Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

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 11/01/2025 and ending 12/31/2025

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

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

C Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

D If the plan is a collectively-bargained plan, check here ▶ [ ]

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
MENNEL TOLEDO UNION PENSION PLAN

1b Three-digit plan number (PN) ▶ 100

1c Effective date of plan 11/01/2025

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
THE MENNEL MILLING COMPANY

319 SOUTH VINE STREET
FOSTORIA, OH 44830

2b Employer Identification Number (EIN) 34-4302060

2c Sponsor's telephone number 419-435-8151

2d Business code (see instructions) 311900

3a Plan administrator's name and address [ ] Same as Plan Sponsor.
LORI KITCHAN
319 S VINE STREET
FOSTORIA, OH 44830

3b Administrator's EIN 34-4302060

3c Administrator's telephone number 419-435-8151

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

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	59
b Total number of participants at the end of the plan year	**5b**	59
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	59
d(2) Total number of active participants at the end of the plan year	**5d(2)**	59
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	LORI KITCHEN
	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

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 609909. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a		28867
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	0	28867
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	28867	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		28867
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i Net income (loss) (subtract line 8h from line 8c)	8i		28867
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristic Codes

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1B 3F

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

Part V Compliance Questions

10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c		X	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. [X] Yes [ ] No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | **11a** | 0

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. [ ] Yes [X] No

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		[ ] Yes [ ] No [ ] N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		[ ] Yes [X] No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		[ ] Yes [X] No

c 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.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

Part VIII IRS Compliance Questions

14a 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 [X] No

14b 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

15 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_____.

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 11/01/2025 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
MENNEL TOLEDO UNION PENSION PLAN

B Three-digit plan number (PN) ▶ 100

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE MENNEL MILLING COMPANY

D Employer Identification Number (EIN)
34-4302060

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

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

Part I Basic Information

1 Enter the valuation date: Month 11 Day 01 Year 2025

2 Assets:

a Market value	**2a**	0
b Actuarial value	**2b**	0

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	0	0	0
b For terminated vested participants	0	0	0
c For active participants	59	0	0
d Total	59	0	0

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**	5.65 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2120
c Target normal cost	**6c**	2120

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/12/2026
Date

LAUREN KLEIN
Type or print name of actuary

26-09168
Most recent enrollment number

FIDELITY INVESTMENTS
Firm name

312-730-1780
Telephone number (including area code)

233 SOUTH WACKER DRIVE
SUITE 4850
CHICAGO, IL 60606
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 0.00 %	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)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 0.00 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	100.00 %
15	Adjusted funding target attainment percentage	15	100.00 %
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	100.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	0.00 %

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
05/21/2026	28867	0			
			Totals ► 18(b)	28867	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	28006

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.81 %	2nd segment: 5.31 %	3rd segment: 5.69 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	2
22 Weighted average retirement age	**22**	65

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**	2120
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2120

	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**	2120
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	28006
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	25886
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
Mennel Toledo Union Pension Plan
For Plan Year Ending December 31, 2025
EIN: 34-4302060 PN: 100

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

	Completed Years of Service on November 1, 2025										
Attained Age	**<1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40+**	**Total**
Under 25	2	0	0	0	0	0	0	0	0	0	**2**
25-29	1	2	3	0	0	0	0	0	0	0	**6**
30-34	2	0	2	1	0	0	0	0	0	0	**5**
35-39	1	0	1	3	0	0	0	0	0	0	**5**
40-44	3	2	3	3	1	0	0	0	0	0	**12**
45-49	0	2	2	2	3	0	0	0	0	0	**9**
50-54	0	1	1	2	2	1	0	0	0	0	**7**
55-59	1	1	2	1	0	3	0	0	1	0	**9**
60-64	0	0	1	0	1	2	0	0	0	0	**4**
65-69	0	0	0	0	0	0	0	0	0	0	**0**
Over 69	0	0	0	0	0	0	0	0	0	0	**0**
Total	**10**	**8**	**15**	**12**	**7**	**6**	**0**	**0**	**1**	**0**	**59**

Schedule SB Attachment (Form 5500) – 2025 Plan Year
Mennel Toledo Union Pension Plan
EIN: 34-4302060 PN: 100
For Plan Year Ending December 31, 2025
Schedule SB Part V – Statement of Actuarial Assumptions/Methods

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

"Minimum" means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

"Maximum" means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

	2025 Plan Year	
Purpose	Minimum	Maximum
Interest Rate Type	Stabilized	Non-Stabilized
Segment rates or full yield curve	Segment	Segment
Look-back months	**2**	**2**
First 5 years	4.81%	4.81%
Next 15 years	5.31%	5.35%
Over 20 years	5.69%	5.69%
Applicable Law for the segment rates corridor	ARPA	Not Applicable

Expected Long-Term Return on Plan Assets: 8.00%, determined by the Company and supported by our Mean Variance model based on target plan investment mix.

Salary Scale: 2.25%. This is a long-term assumption determined by the Company and supported by the current collective bargaining agreement.

Increase in Consumer Price Index (CPI): 2.50%. This is based on long-term historical inflation rates.

Increase in Social Security Taxable Wage Base: 2.50%. This is based on long-term historical inflation rates.

Administrative Expenses included in Target Normal Cost: $0. Expenses have not historically been and are not expected to be paid using trust assets.

Schedule SB Attachment (Form 5500) – 2025 Plan Year
Mennel Toledo Union Pension Plan
EIN: 34-4302060 PN: 100
For Plan Year Ending December 31, 2025
Schedule SB Part V – Statement of Actuarial Assumptions/Methods

Mortality:
ERISA: IRS Small Plan Combined Static Mortality Table using combined tables for annuitants and non-annuitants as prescribed by IRC Section 430, adjusted to the plan year using the methodology and tables detailed in IRC Regulation 1.430(h)(3)-1 issued in October 2023. These tables include future mortality improvement of eight years for males and nine years for females with the following adjustments: For ages below 80, the projection period is increased by one year for each year below age 80. For ages above 80, the projection period is reduced (but not below zero) by $^1/_3$ year for each year above 80.

Retirement Rates: 100% for all participants once age 65, normal retirement age, is reached. This is a standard assumption. The subsidies from early retirement provisions are not significant enough to materially increase actuarial present values due to assumed later retirements.

Termination Rates: Small Plan Termination Table based on a 2003 study of pension plan turnover experience conducted by the Society of Actuaries. This is a standard assumption for plans of the Plan's population size. Sample rates are shown below:

Age Nearest Birthday	Termination
40	9.40%
45	7.30%
50	5.60%
55	4.20%
56	4.00%
57	3.70%
58	3.50%
59	3.30%
60	3.00%
61	2.80%
62	2.60%

Marital Status: 80% of males and females are assumed married, with females three years younger than males. These are standard assumptions.

Maximum Benefit: $280,000 for 2025.

Maximum Salary: $350,000 for 2025.

Schedule SB Attachment (Form 5500) – 2025 Plan Year
Mennel Toledo Union Pension Plan
EIN: 34-4302060 PN: 100
For Plan Year Ending December 31, 2025
Schedule SB Part V – Statement of Actuarial Assumptions/Methods

Form of Payment: It has been assumed benefits will be paid in the normal annuity forms (single life annuity for single participants and 50% Joint & Survivor Annuity with Pop-up for married participants) applicable to the particular benefit. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method. Other optional forms are roughly actuarially equivalent on the valuation basis, so no significant gains or losses are anticipated.

Decrement Timing: Decrements are assumed to occur at the middle of the year, except that 100% retirement is assumed to occur at the beginning of the year.

Data Assumptions: Employee census data as of November 1, 2025 submitted by the Company and financial data provided by the Trustee. No data assumptions were made.

Actuarial Value of Plan Assets for Funding Purposes: The actuarial value of assets is equal to the fair value of assets (including discounted employer contributions receivable) on the valuation date.

Shortfall Amortization Charge for ERISA Funding Purposes: Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 15-year period beginning with such plan year.

Schedule SB Attachment (Form 5500) – 2025 Plan Year
Mennel Toledo Union Pension Plan
EIN: 34-4302060 PN: 100
For Plan Year Ending December 31, 2025
Schedule SB Part V – Statement of Actuarial Assumptions/Methods

Actuarial Cost Method: The unit credit cost method is used for ERISA Funding Target (FT). Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

Schedule SB Attachment (Form 5500) – 2025 Plan Year
Mennel Toledo Union Pension Plan
EIN: 34-4302060 PN: 100
For Plan Year Ending December 31, 2025
Schedule SB Part V – Statement of Actuarial Assumptions/Methods

Disclosure of Reliance on Models:

ProVal valuation software was used to develop the liabilities, financial results, and contribution calculations. ProVal, developed by Winklevoss Technologies, has been reviewed by experts at Fidelity Workplace Investing, LLC and deemed appropriate to use for this purpose. Participant data, assumptions, methods and plan provisions for this Plan were entered and programmed into ProVal and reviewed for completeness.

The discount rate assumption is set using the Fidelity Bond Model. The Fidelity Bond Model constructs a customized portfolio of high-quality bonds whose annual cash flows cover the expected benefit payments of the plan and determine the yield of the portfolio. This excel model has been reviewed by experts at Fidelity Workplace Investing, LLC and deemed appropriate to use for this purpose.

The expected return on assets is reviewed for reasonability using the Fidelity Mean Variance Model. The model combines (1) a forward-looking capital markets model, developed by the Institutional Solutions team within Fidelity's Global Asset Allocation Division and (2) the sponsor's current policy mix (also referred to as "target allocation") of plan assets. The output of that combination is a distribution of expected long term, forward-looking, average annual asset returns for the plan sponsor's multi-asset class portfolio. The model has been reviewed by experts at Fidelity Workplace Investing, LLC and deemed appropriate to use for this purpose.

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 11/01/2025 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
Mennel Toledo Union Pension Plan

B Three-digit plan number (PN) ▶ 100

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
The Mennel Milling Company

D Employer Identification Number (EIN)
34-4302060

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

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

Part I Basic Information

1 Enter the valuation date: Month 11 Day 01 Year 2025

2 Assets:

a Market value	**2a**	0
b Actuarial value	**2b**	0

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	0	0	0
b For terminated vested participants	0	0	0
c For active participants	59	0	0
d Total	59	0	0

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**	5.65%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2,120
c Target normal cost	**6c**	2,120

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

Lauren E. Klein LEK
Signature of actuary

10/12/2026
Date

LAUREN KLEIN
Type or print name of actuary

2609168
Most recent enrollment number

FIDELITY INVESTMENTS
Firm name

312-730-1780
Telephone number (including area code)

233 South Wacker Drive
Suite 4850
Chicago IL 60606
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 0.00%	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)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 0.00%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	100.00%
15	Adjusted funding target attainment percentage	15	100.00%
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	100.00%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	0.00%

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
05/21/2026	28,867	0			
			Totals ► 18(b)	28,867	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	28,006

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.81 %	5.31 %	5.69%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	2
22 Weighted average retirement age	**22**	65

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**	2,120
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2,120

	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**	2,120
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	28,006
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	25,886
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
Mennel Toledo Union Pension Plan
For Plan Year Ending December 31, 2025
EIN: 34-4302060 PN: 100

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

Retirement Rates: 100% for all participants once age 65, normal retirement age, is reached.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2) x (3)	(5) Weighted Age (1) x (4)
65	24.4887	1.0000	24.4887	1,591.7635
Total			24.4887	1,591.7635
Average				65.00

Schedule SB Attachment (Form 5500) – 2025 Plan Year
Mennel Toledo Union Pension Plan
EIN: 34-4302060 PN: 100
For Plan Year Ending December 31, 2025
Schedule SB Part V – Summary of Plan Provisions

Name of Plan: Mennel Toledo Union Pension Plan

Employer Identification Number/Plan Number: 34-4302060/100

Effective Date: November 1, 2025. The Plan's Participants previously actively participated in the Mondelēz Global LLC Hourly Retirement Plan (the "Prior Plan") under a former plan sponsor, Mondelēz Global (the "Prior Employer"). The intention of the Plan is to provide a full-service accrued benefit based on all service and earnings with the Prior Employer and the Company as if the sale had not occurred, but then offset by the amount of the frozen accrued benefit under the Prior Plan as of the Sale Date, November 1, 2025.

Participants: Any person that was participating in the Prior Plan and became an Employee of the Company after the Sale Date is an Eligible Employee and Participant in the Plan.

Participation Date: After the Sale Date, an Eligible Employee shall become a Participant in the Plan as of the last day of the twelve month period or plan year after having worked at least 1,000 hours during the first year of employment or any subsequent calendar year with the Company. Any Hours of Service for any period prior to the Sale Date as part of the Prior Plan will be taken into account. Only Eligible Employees covered under the Flour Mills CBA are eligible to participate in the Plan regardless of Hours of Service.

Definitions:

Vesting service: Vesting Service means the sum of (a) and (b) as follows:

a. All Years of Service credited to an Employee on or after the Sale Date
b. All Years of Vesting Service credited to an Employee under the Prior Plan rendered prior to the Sale Date.

Years of Service are defined as years after January 1, 2025 for which an Employee has been credited with at least 1,000 Hours of Service. Any Years of Vesting Service (defined and determined under the Prior Plan) prior to the Sale Date will also be credited as Years of Vesting Service.

Schedule SB Attachment (Form 5500) – 2025 Plan Year
Mennel Toledo Union Pension Plan
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For Plan Year Ending December 31, 2025
Schedule SB Part V – Summary of Plan Provisions

Vesting: A Participant's vesting status is determined based on the following schedule:

Years of Vesting Service	**Non-forfeitable Percentage**
Less than 5	0%
5 or more	100%

A participant will be considered 100% vested in their Normal Retirement Benefit once they reach Normal Retirement Age, regardless of whether they have completed 5 years of vesting service.

Credited service: Credited Service means the sum of (a) and (b) as follows:

a. All Years of Service credited to an Employee on or after the Sale Date
b. All Years of Credited Service credited to an Employee under the Prior Plan rendered prior to the Sale Date.

Years of Service are defined as years after January 1, 2025 for which an Employee has been credited with at least 1,000 Hours of Service. Any Years of Credited Service (defined and determined under the Prior Plan) prior to the Sale Date will also be credited as Years of Credited Service.

Pensionable pay: Earnings provided by the Company which includes regular pay, overtime, vacation and holiday pay, sick pay, performance-related cash awards, bonuses, incentives, and commissions. Earnings shall exclude termination bonuses or severance payments, deferred bonuses and other amounts deferred under a nonqualified deferred earnings plan or an executive deferral plan, dividends or stock, cash payments or stock distribution made under a restricted stock plan, equity grants or awards, sign on bonuses and attendance bonus or cash award, earnings in any form paid for periods after the Termination Date, long-term incentive earnings, overseas and relocation allowances and reimbursements, long-term disability benefits, holiday pay for laid-off Employees, and imputed income and all other forms of extra earnings.

Final Average Earnings: The greater of (a) or (b) as follows:

(a) Consecutive 60 Month Final Average Earnings calculated by averaging the Participant's Average Monthly Earnings of the last 60 consecutive elapsed months of Service (or if shorter, the Participant's full period of Service)
(b) High 5 of Past 10 Calendar Year Final Average Earnings calculated as the average of the highest five consecutive calendar years of pensionable pay during the ten-year period preceding termination.

Pensionable pay earned under the Prior Plan is included in the Final Average Earnings calculation.

Social Security Benefit: An amount equal to the annual Social Security benefit payable at age 65 (or age 62 if Early Retirement Eligible) under the provisions of Title II of the Social Security Act at the time of benefit determination. This amount is based on actual earnings and the participant's current base salary projected backwards based on the change in the average wage base.

Prior Plan Benefit: The Accrued Benefit amount earned under the Prior Plan as of the Sale Date. This amount is adjusted for early or vested retirement.

Alternative Minimum Benefit: The floor of the Accrued Benefit calculated as $24 per month multiplied by years of Credited Service (not including Prior Plan Credited Service and up to 25 years) plus $12 per month multiplied by years of Credited Service (not including Prior Plan Credited Service) from 25 to 40 years. This amount is adjusted for early or vested retirement. Social Security offset does not apply for the Alternative Minimum Benefit.

Frozen Alternative Minimum Benefit: The Alternative Minimum Benefit earned under the Prior Plan as of the Sale Date. This amount is adjusted for early or vested retirement.

Service Fraction: A fraction with the numerator equal to actual years of Credited Service at termination and the denominator of total Projected Years of Credited Service at Normal Retirement Date.

Normal Retirement Date (NRD): The participant's 65th birthday. A Participant with at least 5 years of Vesting Service but fewer than 10 years of Credited Service is not allowed to commence earlier than their NRD.

Schedule SB Attachment (Form 5500) – 2025 Plan Year
Mennel Toledo Union Pension Plan
EIN: 34-4302060 PN: 100
For Plan Year Ending December 31, 2025
Schedule SB Part V – Summary of Plan Provisions

Eligibility for and Calculation of Accrued Benefits

Normal Retirement Benefit (Formula 1):

Eligibility: Retirement on NRD when terminating with at least 15 years of Credited Service.

Benefit: [(A) x (B) minus (C)] minus (D), subject to (E)

(A) 1.5% multiplied by Credited Service up to 25 years PLUS 1.25% multiplied by Credited Service over 25 years but not more than 40 years
(B) Final Average Earnings
(C) 1.25% multiplied by years of Credited Service (up to 40 years) multiplied by the Social Security Benefit
(D) Prior Plan Benefit
(E) Alternative Minimum Benefit *less* the Frozen Alternative Minimum Benefit

Normal Retirement Benefit (Formula 2):

Eligibility: Retirement on NRD when terminating with less than 15 years of Credited Service, but at least 5 years of Vesting Service.

Benefit: { [(A) x (B) minus (C)] x (F) } minus (D), subject to (E)

(A) 1.5% multiplied by Credited Service up to 25 years PLUS 1.25% multiplied by Credited Service over 25 years but not more than 40 years
(B) Final Average Earnings
(C) 1.25% multiplied by years of Credited Service (up to 40 years) multiplied by the Social Security Benefit
(F) Service Fraction
(D) Prior Plan Benefit
(E) Alternative Minimum Benefit *less* the Frozen Alternative Minimum Benefit

Schedule SB Attachment (Form 5500) – 2025 Plan Year
Mennel Toledo Union Pension Plan
EIN: 34-4302060 PN: 100
For Plan Year Ending December 31, 2025
Schedule SB Part V – Summary of Plan Provisions

Early Retirement Benefit:

Eligibility: The first day of the month coincident with or next following attainment of 15 years of Credited Service and termination on or after attainment of Age 55.

Benefit: [{ (A) x (B) x *ERF* }, minus (C)] minus { (D) x *ERF* }, subject to { (E) x *ERF* }

(A) 1.5% multiplied by Credited Service up to 25 years PLUS 1.25% multiplied by Credited Service over 25 years but not more than 40 years
(B) Final Average Earnings
(C) 1.25% multiplied by years of Credited Service (up to 40 years) multiplied by the Social Security Benefit
(D) Prior Plan Benefit
(E) Alternative Minimum Benefit *less* the Frozen Alternative Minimum Benefit

Early Retirement Factor (ERF): A reduction factor equal to 5% per year for each year that benefit payments are prior to age 62 (or 0.417 of 1% for each month). The ERF is equal to 100% (an unreduced benefit) on or after age 62.

Vested Pension Benefit:

Eligibility: The first day of the month coincident with or next following attainment of 10 years of Credited Service (but fewer than 15 years of Credited Service) and termination before attainment of Age 65.

Benefit: { [{ (A) x (B) x *VRF* } minus (C)] x (F) } minus { (D) x *VRF* }, subject to { (E) x *VRF* }

(A) 1.5% multiplied by Credited Service up to 25 years PLUS 1.25% multiplied by Credited Service over 25 years but not more than 40 years
(B) Final Average Earnings
(C) 1.25% multiplied by years of Credited Service (up to 40 years) multiplied by the Social Security Benefit
(D) Service Fraction
(E) Prior Plan Benefit
(F) Alternative Minimum Benefit *less* the Frozen Alternative Minimum Benefit

Vested Pension Reduction Factor (VRF): A reduction factor equal to a rate 0.5555% per month prior to age 65, at a maximum of 33.33% (60 total months), and a rate of 0.2778% per month for each month prior to age 60, or a total reduction of 50% if commencement is first day of month following age 55.

Schedule SB Attachment (Form 5500) – 2025 Plan Year
Mennel Toledo Union Pension Plan
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For Plan Year Ending December 31, 2025
Schedule SB Part V – Summary of Plan Provisions

Postponed Retirement Benefit:

Eligibility: Retirement after NRD.

Benefit: Applicable Normal Retirement Benefit as of NRD with postponed retirement factor increase based on the actuarial equivalence described below.

Pre-Retirement Death Benefit:

Eligibility: Death of a married participant who has completed at least 5 years of Vesting Service.

Benefit: The Qualified Preretirement Survivor Annuity (QPSA) shall be equivalent to the 50% survivor portion of the participant's 50% Joint and Survivor Annuity on their Normal Retirement date. The QPSA shall be payable as of the date the Participant would have attained Normal Retirement Age, unless the Spouse elects an earlier distribution, and shall be paid in the form of a life annuity.

Post-Retirement Death Benefit: Benefits will be paid to the designated Beneficiary Based on the form of payment elected at retirement.

Schedule SB Attachment (Form 5500) – 2025 Plan Year
Mennel Toledo Union Pension Plan
EIN: 34-4302060 PN: 100
For Plan Year Ending December 31, 2025
Schedule SB Part V – Summary of Plan Provisions

Forms of Payment:

Normal form (single participants)	Single life annuity.
Normal form (married participants retiring on or after NRD)	Actuarially reduced 50% joint and survivor Pop-Up annuity with spouse as beneficiary.
Normal form (married participants retiring before NRD)	The amount due to the Participant is equal to the amount that would be payable under a Single Life Annuity (without any reduction for the Spouse's survivor annuity) and Survivor Annuity payments to their Spouse shall be equal to 50% of the amount payable to the Participant.
Optional forms:	(1) Single life annuity (2) Joint and survivor annuity (25%, 75%, or 100%), available to married participants (3) Special joint and survivor annuity with pop-up (25%, 50%, or 100%), available to married participants (4) Social Security leveling income option, after age 55 but before age 62

If the lump sum Actuarial Equivalent of the Single Life Annuity otherwise payable is $7,000 or less, a non-elective single sum will be paid to the Participant upon termination or Surviving Spouse upon death. If vested interest exceeds $1,000 and no elections are made, distribution will be rolled over to an IRA designated by the plan administrator.

Schedule SB Attachment (Form 5500) – 2025 Plan Year
Mennel Toledo Union Pension Plan
EIN: 34-4302060 PN: 100
For Plan Year Ending December 31, 2025
Schedule SB Part V – Summary of Plan Provisions

Actuarial Equivalence:

1. For purposes of determining a Lump Sum form of payment as the Actuarial Equivalent of the Single Life Annuity, Actuarial Equivalent shall be determined on the basis of:
    a. Mortality Table: The mortality table promulgated by the IRS under Section 417(e)(3) as in effect on the first day of the plan year in which Participant's distribution is made.
    b. Interest Rate: The applicable interest rate promulgated by the IRS under Code Section 417(e)(3)(C) for the November preceding the January 1 plan year in which Participant's distribution is made.
2. For purposes of determining an optional annuity form of payment as the Actuarial Equivalent of the Single Life Annuity, Actuarial Increase for late retirement of Terminated Vested and Retired Deferred Participants, Actuarial Equivalent shall be determined on the basis of:
    a. Mortality Table: 1984 U.P. mortality table adjusted to a unisex basis for a population
    b. Interest Rate: 10.5%

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: No future plan changes were recognized in determining pension cost or in determining minimum and maximum contribution