

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

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).

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

- A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan... B This return/report is: [ ] a single-employer plan [ ] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: ROCHESTER DAIRY INDUSTRY INDIVIDUAL PENSION ACCOUNT PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 04/01/1982
2a Plan sponsor's name (employer, if for a single-employer plan): ROCHESTER DAIRY TEAMSTER LOCAL 118
2b Employer Identification Number (EIN): 16-6019488
2c Plan Sponsor's telephone number: 585-328-1130
2d Business code (see instructions): 311500

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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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 checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<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>	259
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <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 <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <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.....	<b>6a(1)</b>	201
	<b>6a(2)</b>	277
	<b>6b</b>	9
	<b>6c</b>	48
	<b>6d</b>	334
	<b>6e</b>	2
	<b>6f</b>	336
	<b>6g(1)</b>	259
<b>6g(2)</b>	279	
<b>6h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	6

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E 2F 2G 2J 2S 2T

**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 checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

**a Pension Schedules**

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

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached   1
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (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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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p><b>A</b> Name of plan <b>ROCHESTER DAIRY INDUSTRY INDIVIDUAL PENSION ACCOUNT PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>002</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ROCHESTER DAIRY INDUSTRY INDIVIDUAL PENSION ACCOUNT PLAN</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>16-6019488</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**EMPOWER ANNUITY INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	524760-01	18	04/01/2024	03/31/2025

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

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

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

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

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

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

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

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

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

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

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	1243793
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	86066

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	

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

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

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

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

**b** Balance at the end of the previous year ..... **7b** 1942943

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	105359
(2) Dividends and credits.....	<b>7c(2)</b>	0
(3) Interest credited during the year.....	<b>7c(3)</b>	45459
(4) Transferred from separate account .....	<b>7c(4)</b>	278889
(5) Other (specify below).....	<b>7c(5)</b>	4407

▶ LOAN PAYMENTS

(6) Total additions ..... **7c(6)** 434114

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 2377057

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	469603
(2) Administration charge made by carrier.....	<b>7e(2)</b>	3795
(3) Transferred to separate account .....	<b>7e(3)</b>	659866
(4) Other (specify below).....	<b>7e(4)</b>	

(5) Total deductions ..... **7e(5)** 1133264

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 1243793

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>			
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>			
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>			
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>		0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>			
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>			
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>		0
	(4) Claims charged .....		<b>9b(4)</b>		
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions .....	<b>9c(1)(A)</b>			
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>			
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>			
	(D) Other expenses .....	<b>9c(1)(D)</b>			
	(E) Taxes .....	<b>9c(1)(E)</b>			
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>			
	(G) Other retention charges .....	<b>9c(1)(G)</b>			
	(H) Total retention .....		<b>9c(1)(H)</b>		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>		
	(2) Claim reserves .....		<b>9d(2)</b>		
	(3) Other reserves .....		<b>9d(3)</b>		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>		

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

<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 **04/01/2024** and ending **03/31/2025**

<b>A</b> Name of plan <b>ROCHESTER DAIRY INDUSTRY INDIVIDUAL PENSION ACCOUNT 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>ROCHESTER DAIRY INDUSTRY INDIVIDUAL PENSION ACCOUNT PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>16-6019488</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)

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	32401	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)

ONE DIGITAL TOPCO LLC DBA RESOURCES

PO BOX 735399  
DALLAS, TX 75373

(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?
99	OTHER	25000	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)

STOKES VISCA HUCKO & BARONE CPAS LL

29 GOODWAY DR  
ROCHESTER, NY 14623

(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?
99	OTHER	19500	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)

HARTER SECREST & EMERY LLP

1600 BAUSCH AND LOMB PLACE  
ROCHESTER, NY 14604

(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?
99	OTHER	15265	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)

MARSH & MCLENNAN COMPANIES INC

99 HIGH ST  
BOSTON, MA 02110

(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?
99	OTHER	8125	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"/>

**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 D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan 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>	OMB No. 1210-0110  <hr/> <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 04/01/2024 and ending 03/31/2025

<b>A</b> Name of plan <u>ROCHESTER DAIRY INDUSTRY INDIVIDUAL PENSION ACCOUNT PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>002</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ROCHESTER DAIRY INDUSTRY INDIVIDUAL PENSION ACCOUNT PLAN</u>	<b>D</b> Employer Identification Number (EIN) <u>16-6019488</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>EAGLE MID CAP GROWTH FUND</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>EMPOWER ANNUITY INSURANCE COMPANY</u>	
<b>c</b> EIN-PN <u>06-1050034-776</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>86066</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



<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>04/01/2024</b> and ending <b>03/31/2025</b>	
<b>A</b> Name of plan <b>ROCHESTER DAIRY INDUSTRY INDIVIDUAL PENSION ACCOUNT 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>ROCHESTER DAIRY INDUSTRY INDIVIDUAL PENSION ACCOUNT PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>16-6019488</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>	4917	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	10281	0
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	0	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	130388	291647
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	85631	86066
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	17337828	17878301
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	1941477	1242282
<b>(15)</b> Other .....	<b>1c(15)</b>	0	0

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	0
(2) Employer real property.....	<b>1d(2)</b>	0	0
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	0	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	19510522	19498296
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>	9268	9470
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	0
<b>j</b> Other liabilities.....	<b>1j</b>	0	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	9268	9470
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	19501254	19488826

**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: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	416530	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	844453	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	233818	
(2) Noncash contributions.....	<b>2a(2)</b>	0	1494801
(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>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	0	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	0	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	16902	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	26081	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		42983
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	0	688079
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	0	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	688079	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		688079
<b>(3)</b> Rents.....	<b>2b(3)</b>		0
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	0	0
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	0	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	0	0
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	0	
<b>(C)</b> 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 .....	2b(6)	0
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	-9504
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)	388839
<b>c</b> Other income .....	2c	10733
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	2615931

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	2527866
(2) To insurance carriers for the provision of benefits .....	2e(2)	0
(3) Other .....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	2527866
<b>f</b> Corrective distributions (see instructions) .....	2f	0
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	0
<b>h</b> Interest expense .....	2h	0
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	0
(2) Contract administrator fees .....	2i(2)	0
(3) Recordkeeping fees .....	2i(3)	32401
(4) IQPA audit fees .....	2i(4)	19500
(5) Investment advisory and investment management fees .....	2i(5)	25000
(6) Bank or trust company trustee/custodial fees .....	2i(6)	0
(7) Actuarial fees .....	2i(7)	0
(8) Legal fees .....	2i(8)	15467
(9) Valuation/appraisal fees .....	2i(9)	0
(10) Other trustee fees and expenses .....	2i(10)	0
(11) Other expenses .....	2i(11)	8125
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	100493
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	2628359

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	-12428
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	
(2) From this plan .....	2l(2)	

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **STOKES, VISCA, HUCKO & BARONE CPAS**

(2) EIN: **47-4215313**

**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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32218
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1000000
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<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.	<input type="checkbox"/>	<input type="checkbox"/>	

**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 \_\_\_\_\_.

<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>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

<b>A</b> Name of plan <u>ROCHESTER DAIRY INDUSTRY INDIVIDUAL PENSION ACCOUNT 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>ROCHESTER DAIRY INDUSTRY INDIVIDUAL PENSION ACCOUNT PLAN</u>	<b>D</b> Employer Identification Number (EIN) <u>16-6019488</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**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.....	1	0
---------------------------------------------------------------------------------------------------------------------------------------	---	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 20-3691708

**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 .....	3	
----------------------------------------------------------------------------------------------------------------------------------	---	--

<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.)
----------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**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) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<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).....	6c	

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? .....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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 \_\_\_\_\_.

**ROCHESTER DAIRY INDUSTRY  
INDIVIDUAL PENSION ACCOUNT PLAN**

**FINANCIAL STATEMENTS  
MARCH 31, 2025 AND 2024**

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**STOKES, VISCA, HUCKO & BARONE, LLC**

*Certified Public Accountants*

**INDEPENDENT AUDITOR'S REPORT**

To the Board of Trustees of  
the Rochester Dairy Industry  
Individual Pension Account Plan

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

We have performed an audit of the accompanying financial statements of Rochester Dairy Industry Individual Pension Account Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of March 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the year ended March 31, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

## **Opinion**

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

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

## **Basis for Opinion**

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

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

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

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

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

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

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

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

### **Supplemental Schedules Required by ERISA**

The supplemental schedules of assets held for investment, reportable transactions, and delinquent participant contributions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion -

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Stokes, Visca, Hucko & Barone, CPAs, LLC*

Stokes, Visca, Hucko & Barone, CPAs, LLC  
Rochester, New York  
October 3, 2025

**ROCHESTER DAIRY INDUSTRY  
INDIVIDUAL PENSION ACCOUNT PLAN**

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

	<b>March 31, 2025</b>	<b>March 31, 2024</b>
<b>ASSETS</b>		
<b>Investments at Fair Value:</b>		
Mutual Funds	\$ 17,878,301	\$ 17,337,828
Pooled Separate Account	86,066	85,631
Group Annuity Contracts	1,242,282	1,941,477
<b>Total Investments</b>	<u>19,206,649</u>	<u>19,364,936</u>
<b>Receivables:</b>		
Participant Loans Receivable	291,647	130,388
Employee Contributions	-	10,281
Employer Contributions	-	4,917
<b>Total Receivables</b>	<u>291,647</u>	<u>145,586</u>
<b>TOTAL ASSETS</b>	<b>19,498,296</b>	<b>19,510,522</b>
<b>LIABILITIES</b>		
Accounts Payable	9,470	9,268
<b>TOTAL LIABILITIES</b>	<u>9,470</u>	<u>9,268</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u><u>\$ 19,488,826</u></u>	<u><u>\$ 19,501,254</u></u>

See accompanying notes.

**ROCHESTER DAIRY INDUSTRY  
INDIVIDUAL PENSION ACCOUNT PLAN**

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

	<b>March 31, 2025</b>	<b>March 31, 2024</b>
<b>ADDITIONS TO NET ASSETS</b>		
<b>Investment Income:</b>		
Net Appreciation in Fair Value of Investments	\$ 416,149	\$ 2,268,599
Interest and Dividends Earned	704,981	382,101
<b>Total Investment Income</b>	<b>1,121,130</b>	<b>2,650,700</b>
<b>Contributions:</b>		
Employer Contributions	416,530	368,914
Rollover Contributions	233,818	7,146
Employee Contributions	844,453	736,800
<b>Total Contributions</b>	<b>1,494,801</b>	<b>1,112,860</b>
<b>TOTAL ADDITIONS TO NET ASSETS</b>	<b>2,615,931</b>	<b>3,763,560</b>
<b>DEDUCTIONS FROM NET ASSETS</b>		
Benefits Paid Directly to Participants	2,527,866	2,687,235
<b>Administrative Expenses:</b>		
Bank Trustee Fees	32,401	31,460
Accounting Expense	19,500	18,500
Legal Expense	15,467	17,050
Insurance Expense	8,125	8,125
Administration Fees	25,000	25,000
<b>TOTAL DEDUCTIONS FROM NET ASSETS</b>	<b>2,628,359</b>	<b>2,787,370</b>
<b>NET INCREASE/(DECREASE)</b>	<b>(12,428)</b>	<b>976,190</b>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
<b>Beginning of Year</b>	<b>19,501,254</b>	<b>18,525,064</b>
<b>END OF YEAR</b>	<b>\$ 19,488,826</b>	<b>\$ 19,501,254</b>

See accompanying notes.

**ROCHESTER DAIRY INDUSTRY  
INDIVIDUAL PENSION ACCOUNT PLAN**

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

**MARCH 31, 2025**

**EIN: 16-6019488 PLAN NUMBER:002**

			Supplemental Schedule A	
(a) (b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value	
* Empower Retirement Insurance and Annuity Company	Guaranteed Income Fund	\$ 1,156,745	\$	1,242,282
* Empower Retirement Insurance and Annuity Company	Eagle M Cap Growth (ISP)	87,791		86,066
Vanguard Value Index Fund Admiral Shares	Mutual Funds	238,011		277,161
Vanguard Small-Cap Index Fund Admiral Shares	Mutual Funds	247,418		254,391
American Funds 2010 Target Date Retirement Fund Class R-6	Mutual Funds	342,258		341,126
American Funds 2015 Target Date Retirement Fund Class R-6	Mutual Funds	375,002		368,361
American Funds 2020 Target Date Retirement Fund Class R-6	Mutual Funds	295,376		291,884
American Funds 2025 Target Date Retirement Fund Class R-6	Mutual Funds	2,062,902		2,022,613
American Funds 2030 Target Date Retirement Fund Class R-6	Mutual Funds	4,827,244		4,925,192
American Funds 2035 Target Date Retirement Fund Class R-6	Mutual Funds	2,694,866		2,764,864
American Funds 2040 Target Date Retirement Fund Class R-6	Mutual Funds	1,180,044		1,242,658
American Funds 2045 Target Date Retirement Fund Class R-6	Mutual Funds	1,132,636		1,196,586
American Funds 2050 Target Date Retirement Fund Class R-6	Mutual Funds	548,767		580,539
American Funds 2055 Target Date Retirement Fund Class R-6	Mutual Funds	448,485		475,015
American Funds 2060 Target Date Retirement Fund Class R-6	Mutual Funds	404,206		429,811
American Funds 2065 Target Date Retirement Fund Class R-6	Mutual Funds	108,100		115,082
American Funds 2070 Target Date Retirement Fund Class R-6	Mutual Funds	1,637		1,591
American Funds EuroPacific Growth Fund Class R-6	Mutual Funds	29,646		25,807
Vanguard Balanced Index Fund Admiral Shares	Mutual Funds	768,134		777,538
Fidelity 500 Index Fund	Mutual Funds	1,247,760		1,360,568
Fidelity Mid Cap Index Fund	Mutual Funds	166,499		182,234
AB Large Cap Growth Fund Class I	Mutual Funds	180,893		175,622
Baird Core Plus Bond Fund	Mutual Funds	75,279		69,658
* Participant Loans	4.25% - 9.50%	-		291,647
<b>Total Assets (Held At End Of Year)</b>				<b><u>\$ 19,498,296</u></b>

\* Denotes party-in-interest

See accompanying notes.

**ROCHESTER DAIRY INDUSTRY  
INDIVIDUAL PENSION ACCOUNT PLAN  
SCHEDULE H LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS  
FOR THE YEAR ENDED MARCH 31, 2025  
EIN: 16-6019488 PLAN NUMBER: 002**

**Supplemental  
Schedule C**

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included: <input checked="" type="checkbox"/>				
\$ 32,218	\$ -	\$ 32,218	\$ -	\$ -

See accompanying notes.

**ROCHESTER DAIRY INDUSTRY  
INDIVIDUAL PENSION ACCOUNT PLAN  
NOTES TO FINANCIAL STATEMENTS  
MARCH 31, 2025 AND 2024**

**Note 1 - Description of the Plan**

The following description of the Rochester Dairy Industry Individual Pension Account Plan, hereafter called the "Plan", provides only general information. Participants should refer to the Trust Agreement for a more detailed explanation of the Plan's provisions.

**General**

The Plan was established April 1, 1982 as a defined contribution pension plan for the Teamsters Union Local No. 791, Rochester, New York, affiliated with the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America. The Plan is intended to qualify as a profit-sharing plan, as defined in code section 401(a)(27). The Plan also includes a cash or deferred arrangement under code section 401(k). Effective December 1, 1997, the Plan was amended to establish and administer a loan program to allow participants to borrow money from the Plan. The purpose of the Plan is to provide retirement benefits for eligible employees of participating employers. An employee shall become a participant as of the date on which he is an eligible employee and has completed one year of service.

**Contributions**

Each employee may elect to contribute to his or her account under a written deferral agreement between one percent (1%) and eighty five percent (85%), but not more than the annual dollar amount allowed under code section 402(g). The employee also selects the funds in which his contributions will be invested. Under no circumstances will the total of a Participant's Elective Deferral Contributions and Catch-up Contributions exceed one hundred percent (100%) of his compensation reduced by other required or elected withholdings.

Upstate Niagara Cooperative, Inc. contributes for each participant, \$1.35 per compensated hour up to a maximum of forty hours per week.

Effective January 1, 2023, Logan Linen's contributes \$98.20 per week for each employee that has worked three or more days in the payroll week. Vacation and holidays are considered as days worked. As of January 1, 2024 and January 1, 2025 the amount increased to \$103.11 and \$108.26, respectively, per week.

Upstate Farms Cultured Products, LLC contributes for each participant, \$1.74 per compensated hour up to a maximum of forty hours per week.

Effective January 2025, Lake Beverage will make a matching contribution equal to 50% of participants' wage deferrals that do not exceed 3% of participants' compensation.

**Vesting**

Each participant shall have a fully vested, non-forfeitable interest in his Elective Deferral Account, Catch-up Contribution Account, Employer Contribution Account and Rollover Contribution Account.

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**Participants' Accounts**

Each participant in the Plan shall have, if applicable, an elective deferral account, a catch-up contribution account, an employer contribution account and a rollover contribution account. As of each valuation date, each account shall be charged or credited, as appropriate, with the earnings, expenses, gains and losses of each investment fund in the proportion that the amount in the account invested in the investment fund as of that valuation date. Any other expenses of the fund not paid directly by an employer shall be paid from the fund and charged to each account in the proportion that the amount in the account bears to the total amount in all participants' accounts, except to the extent otherwise provided by the Plan or directed by the Board of Trustees pursuant to a nondiscriminatory expense policy. Notwithstanding the foregoing, in the event that the Plan receives extraordinary payments (as determined by the Board of Trustees in its discretion, but including payments received as a result of litigation that are not readily identifiable as allocable to particular participants' accounts), the Board of Trustees may determine the method of allocating such extraordinary payment or utilizing some or all of such payment for the benefit of the Plan in some other permissible manner.

Notwithstanding the foregoing, if a portion of an account is invested in a designated investment company or other type of investment fund which is valued more frequently and/or valued pursuant to a different procedure, each account may be valued and charged or credited as appropriate with earnings, expenses, gains and losses in accordance with the procedures of the designated investment company or other investment fund, but not less frequently than the last trading date of the New York Stock Exchange in each calendar quarter.

Elective deferral contributions and catch-up contributions shall be allocated to the appropriate accounts of eligible participants as soon as practicable after being contributed to the Plan. Employer contributions shall be allocated to the appropriate accounts as of a date no later than the end of the Plan Year. Notwithstanding the foregoing, no contributions will be taken into account for the purposes of allocations of fund income and losses until actually contributed and invested.

**Distributions**

A participant's vested interest in the Plan shall be distributed one of two ways. Either:

1) distributed no later than his required beginning date. A participant's required beginning date means April 1, of the calendar year following the calendar year in which the participant attains age 70½. However, in the case of a participant who had attained age 70½ by January 1, 2020, and who has not been a five-percent owner at any time since the beginning of the Plan year ending with or within the calendar year in which the participant attained age 72, the term "required beginning date" means the April 1, of the calendar year following the calendar year in which the participant retires. Or:

2) distributed no later than the required beginning date over the participant's life or over the lives of the participant and a designated beneficiary (or over a period not extending beyond the life expectancy of the participant or the life expectancy of the participant and a designated beneficiary). Any distribution paid will be in a single cash sum if under \$5,000.

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If over \$5,000 it will be paid in the form of a Qualified Joint and Survivor Annuity unless the participant elects to receive the distribution in a single cash sum or by periodic installments over a specified period not to exceed ten years.

**Note 2 - Summary of Significant Accounting Policies**

**Basis of Accounting**

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

**Investments**

The Plan's investments are stated 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. See Note 8 for discussion of fair value measurements.

**Net Appreciation (Depreciation) in Investments**

The Plan presents in the statements of changes in net assets available for benefits, the appreciation (depreciation) in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation or depreciation on those investments.

**Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**Payment of Benefits**

Benefits are recorded when paid.

**Participant Loans Receivable**

Participants may receive a hardship loan if approved by the Board of Trustees. Participants may borrow from their fund accounts a maximum no greater than an amount equal to the lesser of \$10,000 or the Participant's vested interest in his Elective Deferral Account and Catch-up Contribution Account (excluding primary resident loans). When added to the outstanding balance of all other loans from this Plan and all other plans of the Employer and all Affiliates, loans may be no greater than an amount equal to the lesser of (1) \$50,000 minus the excess, if any, of: (A) the highest balance of loans from this Plan and all other plans of the Employer and all Affiliates to the Participant outstanding during the one-year period ending on the day before the loan is made, over (B) the outstanding balance of all loans from this Plan and all other plans of the Employer and all Affiliates on the day on which the loan is made, or (2) one-half of the total present value measured as the most recent Valuation Date of the Participant's vested interest in all of his accounts under this Plan. The notes are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 9.50%, which are commensurate with local prevailing rates as determined quarterly by the Plan administrator. Generally, principal and interest is paid ratably through monthly payroll deductions.

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**Note 3 - Plan Termination**

The Plan is intended to be a permanent program to provide retirement benefits for Participants. The employers and the union nevertheless reserve the right to terminate the Plan at any time and for any reason with respect to one or more of the employers. Such termination may be effected by a collective bargaining agreement. The discontinuance of contributions to the Plan by an Employer, pursuant to a collective bargaining agreement, shall be deemed a partial termination of the Plan with respect to such employer. If the Plan is terminated by any means or there is a partial termination, the accounts of all participants as of the date of termination or partial termination shall remain fully vested and non-forfeitable. At that time, the Board shall select and follow one of the following alternatives:

- (a) Keep the trust in existence, making distributions to participants and beneficiaries as they become entitled thereto, then liquidate the trust at such time as all benefits have been paid out; or
- (b) Distribute, or start to distribute, amounts in the accounts of all participants and beneficiaries (or affected participants and beneficiaries), then liquidate the trust at such time as all benefits have been paid out; or
- (c) Transfer all assets and liabilities of the trust to another continuing employee benefit trust described in Section 401(a) of the Code and exempt from tax under Section 501(a) of the Code.

Under alternatives (b) and (c) above, the Plan shall be valued as of a date just prior to the payment of benefits or the transfer of assets, respectively, and the net value of the fund shall be allocated among the accounts of participants and beneficiaries as if the Plan year had ended on such date.

**Note 4 - Tax Status**

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated September 24, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt. Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**ROCHESTER DAIRY INDUSTRY  
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**Note 5 - Information Prepared and Certified by the Plan Trustee**

The following information included in the accompanying financial statements and supplementary schedules was obtained from data that has been prepared and certified to as complete and accurate by Empower.

The March 31, 2025 and 2024 Statements of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the years then ended, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the trustee in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The information certified includes total investments of \$19,206,649 and \$19,364,936 at March 31, 2025 and 2024, respectively, and the related investment income of \$1,121,130 and \$2,650,700 for the fiscal years ended March 31, 2025 and 2024, respectively.

**Note 6 - Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks.

Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amount reported in the statement of net assets available for benefits.

**Note 7 - Concentrations**

The Plan receives employer and employee contributions. A majority of these employers are Companies in the Greater Rochester area and their ability to fulfill their commitment is dependent upon that area's business economic sector.

**Note 8 - Investments - Fair Value Measurements**

The Board of Trustees may appoint one or more banks or trust companies to serve as Corporate Trustee and/or one or more investment managers to manage the investment of all or part of the Plan funds. Any investment manager shall acknowledge in writing that he is a fiduciary with respect to the Plan and shall be and continue to be (a) registered in good standing as an investment adviser under the Investment Advisers Act of 1940, (b) a bank, as defined in the Act, or (c) an insurance company qualified to perform investment management services under the laws of more than one state of the United States.

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

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

Level 2: Inputs to the valuation methodology include:

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

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 relevant observable inputs and minimize the use of unobservable inputs. The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2025:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$17,878,301	\$ -	\$ -	\$ 17,878,301
Pooled Separate Account	-	86,066	-	86,066
Group Annuity Contracts	-	1,242,282	-	1,242,282
<b>Total Investments at Fair Value</b>	<b>\$17,878,301</b>	<b>\$1,328,348</b>	<b>\$ -</b>	<b>\$ 19,206,649</b>

**ROCHESTER DAIRY INDUSTRY  
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The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$17,337,828	\$ -	\$ -	\$ 17,337,828
Pooled Separate Account	-	85,631	-	85,631
Group Annuity Contracts	-	1,941,477	-	1,941,477
<b>Total Investments at Fair Value</b>	<b>\$17,337,828</b>	<b>\$2,027,108</b>	<b>\$ -</b>	<b>\$ 19,364,936</b>

**Note 9 - Plan Amendments**

On May 24, 2024, the Thirty-Sixth Plan Amendment was adopted to amend the following:

- Section 4.12(a)(v) is amended to read as follows:

(v) The Plan's Automatic Election provisions shall apply to Eligible Employees of Upstate Niagara Cooperative Inc. hired or rehired on or after January 1, 2019 and Eligible Employees of Upstate Cultured Products, LLC hired or rehired on or after May 24, 2024. The automatic increase provisions shall apply to all Eligible Employees of Upstate Farms Cultured Products, LLC after May 24, 2024. The Plan's Automatic Election provisions shall also apply to any other Employer that elects to apply such provisions to its newly Eligible Employees. All such individuals shall be "Automatic Election Eligible Employees".

Effective March 29, 2024, the Thirty-Fifth Plan Amendment was adopted to eliminate the \$10,000 limit for principal residence loans. Such loan can be taken up to the legal limit which is generally the lesser of 50% of the account balance or \$50,000.

On January 29, 2024, the Thirty-Fourth Plan Amendment was adopted allowing a loan for any reason, provided that the amount of the loan can be no greater than an amount equal to \$10,000.

On January 11, 2022, the Thirty-Third Plan Amendment was adopted amending the following provision, effective as of April 1, 2022:

- Section 4.1(a)(i) is amended to read as follows:

If an Automatic Election Eligible Employee described in section 4.1(a)(v) fails to make a timely affirmative election with respect to Elective Deferral Contributions (whether such affirmative election consists of an election to make Elective Deferral Contributions or an election not to make Elective Deferral Contributions), such individual shall be deemed to

**ROCHESTER DAIRY INDUSTRY  
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have made an election to defer and have contributed to the Board of Trustees in an amount equal to four (4%) of his or her Compensation (“Automatic Election”), provided that the amount of such Participant’s Automatic Election shall automatically increase with respect to each component by one percent (1%) as soon as administratively practicable after each subsequent April 1 (commencing April 1, 2023), unless the Participant subsequently opts out of this automatic increase. The automatic increase will continue each year up to a maximum Automatic Election of ten percent (10%) of his or her Compensation. A Participant may discontinue his or her Automatic Election at any time in accordance with the procedure established by the Administration Committee, and this change shall be effective as soon as administratively practicable after the election is filed. Notice shall be provided to each such Automatic Election Eligible Employee sufficiently in advance of the scheduled effective date of the Automatic Election to permit such Eligible Employee to make a contrary election.

**Note 10 - Subsequent Events**

The Plan has evaluated subsequent events through October 3, 2025, the date the financial statements were available to be issued.

**ROCHESTER DAIRY INDUSTRY  
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**FINANCIAL STATEMENTS  
MARCH 31, 2025 AND 2024**

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**STOKES, VISCA, HUCKO & BARONE, LLC**

*Certified Public Accountants*

**INDEPENDENT AUDITOR'S REPORT**

To the Board of Trustees of  
the Rochester Dairy Industry  
Individual Pension Account Plan

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

We have performed an audit of the accompanying financial statements of Rochester Dairy Industry Individual Pension Account Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of March 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the year ended March 31, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

## **Opinion**

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

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

## **Basis for Opinion**

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

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

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

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

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

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

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

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

### **Supplemental Schedules Required by ERISA**

The supplemental schedules of assets held for investment, reportable transactions, and delinquent participant contributions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion -

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Stokes, Visca, Hucko & Barone, CPAs, LLC*

Stokes, Visca, Hucko & Barone, CPAs, LLC  
Rochester, New York  
October 3, 2025

**ROCHESTER DAIRY INDUSTRY  
INDIVIDUAL PENSION ACCOUNT PLAN**

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

	<b>March 31, 2025</b>	<b>March 31, 2024</b>
<b>ASSETS</b>		
<b>Investments at Fair Value:</b>		
Mutual Funds	\$ 17,878,301	\$ 17,337,828
Pooled Separate Account	86,066	85,631
Group Annuity Contracts	1,242,282	1,941,477
<b>Total Investments</b>	<u>19,206,649</u>	<u>19,364,936</u>
<b>Receivables:</b>		
Participant Loans Receivable	291,647	130,388
Employee Contributions	-	10,281
Employer Contributions	-	4,917
<b>Total Receivables</b>	<u>291,647</u>	<u>145,586</u>
<b>TOTAL ASSETS</b>	<b>19,498,296</b>	<b>19,510,522</b>
<b>LIABILITIES</b>		
Accounts Payable	9,470	9,268
<b>TOTAL LIABILITIES</b>	<u>9,470</u>	<u>9,268</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u><u>\$ 19,488,826</u></u>	<u><u>\$ 19,501,254</u></u>

See accompanying notes.

**ROCHESTER DAIRY INDUSTRY  
INDIVIDUAL PENSION ACCOUNT PLAN**

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

	<b>March 31, 2025</b>	<b>March 31, 2024</b>
<b>ADDITIONS TO NET ASSETS</b>		
<b>Investment Income:</b>		
Net Appreciation in Fair Value of Investments	\$ 416,149	\$ 2,268,599
Interest and Dividends Earned	704,981	382,101
<b>Total Investment Income</b>	<b>1,121,130</b>	<b>2,650,700</b>
<b>Contributions:</b>		
Employer Contributions	416,530	368,914
Rollover Contributions	233,818	7,146
Employee Contributions	844,453	736,800
<b>Total Contributions</b>	<b>1,494,801</b>	<b>1,112,860</b>
<b>TOTAL ADDITIONS TO NET ASSETS</b>	<b>2,615,931</b>	<b>3,763,560</b>
<b>DEDUCTIONS FROM NET ASSETS</b>		
Benefits Paid Directly to Participants	2,527,866	2,687,235
<b>Administrative Expenses:</b>		
Bank Trustee Fees	32,401	31,460
Accounting Expense	19,500	18,500
Legal Expense	15,467	17,050
Insurance Expense	8,125	8,125
Administration Fees	25,000	25,000
<b>TOTAL DEDUCTIONS FROM NET ASSETS</b>	<b>2,628,359</b>	<b>2,787,370</b>
<b>NET INCREASE/(DECREASE)</b>	<b>(12,428)</b>	<b>976,190</b>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
Beginning of Year	<b>19,501,254</b>	<b>18,525,064</b>
<b>END OF YEAR</b>	<b>\$ 19,488,826</b>	<b>\$ 19,501,254</b>

See accompanying notes.

**ROCHESTER DAIRY INDUSTRY  
INDIVIDUAL PENSION ACCOUNT PLAN**

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

**MARCH 31, 2025**

**EIN: 16-6019488 PLAN NUMBER:002**

			Supplemental Schedule A	
(a) (b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value	
* Empower Retirement Insurance and Annuity Company	Guaranteed Income Fund	\$ 1,156,745	\$	1,242,282
* Empower Retirement Insurance and Annuity Company	Eagle M Cap Growth (ISP)	87,791		86,066
Vanguard Value Index Fund Admiral Shares	Mutual Funds	238,011		277,161
Vanguard Small-Cap Index Fund Admiral Shares	Mutual Funds	247,418		254,391
American Funds 2010 Target Date Retirement Fund Class R-6	Mutual Funds	342,258		341,126
American Funds 2015 Target Date Retirement Fund Class R-6	Mutual Funds	375,002		368,361
American Funds 2020 Target Date Retirement Fund Class R-6	Mutual Funds	295,376		291,884
American Funds 2025 Target Date Retirement Fund Class R-6	Mutual Funds	2,062,902		2,022,613
American Funds 2030 Target Date Retirement Fund Class R-6	Mutual Funds	4,827,244		4,925,192
American Funds 2035 Target Date Retirement Fund Class R-6	Mutual Funds	2,694,866		2,764,864
American Funds 2040 Target Date Retirement Fund Class R-6	Mutual Funds	1,180,044		1,242,658
American Funds 2045 Target Date Retirement Fund Class R-6	Mutual Funds	1,132,636		1,196,586
American Funds 2050 Target Date Retirement Fund Class R-6	Mutual Funds	548,767		580,539
American Funds 2055 Target Date Retirement Fund Class R-6	Mutual Funds	448,485		475,015
American Funds 2060 Target Date Retirement Fund Class R-6	Mutual Funds	404,206		429,811
American Funds 2065 Target Date Retirement Fund Class R-6	Mutual Funds	108,100		115,082
American Funds 2070 Target Date Retirement Fund Class R-6	Mutual Funds	1,637		1,591
American Funds EuroPacific Growth Fund Class R-6	Mutual Funds	29,646		25,807
Vanguard Balanced Index Fund Admiral Shares	Mutual Funds	768,134		777,538
Fidelity 500 Index Fund	Mutual Funds	1,247,760		1,360,568
Fidelity Mid Cap Index Fund	Mutual Funds	166,499		182,234
AB Large Cap Growth Fund Class I	Mutual Funds	180,893		175,622
Baird Core Plus Bond Fund	Mutual Funds	75,279		69,658
* Participant Loans	4.25% - 9.50%	-		291,647
<b>Total Assets (Held At End Of Year)</b>				<b><u>\$ 19,498,296</u></b>

\* Denotes party-in-interest

See accompanying notes.

**ROCHESTER DAIRY INDUSTRY  
 INDIVIDUAL PENSION ACCOUNT PLAN  
 SCHEDULE H LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS  
 FOR THE YEAR ENDED MARCH 31, 2025  
 EIN: 16-6019488 PLAN NUMBER: 002**

**Supplemental  
 Schedule C**

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included: <input checked="" type="checkbox"/>				
\$ 32,218	\$ -	\$ 32,218	\$ -	\$ -

See accompanying notes.

**ROCHESTER DAIRY INDUSTRY  
INDIVIDUAL PENSION ACCOUNT PLAN  
NOTES TO FINANCIAL STATEMENTS  
MARCH 31, 2025 AND 2024**

**Note 1 - Description of the Plan**

The following description of the Rochester Dairy Industry Individual Pension Account Plan, hereafter called the "Plan", provides only general information. Participants should refer to the Trust Agreement for a more detailed explanation of the Plan's provisions.

**General**

The Plan was established April 1, 1982 as a defined contribution pension plan for the Teamsters Union Local No. 791, Rochester, New York, affiliated with the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America. The Plan is intended to qualify as a profit-sharing plan, as defined in code section 401(a)(27). The Plan also includes a cash or deferred arrangement under code section 401(k). Effective December 1, 1997, the Plan was amended to establish and administer a loan program to allow participants to borrow money from the Plan. The purpose of the Plan is to provide retirement benefits for eligible employees of participating employers. An employee shall become a participant as of the date on which he is an eligible employee and has completed one year of service.

**Contributions**

Each employee may elect to contribute to his or her account under a written deferral agreement between one percent (1%) and eighty five percent (85%), but not more than the annual dollar amount allowed under code section 402(g). The employee also selects the funds in which his contributions will be invested. Under no circumstances will the total of a Participant's Elective Deferral Contributions and Catch-up Contributions exceed one hundred percent (100%) of his compensation reduced by other required or elected withholdings.

Upstate Niagara Cooperative, Inc. contributes for each participant, \$1.35 per compensated hour up to a maximum of forty hours per week.

Effective January 1, 2023, Logan Linen's contributes \$98.20 per week for each employee that has worked three or more days in the payroll week. Vacation and holidays are considered as days worked. As of January 1, 2024 and January 1, 2025 the amount increased to \$103.11 and \$108.26, respectively, per week.

Upstate Farms Cultured Products, LLC contributes for each participant, \$1.74 per compensated hour up to a maximum of forty hours per week.

Effective January 2025, Lake Beverage will make a matching contribution equal to 50% of participants' wage deferrals that do not exceed 3% of participants' compensation.

**Vesting**

Each participant shall have a fully vested, non-forfeitable interest in his Elective Deferral Account, Catch-up Contribution Account, Employer Contribution Account and Rollover Contribution Account.

**ROCHESTER DAIRY INDUSTRY  
INDIVIDUAL PENSION ACCOUNT PLAN  
NOTES TO FINANCIAL STATEMENTS  
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**Participants' Accounts**

Each participant in the Plan shall have, if applicable, an elective deferral account, a catch-up contribution account, an employer contribution account and a rollover contribution account. As of each valuation date, each account shall be charged or credited, as appropriate, with the earnings, expenses, gains and losses of each investment fund in the proportion that the amount in the account invested in the investment fund as of that valuation date. Any other expenses of the fund not paid directly by an employer shall be paid from the fund and charged to each account in the proportion that the amount in the account bears to the total amount in all participants' accounts, except to the extent otherwise provided by the Plan or directed by the Board of Trustees pursuant to a nondiscriminatory expense policy. Notwithstanding the foregoing, in the event that the Plan receives extraordinary payments (as determined by the Board of Trustees in its discretion, but including payments received as a result of litigation that are not readily identifiable as allocable to particular participants' accounts), the Board of Trustees may determine the method of allocating such extraordinary payment or utilizing some or all of such payment for the benefit of the Plan in some other permissible manner.

Notwithstanding the foregoing, if a portion of an account is invested in a designated investment company or other type of investment fund which is valued more frequently and/or valued pursuant to a different procedure, each account may be valued and charged or credited as appropriate with earnings, expenses, gains and losses in accordance with the procedures of the designated investment company or other investment fund, but not less frequently than the last trading date of the New York Stock Exchange in each calendar quarter.

Elective deferral contributions and catch-up contributions shall be allocated to the appropriate accounts of eligible participants as soon as practicable after being contributed to the Plan. Employer contributions shall be allocated to the appropriate accounts as of a date no later than the end of the Plan Year. Notwithstanding the foregoing, no contributions will be taken into account for the purposes of allocations of fund income and losses until actually contributed and invested.

**Distributions**

A participant's vested interest in the Plan shall be distributed one of two ways. Either:

1) distributed no later than his required beginning date. A participant's required beginning date means April 1, of the calendar year following the calendar year in which the participant attains age 70½. However, in the case of a participant who had attained age 70½ by January 1, 2020, and who has not been a five-percent owner at any time since the beginning of the Plan year ending with or within the calendar year in which the participant attained age 72, the term "required beginning date" means the April 1, of the calendar year following the calendar year in which the participant retires. Or:

2) distributed no later than the required beginning date over the participant's life or over the lives of the participant and a designated beneficiary (or over a period not extending beyond the life expectancy of the participant or the life expectancy of the participant and a designated beneficiary). Any distribution paid will be in a single cash sum if under \$5,000.

**ROCHESTER DAIRY INDUSTRY  
INDIVIDUAL PENSION ACCOUNT PLAN  
NOTES TO FINANCIAL STATEMENTS  
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If over \$5,000 it will be paid in the form of a Qualified Joint and Survivor Annuity unless the participant elects to receive the distribution in a single cash sum or by periodic installments over a specified period not to exceed ten years.

**Note 2 - Summary of Significant Accounting Policies**

**Basis of Accounting**

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

**Investments**

The Plan's investments are stated 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. See Note 8 for discussion of fair value measurements.

**Net Appreciation (Depreciation) in Investments**

The Plan presents in the statements of changes in net assets available for benefits, the appreciation (depreciation) in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation or depreciation on those investments.

**Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**Payment of Benefits**

Benefits are recorded when paid.

**Participant Loans Receivable**

Participants may receive a hardship loan if approved by the Board of Trustees. Participants may borrow from their fund accounts a maximum no greater than an amount equal to the lesser of \$10,000 or the Participant's vested interest in his Elective Deferral Account and Catch-up Contribution Account (excluding primary resident loans). When added to the outstanding balance of all other loans from this Plan and all other plans of the Employer and all Affiliates, loans may be no greater than an amount equal to the lesser of (1) \$50,000 minus the excess, if any, of: (A) the highest balance of loans from this Plan and all other plans of the Employer and all Affiliates to the Participant outstanding during the one-year period ending on the day before the loan is made, over (B) the outstanding balance of all loans from this Plan and all other plans of the Employer and all Affiliates on the day on which the loan is made, or (2) one-half of the total present value measured as the most recent Valuation Date of the Participant's vested interest in all of his accounts under this Plan. The notes are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 9.50%, which are commensurate with local prevailing rates as determined quarterly by the Plan administrator. Generally, principal and interest is paid ratably through monthly payroll deductions.

**ROCHESTER DAIRY INDUSTRY  
INDIVIDUAL PENSION ACCOUNT PLAN  
NOTES TO FINANCIAL STATEMENTS  
MARCH 31, 2025 AND 2024**

**Note 3 - Plan Termination**

The Plan is intended to be a permanent program to provide retirement benefits for Participants. The employers and the union nevertheless reserve the right to terminate the Plan at any time and for any reason with respect to one or more of the employers. Such termination may be effected by a collective bargaining agreement. The discontinuance of contributions to the Plan by an Employer, pursuant to a collective bargaining agreement, shall be deemed a partial termination of the Plan with respect to such employer. If the Plan is terminated by any means or there is a partial termination, the accounts of all participants as of the date of termination or partial termination shall remain fully vested and non-forfeitable. At that time, the Board shall select and follow one of the following alternatives:

- (a) Keep the trust in existence, making distributions to participants and beneficiaries as they become entitled thereto, then liquidate the trust at such time as all benefits have been paid out; or
- (b) Distribute, or start to distribute, amounts in the accounts of all participants and beneficiaries (or affected participants and beneficiaries), then liquidate the trust at such time as all benefits have been paid out; or
- (c) Transfer all assets and liabilities of the trust to another continuing employee benefit trust described in Section 401(a) of the Code and exempt from tax under Section 501(a) of the Code.

Under alternatives (b) and (c) above, the Plan shall be valued as of a date just prior to the payment of benefits or the transfer of assets, respectively, and the net value of the fund shall be allocated among the accounts of participants and beneficiaries as if the Plan year had ended on such date.

**Note 4 - Tax Status**

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated September 24, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt. Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**ROCHESTER DAIRY INDUSTRY  
INDIVIDUAL PENSION ACCOUNT PLAN  
NOTES TO FINANCIAL STATEMENTS  
MARCH 31, 2025 AND 2024**

**Note 5 - Information Prepared and Certified by the Plan Trustee**

The following information included in the accompanying financial statements and supplementary schedules was obtained from data that has been prepared and certified to as complete and accurate by Empower.

The March 31, 2025 and 2024 Statements of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the years then ended, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the trustee in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The information certified includes total investments of \$19,206,649 and \$19,364,936 at March 31, 2025 and 2024, respectively, and the related investment income of \$1,121,130 and \$2,650,700 for the fiscal years ended March 31, 2025 and 2024, respectively.

**Note 6 - Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks.

Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amount reported in the statement of net assets available for benefits.

**Note 7 - Concentrations**

The Plan receives employer and employee contributions. A majority of these employers are Companies in the Greater Rochester area and their ability to fulfill their commitment is dependent upon that area's business economic sector.

**Note 8 - Investments - Fair Value Measurements**

The Board of Trustees may appoint one or more banks or trust companies to serve as Corporate Trustee and/or one or more investment managers to manage the investment of all or part of the Plan funds. Any investment manager shall acknowledge in writing that he is a fiduciary with respect to the Plan and shall be and continue to be (a) registered in good standing as an investment adviser under the Investment Advisers Act of 1940, (b) a bank, as defined in the Act, or (c) an insurance company qualified to perform investment management services under the laws of more than one state of the United States.

**ROCHESTER DAIRY INDUSTRY  
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ASC 820, *Fair Value Measurement*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of fair value hierarchy under the ASC 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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 relevant observable inputs and minimize the use of unobservable inputs. The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2025:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$17,878,301	\$ -	\$ -	\$ 17,878,301
Pooled Separate Account	-	86,066	-	86,066
Group Annuity Contracts	-	1,242,282	-	1,242,282
<b>Total Investments at Fair Value</b>	<b>\$17,878,301</b>	<b>\$1,328,348</b>	<b>\$ -</b>	<b>\$ 19,206,649</b>

**ROCHESTER DAIRY INDUSTRY  
INDIVIDUAL PENSION ACCOUNT PLAN  
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The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$17,337,828	\$ -	\$ -	\$ 17,337,828
Pooled Separate Account	-	85,631	-	85,631
Group Annuity Contracts	-	1,941,477	-	1,941,477
<b>Total Investments at Fair Value</b>	<b>\$17,337,828</b>	<b>\$2,027,108</b>	<b>\$ -</b>	<b>\$ 19,364,936</b>

**Note 9 - Plan Amendments**

On May 24, 2024, the Thirty-Sixth Plan Amendment was adopted to amend the following:

- Section 4.12(a)(v) is amended to read as follows:

(v) The Plan's Automatic Election provisions shall apply to Eligible Employees of Upstate Niagara Cooperative Inc. hired or rehired on or after January 1, 2019 and Eligible Employees of Upstate Cultured Products, LLC hired or rehired on or after May 24, 2024. The automatic increase provisions shall apply to all Eligible Employees of Upstate Farms Cultured Products, LLC after May 24, 2024. The Plan's Automatic Election provisions shall also apply to any other Employer that elects to apply such provisions to its newly Eligible Employees. All such individuals shall be "Automatic Election Eligible Employees".

Effective March 29, 2024, the Thirty-Fifth Plan Amendment was adopted to eliminate the \$10,000 limit for principal residence loans. Such loan can be taken up to the legal limit which is generally the lesser of 50% of the account balance or \$50,000.

On January 29, 2024, the Thirty-Fourth Plan Amendment was adopted allowing a loan for any reason, provided that the amount of the loan can be no greater than an amount equal to \$10,000.

On January 11, 2022, the Thirty-Third Plan Amendment was adopted amending the following provision, effective as of April 1, 2022:

- Section 4.1(a)(i) is amended to read as follows:

If an Automatic Election Eligible Employee described in section 4.1(a)(v) fails to make a timely affirmative election with respect to Elective Deferral Contributions (whether such affirmative election consists of an election to make Elective Deferral Contributions or an election not to make Elective Deferral Contributions), such individual shall be deemed to

**ROCHESTER DAIRY INDUSTRY  
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have made an election to defer and have contributed to the Board of Trustees in an amount equal to four (4%) of his or her Compensation (“Automatic Election”), provided that the amount of such Participant’s Automatic Election shall automatically increase with respect to each component by one percent (1%) as soon as administratively practicable after each subsequent April 1 (commencing April 1, 2023), unless the Participant subsequently opts out of this automatic increase. The automatic increase will continue each year up to a maximum Automatic Election of ten percent (10%) of his or her Compensation. A Participant may discontinue his or her Automatic Election at any time in accordance with the procedure established by the Administration Committee, and this change shall be effective as soon as administratively practicable after the election is filed. Notice shall be provided to each such Automatic Election Eligible Employee sufficiently in advance of the scheduled effective date of the Automatic Election to permit such Eligible Employee to make a contrary election.

**Note 10 - Subsequent Events**

The Plan has evaluated subsequent events through October 3, 2025, the date the financial statements were available to be issued.

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

**Rochester Dairy Industry Individual Pension Account Plan****01-APR-24 to 31-MAR-25****05-APR-25 15:35:41**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1RFBFX			1,637.17	1,590.83
1RFTTX			342,257.90	341,125.97
1RFJTX			375,002.42	368,361.21
1RRCTX			295,375.77	291,883.60
1RFDTX			2,062,901.99	2,022,613.41
1RFETX			4,827,244.49	4,925,191.85
1RFFTX			2,694,865.73	2,764,864.26
1RFGTX			1,180,044.32	1,242,657.72
1RFHTX			1,132,636.45	1,196,586.69
1RFITX			548,766.89	580,538.57
1RFKTX			448,485.09	475,015.32
1RFUTX			404,206.27	429,811.32
1RFVTX			108,099.96	115,081.87
1RERGX			29,646.82	25,806.49
1VSMAX			247,417.54	254,390.95
1FSMDX			166,498.58	182,234.10
1D0247A			87,791.02	86,066.31
1ALLIX			180,892.72	175,622.11
1FXAIX			1,247,760.07	1,360,567.82
1VVIAX			238,010.67	277,160.57
1VBIAX			768,133.67	777,538.27
1BCOIX			75,278.74	69,657.74
1D2533A			1,156,745.10	1,242,282.32
			<b>18,619,699.38</b>	<b>19,206,649.30</b>
PARTICIPANT LOANS	VARIOUS	4.250-9.500	290,968.30	291,647.28
FORFEITURES			1,483.07	1,510.48

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

**Rochester Dairy Industry Individual Pension Account Plan****01-APR-24 to 31-MAR-25****05-APR-25 15:35:41****INVESTMENT OPTION****MATURITY DATE****INTEREST RATE****COST OF ASSETS****CURRENT VALUE**

## LEGEND

## INVESTMENT OPTION:

1RFBFX	American Funds 2070 Trgt Date Retire R6	1RFTTX	American Funds 2010 Trgt Date Retire R6
1RFJTX	American Funds 2015 Trgt Date Retire R6	1RRCTX	American Funds 2020 Trgt Date Retire R6
1RFDTX	American Funds 2025 Trgt Date Retire R6	1RFETX	American Funds 2030 Trgt Date Retire R6
1RFFTX	American Funds 2035 Trgt Date Retire R6	1RFGTX	American Funds 2040 Trgt Date Retire R6
1RFHTX	American Funds 2045 Trgt Date Retire R6	1RFITX	American Funds 2050 Trgt Date Retire R6
1RFKTX	American Funds 2055 Trgt Date Retire R6	1RFUTX	American Funds 2060 Trgt Date Retire R6
1RFVTX	American Funds 2065 Trgt Date Retire R6	1RERGX	American Funds EuroPacific Gr R6
1VSMAX	Vanguard Small Cap Index Adm	1FSMDX	Fidelity Mid Cap Index
1D0247A	Eagle Mid Cap Growth Fund (IS Platform)	1ALLIX	AB Large Cap Growth I
1FXAIX	Fidelity 500 Index	1VVIAX	Vanguard Value Index Adm
1VBIAX	Vanguard Balanced Index Adm	1BCOIX	Baird Core Plus Bond Inst
1D2533A	Guaranteed Income Fund		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year