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
BRACH'S CONFECTIONS, INC. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/1987

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)
BARRY CALLEBAUT USA SERVICE COMPANY, INC.

600 WEST CHICAGO AVENUE, SUITE 860
CHICAGO, IL 60654

2b Employer Identification Number (EIN) 36-3484272

2c Plan Sponsor's telephone number 312-496-7300

2d Business code (see instructions) 311300

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	KATIE SKALA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	1141
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)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	815
c	Other retired or separated participants entitled to future benefits	**6c**	144
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	959
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	147
f	Total. Add lines **6d** and **6e**.	**6f**	1106
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 1I

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
BRACH'S CONFECTIONS, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BARRY CALLEBAUT USA SERVICE COMPANY, INC.

D Employer Identification Number (EIN)
36-3484272

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	48530496
b Actuarial value	**2b**	47638430

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	967	53317092	53317092
b For terminated vested participants	190	6146191	6146191
c For active participants	0	0	0
d Total	1157	59463283	59463283

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

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

5 Effective interest rate	**5**	5.29 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1146000
c Target normal cost	**6c**	1146000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/24/2026
Date

MITZI M. SILVERSTEIN
Type or print name of actuary

26-07184
Most recent enrollment number

AON CONSULTING, INC.
Firm name

336-748-1120
Telephone number (including area code)

MSC #17848,
P.O. BOX 551343
ATLANTA, GA 30355
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.08 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		262
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.07 %		13
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		275
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	80.11 %
15	Adjusted funding target attainment percentage	15	80.11 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.39 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	614133	0			
06/27/2025	614133	0			
10/14/2025	577037	0			
12/19/2025	576993	0			
04/13/2026	238516	0			
07/10/2026	36517	0			
			Totals ► 18(b)	2657329	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2564413

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used
b Applicable month (enter code)			**21b**	0
22 Weighted average retirement age			**22**	

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1146000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	11824853	1418413
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2564413

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

36 Additional cash requirement (line 34 minus line 35)	**36**	2564413
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2564413
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
BRACH'S CONFECTIONS, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BARRY CALLEBAUT USA SERVICE COMPANY, INC.

D Employer Identification Number (EIN)
36-3484272

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ISHARES/BLACKROCK
400 HOWARD ST.
SAN FRANCISCO, CA 94105

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

PIMCO

26-4310632

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

VICTORY CAPITAL MANAGEMENT INC
4900 TIEDEMAN RD
BROOKLYN, OH 44144

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

VANGUARD
P.O. BOX 1110
VALLEY FORGE, PA 19482-1110

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

CAUSEWAY CAPITAL MANAGEMENT LLC

11111 SANTA MONICA BOULEVARD
15TH FLOOR
LOS ANGELES, CA 90025

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

DOUBLELINE FUNDS

333 S. GRAND AVE., SUITE 1800
LOS ANGELES, CA 90071

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

HARDING, LOEVNER FUNDS, INC.

C/O THE NORTHERN TRUST COMPANY
P.O. BOX 4766
CHICAGO, IL 60680-4766

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

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

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

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

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

AON CONSULTING INC.

22-2232264

(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 12 15 19 27 50	ACTUARY	743834	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORGAN STANLEY SMITH BARNEY LLC

26-4310844

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 27 28	INVESTMENT ADVISORY	236382	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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
BRACH'S CONFECTIONS, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BARRY CALLEBAUT USA SERVICE COMPANY, INC.

D Employer Identification Number (EIN)
36-3484272

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	632179	280659
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1017267	205680
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1599933	2670671
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3191299	3745706
(5) Partnership/joint venture interests	1c(5)	13439425	8570075
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	29648393	33465732
(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	49528496	48938523
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	0	857
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	857
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	49528496	48937666

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)	2662955	
(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)		2662955
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1020511	
(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)		1020511
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	238434	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		238434
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	523800	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		523800

		(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)		1406544
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		5852244
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5462858	
(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)		5462858
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)	236382	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	743834	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		980216
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6443074
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-590830
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: MAULDIN AND JENKINS, LLC **(2)** EIN: 58-0692043

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 591434.

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
BRACH'S CONFECTIONS, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BARRY CALLEBAUT USA SERVICE COMPANY, INC.

D Employer Identification Number (EIN)
36-3484272

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): 39-1186267

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 | 1

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: 29.1 % Private Equity: 23.2 % Investment-Grade Debt and Interest Rate Hedging Assets: 42.8 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 4.9 % 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_____.

GOING FURTHER

BRACH'S CONFECTIONS, INC. RETIREMENT PLAN

FINANCIAL REPORT

DECEMBER 31, 2025

CPAs & ADVISORS

Contents

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MAULDIN & JENKINS
CPAs & ADVISORS

Independent Auditor's Report

To the Retirement Committee
Brach's Confections, Inc. Retirement Plan
Chicago, Illinois

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

We have performed audits of the accompanying financial statements of Brach's Confections, Inc. 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 ended December 31, 2025 and 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Brach's Confections, Inc. Retirement 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 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 Department of Labor'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 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, 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.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Brach's Confections, Inc. Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, 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 Brach's Confections, Inc. Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Brach's Confections, Inc. Retirement Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets Held at End of Year and Schedule H, Line 4j – Schedule of Reportable Transactions, as of and for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor'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, have been subjected to 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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or are 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 its form and content, are presented in conformity with the Department of Labor'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 Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

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

Mauldin & Jenkins, LLC

Chattanooga, Tennessee
October 14, 2026

Brach's Confections, Inc. Retirement Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
Investments at fair value:		
Equity securities	$ 3,745,706	$ 3,191,299
Money market funds	2,670,671	1,599,933
Limited partnerships	8,570,075	13,439,425
Mutual funds	33,465,732	29,648,393
Total investments	48,452,184	47,879,050
Receivables:		
Employer's contribution	280,659	632,179
Accrued interest, dividends, and other	205,680	1,017,267
Total receivables	486,339	1,649,446
Total assets	48,938,523	49,528,496
LIABILITIES		
Administrative expenses payable	857	-
Total liabilities	857	-
Net assets available for benefits	$ 48,937,666	$ 49,528,496

The Notes to Financial Statements are an integral part of these statements.

Brach's Confections, Inc. Retirement Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Investment income:		
Net appreciation in fair value of investments	$ 1,930,344	$ 2,419,823
Interest and dividend income	1,258,945	990,840
	3,189,289	3,410,663
Less investment expenses	236,382	222,039
Total investment income	2,952,907	3,188,624
Employer contributions	2,662,955	2,538,351
Total additions	5,615,862	5,726,975
Deductions:		
Benefit payments	5,462,858	5,443,515
Administrative expenses	743,834	1,033,708
Total deductions	6,206,692	6,477,223
Net decrease	(590,830)	(750,248)
Net assets available for benefits:		
Beginning of year	49,528,496	50,278,744
End of year	$ 48,937,666	$ 49,528,496

The Notes to Financial Statements are an integral part of these statements.

Notes To Financial Statements

NOTE 1. DESCRIPTION OF PLAN

The following description of the Brach's Confections, Inc. Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan providing pension, death, and disability benefits to eligible participants. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

As designed, substantially all nonunion employees of Brach's Confections, Inc. and its subsidiaries were eligible to participate in the Plan after completion of one year of service, as defined by the plan document, provided they were at least 21 years of age. However, effective December 31, 2001, the Plan was amended to preclude covered employees who were not already participants in the Plan from becoming participants thereafter. Brach's Confections, Inc. became a subsidiary of Barry Callebaut (the Company) in 2003.

Vesting

As a result of amendments to the Plan, all participants are fully vested in their accrued benefits at December 31, 2025 and 2024.

Participant's Accounts and Pension Benefits

Participants are entitled to annual pension benefits beginning at the normal retirement age of 65. Benefits are determined based on years of service and monthly salary, averaged over the highest five consecutive years of service prior to the effective date benefits were frozen.

During 2007, the business operations and substantially all assets of Brach's Confections, Inc. were sold. However, plan administration and plan funding were retained by Barry Callebaut. As a result, all plan participants were terminated, and no new participants will be allowed into the Plan. In conjunction with this event, eligibility for early retirement was frozen. Prior to this event, the Plan was amended to cease all benefit accruals for all participants under the Plan.

A participant may elect to receive his or her benefit, subject to plan provisions, in the form of a life annuity, a joint and survivor annuity, or a ten-year certain option.

Disability and Death Benefits

In the event a vested participant becomes disabled before retirement, the participant will receive benefit payments at the time he or she would have reached normal retirement. In the event that a vested participant dies before retirement, the related beneficiary will receive monthly benefits in an amount equivalent to that paid by a qualified joint and survivor annuity, commencing on the date the participant would have been eligible to begin receiving benefits under the Plan and ceasing upon the death of the beneficiary.

Contributions and Funding Policy

The Plan is a noncontributory plan, and the employer's contributions are based on actuarially determined amounts required to provide the benefits under the Plan. The Plan's funding policy is for the Company to contribute amounts which will meet or exceed the annual ERISA minimum funding requirements. The Company made contributions of $2,662,955 and $2,538,351 during 2025 and 2024, respectively. The Plan is in compliance with applicable ERISA minimum funding requirements for the Plan years ended December 31, 2025 and 2024.

Administration

Administration of the Plan is vested in a retirement committee appointed by the Board of Directors of the Company. The Trustee of the Plan is Bank of America, N.A. The trust agreement provides for the investment of trust funds and prescribes the powers, duties, obligations, and functions of the Trustee.

Notes To Financial Statements

NOTE 1. DESCRIPTION OF PLAN (CONTINUED)

Plan Termination Provisions

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

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a) Benefits attributable to employee contributions, if any.
b) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form. The priority amount is limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
c) Other benefits insured by the Pension Benefit Guaranty Corporation (PBGC).
d) All other vested benefits.
e) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accounting and reporting policies of the Plan conform with accounting principles generally accepted in the United States of America (GAAP) and practices within the employee benefit plan industry.

The policies that materially affect net assets available for benefits and changes in net assets available for benefits are summarized as follows:

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

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 Committee determines the Plan's valuation policies utilizing information provided by its investment advisers and Trustee. See Note 8 for discussion of fair value measurements.

Purchases and sales of securities 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

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

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan agreement. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

Management performed an evaluation of subsequent events through October 14, 2026, the date these financial statements were available to be issued.

NOTE 3. TAX STATUS OF THE PLAN

The Plan obtained its latest determination letter on March 25, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for tax periods in progress.

NOTE 4. INVESTMENTS

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Bank of America N.A., the Trustee of the Plan, except for comparing such amounts to information included in the Plan's financial statements and supplemental schedules. The Plan Administrator has obtained certifications from the Trustee that the following information is complete and accurate.

	2025	2024
Statements of net assets available for benefits:		
Equity securities	$ 3,745,706	$ 3,191,299
Money market funds	2,670,671	1,599,933
Limited partnerships	8,570,075	13,439,425
Mutual funds	33,465,732	29,648,393
Statements of changes in net assets available for benefits:		
Net appreciation in fair value investments	$ 1,930,344	$ 2,419,823
Interest and dividend income	1,258,945	990,840

NOTE 4. INVESTMENTS (CONTINUED)

The Plan's investments in certain limited partnerships may include lockup and redemption provisions which could limit the Plan's ability to redeem its shares timely. Each limited partnership holds several types of investments in an effort to achieve the desired investment strategies. Lockup provisions are generally for a period of one to three years. Redemption provisions often designate timeframes for when shares can be redeemed, generally requiring a notice period, with subsequent distribution within 30 days, quarterly or annually. Certain subgroups of the limited partnership investments also contain other restrictions due to illiquid holdings within the partnership, further limiting their liquidity. There are no unfunded commitments relating to the limited partnerships at December 31, 2025 or 2024.

NOTE 5. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were performed as of January 1, 2025 and 2024. The actuary is AON Consulting. The actuarial cost method used for 2025 and 2024 is the standard unit credit cost method. The actuarial present value of accumulated plan benefits as of the last two valuation dates is as follows:

	2025	2024
Actuarial present value of accumulated plan benefits:		
Vested benefits -		
Retired employees	$57,022,174	$55,639,268
Terminated employees	7,010,018	12,109,043
Total present value of accumulated plan benefits	$64,032,192	$67,748,311

The actuarial present value of accumulated plan benefits changed during 2025 and 2024 as follows:

	2025	2024
Present value of accumulated benefits at beginning of year	$67,748,311	$66,863,836
Other changes	(227,109)	484,439
Increase due to interest	2,764,886	3,049,132
Increase due to change in assumptions	(810,381)	2,758,095
Decrease due to benefits paid	(5,443,515)	(5,407,191)
Present value of accumulated benefits at end of year	$64,032,192	$67,748,311

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) beneficiaries of employees who have died. Benefits under the plan were accumulated based on employees' compensation during each year of credited service. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee service rendered. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The significant actuarial assumptions used in the valuations as of December 31, 2025 and 2024 are as follows:

NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

	2025	2024
Interest rate:	4.50%	4.25%
Mortality rate:	Pri-2012 study projected with Fully Generational Scale MP - 2021	Pri-2012 study projected with Fully Generational Scale MP - 2021
Normal retirement age:	Age 65	Age 63
Salary progression:	N/A	N/A

NOTE 6. 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 statements of net assets available for benefits.

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

NOTE 7. RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of money market funds managed by Bank of America N.A., Trustee and Custodian as defined by the Plan; therefore, these transactions qualify as party-in-interest transactions.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

NOTE 8. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC Topic 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

NOTE 8. FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

Equity securities: Valued at the closing price reported on the active or inactive market in which the individual securities and bonds are traded.

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

Limited partnerships: These investments are generally valued utilizing the net asset valuations provided by the underlying private investment companies, without adjustment. The valuations are supported by information received from the investee funds such as monthly net asset values, investor reports, and audited financial statements, when available. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from reported net asset value. The fair value amounts presented in the tables, below, are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Money market funds: Valued at cost, which approximates fair value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, 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 following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024.

	Balance as of December 31, 2025	Quoted Prices in Acute Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)
Equity securities	$ 3,745,706	$ 3,745,706	$ -	$ -
Mutual funds	33,465,732	33,465,732	-	-
Money market funds	2,670,671	2,670,671	-	-
Total assets in the fair value hierarchy	39,882,109	39,882,109	-	-
Investments measured at net asset value:				
Limited partnerships (1)	8,570,075	-	-	-
Total assets at fair value	$48,452,184	$39,882,109	$ -	$ -

NOTE 8. FAIR VALUE MEASUREMENTS (CONTINUED)

	Balance as of December 31, 2024	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)
Equity securities	$ 3,191,299	$ 3,191,299	$ -	$ -
Mutual funds	29,648,393	29,648,393	-	-
Money market funds	1,599,933	1,599,933	-	-
Total assets in the fair value hierarchy	34,439,625	34,439,625	-	-
Investments measured at net asset value:				
Limited partnerships (1)	13,439,425	-	-	-
Total assets at fair value	$47,879,050	$34,439,625	$ -	$ -

(1) The objective of these funds is to consistently achieve above average, risk adjusted, long-term rates of return with substantially less volatility and low correlation to traditional markets. The investments are valued at net asset value of the partnership interests held by the Plan at year-end. See Note 4 for discussion of lockup and redemption provisions.

For the years ended December 31, 2025 and 2024, there have been no transfers between levels.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Brachs Confections, Inc. Retirement Plan
EIN: 36-3484272 PN: 002

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2025), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	5.00%
2nd Segment Rate	5.27%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2025), without regard to interest rate stabilization
1st Segment Rate	5.00%
2nd Segment Rate	5.27%
3rd Segment Rate	5.40%
Retirement Age	
Active Participants	N/A
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)
Withdrawal Rates	None
Disability Rates	None
Decrement Timing	Beginning of year decrements.
Surviving Spouse Benefit	It is assumed that 85% of the participants not yet in pay have an eligible spouse of the same age.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit in effect at date of benefit accrual freeze.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

	A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	6.75%, limited to 5.74%
2024 Plan Year	6.40%, limited to 5.59%
2025 Plan Year	6.60%, limited to 5.50%
Trust Expenses Included in Target Normal Cost	Administrative expenses in 2025 are assumed to be equal to 2024 administrative expenses, adjusted for expected changes in PBGC premiums, rounded to the next $1,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BRACH'S CONFECTIONS, INC. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/1987

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)

BARRY CALLEBAUT USA SERVICE COMPANY, INC.

600 WEST CHICAGO AVENUE, SUITE 860

CHICAGO IL 60654

2b Employer Identification Number (EIN) 36-3484272

2c Plan Sponsor's telephone number 312-496-7300

2d Business code (see instructions) 311300

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	[signature]	10/15/26	Katie Skala
	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

Brach's Confections, Inc. Retirement Plan

EIN 36-3484272

PLAN NUMBER: 002

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Federated	Federated Hermes Govt Obligations Fund	$ 19,033,492	$ -	$ 19,033,492	$ 19,033,492	$ -
Federated	Federated Hermes Govt Obligations Fund	-	17,962,730	17,962,730	17,962,730	-
Bank of America	Bank of America Overnight Deposit	13,778,413	-	13,778,413	13,778,413	-
Bank of America	Bank of America Overnight Deposit	-	13,778,437	13,778,437	13,778,437	-

Columns (e) and (f) are not applicable.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
BRACH'S CONFECTIONS, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BARRY CALLEBAUT USA SERVICE COMPANY, INC

D Employer Identification Number (EIN)
36-3484272

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	48,530,496
b Actuarial value	**2b**	47,638,430

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	967	53,317,092	53,317,092
b For terminated vested participants	190	6,146,191	6,146,191
c For active participants	0	0	0
d Total	1,157	59,463,283	59,463,283

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.29%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,146,000
c Target normal cost	**6c**	1,146,000

Statement by Enrolled Actuary

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

SIGN HERE

Mitzi M. Silverstein MMS
Signature of actuary

09/24/2026
Date

MITZI M. SILVERSTEIN
Type or print name of actuary

2607184
Most recent enrollment number

AON CONSULTING, INC.
Firm name

336-748-1120
Telephone number (including area code)

MSC #17848,
P.O. BOX 551343
ATLANTA GA 30355
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.08%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		262
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.07%		13
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		275
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	80.11%
15	Adjusted funding target attainment percentage	15	80.11%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.39%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	614,133	0			
06/27/2025	614,133	0			
10/14/2025	577,037	0			
12/19/2025	576,993	0			
04/13/2026	238,516	0			
07/10/2026	36,517	0			
			Totals ► 18(b)	2,657,329	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	2,564,413

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

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

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

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1,146,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	11,824,853	1,418,413
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2,564,413

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

36 Additional cash requirement (line 34 minus line 35)	**36**	2,564,413
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2,564,413

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

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

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

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

Schedule SB Attachment (Form 5500) —2025 Plan Year
Brachs Confections, Inc. Retirement Plan
EIN: 36-3484272 PN: 002

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

Date	Amount		Days to Discount to 1/1/2025 at 5.29%	Interest Adjusted Contribution	
April 15, 2025	$	614,133	104	$	605,179
June 27, 2025		614,133	177		598,972
October 14, 2025		577,037	286		554,194
December 19, 2025		576,993	352		549,011
April 13, 2026		238,516	467		223,293
July 10, 2026		36,517	555		33,764
Total Contribution	$	2,657,329		$	2,564,413

Schedule SB Attachment (Form 5500) —2025 Plan Year
Brachs Confections, Inc. Retirement Plan
EIN: 36-3484272 PN: 002

Schedule SB, line 26b — Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	0	405,395	5,289,763	5,695,158
2026	0	321,865	5,115,644	5,437,509
2027	0	392,188	4,941,288	5,333,476
2028	0	471,300	4,759,707	5,231,007
2029	0	568,251	4,570,822	5,139,073
2030	0	641,576	4,374,736	5,016,312
2031	0	721,653	4,173,868	4,895,521
2032	0	772,171	3,967,725	4,739,895
2033	0	789,732	3,758,280	4,548,013
2034	0	797,090	3,543,909	4,340,999
2035	0	797,472	3,329,285	4,126,757
2036	0	815,406	3,114,639	3,930,045
2037	0	808,396	2,900,877	3,709,273
2038	0	793,639	2,689,346	3,482,985
2039	0	774,353	2,481,392	3,255,744
2040	0	755,021	2,278,289	3,033,310
2041	0	734,750	2,081,189	2,815,939
2042	0	711,081	1,891,105	2,602,186
2043	0	686,245	1,708,898	2,395,143
2044	0	659,342	1,535,269	2,194,611
2045	0	630,825	1,370,790	2,001,615
2046	0	600,718	1,215,934	1,816,653
2047	0	569,081	1,071,090	1,640,170
2048	0	536,004	936,575	1,472,578
2049	0	501,621	812,638	1,314,258
2050	0	466,129	699,442	1,165,571
2051	0	429,806	597,035	1,026,841
2052	0	392,999	505,347	898,347
2053	0	356,110	424,157	780,267
2054	0	319,575	353,098	672,673
2055	0	283,856	291,662	575,518
2056	0	249,411	239,212	488,623
2057	0	216,677	195,008	411,685
2058	0	186,034	158,238	344,272
2059	0	157,778	128,049	285,828

Schedule SB Attachment (Form 5500) —2025 Plan Year
Brachs Confections, Inc. Retirement Plan
EIN: 36-3484272 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	0	132,120	103,576	235,696
2061	0	109,186	83,974	193,160
2062	0	89,012	68,444	157,456
2063	0	71,558	56,253	127,810
2064	0	56,700	46,752	103,453
2065	0	44,263	39,376	83,639
2066	0	34,027	33,648	67,675
2067	0	25,749	29,174	54,923
2068	0	19,173	25,638	44,811
2069	0	14,044	22,789	36,833
2070	0	10,117	20,432	30,549
2071	0	7,164	18,418	25,582
2072	0	4,986	16,637	21,624
2073	0	3,411	15,016	18,427
2074	0	2,293	13,511	15,804

Schedule SB Attachment (Form 5500) —2025 Plan Year
Brachs Confections, Inc. Retirement Plan
EIN: 36-3484272 PN: 002

Schedule SB, Part V — Summary of Plan Provisions

General Information

Original Effective Date	October 1, 1987
Effective Date of Last Amendment	September 1, 2020
Plan Year	January 1 to December 31
Employer Fiscal Year	September 1 to August 31
Employer ID Number	36-3484272
Plan Number	002
Plan Administrator	Administrative Committee
Eligibility	Any covered employee who was a participant in the Brach Plan or the Brock Plan on December 31, 1995, shall remain a participant in the plan. All other covered employees of the employer are eligible to participate in the plan on the first day of the month coincident with or next following the later of (1) the date he completes one year of service, and (2) the date he attains age 21, provided that date is prior to January 1, 2002. No covered employee who is not already a participant in the plan on December 31, 2001, shall become a participant thereafter. Benefits in the plan were fully frozen effective July 31, 2005.
Grandfathered Participant	A grandfathered participant is one who as of December 31, 2002, met the following criteria: (1) Actively employed; and (2) Age 50 with 10 years of vesting service or with 20 years of vesting service.
Service	Years of service earned prior to January 1, 1996, under the E.J. Brach Plan and the Brock Candy Plan are included as years of service. After December 31, 1995, an employee earns one year of service for each calendar year in which he completes at least 1,000 hours. Credited service was frozen as of December 31, 2002, for non-grandfathered participants and as of July 31, 2005, for grandfathered participants. Employees only earn service for vesting and retirement eligibility after these dates until the sale of the company when all service was frozen.

Credited service includes service with predecessors on or after January 1, 1969, for employees previously covered by the American Home Products Plan, and on or after January 1, 1976, for employees previously covered by the Andes Plan.

A break in service occurs at the start of any calendar year in which the employee works 500 hours or less for the employer in such year. Service will not be interrupted by:

(1) An approved leave of absence granted by the employer.

(2) A period of service in the Armed Forces of the United States under which employment rights are granted.

(3) A period of disability for which the participant is being paid directly or indirectly by the employer.

(4) A period of maternity or paternity leave.

An employee will be given credit for his pre-break service after he completes one year of continuous service following his break if either of the following occurs:

(1) The employee had a vested interest in his accrued benefit at the time of the break in service; or

(2) The employee's period of consecutive absence does not exceed five years.

Normal Retirement Date

Normal retirement date is the first day of the month coincident with or next following the attainment of age 65.

Normal Retirement Benefit

A participant who retires on his normal retirement date shall be entitled to a monthly pension equal to the greater of (1) or (2):

(1) (a) 1.25% of average monthly earnings multiplied by credited service prior to January 1, 2003 (maximum 35 years); plus

(b) 0.5% of the excess of average monthly earnings over covered compensation multiplied by credited service prior to January 1, 2003 (maximum 35 years); plus

(c) The adjusted accrued benefit from the Brock Plan for service prior to December 31, 1995; minus

(d) The actuarial equivalent of any benefit provided to the participant from either:

(i) The American Home Products Corporation Retirement Plan with respect to service credited on or after January 1, 1969; or

(ii) His December 31, 1986 account balance under the Jacobs Suchard U.S.A., Ltd. Profit Sharing Plan with respect to service credited on or after January 1, 1976.

(e) Plus, for grandfathered participants:

0.85% of average monthly earnings multiplied by credited service after December 31, 2002 (maximum 30 years on total credited service);

(f) Plus, for grandfathered participants:

0.5% of the excess of average monthly earnings over covered compensation multiplied by service after December 31, 2002 (maximum 30 years on total credited service).

(2) A participant's accrued benefit under the prior plan as of December 31, 1988, under the former E.J. Brach Plan.

For non-grandfathered participants, the accrued benefit as of December 31, 2002, is frozen based on service, average monthly earnings, and covered compensation as of that date.

For grandfathered participants, the accrued benefit as of July 31, 2005, is frozen based on service, average monthly earnings, and covered compensation as of that date.

All benefits in the plan are fully frozen.

Covered compensation shall mean the average of the taxable wage bases for each year during the 35 year period ending in the year in which the participant attains Social Security normal retirement age. The adjusted accrued benefit from the Brock Plan in (c) above is determined by multiplying the accrued benefit under the Brock Plan as of December 31, 1995 by a fraction (not less than one). The numerator is the three-year average monthly compensation at the date of termination and the denominator is the three-year average monthly compensation as of December 31, 1995.

Delayed Retirement	A participant may continue in the employment of the employer after his normal retirement date. In such event, he will receive at actual retirement his accrued benefit computed as of his delayed retirement date.
Average Earnings	Average monthly earnings is one-twelfth of the average of the highest five consecutive calendar years of earnings of the last 10 calendar years of employment as a covered employee. If a participant has less than five years of employment as a covered employee, the average will be taken over the entire period of covered employment. Prior to January 1, 1996, earnings are defined under the previous plans, the Brach Plan and the Brock Plan. Earnings after January 1, 1996 are defined for exempt employees to be total base pay plus all bonuses and payments under any extended work week policy. For non-exempt employees, earnings are defined as W-2 earnings including 401(k) and section 125 deductions and excluding severance pay and vacation bank pay. Earnings used in calculating benefits are limited to the IRC section 401(a)(17) limit, prior to the amendment by EGTRRA 2001, for any calendar year beginning before January 1, 2002. On or after January 1, 2002, earnings used are not to exceed $170,000.
Accrued Benefit	The accrued benefit at any time prior to a participant's normal retirement date shall equal the benefit as described under normal retirement benefit as of the accrual date. Effective July 31, 2005, all benefits in the plan were frozen. For non-grandfathered participants, benefits were frozen effective December 31, 2002.
Early Retirement Benefit	Eligibility for early retirement was frozen at the sale date. Only those age 55 with five years of vesting service are eligible for an early retirement benefit. Prior to the sale, effective January 1, 1999, a participant is eligible for early retirement upon attaining age 55 with at least five years of vesting service. Prior to January 1, 1999, a participant must have attained age 55 with at least 10 years of vesting service to be eligible for early retirement. Only participants eligible for early retirement as of the date the company was sold can retire early with early retirement benefits.

	The monthly benefit for life beginning at the normal retirement date is the benefit accrued at the early retirement date. If a participant elects to commence payment prior to his normal retirement date, the benefit is reduced 3% for each of the first three years and 5% for each of the next seven years by which the payment date precedes the normal retirement date. If a participant had an accrued benefit under the former E.J. Brach Plan as of December 31, 1988, the amount of the early benefit shall not be less than the amount of such accrued benefit reduced by 3% for each year the payment date precedes the first of the month following the participant's sixty-second birthday. If a participant had an accrued benefit under the Brock Plan as of December 31, 1995, the factors used to adjust such accrued benefit are based on the Brock Plan.
Death Benefit	In the event of a married participant's death after having become eligible for early or normal retirement, it will be assumed the participant had retired on the day prior to death and elected a joint and one-half survivor benefit. In the event of the death prior to the earliest retirement age of a married participant whose benefit payments have not commenced, it will be assumed that the participant had separated from service on the date of death, survived to the earliest retirement age, began receiving the joint and one-half benefit with the spouse as beneficiary, based on the participant's vested accrued benefit and died on the day after the earliest retirement date.
Severance Benefit	All participants are 100% vested. Upon termination, a participant may elect to receive his vested interest at age 55. Such benefit will be actuarially reduced.
Optional Methods of Settlement	All optional methods of settlement are actuarially equivalent to the normal form of benefit, an annuity payable for the life of the participant. If a married participant does not elect the normal form of benefit or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below. The options are:

(1) A reduced benefit to be paid during the participant's lifetime with one-half the reduced benefit to be continued to his spouse for her lifetime after his death.

(2) A reduced benefit to be paid during the participant's lifetime with one-half, three-fourths, or all of the reduced benefit to be continued for the lifetime of his beneficiary after his death.

(3) A reduced benefit to be paid for 120 months certain and thereafter for life.

(4) A lump sum will automatically be paid if the actuarial equivalent of the accrued benefit is equal to or less than $5,000.

All optional methods of settlement are actuarially equivalent to the normal form of benefit based on factors supplied in the plan document. The factors used for determining small lump sum settlements are the applicable segment interest rates (as of the November preceding the first day of the plan year) and the applicable mortality table as prescribed by IRC section 417(e)(3).

During the fall of 2017, a special optional lump sum window opportunity was available to participants not yet in pay status whose normal retirement date was before December 1, 2017. If the present value of such a terminated participant's benefit was less than $30,000, it could be paid as a lump sum in December 2017. The factors used to determine the December 2017 lump sum payments are the December 2016 segment interest rates and the applicable mortality table as prescribed by IRC section 417(e)(3) for payments made in 2017.

Amendment or Termination of Plan

The employer reserves the right to amend or terminate the plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the plan if the employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the employer shall be liable for any unfunded vested benefits to the extent required by law.

Additional Information	The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Changes Since the Prior Year

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

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

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

Brach's Confections, Inc. Retirement Plan

EIN 36-3484272

PLAN NUMBER: 002

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

DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	EQUITY SECURITIES			
N/A	ON HLDG AG NAMEN-AKT CL A	EQUITIES	$ 5,449	$ 6,368
N/A	ALIBABA GROUP HOLDING LT	EQUITIES	12,513	15,098
N/A	AMAZON COM INC COM	EQUITIES	37,175	39,239
N/A	AMAZON COM INC COM	EQUITIES	33,604	48,934
N/A	AUTOZONE INC NEVADA COM	EQUITIES	3,063	3,392
N/A	BOOKING HLDGS INC USD0.008	EQUITIES	14,475	16,066
N/A	BOOT BARN HOLDINGS INC SHS	EQUITIES	4,091	7,412
N/A	BRIGHT HORIZONS FAMILY SOLUTIONS INC	EQUITIES	7,528	6,287
N/A	CHEWY INC SH CL A	EQUITIES	8,815	10,080
N/A	D R HORTON INC	EQUITIES	7,329	6,913
N/A	DARDEN RESTAURANTS INC	EQUITIES	5,586	14,354
N/A	DORMAN PRODUCTS INC	EQUITIES	7,627	8,007
N/A	ETSY INC SHS	EQUITIES	5,711	7,207
N/A	EXPEDIA GROUP INC	EQUITIES	8,882	17,565
N/A	FRONTDOOR INC	EQUITIES	8,302	8,365
N/A	GENERAL MOTORS CO COMMON SHARES	EQUITIES	8,525	18,460
N/A	HYATT HOTELS CORP	EQUITIES	2,988	8,497
N/A	LOWE'S COMPANIES INC	EQUITIES	16,338	22,910
N/A	MCDONALDS CORP COM	EQUITIES	7,206	7,946
N/A	MERCADOLIBRE INC	EQUITIES	7,376	8,057
N/A	MODINE MFG CO	EQUITIES	6,193	6,676
N/A	NATIONAL VISION HLDGS INC	EQUITIES	4,646	5,577
N/A	PLANET FITNESS INC CL A	EQUITIES	6,544	7,051
N/A	STRIDE INC REG SHS	EQUITIES	5,015	2,987
N/A	TJX COS INC NEW	EQUITIES	15,512	19,662
N/A	TESLA INC	EQUITIES	49,535	65,209
N/A	WINGSTOP INC	EQUITIES	6,463	8,347
N/A	COCA COLA COM	EQUITIES	9,445	9,717
N/A	DOLLAR GENERAL CORP	EQUITIES	10,261	12,879
N/A	MONDELEZ INTERNATIONAL INC	EQUITIES	16,090	15,342
N/A	PEPSICO INC	EQUITIES	15,568	19,232
N/A	PHILIP MORRIS INTL INC	EQUITIES	16,902	17,163
N/A	PROCTER & GAMBLE CO	EQUITIES	11,594	14,761
N/A	WALMART INC	EQUITIES	22,863	26,850
N/A	BWX TECHNOLOGIES INC	EQUITIES	6,994	19,012
N/A	CHENIERE ENERGY	EQUITIES	1,762	1,750
N/A	EXPAND ENERGY CORP REG SHS	EQUITIES	9,226	10,043
N/A	CONOCOPHILLIPS	EQUITIES	5,484	16,382
N/A	EOG RESOURCES INC	EQUITIES	5,888	11,866
N/A	EQT CORP	EQUITIES	9,705	11,792
N/A	EXXON MOBIL CORP COM	EQUITIES	23,656	29,363
N/A	MURPHY USA INC SHS	EQUITIES	9,507	8,070
N/A	SLB LIMITED	EQUITIES	11,424	15,390
N/A	AMER EXPRESS COMPANY	EQUITIES	3,913	18,498
N/A	BALDWIN INS GRP INC/THE	EQUITIES	6,248	3,677
N/A	BANK OF AMERICA CORP	EQUITIES	8,892	31,350
N/A	BERKSHIRE HATHAWAYINC DEL CL B NEW	EQUITIES	6,790	26,640
N/A	BERKSHIRE HATHAWAYINC DEL CL B NEW	EQUITIES	6,132	6,534
N/A	BLACKROCK INC REG SHS	EQUITIES	14,612	27,829
N/A	CULLEN FRST BKRS PV$0.01	EQUITIES	6,533	5,952
N/A	EAST WEST BANCORP INC	EQUITIES	8,593	8,766
N/A	EQUITABLE HOLDINGS INC REG SHS	EQUITIES	6,115	5,480
N/A	GOLDMAN SACHS GROUP INC	EQUITIES	16,053	23,733
N/A	GOLDMAN SACHS GROUP INC	EQUITIES	21,808	31,644
N/A	HARTFORD INSURANCE GROUP INC THE	EQUITIES	8,610	24,528
N/A	HOULIHAN LOKEY INC	EQUITIES	7,747	9,058

Brach's Confections, Inc. Retirement Plan

EIN 36-3484272

PLAN NUMBER: 002

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

DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
N/A	INTERCONTINENTAL EXCHANGE INC	EQUITIES	$ 10,479	$ 21,865
N/A	INTERCONTINENTAL EXCHANGE INC	EQUITIES	1,201	1,134
N/A	JPMORGAN CHASE & CO	EQUITIES	8,719	62,511
N/A	MASTERCARD INC	EQUITIES	39,920	49,096
N/A	PAYPAL HOLDINGS INC SHS	EQUITIES	8,894	5,663
N/A	PIPER SANDLER COS	EQUITIES	5,021	5,435
N/A	PRUDENTIAL FINANCIAL INC	EQUITIES	5,663	7,337
N/A	S&P GLOBAL INC	EQUITIES	9,873	15,678
N/A	SCHWAB CHARLES CORP NEW	EQUITIES	7,759	10,690
N/A	SOFI TECHNOLOGIES INC	EQUITIES	12,149	13,221
N/A	STATE STREET CORP	EQUITIES	4,058	9,160
N/A	STIFEL FINANCIAL CORP	EQUITIES	8,402	15,653
N/A	TRAVELERS COS INC	EQUITIES	9,953	20,884
N/A	TRUIST FINL CORP	EQUITIES	3,613	5,807
N/A	VISA INC CL A SHRS	EQUITIES	6,579	6,663
N/A	WELLS FARGO & CO	EQUITIES	13,317	32,900
N/A	WINTRUST FINL CP ILL COM	EQUITIES	7,498	11,186
N/A	BIOHAVEN RESEARCH LTD REG SHS	EQUITIES	2,883	1,163
N/A	UNIQURE N V	EQUITIES	5,231	2,752
N/A	ABBOTT LABS	EQUITIES	26,337	30,195
N/A	ABBOTT LABS	EQUITIES	9,378	9,647
N/A	ABBVIE INC SHS	EQUITIES	7,296	15,766
N/A	ABBVIE INC SHS	EQUITIES	12,235	13,938
N/A	ALNYLAM PHARMACEUTICALS INC	EQUITIES	7,826	7,953
N/A	CENCORA INC	EQUITIES	5,165	18,576
N/A	AMGEN INC COM	EQUITIES	10,210	12,765
N/A	ARGENX SE	EQUITIES	5,425	26,069
N/A	BECTON DICKINSON CO	EQUITIES	17,536	13,585
N/A	BOSTON SCIENTIFIC CORP	EQUITIES	10,186	24,410
N/A	CRINETICS PHARMACEUTICALS INC REG	EQUITIES	2,992	3,817
N/A	GILEAD SCIENCES INC COM	EQUITIES	14,712	21,970
N/A	GILEAD SCIENCES INC COM	EQUITIES	10,349	11,660
N/A	HIMS AND HERS HEALTH INC REG SHS -A CL A	EQUITIES	8,549	5,130
N/A	IDEAYA BIOSCIENCES INC REG SHS	EQUITIES	12,353	12,480
N/A	IMMUNOCORE HOLDINGS LTD SHS SPONSORE ADR	EQUITIES	8,727	5,345
N/A	INSMED INC	EQUITIES	8,399	22,103
N/A	INSMED INC	EQUITIES	16,232	25,236
N/A	INTUITIVE SURGICAL INC NEW	EQUITIES	4,216	4,531
N/A	JOHNSON AND JOHNSON COM	EQUITIES	15,067	16,763
N/A	LIGAND PHARMACEUTICALS INC SHS CL B	EQUITIES	3,670	3,592
N/A	ELI LILLY & CO	EQUITIES	32,952	34,390
N/A	MADRIGAL PHARMACEUTICALS INC	EQUITIES	6,069	14,559
N/A	MCKESSON CORPORATION COM	EQUITIES	5,732	9,023
N/A	MERCK AND CO INC SHS	EQUITIES	16,668	23,789
N/A	MOLINA HEALTHCARE INC	EQUITIES	12,348	8,503
N/A	NATERA INC SHS	EQUITIES	14,308	18,785
N/A	NEUROCRINE BIOSCNCE INC	EQUITIES	9,405	13,474
N/A	PROCEPT BIOROBOTICS CORP	EQUITIES	2,966	1,258
N/A	THERMO FISHER SCIENTIFIC INC	EQUITIES	6,292	20,860
N/A	TRAVERE THERAPEUTICS INC	EQUITIES	3,410	4,853
N/A	UNITEDHEALTH GROUP INC	EQUITIES	16,572	18,816
N/A	XENON PHARMACEUTICALS INC SHS	EQUITIES	4,087	4,527
N/A	TRANE TECHNOLOGIES PLC	EQUITIES	2,927	4,670
N/A	APPLIED INDUSTRL TECH	EQUITIES	7,473	8,987
N/A	BOEING COMPANY	EQUITIES	17,142	16,935
N/A	CSX CORP	EQUITIES	17,836	20,010
N/A	CARRIER GLOBAL CORP REG SH	EQUITIES	10,356	12,576

Brach's Confections, Inc. Retirement Plan

EIN 36-3484272

PLAN NUMBER: 002

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

DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
N/A	CELESTICA INC	EQUITIES	$ 4,462	$ 6,503
N/A	COMFORT SYSTEMS USA INC	EQUITIES	6,604	11,199
N/A	CURTISS WRIGHT	EQUITIES	6,045	17,089
N/A	DEERE CO	EQUITIES	5,233	5,587
N/A	DELTA AIR LINES INC	EQUITIES	14,154	21,167
N/A	EMCOR GROUP INC	EQUITIES	1,215	12,848
N/A	GE VERNOVA INC	EQUITIES	5,411	11,764
N/A	GE VERNOVA INC	EQUITIES	24,239	25,489
N/A	GE AEROSPACE	EQUITIES	19,565	22,178
N/A	HUBBELL INC SHS	EQUITIES	8,807	11,547
N/A	KNIGHT-SWIFT TRANSPORTATION HOLD CL A	EQUITIES	4,165	4,235
N/A	LENNOX INTL INC	EQUITIES	9,472	8,255
N/A	LINCOLN ELEC HLDGS INC	EQUITIES	9,654	11,263
N/A	MUELLER INDUSTRIES INC	EQUITIES	5,926	10,332
N/A	NORDSON CORP	EQUITIES	2,416	9,858
N/A	OTIS WORLDWIDE CORP REG SH	EQUITIES	17,216	16,684
N/A	OWENS CORNING INC	EQUITIES	5,618	9,736
N/A	PARKER HANNIFIN CORP	EQUITIES	5,479	32,522
N/A	PATRICK INDS INC	EQUITIES	4,487	5,855
N/A	QUANTA SERVICES INC	EQUITIES	1,419	17,727
N/A	QUANTA SERVICES INC	EQUITIES	4,824	8,441
N/A	RTX CORP CORP	EQUITIES	17,412	33,746
N/A	RTX CORP CORP	EQUITIES	8,610	11,004
N/A	ROCKET LAB CORP REG SHS	EQUITIES	3,184	3,209
N/A	ROCKWELL AUTOMATION INC	EQUITIES	15,820	21,010
N/A	TEXTRON INC	EQUITIES	4,922	14,034
N/A	3M COMPANY	EQUITIES	16,611	19,372
N/A	TOPBUILD CORP SHS	EQUITIES	4,132	10,430
N/A	TRANSDIGM GROUP INC	EQUITIES	1,928	2,660
N/A	UBER TECHNOLOGIES INC	EQUITIES	4,021	4,249
N/A	JFROG LTD	EQUITIES	7,576	20,175
N/A	MONDAY.COM LTD. REG SHS	EQUITIES	10,472	6,345
N/A	ADVNCD MICRO D INC	EQUITIES	16,863	14,349
N/A	AMPHENOL CORP CL A NEW	EQUITIES	6,758	13,244
N/A	APPFOLIO INC SHS CL A	EQUITIES	8,593	7,677
N/A	APPLE INC	EQUITIES	95,386	125,056
N/A	APPLOVIN CORP COM	EQUITIES	8,961	16,172
N/A	ARISTA NETWORKS INC REG SHS	EQUITIES	934	1,703
N/A	BROADCOM INC	EQUITIES	1,013	16,959
N/A	BROADCOM INC	EQUITIES	47,020	83,410
N/A	CARVANA CO CL A	EQUITIES	11,325	13,927
N/A	CIENA CORP	EQUITIES	7,400	8,653
N/A	CISCO SYSTEMS INC COM	EQUITIES	19,765	30,042
N/A	CLOUDFLARE INC REG SHS CL A	EQUITIES	12,630	13,209
N/A	CROWDSTRIKE HLDGS INC CL A	EQUITIES	9,470	9,375
N/A	DOCUSIGN INC	EQUITIES	7,938	7,592
N/A	DOLBY LABORATORIES INC CL A	EQUITIES	5,242	8,028
N/A	ENTEGRIS INC MINNESOTA	EQUITIES	2,774	11,121
N/A	EPAM SYSTEMS INC SHS	EQUITIES	8,723	7,581
N/A	GITLAB INC	EQUITIES	10,849	8,257
N/A	HUBSPOT INC	EQUITIES	10,439	10,835
N/A	INTL BUSINESS MACHINES CORP IBM	EQUITIES	19,659	24,289
N/A	INTUIT INC COM	EQUITIES	8,809	11,924
N/A	KLAVIYO INC REG SHS SERIES-A- CL A	EQUITIES	10,338	11,559
N/A	LAM RESH CORP	EQUITIES	492	1,369
N/A	LATTICE SEMICNDTR CORP	EQUITIES	8,025	11,331
N/A	LUMENTUM HOLDINGS INC SHS	EQUITIES	2,883	2,949

Brach's Confections, Inc. Retirement Plan

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PLAN NUMBER: 002

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

DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
N/A	MACOM TECHNOLOGY SOLUTIONS HOLDINGS INC	EQUITIES	$ 7,821	$ 9,763
N/A	MICROSOFT CORP	EQUITIES	1,699	17,894
N/A	MICROSOFT CORP	EQUITIES	134,206	162,013
N/A	MICRON TECHNOLOGY INC	EQUITIES	4,870	27,970
N/A	MONGODB INC CL A	EQUITIES	7,179	12,591
N/A	MOTOROLA SOLUTIONS INC	EQUITIES	8,747	15,333
N/A	NVIDIA	EQUITIES	115,382	219,511
N/A	ON SEMICONDUCTOR CRP COM	EQUITIES	1,708	5,253
N/A	ORACLE CORP $0.01 DEL	EQUITIES	2,001	4,678
N/A	ORACLE CORP $0.01 DEL	EQUITIES	22,296	18,516
N/A	PALANTIR TECHNOLOGIES INC REG SHS CL A	EQUITIES	19,453	22,397
N/A	PALO ALTO NETWORKS INC	EQUITIES	3,783	4,237
N/A	PAYONEER GLOBAL INC	EQUITIES	3,278	1,782
N/A	PEGASYSTEMS INC COM	EQUITIES	8,044	9,555
N/A	PROCORE TECHNOLOGIES INC REG SHS	EQUITIES	9,716	9,602
N/A	ROBINHOOD MARKETS, INC REG SHS -A CL A	EQUITIES	14,121	17,983
N/A	RUBRIK INC REG SHS CL A	EQUITIES	8,523	9,025
N/A	SEA LTD	EQUITIES	12,611	9,313
N/A	SEMTECH CORPORATION	EQUITIES	3,458	3,611
N/A	SERVICENOW INC	EQUITIES	8,585	7,660
N/A	SHOPIFY INC CL A	EQUITIES	14,986	21,409
N/A	SNOWFLAKE INC REG SHS	EQUITIES	3,656	4,168
N/A	TAIWAN S MANUFCTRING ADR	EQUITIES	9,881	16,410
N/A	TOAST INC REG SHS CL A	EQUITIES	7,501	7,706
N/A	TWILIO INC CL A	EQUITIES	3,160	3,272
N/A	TYLER TECHS INC DEL COM	EQUITIES	8,166	10,441
N/A	UPWORK INC	EQUITIES	3,220	3,984
N/A	WSTN DIGITAL CORP DEL	EQUITIES	8,635	8,786
N/A	LINDE PLC NEW	EQUITIES	27,033	27,715
N/A	AVIENT CORPORATION	EQUITIES	5,571	3,686
N/A	BUILDERS FIRSTSOURCE INC	EQUITIES	11,499	8,025
N/A	CABOT CORP	EQUITIES	2,783	2,121
N/A	DUPONT DE NEMOURS INC	EQUITIES	4,772	6,432
N/A	FREEPORT-MCMORAN INC	EQUITIES	10,410	15,135
N/A	MARTIN MARIETTA MATLS	EQUITIES	7,739	19,302
N/A	QNITY ELECTRONICS INC REG SHS	EQUITIES	6,837	6,532
N/A	SPOTIFY TECH S.A. REG SHS	EQUITIES	392	581
N/A	ALPHABET INC SHS CL C	EQUITIES	53,024	96,964
N/A	ALPHABET INC SHS CL A	EQUITIES	22,368	52,584
N/A	COMCAST CORP NEW CL A	EQUITIES	9,213	10,192
N/A	DISNEY (WALT) CO COM STK	EQUITIES	23,120	27,532
N/A	DOORDASH INC REG SHS CL A	EQUITIES	4,463	7,247
N/A	META PLATFORMS INC CLASS A COMMON STOCK	EQUITIES	4,510	17,822
N/A	META PLATFORMS INC CLASS A COMMON STOCK	EQUITIES	26,087	43,566
N/A	FOX CORP REG SHS CL A	EQUITIES	8,827	20,094
N/A	NETFLIX COM INC	EQUITIES	7,946	12,189
N/A	ROBLOX CORP REG SHS CL A	EQUITIES	14,034	8,994
N/A	VERIZON COMMUNICATNS COM	EQUITIES	12,586	11,567
N/A	DUKE ENERGY CORP NEW	EQUITIES	13,191	17,464
N/A	NEXTERA ENERGY INC SHS	EQUITIES	15,819	17,340
N/A	VISTRA CORP	EQUITIES	5,607	4,517
N/A	AMERICAN TOWER REIT INC (HLDG CO) SHS	EQUITIES	16,203	12,465
N/A	EQTY LIFESTYLS PPTYS INC	EQUITIES	3,040	6,728
N/A	PROLOGIS INC	EQUITIES	5,695	14,681
N/A	PUBLIC STORAGE $0.10 REIT	EQUITIES	13,129	11,937
	TOTAL EQUITY SECURITIES		**2,585,487**	**3,745,706**

Brach's Confections, Inc. Retirement Plan

EIN 36-3484272

PLAN NUMBER: 002

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

DECEMBER 31, 2025

	(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		MUTUAL FUNDS			
	N/A	DOUBLELINE TOTAL RETURN BOND FUND CL	FIXED INCOME	$ 2,401,364	$ 2,091,042
	N/A	VANGUARD INTERM-TERM GOVT BD	FIXED INCOME	3,275,476	3,325,331
	N/A	VANGUARD LONG-TERM CORP BOND	FIXED INCOME	8,310,773	8,171,548
	N/A	VANGUARD LONG-TERM TREASURY	FIXED INCOME	9,267,434	8,558,001
		Total Fixed Income Funds		**23,255,047**	**22,145,922**
	N/A	CAUSEWAY EMERGING MARKET FUND CL INSTL	INTERNATIONAL	628,923	773,911
	N/A	HARDING LOEVNER EMERGING MKTS PT FD ADV CL	INTERNATIONAL	484,512	221,922
	N/A	JP MORGAN UNDSCVRD MNGRS BEHAVRL VAL FD I CL	INTERNATIONAL	488,913	475,063
		Total International Funds		**1,602,348**	**1,470,896**
	N/A	CAPITAL GROUP INTL EQUITY ETF S	ETF	1,368,790	1,652,592
	N/A	ISHARES INC CORE MSCI EMERGING MKTS ETF	ETF	569,771	688,064
	N/A	ISHARES TR CORE MSCI INTL DEVELOPED MKTS	ETF	1,294,376	1,836,747
	N/A	VANGUARD GROWTH ETF	ETF	2,020,640	3,953,217
	N/A	VANGUARD VALUE ETF	ETF	1,310,117	1,718,294
		Total Exchange Traded Funds		**6,563,694**	**9,848,914**
		TOTAL MUTUAL FUNDS		**31,421,089**	**33,465,732**
		LIMITED PARTNERSHIPS			
	N/A	COLUMBIA TRUST DIVIDEND INCOME FUND MS	LIMITED PARTNERSHIPS	1,177,877	1,470,798
	N/A	POINTER OFFSHORE III LTD	LIMITED PARTNERSHIPS	142,422	136,299
	N/A	BLACKSTONE INFRASTRUCTURE (TE) LP (BXINFRA)	LIMITED PARTNERSHIPS	1,030,064	1,124,178
	N/A	HPS CORPORATE LENDING FUND CLASS I	LIMITED PARTNERSHIPS	1,792,106	1,788,054
	N/A	PIMCO TACTICAL OPPORTUNITIES OFFSHORE FUND LP	LIMITED PARTNERSHIPS	1,599,645	545,736
	N/A	SPF SECURITIZED PRODUCTS FUND LTD CLASS A TRANCHE	LIMITED PARTNERSHIPS	1,520,208	1,779,348
	N/A	KKR FS INCOME TRUST CLASS I	LIMITED PARTNERSHIPS	1,582,835	1,629,400
	N/A	PIMCO TACTICAL OPPORTUNITIES OFFSHORE FUND LP	LIMITED PARTNERSHIPS	94,314	50,495
	N/A	PIMCO TACTICAL OPPORTUNITIES OFFSHORE FUND LP	LIMITED PARTNERSHIPS	93,724	45,767
		TOTAL LIMITED PARTNERSHIPS		**9,033,195**	**8,570,075**
		MONEY MARKET FUNDS			
*		FEDERATED HERMES GOVT OBLIGATIONS FD CL PREM	MONEY MARKET	$ 2,670,659	$ 2,670,659
*		BANK OF AMERICA TEMPORARY OVERNIGHT DEPOSIT	MONEY MARKET	12	12
		TOTAL MONEY MARKET FUNDS		**2,670,671**	**2,670,671**
		TOTAL INVESTMENTS		**$ 45,710,442**	**$ 48,452,184**

Schedule SB Attachment (Form 5500) —2025 Plan Year
Brachs Confections, Inc. Retirement Plan
EIN: 36-3484272 PN: 002

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 12,146,478	January 1, 2020	10	$ 1,509,768
Shortfall	$ (1,673,040)	January 1, 2021	11	$ (193,558)
Shortfall	$ (3,191,738)	January 1, 2022	12	$ (346,476)
Shortfall	$ 3,141,373	January 1, 2023	13	$ 322,128
Shortfall	$ (865,666)	January 1, 2024	14	$ (84,333)
Shortfall	$ 2,267,446	January 1, 2025	15	$ 210,884

Schedule SB Attachment (Form 5500) —2025 Plan Year
Brachs Confections, Inc. Retirement Plan
EIN: 36-3484272 PN: 002

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the unlimited expected return on assets from 6.40% to 6.60%.
- A change in the assumed retirement age for terminated vested participants from age 63 to age 65.

These changes were made to better reflect the anticipated plan experience. They did not reduce the funding shortfall; as such, approval of the Commissioner is not required.