

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 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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 <u>CO-OP 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>031</u>
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) <u>LAND O' LAKES, INC.</u> <u>P.O BOX 64101</u> <u>MS 1086</u> <u>ST. PAUL, MN 55164-0101</u>	1c Effective date of plan <u>05/01/2019</u> 2b Employer Identification Number (EIN) <u>41-0365145</u> 2c Plan Sponsor's telephone number <u>651-375-2222</u> 2d Business code (see instructions) <u>115110</u>

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.	10/08/2025	JULIE SEXTON
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	570
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	392
	6a(2)	370
	6b	19
	6c	172
	6d	561
	6e	1
	6f	562
	6g(1)	565
6g(2)	561	
6h	99	
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 Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 4
- (4) **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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan CO-OP 401(K) PLAN		B Three-digit plan number (PN) ▶ 031
C Plan sponsor's name as shown on line 2a of Form 5500 LAND O' LAKES, INC.		D Employer Identification Number (EIN) 41-0365145

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

1 Coverage Information:

(a) Name of insurance carrier
AMERICAN GENERAL LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
25-0598210	60488	1666920	562	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ **SYNTHETIC WRAP CONTRACT**

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	14032
	7c(4)	
	7c(5)	27240
	▶ BOOK VALUE ADJUSTMENT	
(6) Total additions	7c(6)	41272
d Total of balance and additions (add lines 7b and 7c(6))	7d	41272
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	41263
▶ BOOK VALUE ADJUSTMENT		
(5) Total deductions	7e(5)	41263
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	9

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan CO-OP 401(K) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>031</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 LAND O' LAKES, INC.</p>	<p>D Employer Identification Number (EIN) 41-0365145</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
PACIFIC LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-1079000	67466	G-027795	562	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	0	
c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	14698	
	7c(4)		
	7c(5)	28200	
	▶ CASH DEPOSIT		
(6) Total additions	7c(6)	42898	
d Total of balance and additions (add lines 7b and 7c(6))	7d	42898	
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	42898
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	
▶			
(5) Total deductions	7e(5)	42898	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan CO-OP 401(K) PLAN		B Three-digit plan number (PN) ▶ 031
C Plan sponsor's name as shown on line 2a of Form 5500 LAND O' LAKES, INC.		D Employer Identification Number (EIN) 41-0365145

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

1 Coverage Information:

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	062491	562	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

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

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

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

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

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	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	0	
c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	14634	
	7c(4)		
	7c(5)	28196	
	▶ BOOK VALUE ADJUSTMENT		
(6) Total additions	7c(6)	42830	
d Total of balance and additions (add lines 7b and 7c(6))	7d	42830	
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	42830
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	
▶			
(5) Total deductions	7e(5)	42830	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan CO-OP 401(K) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>031</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 LAND O' LAKES, INC.</p>	<p>D Employer Identification Number (EIN) 41-0365145</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA PREMIER LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
52-0419790	66281	MDA01360TR	562	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ **SYNTHETIC WRAP CONTRACT**

b Balance at the end of the previous year	7b	40477
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	13305
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	13305
d Total of balance and additions (add lines 7b and 7c(6))	7d	53782
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	38972
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	14810

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan CO-OP 401(K) PLAN	B Three-digit plan number (PN) ▶	031
C Plan sponsor's name as shown on line 2a of Form 5500 LAND O' LAKES, INC.	D Employer Identification Number (EIN) 41-0365145	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CHARLES SCHWAB & CO., INC.

94-1737782

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

CHARLES SCHWAB INVESTMENT MGMT

94-3106735

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

GALLIARD CAPITAL MANAGEMENT

41-1813702

(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

(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

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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)

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 59 64	NONE	7109	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>CO-OP 401(K) PLAN</u>	B Three-digit plan number (PN)	<u>031</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LAND O' LAKES, INC.</u>	D Employer Identification Number (EIN) <u>41-0365145</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK SHORT-TERM INVESTMENT FUN</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>		
c EIN-PN <u>41-6262499-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>80012</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CO-OP 401(K) PLAN	B Three-digit plan number (PN) ▶ 031
C Plan sponsor's name as shown on line 2a of Form 5500 LAND O' LAKES, INC.	D Employer Identification Number (EIN) 41-0365145

Part I	Asset and Liability Statement
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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	249	732
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions		
(2) Participant contributions		
(3) Other		
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		
(2) U.S. Government securities	526572	664567
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	328600	283573
(B) All other	721517	733086
(4) Corporate stocks (other than employer securities):		
(A) Preferred		
(B) Common		
(5) Partnership/joint venture interests		
(6) Real estate (other than employer real property)		
(7) Loans (other than to participants)		
(8) Participant loans	164868	464797
(9) Value of interest in common/collective trusts	45081	80012
(10) Value of interest in pooled separate accounts		
(11) Value of interest in master trust investment accounts		
(12) Value of interest in 103-12 investment entities		
(13) Value of interest in registered investment companies (e.g., mutual funds)	18279997	22193766
(14) Value of funds held in insurance company general account (unallocated contracts)		
(15) Other		79217

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	20066884	24499750
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1415	1531
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1415	1531
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	20065469	24498219

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)	1834558	
(B) Participants.....	2a(1)(B)	1924598	
(C) Others (including rollovers).....	2a(1)(C)	34028	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		3793184
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	21698	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		21698
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	780665	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		780665
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2064
(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)		1375092
c Other income	2c		134418
d Total income. Add all income amounts in column (b) and enter total	2d		6107121

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1658637	
(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)		1658637
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)	12617	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	3117	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		15734
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1674371

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4432750
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) 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) 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: GRANT THORNTON

(2) EIN: 36-6055558

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:

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.)

	Yes	No	Amount
4a	X		3806

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		1000000
-----------	---	--	---------

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

4f		X	
-----------	--	---	--

g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?

4g		X	
-----------	--	---	--

h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?

4h		X	
-----------	--	---	--

i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)

4i	X		
-----------	---	--	--

j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)

4j		X	
-----------	--	---	--

k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

4k		X	
-----------	--	---	--

l Has the plan failed to provide any benefit when due under the plan?

4l		X	
-----------	--	---	--

m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

4m		X	
-----------	--	---	--

n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.

4n			
-----------	--	--	--

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes 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.) Yes No Not determined

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>CO-OP 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>031</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LAND O' LAKES, INC.</u>	D Employer Identification Number (EIN) <u>41-0365145</u>	

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): 82-3967259

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	
---	--

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702334A.

Financial Statements and Report of
Independent Certified Public
Accountants

Co-op 401(K) Plan (51CLWI)

December 31, 2024 and 2023

Contents

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Plan Administrator and Plan Participants
Co-op 401(k) Plan (51CLWI)

Scope and nature of the ERISA Section 103(a)(3)(C) audit

We have performed audits of the financial statements of Co-op 401(k) Plan (51CLWI) (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, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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, 2024 and 2023, 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for opinion

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

Responsibilities of management for the financial statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 the 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 US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 matters – supplemental schedules required by ERISA

The supplemental schedules of delinquent participant contributions for the year ended December 31, 2024 and assets (held at end of year) as of December 31, 2024 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 supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included 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 US GAAS. For information included in the supplemental schedule that agreed to or is derived from

the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, is 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, is 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).

Grant Thornton LLP

Chicago, Illinois
October 7, 2025

Co-op 401(K) Plan (51CLWI)

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	<u>2024</u>	<u>2023</u>
ASSETS		
Non interest-bearing cash	\$ 732	\$ 249
Investments, at fair value	22,273,778	18,279,785
Investments, at contract value	1,758,912	1,704,866
Notes receivable from participants	<u>464,797</u>	<u>164,868</u>
Total assets	<u>24,498,219</u>	<u>20,149,768</u>
LIABILITIES		
Other liabilities	<u>-</u>	<u>1,415</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 24,498,219</u>	<u>\$ 20,148,353</u>

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

Co-op 401(K) Plan (51CLWI)

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31,

	2024	2023
Investment income		
Interest and dividends	\$ 780,665	\$ 546,309
Net appreciation of investments	1,428,690	1,924,597
Net investment income	2,209,355	2,470,906
Interest income on notes receivable from participants	21,698	9,495
Contributions		
Employee	1,924,598	1,893,783
Employer	1,834,558	1,842,738
Rollover	34,028	21,836
Total contributions	3,793,184	3,758,357
Total additions	6,024,237	6,238,758
Benefit payments to participants	(1,658,637)	(1,625,379)
Administrative expenses	(15,734)	(14,135)
NET INCREASE IN NET ASSETS	4,349,866	4,599,244
Beginning of year	20,148,353	15,549,109
End of year	\$ 24,498,219	\$ 20,148,353

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

Co-op 401(K) Plan (51CLWI)

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The Co-op 401(k) Plan (51CLWI) (the Plan) is a profit sharing and savings plan sponsored by Land O'Lakes, Inc. (the Plan Administrator, the Company, or the Employer). The Company is a national, farmer owned food and agricultural cooperative. The Company does business in all 50 states and more than 60 countries. It is a leading marketer of a full line of dairy based consumer, foodservice, and food ingredient products across the United States; serves its international customers with a variety of food and animal feed ingredients; and provides farmers and ranchers with an extensive line of agricultural supplies (feed, seed, and crop protection products) and services. The Company also provides agricultural assistance and technical training in more than 25 developing nations. The Plan was established on May 1, 2019 and was last restated effective January 1, 2021. The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan document for more complete information. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Eligibility

Under the terms of the Plan, employees who are members of the following collective bargaining agreements (CBA) are eligible to participate in the Plan:

- Milk Products, LLC Chilton, Wisconsin and Teamsters Chauffeurs, Warehousemen and Helpers Local No 662 affiliated with the International Brotherhood of Teamsters (the Chilton Teamsters)
- Land O'Lakes, Inc. Kiel, Wisconsin and the International Brotherhood of Teamsters, Local No. 662 (the Kiel Teamsters)
- Land O'Lakes Dairy Foods Division, Spencer, Wisconsin and General Teamsters Union, Local No. 662 (the Spencer Teamsters)

Each union member of the Land O'Lakes, Inc. Central Teamsters Local No. 662 becomes eligible for the Plan after 1 day of service. Employees from Land O'Lakes who are exempt from participating in the Plan include non-union employees, leased employees and other union employees not under the collective bargaining agreement listed above. Employees under the CBA can participate in the Plan immediately once eligible. Full-time employees become eligible immediately, and part-time employees become eligible upon one year of eligible service.

Contributions

Participants may make before tax and/or Roth contributions, dependent upon salary. Participants can contribute up to 50% of their eligible compensation. Participants who have attained age 50 before the Plan year, are eligible for catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 6% of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant.

The Plan has two Employer contribution formulas (Employer matching contributions and non-elective contributions). Employer matching contributions equal to 100% of the first 3% of eligible compensation, plus 50% of the next 2% of eligible compensation. The total amount of the Employer matching contributions was \$865,017 for 2024 and \$864,313 for 2023.

Co-op 401(K) Plan (51CLWI)

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

Eligible participants also receive non-elective contributions called Company Retirement Contributions (CRC). The CRC is a biweekly contribution of 3%, 4%, or 5% of compensation based on age and years of service. The total amount of CRC was \$969,541 and \$978,425 for the years ended December 31, 2024 and 2023, respectively.

Forfeitures

At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$31,290 and \$16,879, respectively. These accounts will be used to reduce future Company contributions and pay Plan expenses. For the years ended December 31, 2024 and 2023, Company contributions were reduced by forfeited nonvested accounts totaling \$226,118 and \$211,454, respectively.

Investments

Participants may invest their contributions in 1% increments. Participants may change their investment selection and contribution percentages on a daily basis. Investment earnings (losses) are allocated daily to participants' accounts in the proportion that each account bears to the total of all accounts.

Payment of Benefits

Participants may withdraw 100% of their contributions and allocated earnings (losses) thereon upon termination of employment. Employer's contributions and allocated earnings (losses) thereon become vested as described on page nine. The vested portion of Employer's contributions and allocated earnings (losses) thereon may be withdrawn by the participant upon termination. Participants may withdraw their contributions and allocated earnings (losses) thereon while active in the Plan with certain restrictions, as specified in the Plan document.

The full value of the participant's vested account is payable upon normal retirement date, death and disability. If the participant's vested account balance does not exceed \$1,000 at termination, a lump-sum distribution, net of tax, is made. If the participant's vested balance exceeds \$1,000 at termination, the participant could elect to receive a lump-sum distribution, net of tax, non-periodic payments or installment payments. Distributions must begin by April 1 of the year following the year the participant turns age 72. In-service withdrawals from a participant's rollover account are available in accordance with the Plan document. Participants who have attained age 59½ can also make in-service withdrawals. Hardship withdrawals are also available under the Plan.

Participant Accounts

Each participant's account is credited with the participant's contributions (elective deferral, catch up and rollover) and allocations of the Company's contributions (matching and discretionary) and Plan earnings and losses. Plan earnings and losses are allocated to each participant by investment fund based on that participant's share of total investments. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. The benefit to which a participant is entitled is the vested portion of the participant's account.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Notes are secured by the balance in the participant's vested account and bear interest at prime rate plus 1%, as determined monthly by the Plan Administrator. Principal and interest are paid ratably through biweekly payroll deductions. Participants are allowed to have one outstanding loan at a time. Notes must be repaid in five years unless used to purchase a primary residence, in which case the loan can be repaid in 15 years.

Co-op 401(K) Plan (51CLWI)

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

Plan Termination

While the Employer has not expressed any intent to terminate the Plan, it may do so at any time. Upon termination, all participant accounts will become 100% vested in their accounts.

Vesting

Participants are immediately vested in their contributions, plus earnings thereon. Vesting in Employer contributions including earnings thereon, is based upon years of service. A participant is 100% vested upon three years of service. Participants become 100% vested if they are employed when they reach normal retirement date (age 65) or leave employment due to permanent disability, or death.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Risks and Uncertainties

The Plan provides for investment in a variety of investment options. Investments in general are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value, with the exception of the Co-op Stable Asset Fund, which is at contract value. The fair value of a financial instrument is the amount 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 exit price). See Note 5 for discussion of fair value measurements.

The Co-op Stable Asset Fund held by the Plan is reported at contract value in the Statements of Net Assets Available for Benefits. Contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. See Note 6 for discussion of the Co-op Stable Asset Fund.

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.

Co-op 401(K) Plan (51CLWI)

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

Net Appreciation (Depreciation) in Fair Value of Investments

Net appreciation (depreciation) in fair value of investments represents the net realized gains (losses) and the net unrealized appreciation (depreciation) of investments. Realized gains (losses) are the differences between the proceeds received and either the cost of the investments sold, determined on an average cost basis, or fair value at the end of the preceding year, whichever is applicable. Net unrealized appreciation (depreciation) is the change in the difference between fair value and the cost of investments or fair value at the end of the preceding year, whichever is applicable.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Delinquent notes are reclassified as distributions based upon the terms of the Plan document.

Benefit Payments

Benefit payments are recorded when paid.

Administrative Expenses

Monthly record keeping and trustee expenses are paid by the Plan. All other expenses are paid by the Company. Expenses that are paid by the Company are excluded from these financial statements.

Reclassification

The Co-op Stable Asset Fund was previously disclosed as a collective fund, at fair value in the statements of net assets available for benefits. It was determined that the Co-op Stable Asset Fund should be reported at contract value as noted above and in Note 6. Accordingly, the Co-op Stable Asset Fund, which was previously reported at fair value, has been reclassified and reported at contract value in the statements of net assets available for benefits to conform to the current year presentation. The fair value leveling table in Note 5 has also been updated to remove the previously reported amount as of December 31, 2023.

NOTE 3 - FEDERAL INCOME TAX STATUS

The Plan has adopted the Milliman Volume Submitter Profit Sharing Plan with Cash or Deferred Arrangement (CODA) prototype plan. The Internal Revenue Service (IRS) has determined and informed Milliman, by letter dated June 30, 2020, that the prototype plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended and restated since receiving the opinion letter. However, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

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

NOTE 4 - INFORMATION CERTIFIED BY THE TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520,103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, Charles Schwab Bank has certified that the following data included in the

Co-op 401(K) Plan (51CLWI)

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

accompanying financial statements and supplemental schedule is complete and accurate, except for the underlying investments of the Co-op Stable Asset Fund reported on the schedule of assets:

- Investments, at fair value, investments, at contract value, and notes receivable from participants, as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023.
- Investment income and interest income on notes receivable from participants, as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2024.

NOTE 5 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 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 prices that are observable for the asset or liability; and
- 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.

The asset's 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.

The following methodologies and assumptions were used to estimate the fair values. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Mutual funds - The fair values are based on quoted market prices.

Collective investment trusts - Valued at the asset value per unit as determined by the collective trust as of the valuation date. The unit values are determined based upon the fair value of the underlying assets. Valued at the Net Asset Value (NAV) of units of a bank collective trust. The NAV, as provided

Co-op 401(K) Plan (51CLWI)

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

by the trustee, is used as practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. The collective trust has a daily redemption frequency and an annual redemption notice period. There are no unfunded commitments.

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets carried at fair value measured on a recurring basis as of December 31, 2024 and 2023

	Fair Value Measurement at December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 22,193,766	\$ -	\$ -	\$ 22,193,766
Total assets in the fair value hierarchy	\$ 22,193,766	\$ -	\$ -	22,193,766
Investments measured at NAV as a practical expedient				80,012
Investments, at fair value				\$ 22,273,778
	Fair Value Measurement at December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 18,279,785	\$ -	\$ -	\$ 18,279,785
Total assets in the fair value hierarchy	\$ 18,279,785	\$ -	\$ -	18,279,785
Investments, at fair value				\$ 18,279,785

NOTE 6 - CO-OP STABLE ASSET FUND

The Co-op Stable Asset Fund is a separate account managed by Galliard Capital Management, Inc. The Co-op Stable Asset Fund is a fund available to Co-op 401k plans and the Plan is a participating employer and has made this fund available to the participants. The Plan holds a proportionate share of the Co-op Stable Asset Fund, which is comprised of a portfolio of separate account synthetic guaranteed investment contracts (Synthetic GICs). These contracts meet the fully benefit-responsive investment contract criteria and, therefore, are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants when they initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less withdrawals.

Co-op 401(K) Plan (51CLWI)

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

The Synthetic GICs are issued by insurance companies and backed by a portfolio of bonds. The bond portfolio is structured as a fixed income separate account and is owned by the contract issuer and segregated in a separate account for the benefit of the Plan. The issuer guarantees that all qualified participant withdrawals will be at contract value and that the crediting rate applied will not be less than 0%. Crediting rates are typically reset quarterly to account for the difference between the contract value and the fair value of the underlying portfolio.

If the Plan defaults in its obligations under the contracts, and such default is not corrected within the time permitted by the contract, then the contract may be terminated by the issuer and the Plan will receive the fair value as of the date of termination. Each contract recognizes certain events of default which can invalidate the contracts' coverage. Among these are investments outside of the range of instruments which are permitted under the investment guidelines contained in the investment contract, fraudulent or other material misrepresentations made to the issuer, changes of control of the investment adviser not approved by the contract issuer, changes in certain key regulatory requirements, or failure of the Plan to be tax qualified.

The contracts also generally provide for withdrawals associated with certain events which are not in the ordinary course of Plan operations. These withdrawals are paid with a market value adjustment applied to the withdrawal as defined in the investment contract. Each contract issuer specifies the events which may trigger a market value adjustment. Such events may include, but not be limited to, the following:

- material amendments to the Plan's structure or administration;
- complete or partial termination of the Plan, including a merger with another plan;
- the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA;
- the redemption of all or a portion of the interests in the Plan at the direction of the plan sponsor, including withdrawals due to the removal of a specifically identifiable group of employees from coverage under the plan (such as a group layoff or early retirement incentive program), the closing or sale of a subsidiary, employing unit, or affiliate, the bankruptcy or insolvency of the plan sponsor, the merger of the plan with another plan, or the plan sponsor's establishment of another tax qualified defined contribution plan;
- any change in law, regulation, ruling, administrative or judicial position, or accounting requirement, applicable to the Plan;
- changes to competing investment options;
- the delivery of any communication to plan participants designed to influence a participant not to invest in the stable value option.

At this time, the occurrence of any such market value adjustment event is not probable.

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

Milliman, Inc., the Plan's recordkeeper is also the Co-op Stable Asset Fund's third-party administrator; therefore these transactions qualify as party-in-interest transactions. Notes receivable from participants are also considered party-in-interest transactions and are not prohibited transactions.

Co-op 401(K) Plan (51CLWI)

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2023:

Net assets available for benefits per the financial statements	\$ 20,148,353
Adjustment from contract value to fair value for the Co-op Stable Asset Fund	<u>(82,884)</u>
Net assets available for benefits per the Form 5500	<u>\$ 20,065,469</u>

The following is a reconciliation of net increase in net assets per the financial statements to net income reported in the Form 5500 for the year ended December 31, 2024:

Net increase in net assets available for benefits	\$ 4,349,866
Adjustments from contract value to fair value for the Co-op Stable Asset Fund as of December 31, 2023	<u>82,884</u>
Net income per the Form 5500	<u>\$ 4,432,750</u>

NOTE 9 - SUBSEQUENT EVENTS

The Plan evaluated its December 31, 2024 financial statements for subsequent events through October 7, 2025, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

**Co-op 401(K) Plan (51CLWI)
Employee Savings and Supplemental Retirement Plan**

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year ended December 31, 2024

EIN: 41-0365145, Plan #: 031

Participant Contributions Transferred Late to the Plan**	Total That Constitutes Non-Exempt Prohibited Transactions			Total Fully Corrected Under VFCP* and PTE 2002-51
Check Here if Late Participant Loan Repayments are Included: X	Contributions Not Corrected	Contributions Corrected Outside of VFCP*	Contributions Pending Correction in VFCP*	
\$ 3,806	\$ -	\$ 3,806	\$ -	\$ -

* Voluntary Fiduciary Correction Program (VFCP).

** Late participant contributions for the year ended December 31, 2024.

Co-op 401(K) Plan (51CLWI)

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

December 31, 2024

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost**	(e) Current Value
	Mutual Funds			
		Allspring Special SMCAP		\$ 107,687
		Artisan International Instl		10,384
		Dodge & Cox Intl Stock Fund X		66,785
		JP Morgan Mid Cap Value R6		120,801
		NYLI Winslow Large Cap Growth Fd		544,049
		PIMCO Total Return Fund Instl Class		2,864,215
		T Rowe Price Mid-Cap Growth Fund		409,259
		Vanguard Explorer FD Admiral Shares		187,880
		Vanguard Instl Index Instl PL		5,470,431
		Vanguard Infl Protected Secs Fdisnts		1,734
		Vanguard Intl Growth Admiral Class		46,635
		Vanguard Small-Cap Index Instl		3,465,865
		Vanguard Total BD Mkt Index Instl SH		2,909,091
		Vanguard Total Stock Index Instl		5,587,635
		Vanguard Wellington Admiral Shares		151,899
		Vanguard Windsor II Admiral Shares		249,416
		Total Mutual Funds		22,193,766
	Collective Investment Trusts			
		SEI Trust Company Short-Term Investment Fund II		63,842
		SEI Trust Company Short-Term Investment Fund A S		16,170
		Total Collective Investment Trusts		80,012
	Co-op Stable Asset Fund			
		Fully benefit-responsive investment contracts (Synthetic GICs)		
		Transamerica Life Insurance Company, Synthetic GIC, 3.46%		17,914
		Pacific Life Insurance Company, Synthetic GIC, 3.45%		20,239
		Prudential Insurance Company of America, Synthetic GIC, 3.44%		20,293
		American General Insurance Company , Synthetic GIC, 3.45%		19,240

Co-op 401(K) Plan (51CLWI)

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

December 31, 2024

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
Co-op Stable Asset Fund (continued)			
	U.S. Government Securities included within Synthetic GICs held		
	Ginnie Mae II pool		\$ -
	Ginnie Mae II pool		3
	Ginnie Mae II pool		15
	Fannie Mae Pool		32
	Freddie Mac Non Gold Pool		41
	United States Small Business Administration		48
	Fannie Mae Pool		51
	Fannie Mae Pool		57
	Fannie Mae Pool		70
	Fannie Mae Pool		72
	Freddie Mac Non Gold Pool		77
	Fannie Mae Pool		78
	Fannie Mae Trust 2004-W8		86
	Freddie Mac Non Gold Pool		97
	Freddie Mac Non Gold Pool		107
	Freddie Mac Non Gold Pool		121
	Freddie Mac Non Gold Pool		123
	United States Small Business Administration		138
	Freddie Mac Non Gold Pool		142
	Fannie Mae Pool		152
	Freddie Mac Multifam Struct PT Cert		154
	Freddie Mac Gold Pool		159
	Freddie Mac Non Gold Pool		160
	Freddie Mac Non Gold Pool		164
	Freddie Mac Non Gold Pool		167
	Freddie Mac Non Gold Pool		172
	Fannie Mae REMIC Trust 2003-W4		185
	United States Small Business Administration		215
	Freddie Mac Non Gold Pool		222
	Fannie Mae Pool		222
	Freddie Mac Non Gold Pool		225
	Fannie Mae Pool		247
	Fannie Mae Pool		257
	Fannie Mae Pool		259
	Fannie Mae Pool		266
	Ulani MSN 35940 LLC		280
	Fannie Mae Grantor Trust 2004-T3		286
	Fannie Mae Pool		287
	Fannie Mae Pool		331
	Fannie Mae Pool		331
	Fannie Mae Pool		339

Co-op 401(K) Plan (51CLWI)

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

December 31, 2024

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Fannie Mae Pool		\$ 340
	Fannie Mae Pool		353
	Freddie Mac Non Gold Pool		368
	Freddie Mac Non Gold Pool		370
	Freddie Mac Gold Pool		371
	Fannie Mae Pool		379
	Freddie Mac Gold Pool		416
	SBA Small Business Investment Cos		436
	Freddie Mac Pool		445
	Fannie Mae Pool		445
	Fannie Mae Pool		459
	Fannie Mae Pool		475
	Fannie Mae Pool		476
	Fannie Mae Pool		476
	Fannie Mae Pool		478
	SBA Small Business Investment Cos		491
	Fannie Mae Pool		500
	United States Small Business Administration		519
	Fannie Mae Pool		533
	Fannie Mae Pool		550
	Fannie Mae Pool		559
	Fannie Mae Pool		575
	Fannie Mae Pool		626
	United States Small Business Administration		630
	Ethiopian Leasing 2012 LLC		661
	Fannie Mae Pool		694
	Fannie Mae Pool		712
	Fannie Mae Pool		786
	SBA Small Business Investment Cos		846
	Freddie Mac Non Gold Pool		869
	Ginnie Mae II pool		873
	Freddie Mac Non Gold Pool		876
	Reliance Industries Ltd		905
	Fannie Mae Pool		977
	Freddie 20-Yr 3.5 GIANT		982
	Fannie Mae Pool		997
	Fannie Mae Pool		1,026
	Fannie Mae Pool		1,205
	United States Small Business Administration		1,223
	Fannie Mae Pool		1,278
	Freddie Mac Gold Pool		1,337
	Freddie Mac Non Gold Pool		1,355

Co-op 401(K) Plan (51CLWI)

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

December 31, 2024

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	SBA Small Business Investment Cos		\$ 1,402
	Freddie Mac Non Gold Pool		1,409
	Freddie Mac Pool		1,418
	Fannie Mae Pool		1,485
	Fannie Mae Pool		1,498
	Freddie Mac Pool		1,523
	Freddie Mac Pool		1,581
	Fannie Mae Pool		1,647
	FN 4.34 MultiFam FWD JAN 2025		1,659
	United States Treasury Note/Bond		1,663
	Fannie Mae Pool		1,692
	Fannie Mae Pool		1,717
	GNMA		1,762
	United States Treasury Note/Bond		1,856
	United States Treasury Note/Bond		1,871
	Fannie Mae Pool		1,879
	SBA Small Business Investment Cos		1,959
	Fannie Mae Pool		1,990
	Freddie Mac Non Gold Pool		2,038
	Fannie Mae Pool		2,062
	Fannie Mae Pool		2,121
	Freddie Mac Pool		2,149
	Fannie Mae Pool		2,154
	Seasoned Credit Risk Transfer Trust Series 2018-3		2,228
	SBA Small Business Investment Cos		2,248
	Fannie Mae Pool		2,399
	Freddie Mac Pool		2,506
	Freddie Mac Pool		2,609
	Fannie Mae Pool		2,690
	Freddie Mac Pool		2,778
	Freddie Mac Pool		2,800
	Fannie Mae Pool		2,801
	Fannie Mae Pool		2,803
	Seasoned Credit Risk Transfer Trust Series 2020-3		2,907
	FN 4.28 MultiFam FWD FEB 2025		2,967
	Seasoned Credit Risk Transfer Trust Series 2020-2		3,016
	Seasoned Credit Risk Transfer Trust Series 2021-2		3,115
	Fannie Mae Pool		3,151
	SBA Small Business Investment Cos		3,177
	Fannie Mae Pool		3,218
	Fannie Mae Pool		3,275
	Freddie Mac Pool		3,281

Co-op 401(K) Plan (51CLWI)

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

December 31, 2024

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Fannie Mae Pool		\$ 3,313
	Freddie Mac Pool		3,350
	FN 4.40 MultiFam FWD JAN 2025		3,394
	SBA Small Business Investment Cos		3,558
	Fannie Mae Pool		3,618
	SBA Small Business Investment Cos		3,710
	Seasoned Credit Risk Transfer Trust Series 2019-3		3,750
	Freddie Mac Pool		3,783
	Fannie Mae Pool		3,855
	Fannie Mae Pool		4,095
	Fannie Mae Pool		4,135
	Fannie Mae Pool		4,170
	Fannie Mae Pool		4,266
	United States Treasury Note/Bond		4,938
	United States Treasury Note/Bond		5,075
	Fannie Mae Pool		5,092
	Fannie Mae Pool		5,161
	SBA Small Business Investment Cos		5,213
	United States Int Dev Finance Corp		5,483
	Fannie Mae Pool		5,541
	United States Treasury Note/Bond		5,565
	United States Treasury Note/Bond		5,601
	United States Treasury Note/Bond		5,669
	United States Treasury Note/Bond		5,746
	Freddie Mac Pool		6,017
	Fannie Mae Pool		6,122
	SBA Small Business Investment Cos		6,256
	Freddie Mac Multifamily Structured PT Cert		6,279
	Fannie Mae Pool		6,475
	Fannie Mae Pool		6,626
	SBA Small Business Investment Cos		6,901
	United States Small Business Administration		6,992
	Freddie Mac Pool		7,442
	United States Treasury Note/Bond		7,525
	United States Treasury Note/Bond		8,358
	United States Treasury Note/Bond		8,374
	United States Treasury Note/Bond		8,516
	United States Treasury Note/Bond		8,527
	United States Treasury Note/Bond		8,592
	Fannie Mae Pool		8,769
	Fannie Mae Pool		8,842
	Fannie Mae Pool		8,919

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

December 31, 2024

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Freddie Mac Non Gold Pool		\$ 8,971
	United States Treasury Note/Bond		9,069
	Fannie Mae Pool		9,169
	United States Treasury Note/Bond		9,244
	United States Treasury Note/Bond		9,253
	Fannie Mae Pool		9,320
	Freddie Mac Pool		9,841
	Fannie Mae Pool		9,852
	Fannie Mae Pool		10,216
	Fannie Mae Pool		10,923
	Fannie Mae Pool		11,136
	United States Treasury Note/Bond		11,554
	SBA Small Business Investment Cos		12,355
	United States Treasury Note/Bond		13,027
	United States Treasury Note/Bond		13,516
	Freddie Mac Pool		15,966
	United States Treasury Note/Bond		17,398
	SBA Small Business Investment Cos		24,918
	United States Treasury Note/Bond		25,685
	United States Treasury Note/Bond		49,727
	Total Government Securities held within Synthetic GICs		664,567
	Co-op Stable Asset Fund (continued)		
	Corporate Debt Instruments - Preferred, included within Synthetic GICs		
	JPMorgan Chase & Co		344
	American Express Co		345
	Dominion Energy South Carolina Inc		424
	Royal Bank of Canada		497
	Corebridge Global Funding		512
	State Street Corp		677
	BMW US Capital LLC		682
	Charles Schwab Corp/The		707
	Morgan Stanley		812
	Mutual of Omaha Cos Global Funding		838
	JPMorgan Chase & Co		839
	Bank of America Corp		840
	Wells Fargo & Co		846
	Consumers Energy Co		853
	Principal Life Global Funding II		854
	American Express Co		865
	Pioneer Natural Resources Co		868
	American Express Co		871

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

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Morgan Stanley		\$ 872
	State of Utah		925
	Goldman Sachs Group Inc/The		955
	San Diego Gas & Electric Co		1,034
	Pacific Life Global Funding II		1,035
	American Express Co		1,127
	Morgan Stanley		1,129
	Northwestern Mutual Global Funding		1,185
	Astrazeneca Finance LLC		1,202
	Alabama Federal Aid Highway Finance Authority		1,259
	Ameren Illinois Co		1,260
	Northwestern Mutual Global Funding		1,269
	Bank of Montreal		1,341
	DTE Electric Co		1,347
	Charles Schwab Corp		1,384
	Corebridge Global Funding		1,408
	Oklahoma Development Finance Authority		1,496
	Toronto-Dominion Bank/The		1,540
	Principal Life Global Funding II		1,553
	Stanford Health Care		1,572
	BMW US Capital LLC		1,651
	MORGAN STANLEY		1,652
	Oklahoma Development Finance Authority		1,655
	Royal Bank of Canada		1,666
	ConocoPhillips Co		1,673
	Oncor Electric Delivery Co LLC		1,679
	New York Life Global Funding		1,697
	Public Service Co of New Hampshire		1,703
	State of Wisconsin		1,750
	Bank of America Corp		1,778
	Wells Fargo & Co		1,795
	Duke Energy Progress LLC		1,828
	Bank of America Corp		1,838
	Mutual of Omaha Cos Global Funding		1,878
	CenterPoint Energy Houston Electric LLC		1,900
	US Bancorp		1,936
	US Bancorp		1,939
	Rochester Gas and Electric Corp		2,020
	Virginia Power Fuel Securitization LLC		2,037
	Toronto-Dominion Bank/The		2,045
	Connecticut Light and Power Co/The		2,059
	Bank of New York Mellon Corp		2,073

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

December 31, 2024

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Royal Bank of Canada		\$ 2,076
	Baylor Scott & White Holdings		2,122
	Oklahoma Development Finance Authority		2,182
	Pfizer Investment Enterprises Pte Ltd		2,182
	Bank of Nova Scotia/The		2,197
	Los Angeles Community College District/CA		2,221
	Massachusetts School Building Authority		2,230
	JPMorgan Chase & Co		2,241
	Alabama Federal Aid Highway Finance Authority		2,256
	Public Service Electric and Gas Co		2,297
	Bank of America Corp		2,314
	Evergy Metro Inc		2,341
	Morgan Stanley		2,344
	Entergy Mississippi LLC		2,377
	US Bancorp		2,387
	East Ohio Gas Co/The		2,485
	DTE Electric Securitization Funding II LLC		2,531
	Mercedes-Benz Finance North America LLC		2,540
	Wells Fargo & Co		2,566
	Wells Fargo & Co		2,571
	Protective Life Global Funding		2,581
	Morgan Stanley		2,591
	CHRISTUS Health		2,849
	Cedars-Sinai Health System		2,862
	Louisiana Local Govt Env Fac. & Comm Dev Auth		2,914
	Metropolitan Life Global Funding I		2,957
	University of California		2,960
	Duke Energy Carolinas LLC		3,063
	Goldman Sachs Group Inc/The		3,083
	Louisiana Local Govt Env Fac. & Comm Dev Auth		3,150
	Metropolitan Life Global Funding I		3,189
	TSMC Global Ltd		3,228
	NTT Finance Corp		3,236
	Advocate Health & Hospitals Corp		3,307
	Commonwealth of Massachusetts		3,322
	Union Electric Co		3,397
	MassMutual Global Funding II		3,404
	Morgan Stanley		3,413
	Desert Community College District		3,444
	Bank of America Corp		3,445
	JPMorgan Chase & Co		3,482
	BP Capital Markets America Inc		3,557

Co-op 401(K) Plan (51CLWI)

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

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EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	JPMorgan Chase & Co		\$ 3,613
	Consumers Energy Co		3,613
	State Street Corp		3,659
	Orlando Health Obligated Group		3,667
	Ascension Health		3,677
	Commonwealth of Massachusetts		3,773
	Sunnyvale School District		3,994
	Goldman Sachs Group Inc/The		4,003
	JPMorgan Chase & Co		4,035
	State of Hawaii		4,269
	Commonwealth Edison Co		4,289
	City of Atlanta GA		4,374
	Texas Electric Market Stabilization Funding N LLC		4,618
	City of St Paul MN Sales & Use Tax Revenue		4,767
	Goldman Sachs Group Inc/The		4,815
	County of Hays TX		5,181
	State of Texas		5,414
	Wells Fargo & Co		5,610
	Bank of America Corp		5,830
	Texas Natural Gas Securitization Finance Corp		6,659
	Total Corporate Debt - Preferred, included within Synthetic GICs		283,573
	Co-op Stable Asset Fund (continued)		
	Corporate Debt Instruments - All Other, included within Synthetic GICs		
	Towd Point Mortgage Trust 2017-5		44
	JPMBB Commercial Mortgage Sec Trust 2014-C26		87
	Vermont Std Asst Corp		181
	Access Group Inc 2013-1		310
	Take-Two Interactive Software Inc		331
	Enbridge Inc		345
	John Deere Owner Trust 2021-B		436
	Motorola Solutions Inc		510
	Lowe's Cos Inc		512
	Enbridge Inc		519
	WEC Energy Group Inc		520
	Honda Auto Receivables 2022-1 Owner Trust		554
	Towd Point Mortgage Trust 2017-6		574
	Equifax Inc		578
	Starbucks Corp		596
	Healthpeak OP LLC		607
	Citigroup Inc		613
	METLIFE SECURITIZATION TRUST 2019-1		615

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

December 31, 2024

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Capital One Financial Corp		\$ 630
	Comcast Corp		651
	PeaceHealth Obligated Group		654
	T-Mobile USA Inc		660
	L3Harris Technologies Inc		663
	Take-Two Interactive Software Inc		677
	Huntington Bancshares Inc/OH		679
	Mid-America Apartments LP		700
	CubeSmart LP		758
	Amphenol Corp		772
	Verizon Communications Inc		780
	Nelnet Student Loan Trust 2021-C		781
	AT&T Inc		797
	CNH Industrial Capital LLC		807
	Prologis LP		831
	Enbridge Inc		837
	Roper Technologies Inc		841
	BX Commercial Mortgage Trust 2024-GPA3		845
	Equifax Inc		849
	Equifax Inc		849
	Ventas Realty LP		851
	FirstEnergy Pennsylvania Electric Co		857
	General Mills Inc		859
	Americredit Automobile Receivables Trust 2022-1		861
	Aon Corp / Aon Global Holdings PLC		969
	ONEOK Inc		992
	Transcontinental Gas Pipe Line Co LLC		994
	Towd Point Mortgage Trust 2019-HY1		1,000
	Agilent Technologies Inc		1,012
	Carrier Global Corp		1,015
	M&T Bank Corp		1,017
	Boeing Co/The		1,022
	Nutrien Ltd		1,023
	T-Mobile USA Inc		1,028
	Aon Corp / Aon Global Holdings PLC		1,032
	Johnson Controls / Tyco Fire Security Finance		1,040
	Huntington Bancshares Inc/OH		1,050
	Lowe's Cos Inc		1,061
	FedEx Corp		1,108
	AT&T Inc		1,127
	MPLX LP		1,146
	Sabine Pass Liquefaction LLC		1,149

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

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EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Laboratory Corp of America Holdings		\$ 1,152
	RTX Corp		1,154
	Fifth Third Bancorp		1,163
	Hyundai Capital America		1,174
	L3Harris Technologies Inc		1,184
	EMD Finance LLC		1,186
	General Motors Financial Co Inc		1,194
	RTX Corp		1,210
	Agree LP		1,222
	Missouri Higher Education Loan Authority		1,225
	Take-Two Interactive Software Inc		1,284
	Enterprise Fleet Financing 2023-2 LLC		1,302
	Masco Corp		1,304
	T-Mobile USA Inc		1,320
	T-Mobile USA Inc		1,321
	Coterra Energy Inc		1,325
	Broadcom Inc		1,326
	Nutrien Ltd		1,332
	Canadian Natural Resources Ltd		1,339
	Microchip Technology Inc		1,340
	Capital One Financial Corp		1,353
	Williams Cos Inc/The		1,357
	Enterprise Fleet Financing 2022-2 LLC		1,367
	Kinder Morgan Inc		1,372
	MS State Higher Ed Asst Co		1,379
	Williams Cos Inc/The		1,388
	Oracle Corp		1,411
	HP Inc		1,466
	Rogers Communications Inc		1,479
	Canadian Pacific Railway Co		1,481
	Rexford Industrial Realty LP		1,514
	Tampa Electric Co		1,540
	Agilent Technologies Inc		1,544
	Florida Gas Transmission Co LLC		1,568
	NextEra Energy Capital Holdings Inc		1,607
	Extra Space Storage LP		1,615
	Citigroup Inc		1,632
	Sherwin-Williams Co/The		1,643
	WRKCO INC		1,653
	Citigroup Inc		1,659
	Kimco Realty OP LLC		1,666
	Welltower OP LLC		1,675

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

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Albemarle Corp		\$ 1,677
	PFS Financing Corp		1,684
	CNH Industrial Capital LLC		1,686
	Nissan Master Owner Trust Receivables		1,700
	CNH Industrial Capital LLC		1,702
	Wells Fargo Commercial Mortgage Trust 2016-BNK1		1,703
	Microchip Technology Inc		1,707
	Federal Realty OP LP		1,717
	ONE Gas Inc		1,718
	Newmont Corp / Newcrest Finance Pty Ltd		1,723
	MMAF Equipment Finance LLC 2020-A		1,727
	Parker-Hannifin Corp		1,738
	Digital Realty Trust LP		1,756
	Enbridge Inc		1,761
	Citigroup Inc		1,789
	COMM 2016-COR1 Mortgage Trust		1,792
	WRKCo Inc		1,801
	ERP Operating LP		1,809
	Oracle Corp		1,811
	NNN REIT Inc		1,826
	American Honda Finance Corp		1,855
	Great Wolf Trust 2024-WLF2 A		1,866
	BOCA Commercial Mortgage Trust 2024-BOCA		1,867
	PNC Financial Services Group Inc/The		1,904
	Weyerhaeuser Co		1,940
	BMP 2024-MF23		1,950
	RTX Corp		1,961
	Northrop Grumman Corp		1,963
	Marathon Petroleum Corp		1,970
	MPLX LP		1,985
	Canadian Natural Resources Ltd		1,985
	NXP BV / NXP Funding LLC / NXP USA Inc		2,010
	JPMDB Commercial Mortgage Securities Trust 2016-C4		2,016
	Sempra		2,031
	General Motors Financial Co Inc		2,033
	Canadian Pacific Railway Co		2,077
	Sherwin-Williams Co/The		2,113
	Mid-Atlantic Interstate Transmission LLC		2,137
	PHEAA Student Loan Trust 2014-2		2,145
	AT&T Inc		2,161
	Health Care Service Corp A Mutual Legal Reserve Co		2,163
	AT&T Inc		2,176

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

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	BA Credit Card Trust		\$ 2,205
	DLLMT 2023-1 LLC		2,207
	Energy Transfer LP		2,248
	Revvity Inc		2,276
	UDR Inc		2,295
	FMC Corp		2,307
	Citigroup Inc		2,323
	John Deere Owner Trust 2024-C		2,336
	WEC Energy Group Inc		2,346
	ECMC Group Student Loan Trust 2021-1		2,346
	Trane Technologies Financing Ltd		2,349
	Towd Point Mortgage Trust 2019-4		2,351
	Daimler Truck Finance North America LLC		2,397
	PNC Financial Services Group Inc/The		2,409
	Regions Financial Corp		2,420
	Lennox International Inc		2,436
	Halliburton Co		2,454
	Xcel Energy Inc		2,459
	GS Mortgage Securities Trust 2017-GS5		2,520
	TCO 2024-DPM A		2,531
	Health Care Service Corp A Mutual Legal Reserve Co		2,546
	Gulfstream Natural Gas System LLC		2,552
	Rogers Communications Inc		2,559
	Kinder Morgan Inc		2,562
	Ingredion Inc		2,581
	Brazos Education Loan Authority		2,598
	Extended Stay America Trust 2021-ESH		2,606
	BX Commercial Mortgage Trust 2024-XL5		2,609
	Virginia Housing Development Authority		2,624
	John Deere Owner Trust 2024		2,637
	North Texas Higher Education Authority Inc		2,660
	Hewlett Packard Enterprise Co		2,661
	General Mills Inc		2,693
	Minnesota Housing Finance Agency		2,737
	MMAF Equipment Finance LLC 2020-A		2,775
	ROCK Trust 2024-CNTR		2,784
	Marathon Petroleum Corp		2,799
	BANK 2017-BNK6		2,814
	New York State Electric & Gas Corp		2,816
	Citigroup Commercial Mortgage Trust 2016-P6		2,862
	Wheels Fleet Lease Funding 1 LLC		2,867
	Nelnet Student Loan Trust 2021-A		2,868

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost**	(e) Current Value
		JPMDB Commercial Mortgage Securities Trust 2017-C7		\$ 2,883
		ARI Fleet Lease Trust 2023-A		2,941
		BX Commercial Mortgage Trust BX 2022-CSMO A		2,967
		CNH Equipment Trust 2024-C		2,995
		Bank of America Commercial Mtg Trust 2017-BNK3		3,039
		Washington State Housing Finance Commission		3,039
		AMEX Credit Acct Mstr Tr		3,078
		Anglo American Capital PLC		3,104
		AMEX Credit Account Master Trust 2023-1		3,140
		Indiana Housing & Community Development Authority		3,145
		BNP Paribas Sec Corp		3,209
		North Texas Higher Education Authority Inc		3,218
		Navient Student Loan Trust 2021-1		3,223
		Chase Auto Owner Trust 2024-5		3,257
		Volvo Financial Equipment LLC Series 2024-1		3,268
		GS Mortgage Securities Trust 2017-GS6		3,293
		Life 2022-BMR Mortgage Trust		3,303
		Volkswagen Group of America Finance LLC		3,310
		Truist Financial Corp		3,318
		BNP Paribas SA		3,331
		Toyota Auto Loan Extended Note Trust 2024-1		3,339
		HSBC Holdings PLC		3,339
		Verizon Master Trust		3,346
		CRH America Inc		3,367
		Fifth Third Bancorp		3,371
		Interstate Power and Light Co		3,383
		BX Commercial Mortgage Trust 2024-AIRC		3,403
		Florida Gas Transmission Co LLC		3,423
		Citigroup Commercial Mortgage Trust 2015-GC31		3,437
		BA Credit Card Trust		3,495
		UBS Commercial Mortgage Trust 2018-C10		3,525
		Enterprise Fleet Financing 2024-4 LLC		3,527
		General Motors Financial Co Inc		3,533
		World Omni Auto Lease Sec Trust 2023-A		3,552
		Towd Point Mortgage Trust 2021-1		3,553
		Citigroup Inc		3,604
		Smurfit Kappa Treasury ULC		3,635
		Towd Point Mortgage Trust 2022-4		3,637
		Hyundai Auto Lease Securitization Trust 2023-B		3,673
		Wells Fargo Commercial Mortgage Trust 2015-P2		3,680
		BX Commercial Mortgage Trust 2024-GPA2		3,732
		DC Commercial Mortgage Trust 2023-DC		3,733

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Volkswagen Auto Loan Enhanced Trust 2023-1		\$ 3,734
	Capital One Financial Corp		3,753
	Fiserv Inc		3,830
	Wheels Fleet Lease Funding 1 LLC		3,895
	Verizon Communications Inc		3,932
	Citigroup Commercial Mortgage Trust 2016-C1		3,960
	GM Financial Revolving Receivables Trust 2021-1		3,978
	Cooperative Rabobank UA		3,994
	Truist Financial Corp		4,001
	BMW Vehicle Owner Trust 2024-A		4,009
	American Express Credit Account Master Trust		4,029
	Nelnet Student Loan Trust 2021-D		4,051
	HSBC Holdings PLC		4,078
	KeyBank NA/Cleveland OH		4,133
	Truist Bank		4,224
	Haleon UK Capital PLC		4,231
	Mercedes-Benz Auto Receivables Trust 2024-1		4,240
	Norfolk Southern Corp		4,249
	Becton Dickinson & Co		4,282
	AMEX Credit Account Master Trust 2024-3		4,314
	Ford Credit Auto Owner Trust 2024-C		4,345
	Nissan Auto Lease Trust 2024-B		4,420
	GM Financial Revolving Receivables Trust 2024-2		4,423
	Ford Credit Auto Owner Trust 2024-A		4,430
	BX Trust 2022-IND		4,504
	Toyota Lease Owner Trust 2024-B		4,529
	CarMax Auto Owner Trust 2023-4		4,557
	Capital One Multi-Asset Execution Trust		4,562
	Brazos Education Loan Authority Inc		4,663
	Chase Auto Owner Trust 2022-A		4,682
	CFCRE Commercial Mortgage Trust 2016-C6		4,734
	BPR Trust 2022-OANA		4,749
	Black Hills Corp		4,755
	BX Commercial Mortgage Trust 2021-VOLT		4,805
	Mitsubishi UFJ Financial Group Inc		4,842
	Discover Card Execution Note Trust		4,844
	BX Trust 2024-BIO		4,905
	Hyundai Auto Lease Securitization Trust 2024-A		4,922
	Fifth Third Auto Trust 2023-1		4,952
	Ford Credit Auto Owner Trust 2022-REV1		4,972
	Maryland Community Development Administration		5,073
	Mercedes-Benz Auto Receivables Trust 2023-2		5,161

Co-op 401(K) Plan (51CLWI)

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

December 31, 2024

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	SLM Student Loan Trust 2003-10		\$ 5,281
	BAE Systems PLC		5,305
	Hyundai Auto Lease Securitization Trust 2024-C		5,321
	Connecticut Housing Finance Authority		5,537
	CVS Health Corp		5,679
	Volkswagen Auto Lease Trust 2024-A		5,706
	JPMCC Commercial Mortgage Sec Trust 2022-NLP		5,724
	CGMS Commercial Mortgage Trust 2017-B1		5,797
	Honda Auto Receivables 2024-3 Owner Trust		5,909
	Warnermedia Holdings Inc		5,911
	Ford Credit Auto Owner Trust 2021-REV1		6,234
	UBS Group AG		6,416
	Verizon Master Trust		6,432
	CSAIL 2018-C14 Commercial Mortgage Trust		7,352
	Toyota Auto Loan Extended Note Trust 2022-1		7,538
	College Loan Corp Trust I		9,031
	JPMDB Commercial Mortgage Securities Trust 2016-C2		9,667
	Toyota Auto Loan Extended Note Trust 2021-1		<u>9,960</u>
	Total Corporate Debt - All Other, included within Synthetic GICs		733,086
	Total Co-op Stable Asset Fund		<u>1,758,912</u>
*	Participant loans (interest rates between 4.25% and 9.5%) (last maturity date is July 17, 2036)		<u>464,797</u>
	Total		<u><u>\$ 24,497,487</u></u>

* Represents a party-in-interest to the Plan.

** Cost information is omitted as all investments are participant-directed.

**Co-op 401(K) Plan (51CLWI)
Employee Savings and Supplemental Retirement Plan**

SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year ended December 31, 2024

EIN: 41-0365145, Plan #: 031

Participant Contributions Transferred Late to the Plan**	Total That Constitutes Non-Exempt Prohibited Transactions			Total Fully Corrected Under VFCP* and PTE 2002-51
Check Here if Late Participant Loan Repayments are Included: <input checked="" type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside of VFCP*	Contributions Pending Correction in VFCP*	
\$ 3,806	\$ -	\$ 3,806	\$ -	\$ -

* Voluntary Fiduciary Correction Program (VFCP).

** Late participant contributions for the year ended December 31, 2024.

Co-op 401(K) Plan (51CLWI)

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

December 31, 2024

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost**	(e) Current Value
	Mutual Funds			
		Allspring Special SMCAP		\$ 107,687
		Artisan International Instl		10,384
		Dodge & Cox Intl Stock Fund X		66,785
		JP Morgan Mid Cap Value R6		120,801
		NYLI Winslow Large Cap Growth Fd		544,049
		PIMCO Total Return Fund Instl Class		2,864,215
		T Rowe Price Mid-Cap Growth Fund		409,259
		Vanguard Explorer FD Admiral Shares		187,880
		Vanguard Instl Index Instl PL		5,470,431
		Vanguard Infl Protected Secs Fdisnts		1,734
		Vanguard Intl Growth Admiral Class		46,635
		Vanguard Small-Cap Index Instl		3,465,865
		Vanguard Total BD Mkt Index Instl SH		2,909,091
		Vanguard Total Stock Index Instl		5,587,635
		Vanguard Wellington Admiral Shares		151,899
		Vanguard Windsor II Admiral Shares		249,416
		Total Mutual Funds		22,193,766
	Collective Investment Trusts			
		SEI Trust Company Short-Term Investment Fund II		63,842
		SEI Trust Company Short-Term Investment Fund A S		16,170
		Total Collective Investment Trusts		80,012
	Co-op Stable Asset Fund			
		Fully benefit-responsive investment contracts (Synthetic GICs)		
		Transamerica Life Insurance Company, Synthetic GIC, 3.46%		17,914
		Pacific Life Insurance Company, Synthetic GIC, 3.45%		20,239
		Prudential Insurance Company of America, Synthetic GIC, 3.44%		20,293
		American General Insurance Company , Synthetic GIC, 3.45%		19,240

Co-op 401(K) Plan (51CLWI)

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

December 31, 2024

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
Co-op Stable Asset Fund (continued)			
	U.S. Government Securities included within Synthetic GICs held		
	Ginnie Mae II pool		\$ -
	Ginnie Mae II pool		3
	Ginnie Mae II pool		15
	Fannie Mae Pool		32
	Freddie Mac Non Gold Pool		41
	United States Small Business Administration		48
	Fannie Mae Pool		51
	Fannie Mae Pool		57
	Fannie Mae Pool		70
	Fannie Mae Pool		72
	Freddie Mac Non Gold Pool		77
	Fannie Mae Pool		78
	Fannie Mae Trust 2004-W8		86
	Freddie Mac Non Gold Pool		97
	Freddie Mac Non Gold Pool		107
	Freddie Mac Non Gold Pool		121
	Freddie Mac Non Gold Pool		123
	United States Small Business Administration		138
	Freddie Mac Non Gold Pool		142
	Fannie Mae Pool		152
	Freddie Mac Multifam Struct PT Cert		154
	Freddie Mac Gold Pool		159
	Freddie Mac Non Gold Pool		160
	Freddie Mac Non Gold Pool		164
	Freddie Mac Non Gold Pool		167
	Freddie Mac Non Gold Pool		172
	Fannie Mae REMIC Trust 2003-W4		185
	United States Small Business Administration		215
	Freddie Mac Non Gold Pool		222
	Fannie Mae Pool		222
	Freddie Mac Non Gold Pool		225
	Fannie Mae Pool		247
	Fannie Mae Pool		257
	Fannie Mae Pool		259
	Fannie Mae Pool		266
	Ulani MSN 35940 LLC		280
	Fannie Mae Grantor Trust 2004-T3		286
	Fannie Mae Pool		287
	Fannie Mae Pool		331
	Fannie Mae Pool		331
	Fannie Mae Pool		339

Co-op 401(K) Plan (51CLWI)

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

December 31, 2024

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Fannie Mae Pool		\$ 340
	Fannie Mae Pool		353
	Freddie Mac Non Gold Pool		368
	Freddie Mac Non Gold Pool		370
	Freddie Mac Gold Pool		371
	Fannie Mae Pool		379
	Freddie Mac Gold Pool		416
	SBA Small Business Investment Cos		436
	Freddie Mac Pool		445
	Fannie Mae Pool		445
	Fannie Mae Pool		459
	Fannie Mae Pool		475
	Fannie Mae Pool		476
	Fannie Mae Pool		476
	Fannie Mae Pool		478
	SBA Small Business Investment Cos		491
	Fannie Mae Pool		500
	United States Small Business Administration		519
	Fannie Mae Pool		533
	Fannie Mae Pool		550
	Fannie Mae Pool		559
	Fannie Mae Pool		575
	Fannie Mae Pool		626
	United States Small Business Administration		630
	Ethiopian Leasing 2012 LLC		661
	Fannie Mae Pool		694
	Fannie Mae Pool		712
	Fannie Mae Pool		786
	SBA Small Business Investment Cos		846
	Freddie Mac Non Gold Pool		869
	Ginnie Mae II pool		873
	Freddie Mac Non Gold Pool		876
	Reliance Industries Ltd		905
	Fannie Mae Pool		977
	Freddie 20-Yr 3.5 GIANT		982
	Fannie Mae Pool		997
	Fannie Mae Pool		1,026
	Fannie Mae Pool		1,205
	United States Small Business Administration		1,223
	Fannie Mae Pool		1,278
	Freddie Mac Gold Pool		1,337
	Freddie Mac Non Gold Pool		1,355

Co-op 401(K) Plan (51CLWI)

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

December 31, 2024

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	SBA Small Business Investment Cos		\$ 1,402
	Freddie Mac Non Gold Pool		1,409
	Freddie Mac Pool		1,418
	Fannie Mae Pool		1,485
	Fannie Mae Pool		1,498
	Freddie Mac Pool		1,523
	Freddie Mac Pool		1,581
	Fannie Mae Pool		1,647
	FN 4.34 MultiFam FWD JAN 2025		1,659
	United States Treasury Note/Bond		1,663
	Fannie Mae Pool		1,692
	Fannie Mae Pool		1,717
	GNMA		1,762
	United States Treasury Note/Bond		1,856
	United States Treasury Note/Bond		1,871
	Fannie Mae Pool		1,879
	SBA Small Business Investment Cos		1,959
	Fannie Mae Pool		1,990
	Freddie Mac Non Gold Pool		2,038
	Fannie Mae Pool		2,062
	Fannie Mae Pool		2,121
	Freddie Mac Pool		2,149
	Fannie Mae Pool		2,154
	Seasoned Credit Risk Transfer Trust Series 2018-3		2,228
	SBA Small Business Investment Cos		2,248
	Fannie Mae Pool		2,399
	Freddie Mac Pool		2,506
	Freddie Mac Pool		2,609
	Fannie Mae Pool		2,690
	Freddie Mac Pool		2,778
	Freddie Mac Pool		2,800
	Fannie Mae Pool		2,801
	Fannie Mae Pool		2,803
	Seasoned Credit Risk Transfer Trust Series 2020-3		2,907
	FN 4.28 MultiFam FWD FEB 2025		2,967
	Seasoned Credit Risk Transfer Trust Series 2020-2		3,016
	Seasoned Credit Risk Transfer Trust Series 2021-2		3,115
	Fannie Mae Pool		3,151
	SBA Small Business Investment Cos		3,177
	Fannie Mae Pool		3,218
	Fannie Mae Pool		3,275
	Freddie Mac Pool		3,281

Co-op 401(K) Plan (51CLWI)

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

December 31, 2024

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Fannie Mae Pool		\$ 3,313
	Freddie Mac Pool		3,350
	FN 4.40 MultiFam FWD JAN 2025		3,394
	SBA Small Business Investment Cos		3,558
	Fannie Mae Pool		3,618
	SBA Small Business Investment Cos		3,710
	Seasoned Credit Risk Transfer Trust Series 2019-3		3,750
	Freddie Mac Pool		3,783
	Fannie Mae Pool		3,855
	Fannie Mae Pool		4,095
	Fannie Mae Pool		4,135
	Fannie Mae Pool		4,170
	Fannie Mae Pool		4,266
	United States Treasury Note/Bond		4,938
	United States Treasury Note/Bond		5,075
	Fannie Mae Pool		5,092
	Fannie Mae Pool		5,161
	SBA Small Business Investment Cos		5,213
	United States Int Dev Finance Corp		5,483
	Fannie Mae Pool		5,541
	United States Treasury Note/Bond		5,565
	United States Treasury Note/Bond		5,601
	United States Treasury Note/Bond		5,669
	United States Treasury Note/Bond		5,746
	Freddie Mac Pool		6,017
	Fannie Mae Pool		6,122
	SBA Small Business Investment Cos		6,256
	Freddie Mac Multifamily Structured PT Cert		6,279
	Fannie Mae Pool		6,475
	Fannie Mae Pool		6,626
	SBA Small Business Investment Cos		6,901
	United States Small Business Administration		6,992
	Freddie Mac Pool		7,442
	United States Treasury Note/Bond		7,525
	United States Treasury Note/Bond		8,358
	United States Treasury Note/Bond		8,374
	United States Treasury Note/Bond		8,516
	United States Treasury Note/Bond		8,527
	United States Treasury Note/Bond		8,592
	Fannie Mae Pool		8,769
	Fannie Mae Pool		8,842
	Fannie Mae Pool		8,919

Co-op 401(K) Plan (51CLWI)

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

December 31, 2024

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Freddie Mac Non Gold Pool		\$ 8,971
	United States Treasury Note/Bond		9,069
	Fannie Mae Pool		9,169
	United States Treasury Note/Bond		9,244
	United States Treasury Note/Bond		9,253
	Fannie Mae Pool		9,320
	Freddie Mac Pool		9,841
	Fannie Mae Pool		9,852
	Fannie Mae Pool		10,216
	Fannie Mae Pool		10,923
	Fannie Mae Pool		11,136
	United States Treasury Note/Bond		11,554
	SBA Small Business Investment Cos		12,355
	United States Treasury Note/Bond		13,027
	United States Treasury Note/Bond		13,516
	Freddie Mac Pool		15,966
	United States Treasury Note/Bond		17,398
	SBA Small Business Investment Cos		24,918
	United States Treasury Note/Bond		25,685
	United States Treasury Note/Bond		49,727
	Total Government Securities held within Synthetic GICs		664,567
	Co-op Stable Asset Fund (continued)		
	Corporate Debt Instruments - Preferred, included within Synthetic GICs		
	JPMorgan Chase & Co		344
	American Express Co		345
	Dominion Energy South Carolina Inc		424
	Royal Bank of Canada		497
	Corebridge Global Funding		512
	State Street Corp		677
	BMW US Capital LLC		682
	Charles Schwab Corp/The		707
	Morgan Stanley		812
	Mutual of Omaha Cos Global Funding		838
	JPMorgan Chase & Co		839
	Bank of America Corp		840
	Wells Fargo & Co		846
	Consumers Energy Co		853
	Principal Life Global Funding II		854
	American Express Co		865
	Pioneer Natural Resources Co		868
	American Express Co		871

Co-op 401(K) Plan (51CLWI)

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

December 31, 2024

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Morgan Stanley		\$ 872
	State of Utah		925
	Goldman Sachs Group Inc/The		955
	San Diego Gas & Electric Co		1,034
	Pacific Life Global Funding II		1,035
	American Express Co		1,127
	Morgan Stanley		1,129
	Northwestern Mutual Global Funding		1,185
	Astrazeneca Finance LLC		1,202
	Alabama Federal Aid Highway Finance Authority		1,259
	Ameren Illinois Co		1,260
	Northwestern Mutual Global Funding		1,269
	Bank of Montreal		1,341
	DTE Electric Co		1,347
	Charles Schwab Corp		1,384
	Corebridge Global Funding		1,408
	Oklahoma Development Finance Authority		1,496
	Toronto-Dominion Bank/The		1,540
	Principal Life Global Funding II		1,553
	Stanford Health Care		1,572
	BMW US Capital LLC		1,651
	MORGAN STANLEY		1,652
	Oklahoma Development Finance Authority		1,655
	Royal Bank of Canada		1,666
	ConocoPhillips Co		1,673
	Oncor Electric Delivery Co LLC		1,679
	New York Life Global Funding		1,697
	Public Service Co of New Hampshire		1,703
	State of Wisconsin		1,750
	Bank of America Corp		1,778
	Wells Fargo & Co		1,795
	Duke Energy Progress LLC		1,828
	Bank of America Corp		1,838
	Mutual of Omaha Cos Global Funding		1,878
	CenterPoint Energy Houston Electric LLC		1,900
	US Bancorp		1,936
	US Bancorp		1,939
	Rochester Gas and Electric Corp		2,020
	Virginia Power Fuel Securitization LLC		2,037
	Toronto-Dominion Bank/The		2,045
	Connecticut Light and Power Co/The		2,059
	Bank of New York Mellon Corp		2,073

Co-op 401(K) Plan (51CLWI)

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

December 31, 2024

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Royal Bank of Canada		\$ 2,076
	Baylor Scott & White Holdings		2,122
	Oklahoma Development Finance Authority		2,182
	Pfizer Investment Enterprises Pte Ltd		2,182
	Bank of Nova Scotia/The		2,197
	Los Angeles Community College District/CA		2,221
	Massachusetts School Building Authority		2,230
	JPMorgan Chase & Co		2,241
	Alabama Federal Aid Highway Finance Authority		2,256
	Public Service Electric and Gas Co		2,297
	Bank of America Corp		2,314
	Evergy Metro Inc		2,341
	Morgan Stanley		2,344
	Entergy Mississippi LLC		2,377
	US Bancorp		2,387
	East Ohio Gas Co/The		2,485
	DTE Electric Securitization Funding II LLC		2,531
	Mercedes-Benz Finance North America LLC		2,540
	Wells Fargo & Co		2,566
	Wells Fargo & Co		2,571
	Protective Life Global Funding		2,581
	Morgan Stanley		2,591
	CHRISTUS Health		2,849
	Cedars-Sinai Health System		2,862
	Louisiana Local Govt Env Fac. & Comm Dev Auth		2,914
	Metropolitan Life Global Funding I		2,957
	University of California		2,960
	Duke Energy Carolinas LLC		3,063
	Goldman Sachs Group Inc/The		3,083
	Louisiana Local Govt Env Fac. & Comm Dev Auth		3,150
	Metropolitan Life Global Funding I		3,189
	TSMC Global Ltd		3,228
	NTT Finance Corp		3,236
	Advocate Health & Hospitals Corp		3,307
	Commonwealth of Massachusetts		3,322
	Union Electric Co		3,397
	MassMutual Global Funding II		3,404
	Morgan Stanley		3,413
	Desert Community College District		3,444
	Bank of America Corp		3,445
	JPMorgan Chase & Co		3,482
	BP Capital Markets America Inc		3,557

Co-op 401(K) Plan (51CLWI)

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

December 31, 2024

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	JPMorgan Chase & Co		\$ 3,613
	Consumers Energy Co		3,613
	State Street Corp		3,659
	Orlando Health Obligated Group		3,667
	Ascension Health		3,677
	Commonwealth of Massachusetts		3,773
	Sunnyvale School District		3,994
	Goldman Sachs Group Inc/The		4,003
	JPMorgan Chase & Co		4,035
	State of Hawaii		4,269
	Commonwealth Edison Co		4,289
	City of Atlanta GA		4,374
	Texas Electric Market Stabilization Funding N LLC		4,618
	City of St Paul MN Sales & Use Tax Revenue		4,767
	Goldman Sachs Group Inc/The		4,815
	County of Hays TX		5,181
	State of Texas		5,414
	Wells Fargo & Co		5,610
	Bank of America Corp		5,830
	Texas Natural Gas Securitization Finance Corp		6,659

Total Corporate Debt - Preferred, included within Synthetic GICs 283,573

Co-op Stable Asset Fund (continued)

Corporate Debt Instruments - All Other, included within Synthetic GICs

Towd Point Mortgage Trust 2017-5	44
JPMBB Commercial Mortgage Sec Trust 2014-C26	87
Vermont Std Asst Corp	181
Access Group Inc 2013-1	310
Take-Two Interactive Software Inc	331
Enbridge Inc	345
John Deere Owner Trust 2021-B	436
Motorola Solutions Inc	510
Lowe's Cos Inc	512
Enbridge Inc	519
WEC Energy Group Inc	520
Honda Auto Receivables 2022-1 Owner Trust	554
Towd Point Mortgage Trust 2017-6	574
Equifax Inc	578
Starbucks Corp	596
Healthpeak OP LLC	607
Citigroup Inc	613
METLIFE SECURITIZATION TRUST 2019-1	615

Co-op 401(K) Plan (51CLWI)

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

December 31, 2024

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Capital One Financial Corp		\$ 630
	Comcast Corp		651
	PeaceHealth Obligated Group		654
	T-Mobile USA Inc		660
	L3Harris Technologies Inc		663
	Take-Two Interactive Software Inc		677
	Huntington Bancshares Inc/OH		679
	Mid-America Apartments LP		700
	CubeSmart LP		758
	Amphenol Corp		772
	Verizon Communications Inc		780
	Nelnet Student Loan Trust 2021-C		781
	AT&T Inc		797
	CNH Industrial Capital LLC		807
	Prologis LP		831
	Enbridge Inc		837
	Roper Technologies Inc		841
	BX Commercial Mortgage Trust 2024-GPA3		845
	Equifax Inc		849
	Equifax Inc		849
	Ventas Realty LP		851
	FirstEnergy Pennsylvania Electric Co		857
	General Mills Inc		859
	Americredit Automobile Receivables Trust 2022-1		861
	Aon Corp / Aon Global Holdings PLC		969
	ONEOK Inc		992
	Transcontinental Gas Pipe Line Co LLC		994
	Towd Point Mortgage Trust 2019-HY1		1,000
	Agilent Technologies Inc		1,012
	Carrier Global Corp		1,015
	M&T Bank Corp		1,017
	Boeing Co/The		1,022
	Nutrien Ltd		1,023
	T-Mobile USA Inc		1,028
	Aon Corp / Aon Global Holdings PLC		1,032
	Johnson Controls / Tyco Fire Security Finance		1,040
	Huntington Bancshares Inc/OH		1,050
	Lowe's Cos Inc		1,061
	FedEx Corp		1,108
	AT&T Inc		1,127
	MPLX LP		1,146
	Sabine Pass Liquefaction LLC		1,149

Co-op 401(K) Plan (51CLWI)

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

December 31, 2024

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Laboratory Corp of America Holdings		\$ 1,152
	RTX Corp		1,154
	Fifth Third Bancorp		1,163
	Hyundai Capital America		1,174
	L3Harris Technologies Inc		1,184
	EMD Finance LLC		1,186
	General Motors Financial Co Inc		1,194
	RTX Corp		1,210
	Agree LP		1,222
	Missouri Higher Education Loan Authority		1,225
	Take-Two Interactive Software Inc		1,284
	Enterprise Fleet Financing 2023-2 LLC		1,302
	Masco Corp		1,304
	T-Mobile USA Inc		1,320
	T-Mobile USA Inc		1,321
	Coterra Energy Inc		1,325
	Broadcom Inc		1,326
	Nutrien Ltd		1,332
	Canadian Natural Resources Ltd		1,339
	Microchip Technology Inc		1,340
	Capital One Financial Corp		1,353
	Williams Cos Inc/The		1,357
	Enterprise Fleet Financing 2022-2 LLC		1,367
	Kinder Morgan Inc		1,372
	MS State Higher Ed Asst Co		1,379
	Williams Cos Inc/The		1,388
	Oracle Corp		1,411
	HP Inc		1,466
	Rogers Communications Inc		1,479
	Canadian Pacific Railway Co		1,481
	Rexford Industrial Realty LP		1,514
	Tampa Electric Co		1,540
	Agilent Technologies Inc		1,544
	Florida Gas Transmission Co LLC		1,568
	NextEra Energy Capital Holdings Inc		1,607
	Extra Space Storage LP		1,615
	Citigroup Inc		1,632
	Sherwin-Williams Co/The		1,643
	WRKCO INC		1,653
	Citigroup Inc		1,659
	Kimco Realty OP LLC		1,666
	Welltower OP LLC		1,675

Co-op 401(K) Plan (51CLWI)

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

December 31, 2024

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Albemarle Corp		\$ 1,677
	PFS Financing Corp		1,684
	CNH Industrial Capital LLC		1,686
	Nissan Master Owner Trust Receivables		1,700
	CNH Industrial Capital LLC		1,702
	Wells Fargo Commercial Mortgage Trust 2016-BNK1		1,703
	Microchip Technology Inc		1,707
	Federal Realty OP LP		1,717
	ONE Gas Inc		1,718
	Newmont Corp / Newcrest Finance Pty Ltd		1,723
	MMAF Equipment Finance LLC 2020-A		1,727
	Parker-Hannifin Corp		1,738
	Digital Realty Trust LP		1,756
	Enbridge Inc		1,761
	Citigroup Inc		1,789
	COMM 2016-COR1 Mortgage Trust		1,792
	WRKCo Inc		1,801
	ERP Operating LP		1,809
	Oracle Corp		1,811
	NNN REIT Inc		1,826
	American Honda Finance Corp		1,855
	Great Wolf Trust 2024-WLF2 A		1,866
	BOCA Commercial Mortgage Trust 2024-BOCA		1,867
	PNC Financial Services Group Inc/The		1,904
	Weyerhaeuser Co		1,940
	BMP 2024-MF23		1,950
	RTX Corp		1,961
	Northrop Grumman Corp		1,963
	Marathon Petroleum Corp		1,970
	MPLX LP		1,985
	Canadian Natural Resources Ltd		1,985
	NXP BV / NXP Funding LLC / NXP USA Inc		2,010
	JPMDB Commercial Mortgage Securities Trust 2016-C4		2,016
	Sempra		2,031
	General Motors Financial Co Inc		2,033
	Canadian Pacific Railway Co		2,077
	Sherwin-Williams Co/The		2,113
	Mid-Atlantic Interstate Transmission LLC		2,137
	PHEAA Student Loan Trust 2014-2		2,145
	AT&T Inc		2,161
	Health Care Service Corp A Mutual Legal Reserve Co		2,163
	AT&T Inc		2,176

Co-op 401(K) Plan (51CLWI)

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

December 31, 2024

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	BA Credit Card Trust		\$ 2,205
	DLLMT 2023-1 LLC		2,207
	Energy Transfer LP		2,248
	Revvity Inc		2,276
	UDR Inc		2,295
	FMC Corp		2,307
	Citigroup Inc		2,323
	John Deere Owner Trust 2024-C		2,336
	WEC Energy Group Inc		2,346
	ECMC Group Student Loan Trust 2021-1		2,346
	Trane Technologies Financing Ltd		2,349
	Towd Point Mortgage Trust 2019-4		2,351
	Daimler Truck Finance North America LLC		2,397
	PNC Financial Services Group Inc/The		2,409
	Regions Financial Corp		2,420
	Lennox International Inc		2,436
	Halliburton Co		2,454
	Xcel Energy Inc		2,459
	GS Mortgage Securities Trust 2017-GS5		2,520
	TCO 2024-DPM A		2,531
	Health Care Service Corp A Mutual Legal Reserve Co		2,546
	Gulfstream Natural Gas System LLC		2,552
	Rogers Communications Inc		2,559
	Kinder Morgan Inc		2,562
	Ingredion Inc		2,581
	Brazos Education Loan Authority		2,598
	Extended Stay America Trust 2021-ESH		2,606
	BX Commercial Mortgage Trust 2024-XL5		2,609
	Virginia Housing Development Authority		2,624
	John Deere Owner Trust 2024		2,637
	North Texas Higher Education Authority Inc		2,660
	Hewlett Packard Enterprise Co		2,661
	General Mills Inc		2,693
	Minnesota Housing Finance Agency		2,737
	MMAF Equipment Finance LLC 2020-A		2,775
	ROCK Trust 2024-CNTR		2,784
	Marathon Petroleum Corp		2,799
	BANK 2017-BNK6		2,814
	New York State Electric & Gas Corp		2,816
	Citigroup Commercial Mortgage Trust 2016-P6		2,862
	Wheels Fleet Lease Funding 1 LLC		2,867
	Nelnet Student Loan Trust 2021-A		2,868

Co-op 401(K) Plan (51CLWI)

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

December 31, 2024

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	JPMDB Commercial Mortgage Securities Trust 2017-C7		\$ 2,883
	ARI Fleet Lease Trust 2023-A		2,941
	BX Commercial Mortgage Trust BX 2022-CSMO A		2,967
	CNH Equipment Trust 2024-C		2,995
	Bank of America Commercial Mtg Trust 2017-BNK3		3,039
	Washington State Housing Finance Commission		3,039
	AMEX Credit Acct Mstr Tr		3,078
	Anglo American Capital PLC		3,104
	AMEX Credit Account Master Trust 2023-1		3,140
	Indiana Housing & Community Development Authority		3,145
	BNP Paribas Sec Corp		3,209
	North Texas Higher Education Authority Inc		3,218
	Navient Student Loan Trust 2021-1		3,223
	Chase Auto Owner Trust 2024-5		3,257
	Volvo Financial Equipment LLC Series 2024-1		3,268
	GS Mortgage Securities Trust 2017-GS6		3,293
	Life 2022-BMR Mortgage Trust		3,303
	Volkswagen Group of America Finance LLC		3,310
	Truist Financial Corp		3,318
	BNP Paribas SA		3,331
	Toyota Auto Loan Extended Note Trust 2024-1		3,339
	HSBC Holdings PLC		3,339
	Verizon Master Trust		3,346
	CRH America Inc		3,367
	Fifth Third Bancorp		3,371
	Interstate Power and Light Co		3,383
	BX Commercial Mortgage Trust 2024-AIRC		3,403
	Florida Gas Transmission Co LLC		3,423
	Citigroup Commercial Mortgage Trust 2015-GC31		3,437
	BA Credit Card Trust		3,495
	UBS Commercial Mortgage Trust 2018-C10		3,525
	Enterprise Fleet Financing 2024-4 LLC		3,527
	General Motors Financial Co Inc		3,533
	World Omni Auto Lease Sec Trust 2023-A		3,552
	Towd Point Mortgage Trust 2021-1		3,553
	Citigroup Inc		3,604
	Smurfit Kappa Treasury ULC		3,635
	Towd Point Mortgage Trust 2022-4		3,637
	Hyundai Auto Lease Securitization Trust 2023-B		3,673
	Wells Fargo Commercial Mortgage Trust 2015-P2		3,680
	BX Commercial Mortgage Trust 2024-GPA2		3,732
	DC Commercial Mortgage Trust 2023-DC		3,733

Co-op 401(K) Plan (51CLWI)

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

December 31, 2024

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost**	(e) Current Value
	Volkswagen Auto Loan Enhanced Trust 2023-1			\$ 3,734
	Capital One Financial Corp			3,753
	Fiserv Inc			3,830
	Wheels Fleet Lease Funding 1 LLC			3,895
	Verizon Communications Inc			3,932
	Citigroup Commercial Mortgage Trust 2016-C1			3,960
	GM Financial Revolving Receivables Trust 2021-1			3,978
	Cooperative Rabobank UA			3,994
	Truist Financial Corp			4,001
	BMW Vehicle Owner Trust 2024-A			4,009
	American Express Credit Account Master Trust			4,029
	Nelnet Student Loan Trust 2021-D			4,051
	HSBC Holdings PLC			4,078
	KeyBank NA/Cleveland OH			4,133
	Truist Bank			4,224
	Haleon UK Capital PLC			4,231
	Mercedes-Benz Auto Receivables Trust 2024-1			4,240
	Norfolk Southern Corp			4,249
	Becton Dickinson & Co			4,282
	AMEX Credit Account Master Trust 2024-3			4,314
	Ford Credit Auto Owner Trust 2024-C			4,345
	Nissan Auto Lease Trust 2024-B			4,420
	GM Financial Revolving Receivables Trust 2024-2			4,423
	Ford Credit Auto Owner Trust 2024-A			4,430
	BX Trust 2022-IND			4,504
	Toyota Lease Owner Trust 2024-B			4,529
	CarMax Auto Owner Trust 2023-4			4,557
	Capital One Multi-Asset Execution Trust			4,562
	Brazos Education Loan Authority Inc			4,663
	Chase Auto Owner Trust 2022-A			4,682
	CFCRE Commercial Mortgage Trust 2016-C6			4,734
	BPR Trust 2022-OANA			4,749
	Black Hills Corp			4,755
	BX Commercial Mortgage Trust 2021-VOLT			4,805
	Mitsubishi UFJ Financial Group Inc			4,842
	Discover Card Execution Note Trust			4,844
	BX Trust 2024-BIO			4,905
	Hyundai Auto Lease Securitization Trust 2024-A			4,922
	Fifth Third Auto Trust 2023-1			4,952
	Ford Credit Auto Owner Trust 2022-REV1			4,972
	Maryland Community Development Administration			5,073
	Mercedes-Benz Auto Receivables Trust 2023-2			5,161

Co-op 401(K) Plan (51CLWI)

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

December 31, 2024

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	SLM Student Loan Trust 2003-10		\$ 5,281
	BAE Systems PLC		5,305
	Hyundai Auto Lease Securitization Trust 2024-C		5,321
	Connecticut Housing Finance Authority		5,537
	CVS Health Corp		5,679
	Volkswagen Auto Lease Trust 2024-A		5,706
	JPMCC Commercial Mortgage Sec Trust 2022-NLP		5,724
	CGMS Commercial Mortgage Trust 2017-B1		5,797
	Honda Auto Receivables 2024-3 Owner Trust		5,909
	Warnermedia Holdings Inc		5,911
	Ford Credit Auto Owner Trust 2021-REV1		6,234
	UBS Group AG		6,416
	Verizon Master Trust		6,432
	CSAIL 2018-C14 Commercial Mortgage Trust		7,352
	Toyota Auto Loan Extended Note Trust 2022-1		7,538
	College Loan Corp Trust I		9,031
	JPMDB Commercial Mortgage Securities Trust 2016-C2		9,667
	Toyota Auto Loan Extended Note Trust 2021-1		<u>9,960</u>
	Total Corporate Debt - All Other, included within Synthetic GICs		733,086
	Total Co-op Stable Asset Fund		<u>1,758,912</u>
*	Participant loans (interest rates between 4.25% and 9.5%) (last maturity date is July 17, 2036)		<u>464,797</u>
	Total		<u><u>\$ 24,497,487</u></u>

* Represents a party-in-interest to the Plan.

** Cost information is omitted as all investments are participant-directed.

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>			
A	This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____	
B	This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. <input type="checkbox"/>		
D	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)	
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. <input type="checkbox"/>		

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan Co-op 401(k) Plan	1b	Three-digit plan number (PN) ▶ 031
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) Land O' Lakes, Inc. P.O. Box 64101 MS 1086 St. Paul MN 55164-0101	1c	Effective date of plan 05/01/2019
		2b	Employer Identification Number (EIN) 41-0365145
		2c	Plan Sponsor's telephone number (651) 375-2222
		2d	Business code (see instructions) 115110

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		<u>10/8/2025</u>	Julie Sexton
	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