

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <h1 style="text-align: center;">2024</h1>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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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. . . . .

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>OLD DUTCH FOODS INC COUNTRY SALESMEN PENSION PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>002</u>
<b>2a</b> 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>OLD DUTCH FOODS, INC</u>  <u>2375 TERMINAL ROAD</u> <u>ST PAUL, MN 55113</u>	<b>1c</b> Effective date of plan <u>01/01/1970</u>  <b>2b</b> Employer Identification Number (EIN) <u>41-0914138</u>  <b>2c</b> Plan Sponsor's telephone number <u>651-633-8810</u>  <b>2d</b> Business code (see instructions) <u>311900</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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/10/2025	JULIE CALEF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  OLD DUTCH FOODS INC  2375 TERMINAL ROAD ST PAUL, MN 55113		<b>3b</b> Administrator's EIN 41-0914138
		<b>3c</b> Administrator's telephone number 651-633-8810
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name		<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	275
<b>6</b> 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).		
<b>6a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	104
<b>6a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	110
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	118
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	38
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c.....	<b>6d</b>	266
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	9
<b>f</b> Total. Add lines 6d and 6e.....	<b>6f</b>	275
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	7
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1B

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input 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)

<b>a Pension Schedules</b>		<b>b General Schedules</b>	
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)		(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)	
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)	
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>	
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____		(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)	
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)		(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)	
		(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)	

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**  
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>OLD DUTCH FOODS INC COUNTRY SALESMEN PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>OLD DUTCH FOODS, INC</u>	<b>D</b> Employer Identification Number (EIN) <u>41-0914138</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>18047248</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>18384195</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>130</u>	<u>5388334</u>
	<b>b</b> For terminated vested participants .....	<u>42</u>	<u>1118031</u>
	<b>c</b> For active participants .....	<u>104</u>	<u>2734291</u>
	<b>d</b> Total .....	<u>276</u>	<u>9240656</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.13 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>141024</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>24099</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>165123</u>

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

<b>SIGN HERE</b>		
	Signature of actuary	<u>08/25/2025</u>
	<u>ANTHONY L. URDAHL</u>	Date
	Type or print name of actuary	<u>23-05312</u>
	<u>USI CONSULTING GROUP</u>	Most recent enrollment number
	Firm name	<u>952-934-5554</u>
	<u>8000 NORMAN CENTER DRIVE, SUITE 400</u>	Telephone number (including area code)
	<u>BLOOMINGTON, MN 55437</u>	
	Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>17.02</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		464733
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.25</u> % .....		24398
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		489131
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	196.24 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	196.24 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	172.88 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>				
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>c</b>	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>			
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>26</b> Demographic and benefit information			
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<b>28</b> Unpaid minimum required contributions for all prior years .....			<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....			<b>31a</b> 165123
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b> 165123
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment .....			
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....			<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			<b>34</b> 0
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)			<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....			<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....			<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

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

<b>A</b> Name of plan <b>OLD DUTCH FOODS INC COUNTRY SALESMEN PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OLD DUTCH FOODS, INC</b>	<b>D</b> Employer Identification Number (EIN) <b>41-0914138</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

RBC CAPITAL MARKETS LLC

60 SOUTH 6TH STREET  
MINNEAPOLIS, MN 55402

40-1416330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	24108	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

FIDUCIARY MANAGEMENT, INC

100 E WISCONSIN AVE  
MILWAUKEE, WI 53202

39-1346018

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	17900	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)

MAIRS & POWER, INC

332 MINNESOTA ST  
ST PAUL, MN 55101

41-0844499

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	15506	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"/>

**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)

GW&K INVESTMENT MANAGEMENT

80-0250512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	7633	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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>OLD DUTCH FOODS INC COUNTRY SALESMEN PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OLD DUTCH FOODS, INC</b>	<b>D</b> Employer Identification Number (EIN) <b>41-0914138</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	120000	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	21838	22259
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	286241	275291
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	1221574	1146339
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	1101227	1243249
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	6059408	7161657
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	9358698	9878560
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	146002	107573

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	18314988	19834928
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	7519	12861
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	223059	89033
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	230578	101894
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	18084410	19733034

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	<b>2a(1)(A)</b>	0	
(B) Participants.....	<b>2a(1)(B)</b>		
(C) Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	13486	
(B) U.S. Government securities.....	<b>2b(1)(B)</b>	49232	
(C) Corporate debt instruments.....	<b>2b(1)(C)</b>	54507	
(D) Loans (other than to participants).....	<b>2b(1)(D)</b>		
(E) Participant loans.....	<b>2b(1)(E)</b>		
(F) Other.....	<b>2b(1)(F)</b>	7017	
(G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		124242
<b>(2) Dividends:</b>			
(A) Preferred stock.....	<b>2b(2)(A)</b>		
(B) Common stock.....	<b>2b(2)(B)</b>	82132	
(C) Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	297585	
(D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		379717
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
(A) Aggregate proceeds.....	<b>2b(4)(A)</b>	2250603	
(B) Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	1752525	
(C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		498078
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
(A) Real estate.....	<b>2b(5)(A)</b>		
(B) Other.....	<b>2b(5)(B)</b>	573964	
(C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		684985
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		2260986

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	546208	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		546208
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	65147	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	1007	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		66154
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		612362

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1648624
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **BETTS & HAYES, LTD.**

(2) EIN: **41-1619880**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.			

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 538976.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>OLD DUTCH FOODS INC COUNTRY SALESMEN PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>OLD DUTCH FOODS, INC</u>	<b>D</b> Employer Identification Number (EIN) <u>41-0914138</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<u>0</u>
---	----------	----------

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

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<u>0</u>
--	----------	----------

<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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 \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

**OLD DUTCH FOODS, INC.  
COUNTRY SALESMEN PENSION PLAN  
FINANCIAL STATEMENTS  
December 31, 2024**

OLD DUTCH FOODS, INC.  
COUNTRY SALESMEN PENSION PLAN  
December 31, 2024

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**Betts & Hayes, Ltd.**

**Certified Public Accountants**

## **Independent Auditor's Report**

The Plan Administrator  
Old Dutch Foods, Inc.  
Country Salesmen Pension Plan

### **Opinion**

We have audited the accompanying financial statements of the Old Dutch Foods, Inc. Country Salesmen Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits of 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.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Old Dutch Foods, Inc. Country Salesmen Pension Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Old Dutch Foods, Inc. Country Salesmen Pension Plan and to meet 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 audit opinion.

### **Responsibilities of Management for the Financial Statements**

Plan 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.

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 Old Dutch Foods, Inc. Country Salesmen Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

## **Independent Auditor's Report (continued)**

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**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than 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 judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgement 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 relative 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 Old Dutch Foods, Inc. Country Salesmen Pension 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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Old Dutch Foods, Inc. Country Salesmen Pension Plans' ability to continue as a going concern for a reasonable period of time.

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.

## Independent Auditor's Report (continued)

### Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its 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 information in the accompanying schedule is fairly stated in all material respects in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



BETTS & HAYES, LTD.  
Minneapolis, Minnesota  
October 8, 2025

OLD DUTCH FOODS, INC.  
COUNTRY SALESMEN PENSION PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
December 31, 2024 and 2023

	<u>December 31,</u> <u>2024</u>	<u>December 31,</u> <u>2023</u>
ASSETS		
Investments, at fair value (note F)	\$ 19,812,669	\$ 18,173,150
Receivables:		
Employer Contributions Receivable	-	120,000
Accrued Interest	22,259	21,838
	<u>22,259</u>	<u>141,838</u>
	<u>19,834,928</u>	<u>18,314,988</u>
TOTAL ASSETS	19,834,928	18,314,988
LIABILITIES		
Accounts Payable	12,861	7,519
Payable to Old Dutch Foods, Inc.	89,033	223,059
	<u>101,894</u>	<u>230,578</u>
TOTAL LIABILITIES	101,894	230,578
Net assets available for benefits	<u><u>\$ 19,733,034</u></u>	<u><u>\$ 18,084,410</u></u>

See accompanying notes to the financial statements.

OLD DUTCH FOODS, INC.  
COUNTRY SALESMEN PENSION PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
Years Ended December 31, 2024 and 2023

	December 31, 2024	December 31, 2023
Investment Income:		
Interest Income	\$ 124,242	\$ 114,380
Dividend income	379,717	228,073
Realized gain (loss) on sale of investments	857,773	131,827
Net increase (decrease) in fair value of investments	<u>899,254</u>	<u>2,196,900</u>
Total Investment Income	2,260,986	2,671,180
Employer Contributions	<u>-</u>	<u>480,000</u>
TOTAL ADDITIONS	2,260,986	3,151,180
Benefits and expenses:		
Distributions to retired, disabled and terminated employees	546,208	744,633
Administrative expenses	<u>66,154</u>	<u>60,223</u>
TOTAL DEDUCTIONS	<u>612,362</u>	<u>804,856</u>
Net Increase (Decrease)	1,648,624	2,346,324
Net Assets Available for Benefits, Beginning of Year	18,084,410	15,738,086
Net Assets Available for Benefits, End of Year	<u><u>\$ 19,733,034</u></u>	<u><u>\$ 18,084,410</u></u>

See accompanying notes to the financial statements.

OLD DUTCH FOODS, INC.  
COUNTRY SALESMEN PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2024

NOTE A - DESCRIPTION OF THE PLAN

General

The Plan is a defined benefit pension plan for employees of Old Dutch Foods, Inc. (the Company) employed as a Country Salesman or Sales Supervisor who are not covered by the Old Dutch Foods, Inc. Pension Plan for Office and Administrative Employees. An employee is eligible to participate in the Plan retroactively to the first day of the month coincident with or next following date of hire once the employee completes one year of service with 1,000 hours as an eligible employee.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual minimum funding requirements of the Employee Retirement Income Act of 1974 (ERISA). For the plan years ended December 31, 2024 and 2023, the Company made contributions of \$-0- and \$480,000, respectively, which exceeded the minimum funding requirements of ERISA.

Benefits

Retirement Benefits are based on years of credited service. Credited service prior to January 1, 1976 is based on all years of service with the Company. After December 31, 1975, a participant receives one year of credited service for each plan year in which 1,000 or more hours are completed. Fractional years of service are earned in the year of hire, termination or normal retirement date if the employee averages 83-1/3 compensated hours per completed month of employment.

The normal form of retirement benefit is a monthly pension commencing, after retirement, in the month following the participant's normal retirement date (age 62), or at age 55 with five or more years of service. Monthly pension benefits are accrued at a rate of \$25 per month for each year of service prior to 2024 plus \$80 per month for post-2023 credited service. Benefits are reduced by 1/2% for each month that the commencement of benefits precedes normal retirement, unless the sum of the participant's age at retirement plus the number of years of credited service is at least equal to 85. Certain disability and preretirement spousal death benefits are also available to qualified participants. Benefits are payable in several forms. The normal form of benefit is a five-year certain and life annuity or, in the case of married participants, an automatic joint and survivor annuity. Certain benefits are guaranteed by the Pension Benefit Guarantee Corporation (PBGC), limited to statutory ceilings on the amount of an individual monthly benefit.

Vesting

A participant's vested benefits are determined on the basis of the participant's number of years of service in which the employee has worked 1,000 or more hours. Participants will be 100% vested in their accumulated plan benefits after completing five years of service or upon obtaining age 62. There is no partial vesting of benefits.

OLD DUTCH FOODS, INC.  
COUNTRY SALESMEN PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2024

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Administrative Expenses

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Management determines the Plan's valuation policies utilizing information provided by its investment advisors and custodians. See note H for discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Use of Estimates

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

Subsequent Events

The plan has evaluated subsequent events through October 8, 2025, the date the financial statements were available to be issued.

OLD DUTCH FOODS, INC.  
 COUNTRY SALESMEN PENSION PLAN  
 NOTES TO FINANCIAL STATEMENTS  
 December 31, 2024

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan’s provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the plan are accumulated based on employees’ years of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The more significant assumptions underlying the actuarial computations are as follows:

Mortality: PRI-2012 total dataset projected with mortality improvement scale MP-2021

Interest rate: 7.0%

Percent married: 80%

Spouse age: Wives three years younger than husbands

Trust-paid expenses: Prior year’s trust-paid expenses

Retirement age:	<u>Age:</u>	<u>Rate:</u>	<u>Age:</u>	<u>Rate:</u>
	55-61	5%	66-69	40%
	62-64	12.5%	70	100%
	65	50%		

The rates are doubled if age plus years of service is 85 or more. Terminated vested participants are assumed to retire at age 62.

Disability: 1987 Commissioners Group Disability Table Male Standard

Form of payment: 5 Year Certain and Life Annuity

OLD DUTCH FOODS, INC.  
 COUNTRY SALESMEN PENSION PLAN  
 NOTES TO FINANCIAL STATEMENTS  
 December 31, 2024

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS - cont'd

Withdrawal:

Years of vesting service:	<5	15%
Years of vesting service:	>= 5	SOA Small Plan Aggregate Turnover by age, through age 61

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
25	19.5%	45	7.3%
30	15.5%	50	5.6%
35	12.1%	55	4.2%
40	9.4%	60	7.3%

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025 and 2024. Had the valuations been performed as of December 31, there would be no material differences. The actuarial present value of accumulated benefits as of January 1, 2025 and 2024 are summarized as follows:

	<u>2025</u>	<u>2024</u>
Present value of vested benefits:		
Active participants	\$ 2,410,145	\$ 2,134,969
Participants with deferred benefits	1,017,734	895,534
Participants receiving payments	4,538,954	4,693,763
Total present value of vested benefits	<u>7,966,833</u>	<u>7,724,266</u>
Present value of nonvested benefits	182,694	98,517
Present value of accumulated plan benefits	<u>\$ 8,149,527</u>	<u>\$ 7,822,783</u>
Funded percentage	243%	231%
Key assumptions:		
Discount Rate:	7.00%	7.00%
Mortality Table:	PRI-2012 Total Dataset projected with improvement scale MP-2021	PRI-2012 Total Dataset projected with improvement scale MP-2021

OLD DUTCH FOODS, INC.  
 COUNTRY SALESMEN PENSION PLAN  
 NOTES TO FINANCIAL STATEMENTS  
 December 31, 2024

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS - cont'd

The changes in the present value of accumulated benefits are summarized as follows:

Actuarial present value of accumulated plan benefits as of January 1, 2024	\$ 7,822,783
Increase (decrease) during the year attributable to:	
Benefits paid	(548,673)
Additional benefits accumulated and noninvestment experience	346,701
Increase for interest	528,716
Effect of change in assumptions	-
Net increase (decrease)	<u>326,744</u>
Actuarial present value of accumulated plan benefits as of January 1, 2025	<u><u>\$ 8,149,527</u></u>

Changes in actuarial assumptions:

Economic assumptions are based on input from a variety of published sources of historical and projected future financial data. Each assumption was reviewed for reasonableness with the source information as well as for consistency with the other economic assumptions. There were no changes to actuarial assumptions from the prior valuation.

Changes in plan provisions:

Benefit accrual rates were increased effective 1/1/2024. For each year of service after 1/1/2024, participants accrue a monthly benefit of \$80 per year (previously \$25).

NOTE D - RISKS AND UNCERTAINTIES

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

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

NOTE E - PLAN TERMINATION

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

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
4. All other vested benefits (that is, vested benefits not insured by the PBGC)
5. All non-vested benefits.

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

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

NOTE F - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy 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; 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 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 maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets of the Plan measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023:

**Money Market Funds:** valued at cost

**Common Stocks:** valued at the closing price reported on the active market on which the individual securities are traded

**US Government and Agency:** valued at the closing price reported on the active market on which the individual securities are traded or using pricing models maximizing the use of observable inputs for similar securities

**Corporate Bonds:** valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issues with similar credit ratings

**Municipal Bonds:** valued using pricing models maximizing the use of observable inputs for similar securities

**Exchange traded funds:** valued at the closing price reported on the active market on which the individual securities are traded

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

OLD DUTCH FOODS, INC.  
COUNTRY SALESMEN PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2024

NOTE F - FAIR VALUE MEASUREMENTS - cont'd

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements at December 31, 2024 and 2023:

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money Market Funds	275,291	-	-	275,291
Common Stocks	7,161,657	-	-	7,161,657
US Government and Agency Bonds & Notes	-	1,146,339	-	1,146,339
Corporate Bonds	-	1,243,249	-	1,243,249
Municipal Bonds	-	107,573	-	107,573
Exchange traded funds	2,645,345	-	-	2,645,345
Mutual Funds	7,233,215	-	-	7,233,215
<b>Total Assets at Fair Value</b>	<b>17,315,508</b>	<b>2,497,161</b>	<b>-</b>	<b>19,812,669</b>

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Money Market Funds	286,241	-	-	286,241
Common Stocks	6,059,408	-	-	6,059,408
US Government and Agency Bonds & Notes	-	1,221,574	-	1,221,574
Corporate Bonds	-	1,101,227	-	1,101,227
Municipal Bonds	-	146,002	-	146,002
Exchange traded funds	2,470,784	-	-	2,470,784
Mutual Funds	6,887,914	-	-	6,887,914
<b>Total Assets at Fair Value</b>	<b>15,704,347</b>	<b>2,468,803</b>	<b>-</b>	<b>18,173,150</b>

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such circumstances, the transfer is reported at the beginning of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2024, there were no significant transfers in or out of levels 1, 2 or 3.

OLD DUTCH FOODS, INC.  
COUNTRY SALESMEN PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2024

NOTE G - TAX STATUS

The Internal Revenue Service has determined and informed the company by a letter dated July 28, 2014, indicating that the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code (IRC). The plan has been amended since receiving the determination letter. However, the plan administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

NOTE H - RELATED PARTY TRANSACTIONS

Monthly pension benefits are paid to the plan participants by Old Dutch Foods, Inc. Transfers are periodically made from the Plan's investment account to Old Dutch Foods, Inc. for reimbursement of the benefit payments. As of December 31, 2024 and 2023, the amounts payable to Old Dutch Foods, Inc. for reimbursement of pension benefit payments was \$89,033 and \$223,059, respectively.

NOTE I - PARTY-IN-INTEREST TRANSACTIONS

Transactions resulting in plan assets being transferred to or used by a related party are prohibited under the Pension Reform Act (the Act) unless a specific exemption applies. During the plan year ended December 31, 2024, the Plan did not engage in any nonexempt transactions with a party-in-interest.

SUPPLEMENTAL INFORMATION

Attachment to 2024 Form 5500 Schedule SB  
 Old Dutch Country Salesmen Pension Plan  
 EIN: 41-0914138 P/N: 002

Schedule SB, Line 26 – Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	0	1	0	0	0	0	0	0	0	0	1
25 to 29	0	4	2	0	0	0	0	0	0	0	6
30 to 34	0	4	2	1	0	0	0	0	0	0	7
35 to 39	0	6	3	1	0	0	0	0	0	0	10
40 to 44	0	6	3	1	1	0	0	0	0	0	11
45 to 49	0	4	2	1	0	3	2	0	0	0	12
50 to 54	1	4	1	1	2	3	2	0	0	0	14
55 to 59	0	2	5	6	2	1	1	0	0	0	17
60 to 64	0	3	7	1	3	7	0	3	0	0	24
65 to 69	0	1	0	0	0	0	1	0	0	0	2
70 & up	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>1</b>	<b>35</b>	<b>25</b>	<b>12</b>	<b>8</b>	<b>14</b>	<b>6</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>104</b>

Attachment to 2024 Form 5500 Schedule SB  
 Old Dutch Country Salesmen Pension Plan  
 EIN: 41-0914138 P/N: 002

**Schedule SB, Part V – Statement of Actuarial Assumptions / Methods**

Summary of Methods	
Valuation Date	January 1, 2024
Funding Method	Unit credit
Market Assets	Trustee value plus prior year accrued contributions discounted at the plan's effective interest rate to the Valuation Date
Actuarial Assets	2-Year Smoothed Assets: Gains and losses during the prior 2 years are spread over 3 years (gains and losses are based on expected return versus actual return). Expected returns for the prior year and the 2 <sup>nd</sup> prior year are 5.74% and 5.92% respectively. Actuarial Assets may not be less than 90% or more than 110% of Market Assets.
Segment Rate Basis	24-month average with look back of 4 months

Economic Assumptions			
Segment Rates		<u>ARPA/IIJA</u>	<u>Non-Stabilized</u>
	Segment 1: years 1-5	4.75%	3.62%
	Segment 2: years 5-20	4.87%	4.46%
	Segment 3: years 20+	5.59%	4.52%
Effective Interest Rate	5.13%		
Low-Default-Risk Obligation Method (LDRM) Rates	The same as non-stabilized segment rates		
Salary Increases	Not applicable		

Other Assumptions				
Mortality (pre-retirement)	IRS 2024 Generational			
Mortality (post-retirement)	IRS 2024 Generational			
Disability	1987 Commissioners Group Disability Table Male Standard 6 Month Elimination period, Aggregate			
Withdrawal	Years of Vesting Service <5:		15%	
	Years of Vesting Service >=5:		SOA Small Plan Aggregate Turnover by age, through age 61	
	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
	25	.195	45	.073
	30	.155	50	.056
	35	.121	55	.042
	40	.094	60	.073
Expenses Paid from Trust	Prior year actual expenses , if any			
Retirement Age	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
	55-61	5%	66-69	40%
	62-64	12.5%	70+	100%
	65	50%		
	The rates are doubled if age plus years of service is 85 or more. Terminated vested participants are assumed to retire at age 62.			
Form of Payment	Five Year Certain and Life Annuity			
Percent Married	80%			
Spouse Age	Wives three years younger than husbands			

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

This Form is Open to Public Inspection

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... [x] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [x] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: OLD DUTCH FOODS INC COUNTRY SALESMEN PENSION PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/1970
2a Plan sponsor's name (employer, if for a single-employer plan): OLD DUTCH FOODS, INC
2b Employer Identification Number (EIN): 41-0914138
2c Plan Sponsor's telephone number: 651-633-8810
2d Business code (see instructions): 311900

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Contains handwritten signatures of Julie Calf and dates 10/10/25.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor OLD DUTCH FOODS INC  2375 TERMINAL ROAD  ST PAUL MN 55113	<b>3b</b> Administrator's EIN 41-0914138  <b>3c</b> Administrator's telephone number 651-633-8810																														
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																														
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 275																														
<b>6</b> 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). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. .... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines 6d and 6e. .... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"><b>6a(1)</b></td><td style="width:80%;"></td><td style="width:10%; text-align: right;">104</td></tr> <tr><td><b>6a(2)</b></td><td></td><td style="text-align: right;">110</td></tr> <tr><td><b>6b</b></td><td></td><td style="text-align: right;">118</td></tr> <tr><td><b>6c</b></td><td></td><td style="text-align: right;">38</td></tr> <tr><td><b>6d</b></td><td></td><td style="text-align: right;">266</td></tr> <tr><td><b>6e</b></td><td></td><td style="text-align: right;">9</td></tr> <tr><td><b>6f</b></td><td></td><td style="text-align: right;">275</td></tr> <tr><td><b>6g(1)</b></td><td></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td><td></td></tr> <tr><td><b>6h</b></td><td></td><td style="text-align: right;">7</td></tr> </table>	<b>6a(1)</b>		104	<b>6a(2)</b>		110	<b>6b</b>		118	<b>6c</b>		38	<b>6d</b>		266	<b>6e</b>		9	<b>6f</b>		275	<b>6g(1)</b>			<b>6g(2)</b>			<b>6h</b>		7
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<b>6g(1)</b>																															
<b>6g(2)</b>																															
<b>6h</b>		7																													
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>																														

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1B

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)  (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

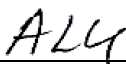
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan OLD DUTCH FOODS COUNTRY SALESMEN PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OLD DUTCH FOODS, INC	<b>D</b> Employer Identification Number (EIN) 41-0914138	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	18,047,248
	<b>b</b> Actuarial value .....	<b>2b</b>	18,384,195
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	130	5,388,334
	<b>b</b> For terminated vested participants .....	42	1,118,031
	<b>c</b> For active participants .....	104	2,734,291
	<b>d</b> Total .....	276	9,240,656
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.13%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	141,024
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	24,099
	<b>c</b> Target normal cost .....	<b>6c</b>	165,123

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

<b>SIGN HERE</b>	 Signature of actuary	<u>08/25/2025</u> Date
	<u>Anthony L. Urdahl</u> Type or print name of actuary	<u>2305312</u> Most recent enrollment number
	<u>USI Consulting Group</u> Firm name	<u>952-934-5554</u> Telephone number (including area code)
	<u>8000 Norman Center Drive, Suite 400</u> <u>Bloomington MN 55437</u> Address of the firm	

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.** **Schedule SB (Form 5500) 2024 v. 240311**

<b>Part II</b>	<b>Beginning of Year Carryover and Prefunding Balances</b>	<b>(a) Carryover balance</b>	<b>(b) Prefunding balance</b>
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>17.02%</u> .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		464,733
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.25%</u> .....		24,398
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		489,131
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III</b>	<b>Funding Percentages</b>		
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	196.24%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	196.24%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	172.88%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**Part IV Contributions and Liquidity Shortfalls**

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

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

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>				
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>26</b> Demographic and benefit information				
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c).....				<b>31a</b> 165,123
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 165,123
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	0		0	
<b>b</b> Waiver amortization installment .....				
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 0
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35).....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

Attachment to 2024 Form 5500 Schedule SB  
 Old Dutch Country Salesmen Pension Plan  
 EIN: 41-0914138 P/N: 002

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

<b>Weighted Average Retirement Age</b>				
(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	29.2464	0.0093	0.2725	14.9882
56	29.2724	0.0217	0.6350	35.5604
57	30.2117	0.0236	0.7143	40.7158
58	32.1149	0.0271	0.8688	50.3929
59	33.8496	0.0275	0.9303	54.8877
60	35.3634	0.0405	1.4328	85.9651
61	38.7367	0.0391	1.5128	92.2834
62	40.2080	0.1457	5.8573	363.1548
63	37.5705	0.1822	6.8456	431.2729
64	34.9976	0.1878	6.5734	420.7003
65	28.7359	0.8076	23.2080	1508.5203
66	6.3461	0.5126	3.2528	214.6846
67	2.9981	0.4044	1.2124	81.2305
68	1.7305	0.4758	0.8233	55.9832
69	0.8760	0.5389	0.4721	32.5730
70	0.3883	1.0000	0.3883	27.1811
Total			54.9998	3510.0942
Average				63.8200

Attachment to 2024 Form 5500 Schedule SB  
 Old Dutch Country Salesmen Pension Plan  
 EIN: 41-0914138 P/N: 002

**Schedule SB, Part V – Summary of Plan Provisions**

Key Plan Provisions	
EIN / Plan Number	41-0914138 / 002
Effective Date	January 1, 1970
Plan Year	January 1 to December 31
Vesting Service	One year for each Plan Year with at least 1,000 hours of service.
Credited Service	One year for each complete Plan Year with at least 1,000 hours worked as a participant. For years where a participant works less than 12 months, one month for each complete month with at least 83½ hours worked as a participant.
Participation	Retroactively to the first of the month coincident with or next following date of hire, once the employee completes one year of service with 1,000 hours as an eligible employee.
Vesting	100% after 5 years of Vesting Service
Normal Retirement Age	Age 62
Normal Retirement Date	1 <sup>st</sup> of the month coincident with or next following age 62
Accrued Monthly Pension	\$25 multiplied by credited service
Normal Retirement	Eligibility: Termination on or after Normal Retirement Age Benefit: Accrued Monthly Pension payable on 1st of month following termination
Early Retirement	Eligibility: Termination after attainment of age 55 and 5 years of vesting service Benefit: Accrued Monthly Pension reduced by 0.5% for each month that the commencement date precedes Normal Retirement Date. No reduction applies if age plus years of service is 85 or more.
Vested Termination	Eligibility: Termination of employment after 5 years of Vesting Service Benefit: Accrued Monthly Pension payable at NRD. The Accrued Monthly Pension can commence as early as age 55 reduced by 0.5% for each month that the commencement date precedes Normal Retirement Date.
Disability Retirement	Eligibility: Totally and permanently disabled after 5 years of Vesting Service Benefit: Accrued Monthly Pension as of date of disability
Death Benefit	Eligibility: Death after 5 years of Vesting Service Benefit: The survivor portion of the Early Retirement benefit payable as a 100% J&S option immediately, if the participant was past age 55; otherwise, deferred to the earliest commencement date

Attachment to 2024 Form 5500 Schedule SB  
Old Dutch Country Salesmen Pension Plan  
EIN: 41-0914138 P/N: 002

Schedule SB, Part V – Summary of Plan Provisions - Continued

Key Plan Provisions continued	
Actuarial Equivalence	Non 417(e): 1971 Group Annuity Male Mortality set back 0 years for participants and 6 years for beneficiaries, 6% interest; 417(e) Basis: 1-year stability period, 2-month look back
Normal Form of Payment	Five Year Certain & Life
Optional Payment Forms	Life only, 10 or 15 Year Certain & Life, J&S annuity (50%, 67%, 75%, 100%)

OLD DUTCH FOODS, INC.  
COUNTRY SALESMEN PENSION PLAN  
EIN # 41-0914138  
Plan Number 002  
Form 5500  
December 31, 2024

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

(a) lessor or similar party	(b) Identity of issuer, borrower,	(c) Description of investment	(d) Cost	(e) Current Value
<b>Common Stocks:</b>				
Abbott Laboratories		600 shares common stock	31,171	67,866
Allegion Public Limited		494 shares common stock	65,445	64,556
Alliant Energy Corporation		1,500 shares common stock	86,462	88,710
Alphabet Inc Class A		765 shares common stock	85,581	144,815
Alphabet Inc Class C		1,200 shares common stock	61,422	228,528
Amazon.Com Inc		1,200 shares common stock	198,912	263,268
American Express Company		400 shares common stock	34,692	118,716
Apple Inc		700 shares common stock	139,036	175,294
Aramark		3,775 shares common stock	127,345	140,845
Automatic Data Processing Inc		200 shares common stock	44,027	58,546
Avery Dennison Corp		729 shares common stock	129,355	136,418
Badger Meter Inc		200 shares common stock	4,774	42,424
Berkshire Hathaway Inc		372 shares common stock	50,650	168,620
Bio Techne Corp		1,000 shares common stock	17,312	72,030
Blackrock Inc		76 shares common stock	45,696	77,908
Booking Holdings Inc		36 shares common stock	67,294	178,863
Carlisle Companies Inc		163 shares common stock	38,099	60,121
Carmax Inc		1,512 shares common stock	128,352	123,621
Carrier Global Corporation		1,745 shares common stock	76,954	119,114
Caseys General Stores Inc		75 shares common stock	25,314	29,717
Cdw Corporation		405 shares common stock	75,511	70,486
Charles Schwab Corp New		2,710 shares common stock	142,385	200,567
Csx Corporation		3,013 shares common stock	100,967	97,230
Dollar Tree Inc		775 shares common stock	80,223	58,078
Donaldson Co Inc		400 shares common stock	17,815	26,940
Ecolab Inc		425 shares common stock	47,193	99,586
Eli Lilly & Co		250 shares common stock	20,273	193,000
Entegris Inc		400 shares common stock	48,567	39,624
Fastenal Co		1,500 shares common stock	34,843	107,865
Ferguson Enterprises Inc		820 shares common stock	101,801	142,327
Fiserv Inc		900 shares common stock	18,170	184,878
Fresenius Medical Care Ag		3,449 shares common stock	111,225	78,085
Generac Holdings Inc		500 shares common stock	21,315	77,525
Gentherm Inc		400 shares common stock	20,871	15,970
Graco Inc		300 shares common stock	12,052	25,287
H B Fuller & Co		600 shares common stock	21,480	40,488
Home Depot Inc		50 shares common stock	7,713	19,450

OLD DUTCH FOODS, INC.  
COUNTRY SALESMEN PENSION PLAN  
EIN # 41-0914138  
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Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a) lessor or similar party	(b) Identity of issuer, borrower,	(c) Description of investment	(d) Cost	(e) Current Value
<b>Common Stocks:</b>				
	Honeywell Intl Inc	200 shares common stock	13,620	45,178
	Hormel Foods Corp	900 shares common stock	31,174	28,233
	Johnson & Johnson	350 shares common stock	25,034	50,617
	Jpmorgan Chase & Co	300 shares common stock	47,106	71,913
	Koninklijke Philips N V	3,343 shares common stock	110,485	84,645
	Littelfuse Inc	300 shares common stock	67,528	70,695
	Masco Corp	1,803 shares common stock	67,875	130,844
	Medtronic Plc	300 shares common stock	17,516	23,964
	Meta Platforms Inc	225 shares common stock	100,554	131,740
	Microchip Technology Inc	1,157 shares common stock	71,132	66,354
	Micron Technology Inc	774 shares common stock	50,839	65,140
	Microsoft Corp	700 shares common stock	18,778	295,050
	Motorola Solutions Inc	300 shares common stock	45,324	138,669
	Nvent Electric Plc	1,000 shares common stock	21,867	68,160
	Nvidia Corp	2,650 shares common stock	10,089	355,869
	O Reilly Automotive Inc	66 shares common stock	63,576	78,263
	Palo Alto Networks Inc	200 shares common stock	24,438	36,392
	Piper Sandler Companies	100 shares common stock	29,461	29,995
	Principal Financial Group Inc	300 shares common stock	13,437	23,223
	Progressive Corpohio	480 shares common stock	45,949	115,013
	Qualcomm Inc	300 shares common stock	19,502	46,086
	Quest Diagnostics Inc	711 shares common stock	96,599	107,261
	Roche Holding Ltd	500 shares common stock	15,410	17,621
	Rockwell Automation Inc	200 shares common stock	56,761	57,158
	Salesforce Inc	200 shares common stock	56,737	66,866
	Schlumberger Ltd	945 shares common stock	42,257	36,231
	Smith & Nephew P L C	2,218 shares common stock	83,965	54,518
	Sony Group Corporation	5,615 shares common stock	98,423	118,813
	Sysco Corp	1,799 shares common stock	131,754	137,552
	Target Corp	200 shares common stock	12,417	27,036
	Tennant Co	200 shares common stock	14,370	16,306
	Tjx Companies Inc New	382 shares common stock	22,189	46,149
	Toro Co	500 shares common stock	34,114	40,050
	Unilever Plc	1,980 shares common stock	101,875	112,266
	Unitedhealth Group Inc	428 shares common stock	94,836	216,508
	Us Bancorp Del	800 shares common stock	29,444	38,264
	Visa Inc	375 shares common stock	52,533	118,515

OLD DUTCH FOODS, INC.  
COUNTRY SALESMEN PENSION PLAN  
EIN # 41-0914138  
Plan Number 002  
Form 5500  
December 31, 2024

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

(a) lessor or similar party	(b) Identity of issuer, borrower,	(c) Description of investment	(d) Cost	(e) Current Value
<b>Common Stocks:</b>				
Walt Disney Co		200 shares common stock	14,934	22,270
Wec Energy Group Inc		400 shares common stock	40,293	37,616
Wells Fargo & Co		1,000 shares common stock	41,310	70,240
Xcel Energy Inc		400 shares common stock	18,391	27,008
<b>Total Common Stocks</b>			4,294,193	7,161,657
<b>US Government and Agency Bonds &amp; Notes:</b>				
United States Treasury Note		25,000 3.625%, Due 03/31/2028	24,629	24,482
United States Treasury Bond		57,000 3.500%, Due 02/15/2039	55,926	50,007
United States Treasury Bond		32,000 2.250%, Due 05/15/2041	32,257	22,735
United States Treasury Bond		55,000 3.875%, Due 02/15/2043	50,920	48,580
United States Treasury Bond		99,000 3.125%, Due 05/15/2048	95,944	74,262
United States Treasury Bond		125,000 1.875%, Due 02/15/2051	105,994	69,639
Fedl Home Loan Mtg Corp #Sb0097		18,514 2.500%. Due 10/01/2034	18,750	16,990
Fnma Gtd Pass Thru Pool #Fm6619		19,563 2.000%. Due 03/01/2036	19,789	17,356
Fnma Gtd Pass Thru Pool #Sb8511		24,598 2.000%. Due 05/01/2036	21,323	21,863
Fnma Gtd Pass Thru Pool #Fs0833		15,141 3.000%. Due 06/01/2038	15,548	14,177
Fedl Home Loan Mtg Corp #A95828		6,274 4.500%. Due 12/01/2040	7,252	6,088
Fnma Gtd Pass Thru Pool #Aj9332		9,989 4.000%. Due 01/01/2042	11,911	9,472
Fnma Gtd Pass Thru Pool #Ao6713		5,243 4.000%. Due 06/01/2042	5,850	4,937
Fnma Gtd Pass Thru Pool #Al7306		4,210 4.500%. Due 09/01/2042	5,699	4,039
Fnma Gtd Pass Thru Pool #Ab6802		3,519 3.500%. Due 11/01/2042	4,036	3,205
Fedl Home Loan Mtg Corp #V80910		9,182 4.000%. Due 12/01/2043	11,652	8,620
Fnma Gtd Pass Thru Pool #Bm3362		17,353 4.500%. Due 01/01/2044	17,890	16,818
Fnma Gtd Pass Thru Pool #Av7104		4,953 4.000%. Due 03/01/2044	5,523	4,647
Fnma Gtd Pass Thru Pool #Al6031		4,618 4.000%. Due 10/01/2044	5,324	4,333
Fnma Gtd Pass Thru Pool #Al7468		1,957 5.000%. Due 02/01/2045	2,889	1,948
Fnma Gtd Pass Thru Pool #Al8818		19,640 3.500%. Due 02/01/2045	21,137	17,828
Fnma Gtd Pass Thru Pool #Fm3152		17,565 4.000%. Due 02/01/2045	19,355	16,568
Fnma Gtd Pass Thru Pool #Al8174		13,504 3.500%. Due 02/01/2046	15,225	12,160
Fnma Gtd Pass Thru Pool #Al8743		2,959 4.500%. Due 06/01/2046	3,958	2,842
Fnma Gtd Pass Thru Pool #Fm9679		27,727 4.500%. Due 09/01/2046	30,750	26,874
Fnma Gtd Pass Thru Pool #Bm3660		24,213 4.000%. Due 11/01/2046	22,714	22,531
Fnma Gtd Pass Thru Pool #Fm3229		97,701 3.500%. Due 02/01/2047	95,662	88,891
Fnma Gtd Pass Thru Pool #Fm7323		10,953 5.000%. Due 07/01/2047	12,474	10,900
Fnma Gtd Pass Thru Pool #Ca1354		13,715 3.500%. Due 03/01/2048	14,212	12,304
Fnma Gtd Pass Thru Pool #Ca1560		10,590 4.500%. Due 04/01/2048	11,490	10,098

OLD DUTCH FOODS, INC.  
COUNTRY SALESMEN PENSION PLAN  
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Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a) lessor or similar party	(b) Identity of issuer, borrower,	(c) Description of investment	(d) Cost	(e) Current Value
<b>US Government and Agency Bonds &amp; Notes:</b>				
	Fedl Home Loan Mtg Corp #Zt0542	8,553 4.000%. Due 07/01/2048	9,394	7,953
	Fnma Gtd Pass Thru Pool #Ca2166	3,915 4.500%. Due 08/01/2048	4,041	3,740
	Fedl Home Loan Mtg Corp #G61607	3,649 4.500%. Due 09/01/2048	3,962	3,488
	Fnma Gtd Pass Thru Pool #Bm5508	16,128 5.000%. Due 02/01/2049	17,438	15,876
	Fnma Gtd Pass Thru Pool #Fm1104	7,521 3.500%. Due 05/01/2049	8,185	6,748
	Fnma Gtd Pass Thru Pool #Bn6710	32,310 4.500%. Due 06/01/2049	35,988	30,839
	Fnma Gtd Pass Thru Pool #Ca3664	18,086 4.000%. Due 06/01/2049	17,040	16,905
	Fedl Home Loan Mtg Corp #Ra1193	4,861 4.000%. Due 08/01/2049	5,215	4,500
	Fnma Gtd Pass Thru Pool #Fm1534	16,460 4.500%. Due 09/01/2049	16,455	15,701
	Fedl Home Loan Mtg Corp #Sd7508	28,250 3.500%. Due 10/01/2049	30,643	25,343
	Fnma Gtd Pass Thru Pool #Fm7136	9,631 3.500%. Due 01/01/2050	10,415	8,641
	Fnma Gtd Pass Thru Pool #Fm3148	29,970 4.000%. Due 02/01/2050	32,953	27,747
	Fedl Home Loan Mtg Corp #Qa8185	12,048 3.000%. Due 03/01/2050	13,076	10,430
	Fnma Gtd Pass Thru Pool #Sd7514	21,818 3.500%. Due 04/01/2050	21,123	19,573
	Fedl Home Loan Mtg Corp #Ra3175	27,544 3.000%. Due 07/01/2050	26,596	23,467
	Fnma Gtd Pass Thru Pool #Fm4324	7,330 3.500%. Due 07/01/2050	7,941	6,575
	Fnma Gtd Pass Thru Pool #Fs1125	17,323 3.500%. Due 07/01/2050	16,987	15,563
	Fedl Home Loan Mtg Corp #Ra3194	22,558 2.500%. Due 08/01/2050	23,795	18,553
	Fnma Gtd Pass Thru Pool #Ca6738	9,363 3.000%. Due 08/01/2050	9,937	8,045
	Fnma Gtd Pass Thru Pool #Fm5893	17,631 5.000%. Due 08/01/2050	19,800	17,247
	Fnma Gtd Pass Thru Pool #Ra3586	4,696 4.000%. Due 09/01/2050	5,143	4,334
	Fedl Home Loan Mtg Corp #Ra4919	12,205 3.000%. Due 03/01/2051	12,951	10,478
	Fedl Home Loan Mtg Corp #Sd1818	20,666 4.000%. Due 10/01/2052	19,985	18,931
	Fnma Gtd Pass Thru Pool #Cb5104	27,007 4.500%. Due 11/01/2052	26,199	25,448
	Fnma Gtd Pass Thru Pool #Fs3698	25,378 5.500%. Due 11/01/2052	25,339	25,306
	Fedl Home Loan Mtg Corp #Sd7563	27,559 4.500%. Due 05/01/2053	26,450	26,282
	Fedl Home Loan Mtg Corp #Ra9270	56,219 5.500%. Due 06/01/2053	56,301	55,874
	Fnma Gtd Pass Thru Pool #Ma5072	24,577 5.500%. Due 07/01/2053	24,815	24,286
	Fnma Gtd Pass Thru Pool #Fs7160	22,432 6.500%. Due 02/01/2054	23,357	23,272
<b>Total US Government and Agency Bonds &amp; Notes</b>			1,317,607	1,146,339
<b>Municipal Bonds:</b>				
	New Jersey Economic Dev Auth	21,000 7.425%, Due 02/15/29	30,023	25,384
	California St Var Purp G/O B/E Txbl	35,000 7.550%, Due 04/01/39	59,767	47,281
	Miami Dade County FL Aviation	10,000 3.982%, Due 10/01/41	10,961	8,292
	Miami Dade County FL Aviation	30,000 4.280%, Due 10/01/41	30,020	26,616
<b>Total Municipal Bonds</b>			130,771	107,573

OLD DUTCH FOODS, INC.  
COUNTRY SALESMEN PENSION PLAN  
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Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a) <u>lessor or similar party</u>	(b) Identity of issuer, borrower, <u>lessor or similar party</u>	(c) <u>Description of investment</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
<b>Corporate Bonds:</b>				
	Aecom	26,000 5.125% Due 03/15/2027	28,227	25,750
	Aircastle Ltd	25,000 4.250% Due 06/15/2026	23,910	24,733
	American Tower Corp	24,000 5.900% Due 11/15/2033	25,584	24,733
	Amgen Inc	25,000 5.600% Due 03/02/2043	25,538	24,394
	Ball Corp	37,000 2.875% Due 08/15/2030	30,715	31,663
	Bank Amer Corp Ser N	29,000 4.330% Due 03/15/2050	33,485	23,773
	Boeing Co	26,000 5.150% Due 05/01/2030	30,387	25,626
	Broadcom Inc	26,000 4.550% Due 02/15/2032	25,998	25,135
	Campbell Soup Co	29,000 2.375% Due 04/24/2030	24,098	25,445
	Celanese Us Hldgs Llc	24,000 6.800% Due 11/15/2030	23,792	24,854
	Charter Communications Oper	26,000 5.050% Due 03/30/2029	25,132	25,442
	Citigroup Inc	25,000 5.950% Due 12/31/2149	24,875	24,960
	Commonspirit Health	28,000 3.347% Due 10/01/2029	28,235	26,072
	Crown Castle Intl Corp	27,000 4.300% Due 02/15/2029	29,291	26,126
	Cvs Health Corp	25,000 5.400% Due 06/01/2029	25,052	25,012
	Diamondback Energy Inc	5,000 3.500% Due 12/01/2029	5,386	4,646
	Diamondback Energy Inc	19,000 6.250% Due 03/15/2033	19,867	19,760
	Discover Financial Services	22,000 7.964% Due 11/02/2034	25,592	25,148
	Duke Energy Corp New	30,000 2.550% Due 06/15/2031	26,222	25,619
	Encompass Health Corp	28,000 4.750% Due 02/01/2030	27,215	26,545
	Energy Transfer L P Sr Gbl	24,000 6.550% Due 12/01/2033	25,017	25,550
	Equinix Inc	27,000 3.200% Due 11/18/2029	24,841	24,819
	Fiserv Inc	25,000 4.200% Due 10/01/2028	26,164	24,311
	Ford Motor Company	24,000 7.450% Due 07/16/2031	26,390	25,789
	General Mtrs Finl Co Inc	26,000 5.800% Due 06/23/2028	25,559	26,518
	Gm Financial Ser 241 Cl A4	28,000 4.860% Due 06/18/2029	27,963	28,158
	Goldman Sachs Group Inc	25,000 4.950% Due 12/31/2149	24,657	24,892
	Hca Inc	27,000 3.500% Due 09/01/2030	23,991	24,533
	John Deere Owner Ser 2023-B	22,000 5.180% Due 03/15/2028	22,022	22,181
	Jpmorgan Chase & Co	35,000 3.157% Due 04/22/2042	33,622	25,724
	Kb Home	28,000 4.000% Due 06/15/2031	24,850	24,721
	L3Harris Technologies Inc	25,000 5.250% Due 06/01/2031	24,842	25,042
	Mgm Mirage	26,000 4.750% Due 10/15/2028	25,317	24,897
	Microsoft Corp	39,000 2.525% Due 06/01/2050	36,192	24,073
	Morgan Stanley	25,000 4.431% Due 01/23/2030	24,851	24,339
	Murphy Oil Corp	26,000 6.000% Due 10/01/2032	26,000	24,981
	Navient Corp	26,000 5.000% Due 03/15/2027	23,725	25,484

OLD DUTCH FOODS, INC.  
COUNTRY SALESMEN PENSION PLAN  
EIN # 41-0914138  
Plan Number 002  
Form 5500  
December 31, 2024

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

(a) <u>lessor or similar party</u>	(b) Identity of issuer, borrower,	(c) <u>Description of investment</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
<b>Corporate Bonds:</b>				
Nustar Logistics LP		25,000 6.375% Due 10/01/2030	24,950	25,068
Occidental Pete Corp		22,000 7.875% Due 09/15/2031	25,190	24,384
Pnc Finl Svcs Group Inc		25,000 5.068% Due 01/24/2034	23,929	24,374
Sonoco Prods Co		29,000 2.850% Due 02/01/2032	28,313	24,629
Southwestern Energy Co		26,000 5.375% Due 03/15/2030	25,025	25,519
Teva Pharmaceutical Fin		28,000 3.150% Due 10/01/2026	25,305	26,905
Truist Financial Corp		25,000 5.435% Due 01/24/2030	25,187	25,217
U S Bancorp		24,000 5.775% Due 06/12/2029	24,005	24,546
United Airlns Ser 20241		25,000 5.450% Due 08/15/2038	25,265	25,036
United Rentals Inc		22,000 3.875% Due 02/15/2031	19,875	19,653
United Rentals North Amer Inc		13,000 5.500% Due 05/15/2027	13,435	12,921
Verizon Communications Inc		33,000 3.550% Due 03/22/2051	33,383	23,358
Verizon Master Tr Ser 20234		25,000 5.160% Due 06/20/2029	24,928	25,236
Wells Fargo & Co		25,000 5.875% Due 12/31/2149	24,906	24,955
<b>Total Corporate Bonds</b>			1,298,300	1,243,249
<b>Registered Investment Companies:</b>				
Ishares Russell 2000 ETF		1,635 exchange traded funds	369,624	361,270
Ishares Russell 2000 Growth ETF		6,974 exchange traded funds	698,269	2,007,257
Ishares Core MSCI Emerging Markets E		5,301 exchange traded funds	276,438	276,818
FMI Funds International Fund		23,395 mutual fund shares	715,337	853,436
Nuveen Invst Real Estate Secs Fund		47,017 mutual fund shares	928,126	702,432
Nuveen Invst Global Infrastructure		105,140 mutual fund shares	1,047,749	1,180,720
Nuveen International Opportunities		54,449 mutual fund shares	707,502	797,681
Vanguard Short-Term Bond Index Fund		181,711 mutual fund shares	1,884,243	1,840,731
Principal MidCap Fund Institutional Clas		41,692 mutual fund shares	1,228,497	1,858,215
<b>Total Registered Investment Companies</b>			7,855,785	9,878,560
JP Morgan 100% US Treasury Securities			275,291	275,291

Attachment to 2024 Form 5500 Schedule SB  
Old Dutch Country Salesmen Pension Plan  
EIN: 41-0914138 P/N: 002

Schedule SB, Line 24 – Change in Actuarial Assumptions

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Retirement assumptions were set based on a study of the plan's experience from 2017 to 2024.