 797,774 | 778,813 | 18,961 |

ACCOUNT NUMBER
15336-BHPB-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
BIG HEART PET BRANDS RET PL-CON



| DATE BOUGHT/SOLD | (a)(b) SHARES PAR VALUE | (f) UNIT PRICE | EXPENSE INCURRED | (c)(d) PRINCIPAL | (h) CASH EX | (g) TRANSACTION COST | (i) REALIZED GAIN/LOSS |
|---|---|---|---|---|---|---|---|
| 15336-BH-LDI 06/17/25 S | 9,752,000 | 0.644 | | 0 | 6,281,244 * | 6,129,931 | 151,313 |
| SUB-TOTAL OF SALES # 2 | | | | 0 | 7,079,018 | 6,908,744 | 170,274 |
| SUB-TOTAL | | | | 0 | 7,079,018 | 6,908,744 | 170,274 |
| ISSUE: 9128335B2 - U.S. TREASURY STRIPS Z-CPN 2/15/36 | | | | | | | |
| 15336-BH-LDI 06/17/25 B | 12,177,000 | 0.614 | | 0 | 7,474,243-* | 7,474,243 | |
| SUB-TOTAL OF BUYS # 1 | | | | 0 | 7,474,243 | 7,474,243 | |
| 15336-BH-LDI 11/17/25 S | 811,000 | 0.643 | | 0 | 521,286 | 497,792 | 23,495 |
| SUB-TOTAL OF SALES # 1 | | | | 0 | 521,286 | 497,792 | 23,495 |
| SUB-TOTAL | | | | 0 | 7,995,529 | 7,972,035 | 23,495 |
| ISSUE: 912834JB5 - U.S. TREASURY STRIPS Z-CPN 8/15/40 | | | | | | | |
| 15336-BH-LDI 06/17/25 B | 8,244,000 | 0.472 | | 0 | 3,894,779-* | 3,894,779 | |
| SUB-TOTAL OF BUYS # 1 | | | | 0 | 3,894,779 | 3,894,779 | |
| 15336-BH-LDI 11/17/25 S | 280,000 | 0.499 | | 0 | 139,723 | 132,283 | 7,440 |
| SUB-TOTAL OF SALES # 1 | | | | 0 | 139,723 | 132,283 | 7,440 |
| SUB-TOTAL | | | | 0 | 4,034,502 | 4,027,062 | 7,440 |
| GRAND TOTAL | | | | 0 | 61,286,500 | 62,362,620 | -1,076,118 |

ACCOUNT NUMBER
15336-BHPB-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
BIG HEART PET BRANDS RET PL-CON



CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

BROKER: GOLDMAN SACHS & CO

| DATE BOUGHT/SOLD | (a)(b) SHARES PAR VALUE | (f) UNIT PRICE | EXPENSE INCURRED | (c)(d) PRINCIPAL EX | (h) CASH | (g) TRANSACTION COST | (i) REALIZED GAIN/LOSS |
|---|---|---|---|---|---|---|---|
| ISSUE: 912803GU1 - U.S. TREASURY STRIP Z-CPN 8/15/53 | | | | | | | |
| 15336-BH-LDI 03/17/25 B | 324,000 | 0.273 | 0 | 88,625- | | 88,625 | |
| ISSUE: 9128334T4 - U.S. TREASURY STRIPS Z-CPN 2/15/32 | | | | | | | |
| 15336-BH-LDI 03/17/25 S | 687,000 | 0.744 | 0 | 511,096 | | 496,469 | 14,628 |
| ISSUE: 9128334Z0 - U.S. TREASURY STRIPS Z-CPN 2/15/35 | | | | | | | |
| 15336-BH-LDI 03/17/25 S | 1,239,000 | 0.644 | 0 | 797,774 | | 778,813 | 18,961 |
| ISSUE: 912834FB9 - U.S. TREASURY STRIPS Z-CPN 2/15/40 | | | | | | | |
| 15336-BH-LDI 03/17/25 S | 478,000 | 0.494 | 0 | 236,275 | | 234,370 | 1,906 |
| ISSUE: 912834G93 - U.S. TREASURY STRIPS Z-CPN 5/15/53 | | | | | | | |
| 15336-BH-LDI 03/17/25 S | 1,574,000 | 0.270 | 0 | 424,868 | | 451,556 | -26,687 |
| ISSUE: 912834NV6 - U.S. TREASURY STRIPS Z-CPN 8/15/44 | | | | | | | |
| 15336-BH-LDI 03/17/25 S | 1,042,000 | 0.390 | 0 | 406,844 | | 421,514 | -14,670 |
| ISSUE: 912834PZ5 - U.S. TREASURY STRIPS Z-CPN 2/15/46 | | | | | | | |
| 15336-BH-LDI 03/17/25 B | 964,000 | 0.366 | 0 | 352,595- | | 352,595 | |
| ISSUE: 912803GU1 - U.S. TREASURY STRIP Z-CPN 8/15/53 | | | | | | | |
| 15336-BH-LDI 06/17/25 S | 3,502,000 | 0.248 | 0 | 868,906 | | 972,681 | -103,775 |
| ISSUE: 912803HH9 - U.S. TREASURY STRIPS Z-CPN 2/15/55 | | | | | | | |
| 15336-BH-LDI 06/17/25 B | 6,542,000 | 0.237 | 0 | 1,550,775- | | 1,550,775 | |
| ISSUE: 9128334T4 - U.S. TREASURY STRIPS Z-CPN 2/15/32 | | | | | | | |
| 15336-BH-LDI 06/17/25 S | 5,076,000 | 0.752 | 0 | 3,816,523 | * | 3,668,231 | 148,292 |
| ISSUE: 9128334V9 - U.S. TREASURY STRIPS Z-CPN 2/15/33 | | | | | | | |
| 15336-BH-LDI 06/17/25 B | 7,772,000 | 0.718 | 0 | 5,580,801- | * | 5,580,801 | |
| ISSUE: 9128334Z0 - U.S. TREASURY STRIPS Z-CPN 2/15/35 | | | | | | | |
| 15336-BH-LDI 06/17/25 S | 9,752,000 | 0.644 | 0 | 6,281,244 | * | 6,129,931 | 151,313 |
| ISSUE: 9128335B2 - U.S. TREASURY STRIPS Z-CPN 2/15/36 | | | | | | | |
| 15336-BH-LDI 06/17/25 B | 12,177,000 | 0.614 | 0 | 7,474,243- | * | 7,474,243 | |
| ISSUE: 9128337N4 - U.S. TREASURY STRIPS Z-CPN 11/15/30 | | | | | | | |
| 15336-BH-LDI 06/17/25 B | 446,000 | 0.801 | 0 | 357,214- | | 357,214 | |
| ISSUE: 912834FB9 - U.S. TREASURY STRIPS Z-CPN 2/15/40 | | | | | | | |
| 15336-BH-LDI 06/17/25 S | 6,459,000 | 0.484 | 0 | 3,122,765 | | 3,166,934 | -44,169 |
| ISSUE: 912834JB5 - U.S. TREASURY STRIPS Z-CPN 8/15/40 | | | | | | | |
| 15336-BH-LDI 06/17/25 B | 8,244,000 | 0.472 | 0 | 3,894,779- | * | 3,894,779 | |
| ISSUE: 912834PM4 - U.S. TREASURY STRIPS Z-CPN 8/15/45 | | | | | | | |
| 15336-BH-LDI 06/17/25 B | 2,474,000 | 0.357 | 0 | 882,003- | | 882,003 | |
| ISSUE: 912834PZ5 - U.S. TREASURY STRIPS Z-CPN 2/15/46 | | | | | | | |
| 15336-BH-LDI 06/17/25 S | 964,000 | 0.345 | 0 | 332,275 | | 352,595 | -20,319 |

ACCOUNT NUMBER
15336-BHPB-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
BIG HEART PET BRANDS RET PL-CON



| | (a)(b) | | (f) | (c)(d) (h) | | (g) | (i) |
|---|---|---|---|---|---|---|---|
| DATE BOUGHT/SOLD | SHARES PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL EX | CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
| ISSUE: 9128334V9 - U.S. TREASURY STRIPS Z-CPN 2/15/33 | | | | | | | |
| 15336-BH-LDI 11/17/25 S | 598,000 | 0.748 | | 0 | 447,011 | 429,403 | 17,608 |
| ISSUE: 9128335B2 - U.S. TREASURY STRIPS Z-CPN 2/15/36 | | | | | | | |
| 15336-BH-LDI 11/17/25 S | 811,000 | 0.643 | | 0 | 521,286 | 497,792 | 23,495 |
| ISSUE: 9128337N4 - U.S. TREASURY STRIPS Z-CPN 11/15/30 | | | | | | | |
| 15336-BH-LDI 11/17/25 S | 446,000 | 0.827 | | 0 | 368,806 | 357,214 | 11,592 |
| ISSUE: 912834JB5 - U.S. TREASURY STRIPS Z-CPN 8/15/40 | | | | | | | |
| 15336-BH-LDI 11/17/25 S | 280,000 | 0.499 | | 0 | 139,723 | 132,283 | 7,440 |
| SUB-TOTAL | | | | 0 | 38,456,431 | 38,270,821 | 185,614 |
| GRAND TOTAL | | | | 0 | 38,456,431 | 38,270,821 | 185,614 |

ACCOUNT NUMBER
15336-PL5-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
J.M. SMUCKER MULTIFOODS PEN EQ-CON



| | (a)(b) | | (f) | (c)(d) (h) | (g) | (i) |
|---|---|---|---|---|---|---|
| DATE BOUGHT/SOLD | SHARES PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH EX | TRANSACTION COST | REALIZED GAIN/LOSS |
| BEGINNING MARKET VALUE | | | 34,611,986.66 | | | |
| COMPARATIVE VALUE (5%) | | | 1,730,599.33 | | | |
| CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE | | | | | | |
| ISSUE: 783965593 - GOVERNMENT FUND (SEOXX) | | | | | | |
| 15336-PL5 03/04/25 S | 8,750,096 | 1.000 | 0 | 8,750,096 * | 8,750,096 | 0 |
| GRAND TOTAL | | | 0 | 8,750,096 | 8,750,096 | 0 |

ACCOUNT NUMBER
15336-PL5-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
J.M. SMUCKER MULTIFOODS PEN EQ-CON



| | (a)(b) | | (f) | (c)(d) (h) | (g) | (i) |
|---|---|---|---|---|---|---|
| DATE BOUGHT/SOLD | SHARES PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH EX | TRANSACTION COST | REALIZED GAIN/LOSS |

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

ACCOUNT NUMBER
15336-PL5-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
J.M. SMUCKER MULTIFOODS PEN EQ-CON



| | (a)(b) | | (f) | (c)(d) (h) | (g) | (i) |
|---|---|---|---|---|---|---|
| DATE BOUGHT/SOLD | SHARES PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH EX | TRANSACTION COST | REALIZED GAIN/LOSS |

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

ACCOUNT NUMBER
15336-PL5-C

REPORTABLE TRANSACTIONS WORKSHEET
1/1/25 THROUGH 12/31/25
J.M. SMUCKER MULTIFOODS PEN EQ-CON



| | (a)(b) | | (f) | (c)(d) (h) | (g) | (i) |
|---|---|---|---|---|---|---|
| DATE BOUGHT/SOLD | SHARES PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH EX | TRANSACTION COST | REALIZED GAIN/LOSS |

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

**2025 Form 5500 Attachment**

# Big Heart Pet Brands Retirement Plan

**EIN 34-0538550**

## Schedule H, Part II, Line 2c – Other Income

Included in Other Income is an adjustment for $9,000,000 required under the liquidation basis of accounting under GAAP. Under these rules, the Plan is required to estimate contributions expected to be received from the Sponsor from the time liquidation of the Plan became imminent through to the ultimate liquidation. This adjustment reflects the impact of the updated estimate as of December 31, 2025.

## Schedule H, Part II, Line 2(i) – Administrative Expenses

The difference between expenses reflected on Schedule C and those on Schedule H reflects the impact of accounting rules under the liquidation basis of accounting. The GAAP financial statements and Schedule H reflect accruals for expenses estimated to be paid by the Plan through the ultimate liquidation of the Plan. Schedule C reflects expenses incurred and paid in the current plan year.

SUPPLEMENTAL SCHEDULES

BIG HEART PET BRANDS RETIREMENT PLAN

EMPLOYER NO. 34-0538550
PLAN NO. 202

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2025

| (a) | (b) Identity of Party | (c) Description of Investment | No. of Units/Shares | (d) Cost | (e) Current Value |
|---|---|---|---|---|---|
| | | Money market fund: | | | |
| * | SEI | Government Fund | 5,552,260 | $ 5,552,260 | $ 5,552,260 |
| | | Mutual funds: | | | |
| * | SEI | Intermediate Duration Credit-A | 2,776,254 | 24,685,172 | 24,847,473 |
| * | SEI | Long Duration Credit Fund A | 4,004,085 | 34,730,882 | 31,351,984 |
| | | Total mutual funds | | 59,416,054 | 56,199,457 |
| | | U.S. government agencies: | | | |
| | U.S. Treasury | STRIPS Z-CPN 2/15/33 | 7,174,000 | 5,151,398 | 5,361,848 |
| | U.S. Treasury | STRIPS Z-CPN 2/15/36 | 11,366,000 | 6,976,451 | 7,314,021 |
| | U.S. Treasury | STRIPS Z-CPN 2/15/40 | 7,964,000 | 3,762,496 | 3,943,773 |
| | U.S. Treasury | STRIPS Z-CPN 8/15/45 | 2,427,000 | 865,247 | 896,777 |
| | U.S. Treasury | STRIPS Z-CPN 8/15/55 | 5,839,000 | 1,384,129 | 1,400,659 |
| | | Total U.S. government agencies | | 18,139,721 | 18,917,078 |
| | | | | $ 83,108,035 | $ 80,668,795 |

* Represents a party-in-interest