

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan LOCAL 22 OLD DUTCH FOODS INC EMPLOYEE PENSION PLAN
1b	Three-digit plan number (PN) ▶ 004
1c	Effective date of plan 10/01/1971
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OLD DUTCH FOODS INC 2375 TERMINAL ROAD ST PAUL, MN 55113
2b	Employer Identification Number (EIN) 41-0914138
2c	Plan Sponsor's telephone number 651-633-8810
2d	Business code (see instructions) 311900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/10/2026	JULIE CALEF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor OLD DUTCH FOODS INC 2375 TERMINAL ROAD ST PAUL, MN 55113	3b Administrator's EIN 41-0914138
	3c Administrator's telephone number 651-633-8810
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN
	4d PN
5 Total number of participants at the beginning of the plan year	5 293
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 128
	6a(2) 124
	6b 100
	6c 67
	6d 291
	6e 7
	6f 298
	6g(1)
6g(2)	
6h 11	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1B

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

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

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 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan LOCAL 22 OLD DUTCH FOODS INC EMPLOYEE PENSION PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OLD DUTCH FOODS INC	D Employer Identification Number (EIN) 41-0914138
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 10 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	15931804	
b	Actuarial value	2b	15931804	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	102	5817240	5817240
b	For terminated vested participants	64	1342355	1342355
c	For active participants	128	2839906	3001254
d	Total	294	9999501	10160849
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.39 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	134684	
b	Expected plan-related expenses	6b	31009	
c	Target normal cost	6c	165693	

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

SIGN HERE	Signature of actuary ANTHONY L. URDAHL Type or print name of actuary USI CONSULTING GROUP Firm name 8000 NORMAN CENTER DRIVE, SUITE 400 BLOOMINGTON, MN 55437 Address of the firm	04/07/2026 Date 26-05312 Most recent enrollment number 954-934-5554 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>27.02</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		381147
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.30</u> %		20201
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		401348
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	156.79 %
15 Adjusted funding target attainment percentage	15	156.79 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	125.44 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.93 %	2nd segment: 5.27 %	3rd segment: 5.59 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

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

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

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)		31a	165693
b Excess assets, if applicable, but not greater than line 31a		31b	165693
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan LOCAL 22 OLD DUTCH FOODS INC EMPLOYEE PENSION PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 OLD DUTCH FOODS INC	D Employer Identification Number (EIN) 41-0914138	

Part I	Service Provider Information (see instructions)
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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

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

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

RBC CAPITAL MARKETS LLC

60 SOUTH 6TH STREET
MINNEAPOLIS, MN 55402

40-1416330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	15697	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MAIRS & POWER

41-0844499

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	11381	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GW&K INVESTMENT MANAGEMENT

80-0250512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	6188	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan LOCAL 22 OLD DUTCH FOODS INC EMPLOYEE PENSION PLAN		B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 OLD DUTCH FOODS INC		D Employer Identification Number (EIN) 41-0914138

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	4428	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	200000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	16485	18651
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	50821	89175
(2) U.S. Government securities	1c(2)	1022848	890374
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	929059	1150092
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2854578	3141390
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10905865	11177873
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	93068	72844

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	16077152	16540399
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	88366	102664
k Total liabilities (add all amounts in lines 1g through 1j)	1k	88366	102664
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	15988786	16437735

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3049	
(B) U.S. Government securities	2b(1)(B)	37485	
(C) Corporate debt instruments	2b(1)(C)	55264	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	2878	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		98676
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	31282	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	541294	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		572576
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	943215	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	836173	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		107042
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	175205	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		146434
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1099933

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	605119	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		605119
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	33266	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	12599	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		45865
j Total expenses. Add all expense amounts in column (b) and enter total	2j		650984

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		448949
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BETTS & HAYES, LTD**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 573372.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan LOCAL 22 OLD DUTCH FOODS INC EMPLOYEE PENSION PLAN		B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 OLD DUTCH FOODS INC		D Employer Identification Number (EIN) 41-0914138
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 33-6134835		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

OLD DUTCH FOODS, INC.
LOCAL 22 EMPLOYEES' PENSION PLAN
FINANCIAL STATEMENTS
September 30, 2025

OLD DUTCH FOODS, INC.
LOCAL 22 EMPLOYEES' PENSION PLAN
September 30, 2025

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Independent Auditor's Report

The Plan Administrator
Old Dutch Foods, Inc.
Local 22 Employees' Pension Plan

Opinion

We have audited the accompanying financial statements of the Old Dutch Foods, Inc. Local 22 Employees' Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits of as of September 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Old Dutch Foods, Inc. Local 22 Employees' Pension Plan as of September 30, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Old Dutch Foods, Inc. Local 22 Employees' Pension 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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Old Dutch Foods, Inc. Local 22 Employees' Pension 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.

-1-

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Independent Auditor's Report (continued)

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than 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 Old Dutch Foods, Inc. Local 22 Employees' Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Old Dutch Foods, Inc. Local 22 Employees' Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

Independent Auditor's Report (continued)

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of September 30, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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



BETTS & HAYES, LTD.
Minneapolis, Minnesota
July 10, 2026

OLD DUTCH FOODS, INC.
LOCAL 22 EMPLOYEES' PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
September 30, 2025 and 2024

	September 30, 2025	September 30, 2024
ASSETS		
Investments, at fair value (note H)	\$ 16,521,748	\$ 15,856,239
Receivables:		
Employer Contributions Receivable	-	200,000
Accrued Interest	18,651	16,485
	<u>18,651</u>	<u>216,485</u>
Cash - noninterest bearing	<u>-</u>	<u>4,428</u>
TOTAL ASSETS	16,540,399	16,077,152
LIABILITIES		
Payable to Old Dutch Foods, Inc.	<u>102,664</u>	<u>88,366</u>
TOTAL LIABILITIES	102,664	88,366
Net assets available for benefits	<u><u>\$ 16,437,735</u></u>	<u><u>\$ 15,988,786</u></u>

See accompanying notes to the financial statements.

OLD DUTCH FOODS, INC.
LOCAL 22 EMPLOYEES' PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended September 30, 2025 and 2024

	September 30, 2025	September 30, 2024
Investment Income:		
Interest Income	\$ 98,676	\$ 90,191
Dividend income	572,576	387,475
Realized gain (loss) on sale of investments	344,406	380,634
Net increase (decrease) in fair value of investments	84,275	2,528,032
Total Investment Income	1,099,933	3,386,332
Employer Contributions	-	400,000
TOTAL ADDITIONS	1,099,933	3,786,332
Benefits and expenses:		
Distributions to retired, disabled and terminated employees	605,119	641,776
Administrative expenses	45,865	31,771
TOTAL DEDUCTIONS	650,984	673,547
Increase (decrease) in net assets for the year	448,949	3,112,785
Net Assets Available for Benefits, Beginning of Year	15,988,786	12,876,001
Net Assets Available for Benefits, End of Year	<u>\$ 16,437,735</u>	<u>\$ 15,988,786</u>

See accompanying notes to the financial statements.

OLD DUTCH FOODS, INC.
LOCAL 22 EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2025

NOTE A - DESCRIPTION OF THE PLAN

General

The Plan is a defined benefit pension plan for hourly production employees of Old Dutch Foods, Inc. (the Company) who are also members of the Bakery and Confectionery Workers Union Local 22 bargaining unit. An employee is eligible to participate in the Plan on the first day of the month following the date of hire.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual minimum funding requirements of the Employee Retirement Income Act of 1974 (ERISA). For the plan years ended September 30, 2025 and 2024, the Company made contributions of \$-0- and \$400,000, respectively, which exceeded the minimum funding requirements of ERISA.

Benefits

Retirement Benefits are based on years of credited service. Credited service is based on hours of service in a plan year divided by 2,000, rounded to the next higher 1/10 (with a maximum of one year of credited service per plan year). Effective August 1, 2002, there is no maximum on the number of years of credited service. From October 1, 1991 to July 31, 2002, the maximum number of years of credited service was 30. Prior to October 1, 1991, the maximum number of years was 28.

Pension credits are accrued at the benefit level in effect at the date of determination multiplied by credited service. The benefit level effective at the date of termination, retirement or transfer from union group is applicable and is dependent on credited service as of that date. Benefit levels are as follows:

Effective date	Benefit Level	
	Service of 20 years or less	Service of more than 20 years
10/01/2002 – 09/30/2003	22.67	22.67
10/01/2003 – 09/30/2004	23.67	23.67
10/01/2004 – 09/30/2005	25.17	25.17
10/01/2005 – 09/30/2006	26.67	26.67
10/01/2006 – 09/30/2007	28.50	28.50
10/01/2007 – 09/30/2008	29.00	29.00
10/01/2008 – 09/30/2009	29.50	29.50
10/01/2009 – 09/30/2010	30.50	30.50
10/01/2010 – 09/30/2016	31.50	31.50
10/01/2016 – 09/30/2018	31.50	32.00
10/01/2018 – 09/30/2020	31.50	32.50
10/01/2020 and later	31.50	33.00

OLD DUTCH FOODS, INC.
LOCAL 22 EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2025

NOTE A - DESCRIPTION OF THE PLAN – cont'd

Benefits commence in the month following the participant's normal retirement date (age 65), or at age 55 with ten or more years of service. Benefits are reduced by 0.5% for each of the first 60 months and 0.333% for each of the next 60 months that the commencement of benefits precedes normal retirement. Certain disability and preretirement spousal death benefits are also available to qualified participants. The normal form of benefit is a three-year certain and life annuity. Certain benefits are guaranteed by the Pension Benefit Guarantee Corporation (PBGC), limited to statutory ceilings on the amount of an individual monthly benefit.

Vesting

A participant's vested benefits are determined on the basis of the participant's number of years of service in which the employee has worked 1,000 or more hours. Participants will be 100% vested in their accumulated plan benefits after completing five years of service or upon obtaining age 65. There is no partial vesting of benefits.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Old Dutch Foods, Inc. Local 22 Employees' Pension Plan (the Plan) prepares its financial statements on the accrual basis of accounting.

Administrative Expenses

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Management determines the Plan's valuation policies utilizing information provided by its investment advisors and custodians. See note H for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

OLD DUTCH FOODS, INC.
LOCAL 22 EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2025

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – cont'd

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Use of Estimates

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

Subsequent Events

The plan has evaluated subsequent events through July 10, 2026 the date the financial statements were available to be issued.

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

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

OLD DUTCH FOODS, INC.
LOCAL 22 EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2025

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

The more significant assumptions underlying the actuarial computations are as follows:

Mortality table:	PRI-2012 mortality with blue collar adjustment projected with mortality improvement scale MP-2021
Interest rate:	7.0%
Disability:	1987 Commissioner's Group Disability Incidence Table Male Standard 6 Month Elimination Period, Aggregate
Withdrawal:	Years of Vesting Service <5: 30% Years of Vesting Service >=5: SOA 2003 Hourly Union Aggregate Turnover Table by age through age 54

Age	Rate	Age	Rate
25	.034	40	.017
30	.027	45	.014
35	.022	50	.011

Form of payment:	Three years certain and life annuity
Percent married:	80%
Spouse age:	Wives three years younger than their husbands
Trust-paid expenses:	Prior year's trust-paid expenses
Retirement age:	

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

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of October 1, 2025 and 2024. Had the valuations been performed as of September 30, 2025 and 2024, there would be no material difference.

OLD DUTCH FOODS, INC.
LOCAL 22 EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2025

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

The actuarial present value of accumulated benefits as of October 1, 2025 and 2024 are summarized as follows:

	2025	2024
Vested benefits:		
Active participants	\$ 1,823,706	\$ 2,190,462
Participants with deferred benefits	1,034,221	1,028,602
Participants receiving payments	5,460,826	5,078,884
Total present value of vested benefits	8,318,753	8,297,948
Present value of nonvested benefits	150,415	135,617
Present value of accumulated plan benefits	<u>\$ 8,469,168</u>	<u>\$ 8,433,565</u>
Funded percentage	193%	189%
Key assumptions:		
-Interest rate	7.00%	7.00%
-Mortality	Pri-2012 blue collar adjustment with mortality improvement scale MP-2021	Pri-2012 blue collar adjustment with mortality improvement scale MP-2021

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

Actuarial present value of accumulated plan benefits as of October 1, 2024	\$ 8,433,565
Increase (decrease) during the year attributable to:	
Benefits paid	(615,597)
Additional benefits accumulated and gains/losses	82,032
Increase for interest	569,168
Effect of change in assumptions	-
Effect of plan amendments	-
Net increase (decrease)	<u>35,603</u>
Actuarial present value of accumulated plan benefits as of October 1, 2025	<u>\$ 8,469,168</u>

OLD DUTCH FOODS, INC.
LOCAL 22 EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2025

NOTE D - TAX STATUS

The IRS has determined and informed the company by a letter dated February 12, 2015, from the Internal Revenue Service indicating that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The plan has been amended since receiving the determination letter. However, the plan administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

NOTE E - RISKS AND UNCERTAINTIES

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

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

NOTE F - PARTY-IN-INTEREST TRANSACTIONS

Transactions resulting in plan assets being transferred to or used by a related party are prohibited under the Pension Reform Act (the Act) unless a specific exemption applies. During the plan year ended September 30, 2025, the Plan did not engage in any nonexempt transactions with a party in interest.

OLD DUTCH FOODS, INC.
LOCAL 22 EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2025

NOTE G - RELATED PARTY TRANSACTIONS

Monthly pension benefits are paid to the participants by Old Dutch Foods, Inc., the plan sponsor. Transfers are periodically made from the Plan's investment account to Old Dutch Foods, Inc. for reimbursement of the benefit payments. There was \$102,664 and \$88,366 payable to Old Dutch Foods, Inc. as of September 30, 2025 and 2024, respectively, for benefit reimbursements.

NOTE H - FAIR VALUE MEASUREMENTS

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

OLD DUTCH FOODS, INC.
LOCAL 22 EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2025

NOTE H - FAIR VALUE MEASUREMENTS – cont'd

Following is a description of the valuation methodologies used for assets of the Plan measured at fair value. There have been no changes in the methodologies used at September 30, 2025 and 2024:

Money Market Funds:	valued at cost
Common Stocks:	valued at the closing price reported on the active market on which the individual securities are traded
US Government and Agency:	valued at the closing price reported on the active market on which the individual securities are traded or using pricing models maximizing the use of observable inputs for similar securities
Corporate Bonds:	valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issues with similar credit ratings
Municipal Bonds:	valued using pricing models maximizing the use of observable inputs for similar securities
Exchange Traded Funds:	valued at the closing price reported on the active market on which the individual securities are traded
Mutual Funds:	valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

OLD DUTCH FOODS, INC.
LOCAL 22 EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2025

NOTE H - FAIR VALUE MEASUREMENTS – cont'd

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2025 and 2024:

	Assets at Fair Value as of September 30, 2025			
	Level 1	Level 2	Level 3	Total
Money Market Funds	89,175	-	-	89,175
Common Stocks	3,141,390	-	-	3,141,390
US Government and Agency Bonds & Notes	-	890,374	-	890,374
Corporate Bonds	-	1,150,092	-	1,150,092
Municipal Bonds	-	72,844	-	72,844
Exchange traded funds	2,238,160	-	-	2,238,160
Mutual Funds	8,939,713	-	-	8,939,713
Total Assets at Fair Value	14,408,438	2,113,310	-	16,521,748

	Assets at Fair Value as of September 30, 2024			
	Level 1	Level 2	Level 3	Total
Money Market Funds	50,821	-	-	50,821
Common Stocks	2,854,578	-	-	2,854,578
US Government and Agency Bonds & Notes	-	1,022,848	-	1,022,848
Corporate Bonds	-	929,059	-	929,059
Municipal Bonds	-	93,068	-	93,068
Exchange traded funds	2,132,281	-	-	2,132,281
Mutual Funds	8,773,584	-	-	8,773,584
Total Assets at Fair Value	13,811,264	2,044,975	-	15,856,239

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such circumstances, the transfer is reported at the beginning of the reporting period. We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended September 30, 2025, there were no significant transfers in or out of levels 1, 2 or 3.

OLD DUTCH FOODS, INC.
LOCAL 22 EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2025

NOTE I - PLAN TERMINATION

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

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

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

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

SUPPLEMENTARY INFORMATION

Attachment to 2024 Form 5500 Schedule SB
Old Dutch Foods, Inc. Local 22 Employees' Pension Plan
EIN: 41-0914138 P/N: 004

Schedule SB, Line 26 – Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	7	6	0	0	0	0	0	0	0	0	13
25 to 29	4	2	3	0	0	0	0	0	0	0	9
30 to 34	6	6	3	1	0	0	0	0	0	0	16
35 to 39	3	0	8	0	1	0	0	0	0	0	12
40 to 44	1	11	4	1	4	0	0	0	0	0	21
45 to 49	2	1	3	3	4	0	0	0	0	0	13
50 to 54	1	3	1	0	3	2	2	0	0	0	12
55 to 59	1	1	2	3	2	2	0	2	0	0	13
60 to 64	1	1	1	1	3	1	1	2	0	2	13
65 to 69	0	0	1	1	1	0	0	0	0	1	4
70 & up	1	0	0	0	1	0	0	0	0	0	2
Total	27	31	26	10	19	5	3	4	0	3	128

Attachment to 2024 Form 5500 Schedule SB
Old Dutch Foods, Inc. Local 22 Employees' Pension Plan
EIN: 41-0914138 P/N: 004

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

Summary of Methods	
Valuation Date	October 1, 2024
Funding Method	Unit credit
Market Assets	Trustee value plus prior year accrued contributions discounted at the plan's effective interest rate to the Valuation Date
Actuarial Assets	Market Assets
Segment Rate Basis	24-month average with look back of 4 months

Economic Assumptions			
Segment Rates		<u>ARPA/IJA</u>	<u>Non-Stabilized</u>
	Segment 1: years 1-5	4.93%	4.93%
	Segment 2: years 5-20	5.27%	5.27%
	Segment 3: years 20+	5.59%	5.26%
Effective Interest Rate	5.39%		
Low-Default-Risk Obligation Method (LDROM) Rates	The same as non-stabilized segment rates		
Salary Increases	Not Applicable		
Lump Sums	For non-cash balance lump sums, rates are based on the regular segment rates above, if applicable, adjusted to reflect any lump sum minimum basis defined in the plan		

Other Assumptions			
Mortality (pre-retirement)	IRS 2024 Static Mortality		
Mortality (post-retirement)	IRS 2024 Static Mortality		
Disability	1987 Commissioners Group Disability Table Male Standard 6 Month Elimination period, Aggregate		
Withdrawal	Years of Vesting Service <5: 30%		
	Years of Vesting Service >=5: SOA 2003 Hourly Union Workers		
	Aggregate Turnover, through age 54		
	Age	Rate	Age
	25	.034	40
	30	.027	45
	35	.022	50
			.011
Expenses Paid from Trust	Prior year actual expenses , if any		
Retirement Age	Age	Rate	
	55-61	5%	
	62-64	12.5%	
	65	50%	
	66-69	40%	
	70+	100%	
Form of Payment	Three Year Certain and Life Annuity		
Percent Married	80%		
Spouse Age	Wives three years younger than husbands		

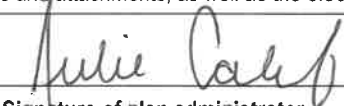
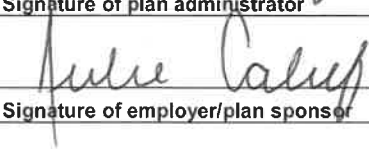
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II Basic Plan Information—enter all requested information	
1a Name of plan LOCAL 22 OLD DUTCH FOODS INC EMPLOYEE PENSION PLAN	1b Three-digit plan number (PN) ▶ 004 1c Effective date of plan 10/01/1971
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OLD DUTCH FOODS INC 2375 TERMINAL ROAD ST PAUL MN 55113	2b Employer Identification Number (EIN) 41-0914138 2c Plan Sponsor's telephone number 651-633-8810 2d Business code (see instructions) 311900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		7/10/2026	JULIE CALEF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		7/10/2026	JULIE CALEF
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor OLD DUTCH FOODS INC 2375 TERMINAL ROAD ST PAUL MN 55113	3b Administrator's EIN 41-0914138 3c Administrator's telephone number 651-633-8810
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 293
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c. e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e. g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 128 6a(2) 124 6b 100 6c 67 6d 291 6e 7 6f 298 6g(1) 6g(2) 6h 11
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) – Number Attached _____ (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan Old Dutch Foods, Inc. Local 22 Employees' Pension Plan	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Old Dutch Foods, Inc.	D Employer Identification Number (EIN) 41-0914138
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 10 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	15,931,804	
b	Actuarial value	2b	15,931,804	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	102	5,817,240	5,817,240
b	For terminated vested participants	64	1,342,355	1,342,355
c	For active participants	128	2,839,906	3,001,254
d	Total	294	9,999,501	10,160,849
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.39%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	134,684	
b	Expected plan-related expenses	6b	31,009	
c	Target normal cost	6c	165,693	

Statement by Enrolled Actuary

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

SIGN HERE	ALY Signature of actuary Anthony L. Urdahl Type or print name of actuary USI Consulting Group Firm name 8000 Norman Center Drive, Suite 400 Bloomington MN 55437 Address of the firm	04/07/2026 Date 2605312 Most recent enrollment number 954-934-5554 Telephone number (including area code)
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Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.93 % 2nd segment: 5.27 % 3rd segment: 5.59 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	4
22	Weighted average retirement age	22	64
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☐ Yes ☒ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c).....	31a	165,693
b	Excess assets, if applicable, but not greater than line 31a	31b	165,693
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment		
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34
			0
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35).....		36
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39
40	Unpaid minimum required contributions for all years		40
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021		

Attachment to 2024 Form 5500 Schedule SB
Old Dutch Foods, Inc. Local 22 Employees' Pension Plan
EIN: 41-0914138 P/N: 004

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

Weighted Average Retirement Age				
(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	53.2030	0.0297	1.5821	87.0172
56	52.2861	0.0477	2.4930	139.6066
57	51.0484	0.0490	2.5030	142.6733
58	50.8045	0.0483	2.4514	142.1785
59	50.2655	0.0487	2.4490	144.4908
60	49.7788	0.0479	2.3855	143.1287
61	47.0679	0.0485	2.2807	139.1216
62	44.6094	0.1218	5.4333	336.8640
63	44.1355	0.1195	5.2752	332.3357
64	39.5939	0.1204	4.7674	305.1126
65	37.6914	0.4806	18.1129	1177.3354
66	18.6486	0.3957	7.3788	487.0018
67	10.9479	0.3956	4.3309	290.1701
68	8.4243	0.3955	3.3317	226.5548
69	4.9408	0.3954	1.9535	134.7899
70	2.8962	1.0000	2.8962	202.7315
71		1.0000		
72	1.0000	1.0000	1.0000	72.0000
73		1.0000		
74	1.0000	1.0000	1.0000	74.0000
Total			71.6244	4577.1126
Average				63.9000

Attachment to 2024 Form 5500 Schedule SB
Old Dutch Foods, Inc. Local 22 Employees' Pension Plan
EIN: 41-0914138 P/N: 004

Schedule SB, Part V – Summary of Plan Provisions

Key Plan Provisions																																												
EIN / Plan Number	41-0914138 / 004																																											
Effective Date	October 1, 1971																																											
Plan Year	October 1 to September 30																																											
Vesting Service	For years after September 30, 1976, one year for each Plan Year with at least 1,000 hours of service																																											
Credited Service	Based on hours of service in a plan year divided by 2,000, rounded to the next higher 1/10 (with a maximum of one year of credited service per plan year.) Effective August 1, 2002, there is no maximum number on the number of years of Credited Service. From October 1, 1991 to July 31, 2002, the maximum number of years of Credited Service was 30. Prior to October 1, 1991, the maximum number of years was 28.																																											
Participation	First of the month coincident with or next following date of hire																																											
Vesting	100% after 5 years of Vesting Service																																											
Normal Retirement Age	Age 65																																											
Normal Retirement Date	1 st of the month coincident with or next following age 65																																											
Accrued Monthly Pension	The benefit level in effect at the date of determination multiplied by credited service. Benefit level effective at date of termination, retirement or transfer from union group is applicable and is dependent on credited service earned as of that date. <table><thead><tr><th></th><th colspan="2">Benefit Level</th></tr><tr><th>Effective date</th><th>Service of 20 years or less</th><th>Service of more than 20 years</th></tr></thead><tbody><tr><td>10/01/2002 to 09/30/2003</td><td>22.67</td><td>22.67</td></tr><tr><td>10/01/2003 to 09/30/2004</td><td>23.67</td><td>23.67</td></tr><tr><td>10/01/2004 to 09/30/2005</td><td>25.17</td><td>25.17</td></tr><tr><td>10/01/2005 to 09/30/2006</td><td>26.67</td><td>26.67</td></tr><tr><td>10/01/2006 to 09/30/2007</td><td>28.50</td><td>28.50</td></tr><tr><td>10/01/2007 to 09/30/2008</td><td>29.00</td><td>29.00</td></tr><tr><td>10/01/2008 to 09/30/2009</td><td>29.50</td><td>29.50</td></tr><tr><td>10/01/2009 to 09/30/2010</td><td>30.50</td><td>30.50</td></tr><tr><td>10/01/2010 to 09/30/2016</td><td>31.50</td><td>31.50</td></tr><tr><td>10/01/2016 to 09/30/2018</td><td>31.50</td><td>32.00</td></tr><tr><td>10/01/2018 to 09/30/2019</td><td>31.50</td><td>32.50</td></tr><tr><td>10/01/2020 and later</td><td>31.50</td><td>33.00</td></tr></tbody></table>			Benefit Level		Effective date	Service of 20 years or less	Service of more than 20 years	10/01/2002 to 09/30/2003	22.67	22.67	10/01/2003 to 09/30/2004	23.67	23.67	10/01/2004 to 09/30/2005	25.17	25.17	10/01/2005 to 09/30/2006	26.67	26.67	10/01/2006 to 09/30/2007	28.50	28.50	10/01/2007 to 09/30/2008	29.00	29.00	10/01/2008 to 09/30/2009	29.50	29.50	10/01/2009 to 09/30/2010	30.50	30.50	10/01/2010 to 09/30/2016	31.50	31.50	10/01/2016 to 09/30/2018	31.50	32.00	10/01/2018 to 09/30/2019	31.50	32.50	10/01/2020 and later	31.50	33.00
	Benefit Level																																											
Effective date	Service of 20 years or less	Service of more than 20 years																																										
10/01/2002 to 09/30/2003	22.67	22.67																																										
10/01/2003 to 09/30/2004	23.67	23.67																																										
10/01/2004 to 09/30/2005	25.17	25.17																																										
10/01/2005 to 09/30/2006	26.67	26.67																																										
10/01/2006 to 09/30/2007	28.50	28.50																																										
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10/01/2008 to 09/30/2009	29.50	29.50																																										
10/01/2009 to 09/30/2010	30.50	30.50																																										
10/01/2010 to 09/30/2016	31.50	31.50																																										
10/01/2016 to 09/30/2018	31.50	32.00																																										
10/01/2018 to 09/30/2019	31.50	32.50																																										
10/01/2020 and later	31.50	33.00																																										
Normal Retirement	Eligibility: Termination on or after Normal Retirement Age Benefit: Accrued Monthly Pension payable on 1st of month following termination																																											

Attachment to 2024 Form 5500 Schedule SB
Old Dutch Foods, Inc. Local 22 Employees' Pension Plan
EIN: 41-0914138 P/N: 004

Summary of Plan Provisions Continued

Key Plan Provisions Continued	
Early Retirement	Eligibility: Termination after attainment of age 55 and 10 years of vesting service Benefit: Accrued Monthly Pension reduced by 0.5% for the first 60 months and 0.333% for the next 60 months that the commencement date precedes Normal Retirement Date
Vested Termination	Eligibility: Termination of employment after 5 years of Vesting Service Benefit: Accrued Monthly Pension payable at NRD. If 10 years of Vesting Service, the Accrued Monthly Pension can commence as early as age 55 reduced by 0.5% for the first 60 months and 0.333% for the next 60 months
Disability Retirement	Eligibility: Age 45 with 15 years of vesting service, totally and permanently disabled Benefit: Accrued Monthly Pension as of date of disability reduced by Workers Compensation or disability payments from a company-sponsored disability program, payable as a three-year certain and life annuity
Death Benefit	Eligibility: Death after 5 years of Vesting Service Benefit: The survivor portion of the Early Retirement benefit payable as a 50% J&S option immediately, if the participant was past age 55; otherwise, deferred to the earliest commencement date Optional payment form: The surviving spouse may elect to receive the present value of the death benefit as an immediate lump sum payment
Actuarial Equivalence	Non 417(e): 1971 Group Annuity Male Mortality set back 1 year for participants and 5 years for beneficiaries, 6% interest; 417(e) Basis: 1-year stability period, 2-month look back
Normal Form of Payment	Three Year Certain & Life
Optional Payment Forms	Life only, 10 Year Certain & Life, J&S annuity (50%, 75%, 100%)

Old Dutch Foods, Inc. Local 22 Employees' Pension Plan

EIN 41-0914138

Plan # 004

The copy of the IQPA report that was attached to the form 5500 that was originally filed on July 15, 2026 was unsigned. A final signed IQPA report was available at that time, but the unsigned report was attached in error. This amended return includes the signed IQPA report – no other changes were made to the 5500 form as originally filed.

OLD DUTCH FOODS, INC.
 LOCAL 22 EMPLOYEES' PENSION PLAN
 EIN # 41-0914138
 Plan Number 004
 Form 5500
 September 30, 2025

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

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	Cost	Current Value
Common Stocks:				
	Abbott Laboratories	600 shares common stock	25,605	80,364
	Alliant Energy Corporation	1,000 shares common stock	55,829	67,410
	Alphabet Inc Class C	600 shares common stock	33,902	146,130
	Amazon.Com Inc	850 shares common stock	137,464	186,635
	American Express Company	300 shares common stock	23,184	99,648
	Apple Inc	500 shares common stock	100,945	127,315
	Automatic Data Processing Inc	100 shares common stock	22,133	29,350
	Badger Meter Inc	150 shares common stock	3,580	26,787
	Bio Techne Corp	700 shares common stock	12,118	38,941
	Caseys General Stores Inc	75 shares common stock	25,314	42,399
	Donaldson Co Inc	200 shares common stock	9,239	16,370
	Ecolab Inc	285 shares common stock	34,394	78,050
	Eli Lilly & Co	180 shares common stock	14,752	137,340
	Entegris Inc	300 shares common stock	35,552	27,738
	Fastenal Co	1,400 shares common stock	17,328	68,656
	Fiserv Inc	700 shares common stock	14,132	90,251
	Generac Holdings Inc	175 shares common stock	7,460	29,295
	Graco Inc	950 shares common stock	24,818	80,712
	H B Fuller & Co	350 shares common stock	13,295	20,748
	Home Depot Inc	75 shares common stock	11,701	30,389
	Honeywell Intl Inc	100 shares common stock	10,848	21,050
	Hormel Foods Corp	700 shares common stock	24,462	17,318
	Johnson & Johnson	200 shares common stock	20,566	37,084
	Jpmorgan Chase & Co	200 shares common stock	30,545	63,086
	Littelfuse Inc	200 shares common stock	40,237	51,802
	Medtronic Plc	150 shares common stock	12,781	14,286
	Meta Platforms Inc Class A	175 shares common stock	80,810	128,516
	Microsoft Corp	500 shares common stock	13,413	258,975
	Motorola Solutions Inc	200 shares common stock	29,527	91,458
	Nvent Electric Plc	400 shares common stock	7,695	39,456
	Nvidia Corp	1600 shares common stock	5,656	298,528
	Palo Alto Networks Inc	250 shares common stock	36,886	50,905
	Piper Sandler Companies	100 shares common stock	29,523	34,699
	Principal Financial Group Inc	200 shares common stock	8,156	16,582
	Qualcomm Inc	150 shares common stock	9,751	24,954
	Roche Holding Ltd	300 shares common stock	9,825	12,249
	Rockwell Automation Inc	150 shares common stock	41,618	52,429
	Salesforce Inc	175 shares common stock	52,819	41,475
	Sysco Corp	250 shares common stock	19,132	20,585
	Taiwan Semiconductor Mfg Co	300 shares common stock	57,751	83,787

OLD DUTCH FOODS, INC.
LOCAL 22 EMPLOYEES' PENSION PLAN
EIN # 41-0914138
Plan Number 004
Form 5500
September 30, 2025

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

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	Cost	Current Value
	Toro Co	400 shares common stock	26,156	30,480
	Common Stocks:			
	Unitedhealth Group Inc	175 shares common stock	28,610	60,428
	Us Bancorp Del	500 shares common stock	21,797	24,165
	Visa Inc Class A	300 shares common stock	40,438	102,414
	Walt Disney Co	150 shares common stock	14,852	17,175
	Wec Energy Group Inc	350 shares common stock	35,663	40,107
	Wells Fargo & Co	700 shares common stock	32,468	58,674
	Xcel Energy Inc	300 shares common stock	12,133	24,195
	Total Common Stocks		\$ 1,376,863	\$ 3,141,390
	Registered Investment Companies:			
	iShares Russell 2000 ETF	2,372 exchange traded funds	546,718	573,929
	iShares Russell 2000 Growth ETF	4,377 exchange traded funds	302,644	1,400,815
	iShares Core MSCI Emerging Mkt ETF	3,996 exchange traded funds	208,036	263,416
	FMI FDS Large Cap Fund	163,988 mutual fund shares	2,846,535	2,530,334
	FMI FDS International Fund	18,844 mutual fund shares	566,521	735,683
	MFS Sers Trust X	13,441 mutual fund shares	723,000	758,485
	Nuveen Invt Fnds Real Estate Secs	25,401 mutual fund shares	487,439	382,292
	Nuveen Invt Fnds Global Infrastructure	70,481 mutual fund shares	687,564	929,642
	Principal Invt Fnds Inc Midcap	44,069 mutual fund shares	1,301,787	2,080,926
	Vanguard Short-Term Bond Index Fd	147,515 mutual fund shares	1,529,416	1,522,351
	Total Registered Investment Companies		\$ 9,199,660	#####
	US Government and Agency Bonds & Notes:			
	United States Treasury Bond	45,000 3.500%, Due 02/15/2039	44,160	41,163
	United States Treasury Bonds	28,000 2.250%, Due 05/15/2041	27,482	20,738
	United States Treasury Bonds	43,000 3.875%, Due 02/15/2043	39,808	39,001
	United States Treasury Bonds	78,000 3.125%, Due 05/15/2048	75,953	60,090
	United States Treasury Bonds	99,000 1.875%, Due 02/15/2051	83,484	56,492
	United States Treasury Bond	19,000 3.625%, Due 02/15/2053	15,679	15,696
	Fedl Home Loan Mtg Corp#G60714	53,000 4.000%, Due 01/01/2046	10,507	8,708
	Fedl Home Loan Mtg Corp#G61607	15,000 4.500%, Due 09/01/2048	3,883	3,572
	Fedl Home Loan Mtg Corp#G67700	70,000 3.500%, Due 08/01/2046	17,724	15,215
	Fedl Home Loan Mtg Corp#G67713	70,000 4.000%, Due 06/01/2048	13,473	13,624
	Fedl Home Loan Mtg Corp#Ra1193	26,000 4.000%, Due 08/01/2049	4,663	4,505
	Fedl Home Loan Mtg Corp#Ra9270	48,000 5.500%, Due 06/01/2053	39,845	39,479
	Fedl Home Loan Mtg Corp#Sd5696	22,000 6.500%, Due 06/01/2054	19,071	19,959
	Fedl Home Loan Mtg Corp#Sd7502	43,000 3.500%, Due 07/01/2049	8,512	8,623
	Fedl Home Loan Mtg Corp#Sd7508	27,000 3.500%, Due 10/01/2049	9,433	8,193
	Fnma Gtd Pass Thru Pool#Ad1655	74,000 4.500%, Due 03/01/2040	5,170	4,486

OLD DUTCH FOODS, INC.
LOCAL 22 EMPLOYEES' PENSION PLAN
EIN # 41-0914138
Plan Number 004
Form 5500
September 30, 2025

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

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	Cost	Current Value
	Fnma Gtd Pass Thru Pool#Aj9332	118,000 4.000%, Due 01/01/2042	16,598	13,527
	US Government and Agency Bonds & Notes:			
	Fnma Gtd Pass Thru Pool#Al6031	21,000 4.000%, Due 10/01/2044	3,811	3,165
	Fnma Gtd Pass Thru Pool#Al7468	13,000 5.000%, Due 02/01/2045	2,691	1,831
	Fnma Gtd Pass Thru Pool#Al8743	18,000 4.500%, Due 06/01/2046	3,851	2,849
	Fnma Gtd Pass Thru Pool#As0910	40,000 4.500%, Due 11/01/2043	5,403	4,845
	Fnma Gtd Pass Thru Pool#As6752	22,000 3.500%, Due 02/01/2046	5,209	4,314
	Fnma Gtd Pass Thru Pool#As8683	96,000 3.500%, Due 01/01/2047	23,660	20,534
	Fnma Gtd Pass Thru Pool#Bm3362	111,000 4.500%, Due 01/01/2044	27,898	27,252
	Fnma Gtd Pass Thru Pool#Bm5508	92,000 5.000%, Due 02/01/2049	21,353	20,232
	Fnma Gtd Pass Thru Pool#Ca0995	37,000 3.500%, Due 01/01/2048	12,308	10,718
	Fnma Gtd Pass Thru Pool#Ca1354	19,000 3.500%, Due 03/01/2048	5,168	4,687
	Fnma Gtd Pass Thru Pool#Ca2166	91,000 4.500%, Due 08/01/2048	14,553	14,966
	Fnma Gtd Pass Thru Pool#Ca2580	40,000 4.500%, Due 11/01/2048	12,299	11,456
	Fnma Gtd Pass Thru Pool#Ca8645	24,000 4.000%, Due 01/01/2051	9,631	8,531
	Fnma Gtd Pass Thru Pool#Cb3596	32,000 3.500%, Due 05/01/2052	21,576	21,821
	Fnma Gtd Pass Thru Pool#Fm1104	16,000 3.500%, Due 05/01/2049	4,491	3,891
	Fnma Gtd Pass Thru Pool#Fm2789	69,000 4.000%, Due 07/01/2049	12,436	12,501
	Fnma Gtd Pass Thru Pool#Fm3148	36,000 4.000%, Due 02/01/2050	18,613	16,045
	Fnma Gtd Pass Thru Pool#Fm3229	71,000 3.500%, Due 02/01/2047	27,446	26,194
	Fnma Gtd Pass Thru Pool#Fm3247	29,000 4.500%, Due 10/01/2045	10,276	9,450
	Fnma Gtd Pass Thru Pool#Fm3946	18,000 4.000%, Due 01/01/2049	5,493	4,811
	Fnma Gtd Pass Thru Pool#Fm4512	42,000 3.500%, Due 04/01/2050	15,795	16,482
	Fnma Gtd Pass Thru Pool#Fm5137	22,000 5.000%, Due 05/01/2050	8,090	7,021
	Fnma Gtd Pass Thru Pool#Fm5768	24,000 4.000%, Due 11/01/2044	11,346	10,001
	Fnma Gtd Pass Thru Pool#Fm5893	17,000 5.000%, Due 08/01/2050	7,273	6,123
	Fnma Gtd Pass Thru Pool#Fm7136	18,000 3.500%, Due 01/01/2050	8,579	7,360
	Fnma Gtd Pass Thru Pool#Fs1677	19,000 3.000%, Due 03/01/2040	11,464	11,046
	Fnma Gtd Pass Thru Pool#Fs1891	36,000 4.000%, Due 01/01/2050	23,373	23,482
	Fnma Gtd Pass Thru Pool#Fs2050	26,000 4.000%, Due 02/01/2051	15,522	16,860
	Fnma Gtd Pass Thru Pool#Fs3698	34,000 5.500%, Due 11/01/2052	24,193	24,356
	Fnma Gtd Pass Thru Pool#Fs4703	20,000 4.500%, Due 05/01/2053	14,642	15,019
	Fnma Gtd Pass Thru Pool#Fs7160	20,000 6.500%, Due 02/01/2054	16,339	16,280
	Fnma Gtd Pass Thru Pool#Fs8210	23,000 6.000%, Due 05/01/2054	19,841	20,475
	Fnma Gtd Pass Thru Pool#Fs9605	21,000 6.000%, Due 07/01/2054	19,165	19,718
	Fnma Gtd Pass Thru Pool#Ma2866	49,000 3.000%, Due 01/01/2037	9,263	8,927
	Fnma Gtd Pass Thru Pool#Ma5072	33,000 5.500%, Due 07/01/2053	28,357	27,071
	Fnma Gtd Pass Thru Pool#Ra3586	15,000 4.000%, Due 09/01/2050	4,474	3,765
	Fnma Gtd Pass Thru Pool#Sb8511	35,000 2.000%, Due 05/01/2036	16,600	17,823
	Fnma Gtd Pass Thru Pool#Sd7514	57,000 3.500%, Due 04/01/2050	15,253	15,189
	GNMA Pass Thru Pool#Ma8874M	29,000 3.000%, Due 05/20/2053	19,246	20,212

OLD DUTCH FOODS, INC.
LOCAL 22 EMPLOYEES' PENSION PLAN
EIN # 41-0914138
Plan Number 004
Form 5500
September 30, 2025

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

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment		Cost	Current Value
Total US Government and Agency Bonds & Notes				\$ 972,426	\$ 890,374
Municipal Bonds:					
	California St Var Purp	30,000	7.550%, Due 04/01/2039	45,320	36,603
	Miami Dade County FL	10,000	3.982%, Due 10/01/2041	10,961	8,694
	Miami Dade County FL	30,000	4.280%, Due 10/01/2041	28,555	27,547
Total Municipal Bonds				\$ 84,836	\$ 72,844
Corporate Bonds:					
	Ally Finl Inc	21,000	5.737%, Due 05/15/2029	21,194	21,500
	American Express Co	20,000	5.750%, Due 07/26/2028	20,120	20,110
	American Tower Corp	19,000	5.900%, Due 11/15/2033	20,254	20,366
	Amgen Inc	22,000	5.600%, Due 03/02/2043	22,378	22,283
	Bank Amer Corp	25,000	4.330%, Due 03/15/2050	28,307	21,311
	Boeing Co Sr Unsecured	20,000	5.150%, Due 05/01/2030	23,473	20,540
	Boston Pptys Ltd Partnership	25,000	2.550%, Due 04/01/2032	20,979	21,622
	Broadcom Inc	21,000	4.550%, Due 02/15/2032	20,998	21,150
	Campbell Soup Co	23,000	2.375%, Due 04/24/2030	19,112	21,019
	Celanese Us Hldgs Llc	21,000	7.050%, Due 11/15/2030	20,890	21,657
	Centene Corp	24,000	2.500%, Due 03/01/2031	20,257	20,703
	Charter Communications Oper	22,000	4.400%, Due 04/01/2033	20,748	20,875
	Citigroup Inc	20,000	7.625%, Due 12/31/2149	21,163	21,001
	Commonspirit Health	20,000	3.347%, Due 10/01/2029	20,490	19,320
	Crown Castle Intl Corp	21,000	4.300%, Due 02/15/2029	23,029	20,901
	Cvs Health Corporation	21,000	5.250%, Due 02/21/2033	21,626	21,485
	Delta Airlines, Inc	21,000	5.250%, Due 07/10/2030	21,171	21,428
	Diamondback Energy Inc	2,000	6.250%, Due 03/15/2033	2,173	2,154
	Diamondback Energy Inc	21,000	3.500%, Due 12/01/2029	20,955	20,269
	Discover Financial Services	17,000	7.964%, Due 11/02/2034	19,775	20,106
	Dominion Energy Inc Jr Sb	19,000	7.000%, Due 06/01/2054	20,045	20,603
	Energy Transfer L P Sr Gbl	19,000	6.550%, Due 12/01/2033	19,805	20,782
	Equinix Inc	22,000	3.200%, Due 11/18/2029	20,241	21,070
	Exelon Corp	21,000	6.500%, Due 03/15/2055	21,021	21,959
	Fmc Corporation	21,000	5.650%, Due 05/18/2033	20,854	20,997
	Ford Cr Auto Owner Ser 2024D Cl A3	39,000	4.610%, Due 08/15/2029	39,008	39,462
	Ford Motor Company	19,000	7.450%, Due 07/16/2031	20,892	21,024
	General Mtrs Finl Co Inc	21,000	5.800%, Due 06/23/2028	20,667	21,764
	Gm Financial Ser 241 Cl A4	21,000	4.860%, Due 06/18/2029	20,972	21,314
	Goldman Sachs Group Inc	20,000	6.850%, Due 12/31/2149	20,025	20,775
	Hca Inc	22,000	3.500%, Due 09/01/2030	19,548	21,027
	Hyatt Hotels Corp	21,000	5.750%, Due 03/30/2032	21,080	21,904

OLD DUTCH FOODS, INC.
LOCAL 22 EMPLOYEES' PENSION PLAN
EIN # 41-0914138
Plan Number 004
Form 5500
September 30, 2025

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

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	Cost	Current Value
	Jpmorgan Chase & Co	27,000 3.157%, Due 04/22/2042	26,246	21,042
	Corporate Bonds:			
	Mgm Resorts Intl	20,000 6.125%, Due 09/15/2029	20,125	20,359
	Microsoft Corp Gbl Nt	34,000 2.525%, Due 06/01/2050	30,517	21,491
	Morgan Stanley	20,000 4.431%, Due 01/23/2030	19,881	20,099
	Murphy Oil Corp	23,000 6.000%, Due 10/01/2032	22,060	22,667
	Navient Corp	21,000 5.000%, Due 03/15/2027	19,162	20,919
	Nustar Logistics L P Sr Nt	21,000 6.375%, Due 10/01/2030	20,995	21,748
	Occidental Pete Corp	18,000 7.875%, Due 09/15/2031	20,592	20,469
	Pnc Finl Svcs Group Inc	20,000 5.068%, Due 01/24/2034	19,143	20,436
	Regal Rexnord Corporation	20,000 6.300%, Due 02/15/2030	20,954	21,212
	Royal Caribbean Cruises Ltd	21,000 5.375%, Due 01/15/2036	21,092	21,128
	Slm Corp	20,000 6.500%, Due 01/31/2030	20,200	20,848
	Sm Energy Company	21,000 6.500%, Due 07/15/2028	20,842	21,135
	Sonoco Prods Co	23,000 2.850%, Due 02/01/2032	22,412	20,737
	Southwestern Energy Co	20,000 5.375%, Due 03/15/2030	19,275	20,340
	Teva Pharmaceutical Fin Llc	21,000 6.150%, Due 02/01/2036	21,347	21,989
	Truist Financial Corp	20,000 5.435%, Due 01/24/2030	20,150	20,700
	U S Bancorp	19,000 5.775%, Due 06/12/2029	19,004	19,777
	United Airlns Pass Thru Ser 20241 Cl A	19,310 5.450%, Due 08/15/2038	19,691	19,866
	Verizon Communications Inc	26,000 3.550%, Due 03/22/2051	26,122	19,050
	Verizon Master Tr Ser 20234 Cl A1A	20,000 5.160%, Due 06/20/2029	19,942	20,153
	Wells Fargo & Co	19,000 7.625%, Due 12/31/2149	20,143	20,336
	Whirlpool Corp	25,000 2.400%, Due 05/15/2031	20,719	21,110
	Total Corporate Bonds		\$ 1,163,864	\$ 1,150,092
	Money Market Funds:			
	JP Morgan 100% US Treasury Securities		\$ 89,175	\$ 89,175