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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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:
- [X] 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
CRYSTAL CREAMERY PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2023

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)
CRYSTAL CREAMERY, INC.

529 KANSAS AVENUE
MODESTO, CA 95351

2b Employer Identification Number (EIN)
84-3472126

2c Plan Sponsor's telephone number
209-548-7640

2d Business code (see instructions)
311500

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2026	RANBIR JOHAL
	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 [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	311
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	**6a(1)**	44
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	42
b	Retired or separated participants receiving benefits	**6b**	120
c	Other retired or separated participants entitled to future benefits	**6c**	119
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	281
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	24
f	Total. Add lines **6d** and **6e**.	**6f**	305
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
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 Characteristic Codes in the instructions:

1A 1I 3F 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
CRYSTAL CREAMERY PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CRYSTAL CREAMERY, INC.

D Employer Identification Number (EIN)
84-3472126

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	13524930
b Actuarial value	**2b**	13679412

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	139	8112972	8112972
b For terminated vested participants	128	5117855	5117855
c For active participants	44	3131123	3131123
d Total	311	16361950	16361950

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**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	180000
c Target normal cost	**6c**	180000

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

09/29/2026
Date

IAN ROBERTS
Type or print name of actuary

26-07992
Most recent enrollment number

FIDELITY INVESTMENTS
Firm name

303-824-2669
Telephone number (including area code)

100 CALIFORNIA STREET
SUITE 1200
SAN FRANCISCO, CA 94111
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	36080
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	36080
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 2.40 %	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)		2279
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 5.14 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		55
c	Total available at beginning of current plan year to add to prefunding balance		2334
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	83.60 %
15	Adjusted funding target attainment percentage	15	83.60 %
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	92.77 %
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
04/15/2025	80000	0			
07/01/2025	80000	0			
10/07/2025	80000	0			
01/13/2026	80000	0			
09/04/2026	150000	0			
			Totals ► 18(b)	470000	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	446890

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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**	180000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2682538	262386
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	442386

	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**	442386
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	446890
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	4504
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CRYSTAL CREAMERY PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CRYSTAL CREAMERY, INC.

D Employer Identification Number (EIN)
84-3472126

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

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM PENSION JOURNEY 40/60 COMMGLD

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-173	C	14358218

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CRYSTAL CREAMERY PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CRYSTAL CREAMERY, INC.

D Employer Identification Number (EIN)
84-3472126

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	13446261	14358218
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	13446261	14358218
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	13446261	14358218

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)	320000	
(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)		320000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1565374
(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)		
c Other income	2c		590
d Total income. Add all **income** amounts in column (b) and enter total	2d		1885964
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	794245	
(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)		794245
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)		
(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)	179762	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		179762
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		974007
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		911957
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) [X] 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) [X] 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: ATHERTON & ASSOCIATES, LLP **(2)** EIN: 94-1239084

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.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		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?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 581488.

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CRYSTAL CREAMERY PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CRYSTAL CREAMERY, INC.

D Employer Identification Number (EIN)
84-3472126

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): 04-3275867

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

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 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501166A .

Structured Attachment	Schedule SB, line 26a Schedule of Active Participant Data	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection

Name of Plan	CRYSTAL CREAMERY PENSION PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	84-3472126	PN	002

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39				2		
40 to 44				3		
45 to 49						
50 to 54				3		
55 to 59				1		
60 to 64				5		
65 to 69				2		
70 & Up				1		

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39	1					
40 to 44	1					
45 to 49	1					
50 to 54				2		
55 to 59	5			3		
60 to 64	1			1		
65 to 69	3			2		
70 & Up						

Name of Plan	CRYSTAL CREAMERY PENSION PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	84-3472126	**PN**	002

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54	1					
55 to 59	1					
60 to 64				1		
65 to 69	1			1		
70 & Up				2		

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	CRYSTAL CREAMERY PENSION PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	84-3472126	**PN**	002

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

CRYSTAL CREAMERY
PENSION PLAN

FINANCIAL STATEMENTS

YEARS ENDED
DECEMBER 31, 2025 AND 2024



ATHERTON
& ASSOCIATES, LLP

Tax • Assurance • Consulting

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INDEPENDENT AUDITOR'S REPORT

October 6, 2026

Pension Committee
Crystal Creamery Pension Plan
Modesto, California

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

We have performed audits of the financial statements of Crystal Creamery Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2024, the related statement of changes in accumulated plan benefits for the year ended December 31, 2024, and the related notes to the financial statements (financial statements).

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

Management has obtained certifications from a qualified institution, Fidelity Management Trust Company, as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Emphasis of Matter – Plan Freeze

As discussed in Note 1 to the financial statements, the Plan was amended to freeze further participation in the Plan and cease the future accrual of benefits under the Plan for certain groups of the Plan. As of December 31, 2022, the Plan is considered fully frozen. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets Held at End of Year and Schedule H, Line 4j – Schedule of Reportable Transactions as of or for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Atherton & Associates, LLP

CRYSTAL CREAMERY PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
Investments, at fair value, common collective trust	$ 14,358,218	$ 13,446,261
Receivable, employer contribution	230,000	80,000
NET ASSETS AVAILABLE FOR BENEFITS	$ 14,588,218	$ 13,526,261

CRYSTAL CREAMERY PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income		
Net appreciation in fair value of investments	$ 1,565,374	$ 315,861
Other income	590	652
Total investment income	1,565,964	316,513
Employer contributions	470,000	294,000
Total additions	2,035,964	610,513
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid directly to participants	794,245	762,668
Pension Benefit Guaranty Corporation premiums	179,762	163,840
Total deductions	974,007	926,508
Net increase (decrease) in net assets	1,061,957	(315,995)
NET ASSETS AVAILABLE FOR PLAN BENEFITS		
Beginning of year	13,526,261	13,842,256
End of year	$ 14,588,218	$ 13,526,261

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	
Vested benefits	
Participants currently receiving payments	$ 7,405,929
Other participants	7,245,755
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED BENEFITS	$ 14,651,684

CRYSTAL CREAMERY PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED DECEMBER 31, 2024

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT DECEMBER 31, 2023	$ 14,206,098
Increase (decrease) during the year attributable to:	
Benefits accumulated	343,845
Increase for interest due to the decrease in the discount period	864,409
Benefits paid	(762,668)
NET INCREASE	445,586
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT DECEMBER 31, 2024	$ 14,651,684

NOTES TO FINANCIAL STATEMENTS

Note 1 Description of the Plan

The following description of the Crystal Creamery Pension Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General The Plan is a defined benefit pension plan covering eligible employees within the Crystal Creamery Pension Plan that was formed effective January 1, 2023. The following entities are included in the Crystal Creamery Pension Plan: Crystal Creamery, Inc. and Foster Dairy Farms, Inc. (the Companies). Employees for whom retirement benefits are subject to collective bargaining (unless such bargaining agreements specifically provide otherwise) are excluded. Effective May 15, 2010, under the Foster Farms Group Pension Plan, the Companies ceased further participation and benefit accruals in the Plan with the exception of funding future accrued benefits of the Companies' participants. The Foster Farms Group Pension Plan was considered fully frozen as of December 31, 2022. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Prior to the freeze, employees were eligible to participate under the plan on January 1 or July 1 coincident with or next following the first anniversary of hire, provided the employee completed 1,000 hours of service. The financial statements are prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Pension Benefits Employees with 5 or more years of service are entitled to monthly pension benefits beginning at normal retirement age (65) equal to 1.50% of the employee's average annual compensation, based on the highest five consecutive years, over the last eleven years plus 0.65% of employees' average annual compensation in excess of covered compensation, multiplied by the employee's years of benefit service as defined by the Plan. The Plan permits early retirement at ages 55-64. Employees may elect a joint and survivor annuity with a designated beneficiary (spouse or domestic partner) or a life annuity with terms of 5, 10, or 15 years (with designated beneficiary).

Death Benefits If a participant is vested in the Plan but dies before payments begin, the Plan will pay a benefit to the spouse equal to the amount the participant could have received if age 65 had been attained and the normal form of payment was elected, 50% survivor option. A reduced benefit is paid if the spouse begins to receive benefits prior to the participant's normal retirement, age 65.

Vesting Employees are 100% vested after five years of credited vesting service. Employees who have worked a minimum of 1,000 hours during a calendar year receive credit for one year of vesting service.

Administrative Expenses Certain administrative functions are performed by officers or employees of the Companies. No such officer or employee receives compensation from the Plan. Most administrative expenses are paid directly by the Plan Sponsor, except for Pension Benefit Guaranty Corporation (PBGC) premiums, which are paid directly by the Plan.

Secure 2.0 Act On December 29, 2022, the Consolidated Appropriations Act of 2023 was signed into law, which includes the package of retirement provisions referred to as Secure 2.0. These provisions continue the themes and reforms that began with the 2019 Secure Act, focusing on getting more participants into the retirement system and finding ways for them to accumulate more assets. These changes have various effective dates starting in 2023 and forward. Since the provisions include both required and optional elements, the Plan Administrator will determine the optional provisions to elect.

Note 2 Summary of Accounting Policies

Basis of Accounting The Plan's financial statements are prepared on the accrual basis of accounting.

Investment Valuations and Income Recognition Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract 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. The Plan's Sponsor determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, or trustees.

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

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

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

Actuarial Present Value of Accumulated Plan Benefits Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the employees for services 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 based on an employee's average annual compensation during the last eleven years of employment by considering only the five consecutive years of service, during this period, in which compensation is highest. The accumulated plan benefits for active employees are based on their average annual compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, 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 from Fidelity Workplace Investing LLC, and it 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, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of December 31, 2024, were (a) life expectancy of the individuals (Pri-2012 Blue Collar Mortality Tables with Scale MP-2021 Mortality Improvement Scale was used), (b) retirement age assumptions (the assumed average retirement age was 65) and, (c) investment return. The interest rate used to discount the obligation was 5.75% for the year ended December 31, 2024. The foregoing

Note 2 Summary of Accounting Policies (Continued)

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

Plan Experience There was a liability loss during 2024 of approximately 2.2%, as a result of demographic experience. Assets returned approximately 2.4% during 2024 relative to an expected return of 6.25%, resulting in a loss.

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 plan assets available for benefits and the actuarial present value of accumulated plan benefits as of the date of the financial statements. Accordingly, actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Subsequent Events In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through October 6, 2026, the date the financial statements were available to be issued.

Note 3 Information Prepared and Certified by the Trustee

The following is a summary of the Plan's asset information as of December 31, 2025 and 2024, and for the years then ended, included throughout the Plan's financial statements and supplemental schedules that was prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained a certification from the trustee that information provided to the Plan Administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets at December 31:

	2025	2024
Common collective trust	$14,358,218	$13,446,261

The trustee also certified to the completeness and accuracy of $1,565,374 and $315,861 of net appreciation in fair value of investments for the years ended December 31, 2025 and 2024, respectively.

Note 4 Funding Policy

The Sponsor's funding policy is to make regular contributions to the Plan in amounts which will meet or exceed the annual ERISA minimum funding requirements. As of December 31, 2025 and 2024, the Sponsor accrued for contributions of $230,000 and $80,000, respectively. The Sponsor made employer contributions of $470,000 and $294,000, respectively, to the Plan for the years ended December 31, 2025 and 2024. The Sponsor may contribute more than the minimum funding requirements as required by ERISA to decrease PBGC variable expenses.

Note 5 Transactions with Parties-In-Interest

Fidelity Management Trust Company, the Plan's trustee and record-keeper, Fidelity Workplace Investing LLC, the Plan's actuary, and Atherton & Associates, LLP, the Plan's independent auditor, are parties-in-interest according to Section 3(14) of ERISA.

Note 6 Income Tax Status

The Plan has adopted a volume submitter defined benefit plan which has obtained a favorable opinion letter on March 30, 2018, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been restated since receiving the opinion 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.

Note 7 Plan Termination

Although they have not expressed any intention to do so, the Companies have the right to terminate the Plan subject to the provisions set forth in ERISA. As defined in the Plan agreement, should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee while other benefits may not be provided for at all.

Note 8 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 measurement) and the lowest priority to unobservable inputs (level 3 measurements). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described below:

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

Note 8 Fair Value Measurements (Continued)

Level 2 Inputs other than quoted prices included within level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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 that are unobservable inputs for the asset or liability.

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 relevant observable inputs and minimize the use of unobservable inputs.

There have been no changes in the methodologies used at December 31, 2025 and 2024. Following is a description of the valuation methodologies used for assets measured at fair value.

Common collective trust: Valued at the daily closing price as reported by the investment. The investment is a commingled pool that invests in other underlying collective investment vehicles, including but not limited to exchange traded funds, mutual funds, collective trusts, or other pooled vehicles subject to regulation under ERISA. These investments are required to publish their daily net asset value and to transact at that price. The investments held by the Plan are deemed to be actively traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of:

	December 31, 2025			
	Level 1	Level 2	Level 3	Total
Common collective trust	$ -	$14,358,218	$ -	$14,358,218
Total assets at fair value	$ -	$14,358,218	$ -	$14,358,218

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Common collective trust	$ -	$13,446,261	$ -	$13,446,261
Total assets at fair value	$ -	$13,446,261	$ -	$13,446,261

Note 9 Reconciliation of Financial Statements to Form 5500

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

	2025	2024
Net assets available for benefits per the financial statements	$14,588,218	$13,526,261
Current year employer contribution receivable	(230,000)	(80,000)
Net assets available for benefits per the Form 5500	$14,358,218	$13,446,261

The following is a reconciliation of change in net assets per the financial statements for the years ended December 31 to Form 5500:

	2025	2024
Net increase (decrease) in net assets per the financial statements	$ 1,061,957	$ (315,995)
Current year employer contribution receivable	(230,000)	(80,000)
Prior year employer contribution receivable	80,000	466,000
Net increase in net assets per the Form 5500	$ 911,957	$ 70,005

SUPPLEMENTAL SCHEDULES - FORM 5500 PURPOSES

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool	Common collective trust	N/A	$ 14,358,218
				$ 14,358,218

* Designates party-in-interest

The above information has been certified by Fidelity Management Trust Company.

CRYSTAL CREAMERY PENSION PLAN
EIN 84-3472126
PLAN NUMBER 002
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2025

(a) Identity of Party Involved	Description of Asset (Include in Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	Expense Incurred With Transaction	(g) Cost of Asset	Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Series Transactions								
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		$ 40,000	$ -	$ -	$ -	$ 40,000	$ 40,000	$ -
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		110	-	-	-	110	110	-
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		-	66,790	-	-	58,976	66,790	7,814
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		786	-	-	-	786	786	-
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		932	-	-	-	932	932	-
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		-	65,687	-	-	57,131	65,687	8,556
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		-	66,953	-	-	58,952	66,953	8,001
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		295	-	-	-	295	295	-
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		80,000	-	-	-	80,000	80,000	-
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		-	66,306	-	-	58,254	66,306	8,052
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		473	-	-	-	473	473	-
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		-	66,045	-	-	58,080	66,045	7,965
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		473	-	-	-	473	473	-
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		-	65,670	-	-	56,411	65,670	9,259
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		80,000	-	-	-	80,000	80,000	-
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		-	65,648	-	-	56,033	65,648	9,615
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		40,000	-	-	-	40,000	40,000	-
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		1,638	-	-	-	1,638	1,638	-
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		-	66,748	-	-	55,971	66,748	10,777
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		884	-	-	-	884	884	-
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		-	179,762	-	-	147,408	179,762	32,354
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		-	70,260	-	-	57,260	70,260	13,000
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		80,000	-	-	-	80,000	80,000	-
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		756	-	-	-	756	756	-
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		-	66,231	-	-	53,436	66,231	12,795
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		-	66,841	-	-	53,788	66,841	13,053
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		-	66,823	-	-	53,727	66,823	13,096

* Designates party-in-interest

The above information has been certified by Fidelity Management Trust Company.

2025 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Crystal Creamery, Inc.
Crystal Creamery Pension Plan **EIN: 84-3472126**
For Plan Year Ended December 31, 2025 **Plan Number: 002**

Actuarial Assumptions and Methods

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

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

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

	2025 Plan Year		2024 Plan Year	
Purpose	Minimum	Maximum	Minimum	Maximum
Interest rate type	Stabilized	Non-Stabilized	Stabilized	Non-Stabilized
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First five years	5.07%	5.07%	4.75%	3.62%
Next 15 years	5.31%	5.33%	4.87%	4.46%
Over 20 years	5.50%	5.36%	5.59%	4.52%
Applicable law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

Expected Long-Term return on Plan Assets: 6.25% (no change from prior year) determined by the company.

Salary Scale: Not Applicable.

Increase in Consumer Price Index (CPI): 2.50%

Increase in Social Security Taxable Wage Base: 2.50%. This is based on the CPI assumption.

Administrative Expenses included in Target Normal Cost: Estimated to be $180,000 (previously $204,000). Estimated non-investment related administrative expenses paid from the Trust for the current plan year. Determined by taking the average of the prior two years' non-PBGC premium expenses (rounded to the nearest $5,000) and adding the current year's estimated PBGC premiums.

Fidelity Highly Confidential Information

Actuarial Assumptions and Methods (continued)

Mortality:

ERISA: IRS Generational Mortality Table as prescribed by IRC Section 430 (no change from prior year). This is a fully generational mortality table based on the Pri-2012 Total Mortality Tables projected with the adjusted MP 2021 Mortality Improvement Scale with annual mortality improvements capped at 0.78% as required by Secure 2.0 Act. This plan does not have a large enough population to vary from the standard tables.

Retirement Rates: Rates varying by age. Sample rates are shown below:

- Terminated Vested Participants: Age 65
- Active Participants: Rates varying by age. See table below:

Age	Percentage retiring during the year
55	6%
56	6%
57	4%
58	4%
59	4%
60	6%
61	8%
62	15%
63	12%
64	18%
65	30%
66	25%
67	25%
68	25%
69	25%
70	25%
71	25%
72 and over	100%

Actuarial Assumptions and Methods (continued)

Termination Rates: Rates varying by age. Sample rates are shown below:

Age	Percentage leaving during the year
20	35%
25	20%
30	15%
35	12%
40	9%
45	8%
50	6%
55	10%
60	10%
65 and over	0%

Marital Status: 85% of males and females are assumed married, with females 3 years younger than males.

Maximum Benefit: $280,000 for 2025. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the IRC Section 415 limit have been reflected.

Maximum Salary: $350,000 for 2025. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the salary limit have been reflected.

Form of Payment: It has been assumed benefits will be paid in the normal annuity form applicable to the particular benefit. This is a 50% Joint and Survivor Annuity for married participants and a Single Life Annuity for non-married participants. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.

Fidelity Highly Confidential Information

Actuarial Assumptions and Methods (continued)

Actuarial Value of Plan Assets for Funding Purposes:

The actuarial value of assets is equal to:

a) the market value of assets, including discounted receivables, on the valuation date, less

b) the following percentages of prior years' investment gains (losses):

i) 67% of the prior year, and
ii) 33% of the second prior year,

Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

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

Fidelity Highly Confidential Information

Actuarial Assumptions and Methods (continued)

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

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

Fidelity Highly Confidential Information

CRYSTAL CREAMERY PENSION PLAN
EIN 84-3472126
PLAN NUMBER 002
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2025

(a) Identity of Party Involved	Description of Asset (Include in Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	Expense Incurred With Transaction	(g) Cost of Asset	Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Series Transactions								
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		$ 40,000	$ -	$ -	$ -	$ 40,000	$ 40,000	$ -
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		110	-	-	-	110	110	-
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		-	66,790	-	-	58,976	66,790	7,814
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		786	-	-	-	786	786	-
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		932	-	-	-	932	932	-
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		-	65,687	-	-	57,131	65,687	8,556
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		-	66,953	-	-	58,952	66,953	8,001
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		295	-	-	-	295	295	-
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		80,000	-	-	-	80,000	80,000	-
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		-	66,306	-	-	58,254	66,306	8,052
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		473	-	-	-	473	473	-
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		-	66,045	-	-	58,080	66,045	7,965
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		473	-	-	-	473	473	-
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		-	65,670	-	-	56,411	65,670	9,259
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		80,000	-	-	-	80,000	80,000	-
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		-	65,648	-	-	56,033	65,648	9,615
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		40,000	-	-	-	40,000	40,000	-
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		1,638	-	-	-	1,638	1,638	-
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		-	66,748	-	-	55,971	66,748	10,777
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		884	-	-	-	884	884	-
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		-	179,762	-	-	147,408	179,762	32,354
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		-	70,260	-	-	57,260	70,260	13,000
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		80,000	-	-	-	80,000	80,000	-
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		756	-	-	-	756	756	-
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		-	66,231	-	-	53,436	66,231	12,795
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		-	66,841	-	-	53,788	66,841	13,053
* Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool		-	66,823	-	-	53,727	66,823	13,096

* Designates party-in-interest

The above information has been certified by Fidelity Management Trust Company.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
Crystal Creamery Pension Plan

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Crystal Creamery, Inc.

D Employer Identification Number (EIN)
84-3472126

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	13,524,930
b Actuarial value	**2b**	13,679,412

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	139	8,112,972	8,112,972
b For terminated vested participants	128	5,117,855	5,117,855
c For active participants	44	3,131,123	3,131,123
d Total	311	16,361,950	16,361,950

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**	5.36%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	180,000
c Target normal cost	**6c**	180,000

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

Ian Roberts IR
Signature of actuary

09/29/2026
Date

IAN ROBERTS
Type or print name of actuary

2607992
Most recent enrollment number

FIDELITY INVESTMENTS
Firm name

303-824-2669
Telephone number (including area code)

100 CALIFORNIA STREET
SUITE 1200
SAN FRANCISCO CA 94111
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	36,080
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	36,080
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 2.40 %	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)		2,279
	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 5.14 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		55
	c Total available at beginning of current plan year to add to prefunding balance		2,334
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	83.60 %
15	Adjusted funding target attainment percentage	15	83.60 %
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	92.77 %
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
04/15/2025	80,000				
07/01/2025	80,000				
10/07/2025	80,000				
01/13/2026	80,000				
09/04/2026	150,000				
			Totals ► 18(b)	470,000	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	446,890

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50%	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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**	180,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2,682,538	262,386
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	442,386

	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**	442,386
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	446,890

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	4,504
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021

2025 Form 5500 Schedule SB Attachments
Schedule SB, Line 22 - Description of Weighted Average Retirement Age
Crystal Creamery, Inc.
Crystal Creamery Pension Plan
For Plan Year Ended December 31, 2025

EIN: 84-3472126
Plan Number: 002

Weighted average retirement age shown on line 22 has been calculated assuming a portion of each life that has not retired at each retirement age retires according to the assumed retirement rate shown below, using age 55 to first enter the table and assuming no decrements other than retirement in this calculation. The methodology is illustrated below:

Age	*Lives*		*Retirement Decrement*		*Lives Retiring*	*Age x Lives Retiring*
55	1,000,000	X	0.060	=	60,000	3,300,000
56	940,000	X	0.060	=	56,400	3,158,400
57	883,600	X	0.040	=	35,344	2,014,608
58	848,256	X	0.040	=	33,930	1,967,954
59	814,326	X	0.040	=	32,573	1,921,809
60	781,753	X	0.060	=	46,905	2,814,310
61	734,848	X	0.080	=	58,788	3,586,056
62	676,060	X	0.150	=	101,409	6,287,356
63	574,651	X	0.120	=	68,958	4,344,360
64	505,693	X	0.180	=	91,025	5,825,580
65	414,668	X	0.300	=	124,400	8,086,026
66	290,268	X	0.250	=	72,567	4,789,416
67	217,701	X	0.250	=	54,425	3,646,487
68	163,276	X	0.250	=	40,819	2,775,684
69	122,457	X	0.250	=	30,614	2,112,377
70	91,842	X	0.250	=	22,961	1,607,244
71	68,882	X	0.250	=	17,220	1,222,653
72	51,661	X	1.000	=	51,661	3,719,621
						63,179,940

Weighted Average Retirement Age: 63.1799

Fidelity Highly Confidential Information

2025 Form 5500 Schedule SB Attachments
Schedule SB, Line 26a - Schedule of Active Participant Data
Crystal Creamery, Inc.
Crystal Creamery Pension Plan **EIN: 84-3472126**
For Plan Year Ended December 31, 2025 **Plan Number: 002**

Age and Service Distribution of Active Members

	Completed Years of Credited Service on January 1, 2025										
Attained Age	**<1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40+**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	2	1	0	0	0	0	0	0	0	3
40-44	0	3	1	0	0	0	0	0	0	0	4
45-49	0	0	1	0	0	0	0	0	0	0	1
50-54	0	3	0	2	1	0	0	0	0	0	6
55-59	0	1	5	3	1	0	0	0	0	0	10
60-64	0	5	1	1	0	1	0	0	0	0	8
65-69	0	2	3	2	1	1	0	0	0	0	9
Over 69	0	1	0	0	0	2	0	0	0	0	3
Total	0	17	12	8	3	4	0	0	0	0	44

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2025 Form 5500 Schedule SB Attachments
Schedule SB, Line 32 - Schedule of Amortization Bases
Crystal Creamery, Inc.
Crystal Creamery Pension Plan **EIN: 84-3472126**
For Plan Year Ended December 31, 2025 **Plan Number: 002**

Schedule of Shortfall Amortization Bases

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
2025 Shortfall	$ 1,587,082	January 1, 2025	15	$ 147,980
2024 Shortfall	$ (355,277)	January 1, 2024	14	$ (34,694)
2023 Shortfall	$ 1,450,733	January 1, 2023	13	$ 149,100
Total	$ 2,682,538			$ 262,386

Fidelity Highly Confidential Information

2025 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Crystal Creamery, Inc.
Crystal Creamery Pension Plan **EIN: 84-3472126**
For Plan Year Ended December 31, 2025 **Plan Number: 002**

Actuarial Assumptions and Methods

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

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

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

	2025 Plan Year		2024 Plan Year	
Purpose	Minimum	Maximum	Minimum	Maximum
Interest rate type	Stabilized	Non-Stabilized	Stabilized	Non-Stabilized
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First five years	5.07%	5.07%	4.75%	3.62%
Next 15 years	5.31%	5.33%	4.87%	4.46%
Over 20 years	5.50%	5.36%	5.59%	4.52%
Applicable law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

Expected Long-Term return on Plan Assets: 6.25% (no change from prior year) determined by the company.

Salary Scale: Not Applicable.

Increase in Consumer Price Index (CPI): 2.50%

Increase in Social Security Taxable Wage Base: 2.50%. This is based on the CPI assumption.

Administrative Expenses included in Target Normal Cost: Estimated to be $180,000 (previously $204,000). Estimated non-investment related administrative expenses paid from the Trust for the current plan year. Determined by taking the average of the prior two years' non-PBGC premium expenses (rounded to the nearest $5,000) and adding the current year's estimated PBGC premiums.

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Actuarial Assumptions and Methods (continued)

Mortality:

ERISA: IRS Generational Mortality Table as prescribed by IRC Section 430 (no change from prior year). This is a fully generational mortality table based on the Pri-2012 Total Mortality Tables projected with the adjusted MP 2021 Mortality Improvement Scale with annual mortality improvements capped at 0.78% as required by Secure 2.0 Act. This plan does not have a large enough population to vary from the standard tables.

Retirement Rates: Rates varying by age. Sample rates are shown below:

- Terminated Vested Participants: Age 65
- Active Participants: Rates varying by age. See table below:

Age	Percentage retiring during the year
55	6%
56	6%
57	4%
58	4%
59	4%
60	6%
61	8%
62	15%
63	12%
64	18%
65	30%
66	25%
67	25%
68	25%
69	25%
70	25%
71	25%
72 and over	100%

Actuarial Assumptions and Methods (continued)

Termination Rates: Rates varying by age. Sample rates are shown below:

Age	Percentage leaving during the year
20	35%
25	20%
30	15%
35	12%
40	9%
45	8%
50	6%
55	10%
60	10%
65 and over	0%

Marital Status: 85% of males and females are assumed married, with females 3 years younger than males.

Maximum Benefit: $280,000 for 2025. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the IRC Section 415 limit have been reflected.

Maximum Salary: $350,000 for 2025. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the salary limit have been reflected.

Form of Payment: It has been assumed benefits will be paid in the normal annuity form applicable to the particular benefit. This is a 50% Joint and Survivor Annuity for married participants and a Single Life Annuity for non-married participants. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.

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Actuarial Assumptions and Methods (continued)

Actuarial Value of Plan Assets for Funding Purposes:

The actuarial value of assets is equal to:

a) the market value of assets, including discounted receivables, on the valuation date, less

b) the following percentages of prior years' investment gains (losses):

i) 67% of the prior year, and
ii) 33% of the second prior year,

Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

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

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Actuarial Assumptions and Methods (continued)

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

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

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2025 Form 5500 Schedule SB Attachments
Schedule SB, Part V - Summary of Plan Provisions
Crystal Creamery, Inc.
Crystal Creamery Pension Plan **EIN: 84-3472126**
For Plan Year Ended December 31, 2025 **Plan Number: 002**

Plan Provisions

Name of Plan: Crystal Creamery Pension Plan

Employer Identification Number / Plan Number: 84-3472126/002.

Effective Date: January 1, 2023.

Covered Employees: All eligible employees become eligible to participate under the plan on the first January or July 1 coincident with or next following the first anniversary of hire, provided the employee completed 1,000 hours of service. "Eligible employees" include any employee of the employer or a participating employer, excluding employees for whom retirement benefits are subject to good faith collective bargaining (unless such bargaining agreements specifically provide otherwise).

No employee shall become a participant in the Plan after May 15, 2010.

Participation Date: Date of becoming a covered employee.

Freezing of Benefit Accruals: Effective May 15, 2010, all accruals under the Plan are frozen.

Definitions:

Vesting service: Service from date of hire to date of termination based on the number of hours worked during each calendar year. Employees must work at least 1,000 hours to earn vesting service during a calendar year.

Benefit service: Service from date of entry to date of termination based on the number of hours worked during each calendar year. Employees must work at least 1,000 hours to earn benefit service during a calendar year.

Covered compensation: A 35-year average of the Maximum Taxable Wages (MTW) under Social Security. The MTW is the annual limit on wages subject to the FICA tax for Social Security. The 35-year period ends with the year the employee reaches eligibility for an unreduced Social Security benefit (age 65, 66, or 67 depending on the year the employee was born). For years after the year of termination and prior to the end of the 35-year period, the MTW from the year of termination is used.

Final average earnings: The monthly average of the five consecutive calendar years' compensation out of the last eleven that gives the highest average. Compensation includes W-2 compensation plus any compensation deferred under a Section 125 or Section 401(k) plan.

Fidelity Highly Confidential Information

Plan Provisions (continued)

Effective January 1, 2002, the compensation limit is increased to $200,000, applied retroactively to all previous plan years, due to EGTRRA. This limit increases annually.

Normal retirement date (NRD): First of month coinciding with or next following the attainment of age 65.

Monthly pension benefit:

1.5% of final average earnings times benefit service up to 30 years

plus

.65% of final average earnings in excess of covered compensation times benefit service up to 30 years.

Eligibility for Benefits:

Normal retirement: Retirement on NRD.

Early retirement: Age 55 and five years of vesting service.

Postponed retirement: Retirement after NRD.

Vested termination: A participant is 100% vested upon completion of five years of vesting service. However, all participants become 100% vested upon reaching age 65.

Pre-retirement death benefit: 100% vested and married on date of death.

Monthly Benefits Paid Upon the Following Events:

Normal retirement: Monthly pension benefit determined as of NRD.

Early retirement: Accrued benefit as of early retirement date, reduced by 1/180 for each of the first 60 months, and by 1/360 for each of the next 60 months, by which early retirement precedes normal retirement.

Postponed retirement: Monthly pension benefit determined as of actual retirement date.

Vested termination: The termination benefit is equal to the vested accrued benefit, payable in the normal form, commencing at NRD. Optionally, if eligible for early retirement, the participant may elect to receive a reduced benefit commencing prior to NRD.

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Plan Provisions (continued)

Disablement: None.

Pre-retirement death: The participant's spouse will receive a monthly retirement income payable for life in an amount equal to 50% of the amount the participant would have received if he had terminated on his date of death, survived to his NRD, elected to commence receiving his benefit as a qualified joint and survivor annuity, and died immediately thereafter. The benefit to the surviving spouse will commence on the participant's 65th birthday. The surviving spouse can elect to have benefits commence earlier, as early as the later of the participant's date of death or the participant's 55th birthday, but benefits will be reduced for early commencement.

Forms of Payment: Pre-retirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option, or if the participant elects and the spouse consents, another optional form offered by the plan.

Optional forms are converted based on actuarial equivalence using RP2000 unisex mortality and 6% discount rate.

Payment of Small Benefits: If the actuarial value of a participant's benefit is less than $5,000, the benefit is paid in a single lump sum.

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

Fidelity Highly Confidential Information

2025 Form 5500 Schedule SB Attachments
Schedule SB, Line 22 - Description of Weighted Average Retirement Age
Crystal Creamery, Inc.
Crystal Creamery Pension Plan
For Plan Year Ended December 31, 2025

EIN: 84-3472126
Plan Number: 002

Weighted average retirement age shown on line 22 has been calculated assuming a portion of each life that has not retired at each retirement age retires according to the assumed retirement rate shown below, using age 55 to first enter the table and assuming no decrements other than retirement in this calculation. The methodology is illustrated below:

Age	*Lives*		*Retirement Decrement*		*Lives Retiring*	*Age x Lives Retiring*
55	1,000,000	X	0.060	=	60,000	3,300,000
56	940,000	X	0.060	=	56,400	3,158,400
57	883,600	X	0.040	=	35,344	2,014,608
58	848,256	X	0.040	=	33,930	1,967,954
59	814,326	X	0.040	=	32,573	1,921,809
60	781,753	X	0.060	=	46,905	2,814,310
61	734,848	X	0.080	=	58,788	3,586,056
62	676,060	X	0.150	=	101,409	6,287,356
63	574,651	X	0.120	=	68,958	4,344,360
64	505,693	X	0.180	=	91,025	5,825,580
65	414,668	X	0.300	=	124,400	8,086,026
66	290,268	X	0.250	=	72,567	4,789,416
67	217,701	X	0.250	=	54,425	3,646,487
68	163,276	X	0.250	=	40,819	2,775,684
69	122,457	X	0.250	=	30,614	2,112,377
70	91,842	X	0.250	=	22,961	1,607,244
71	68,882	X	0.250	=	17,220	1,222,653
72	51,661	X	1.000	=	51,661	3,719,621
						63,179,940

Weighted Average Retirement Age: 63.1799

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2025 Form 5500 Schedule SB Attachments
Schedule SB, Part V - Summary of Plan Provisions
Crystal Creamery, Inc.
Crystal Creamery Pension Plan **EIN: 84-3472126**
For Plan Year Ended December 31, 2025 **Plan Number: 002**

Plan Provisions

Name of Plan: Crystal Creamery Pension Plan

Employer Identification Number / Plan Number: 84-3472126/002.

Effective Date: January 1, 2023.

Covered Employees: All eligible employees become eligible to participate under the plan on the first January or July 1 coincident with or next following the first anniversary of hire, provided the employee completed 1,000 hours of service. "Eligible employees" include any employee of the employer or a participating employer, excluding employees for whom retirement benefits are subject to good faith collective bargaining (unless such bargaining agreements specifically provide otherwise).

No employee shall become a participant in the Plan after May 15, 2010.

Participation Date: Date of becoming a covered employee.

Freezing of Benefit Accruals: Effective May 15, 2010, all accruals under the Plan are frozen.

Definitions:

Vesting service: Service from date of hire to date of termination based on the number of hours worked during each calendar year. Employees must work at least 1,000 hours to earn vesting service during a calendar year.

Benefit service: Service from date of entry to date of termination based on the number of hours worked during each calendar year. Employees must work at least 1,000 hours to earn benefit service during a calendar year.

Covered compensation: A 35-year average of the Maximum Taxable Wages (MTW) under Social Security. The MTW is the annual limit on wages subject to the FICA tax for Social Security. The 35-year period ends with the year the employee reaches eligibility for an unreduced Social Security benefit (age 65, 66, or 67 depending on the year the employee was born). For years after the year of termination and prior to the end of the 35-year period, the MTW from the year of termination is used.

Final average earnings: The monthly average of the five consecutive calendar years' compensation out of the last eleven that gives the highest average. Compensation includes W-2 compensation plus any compensation deferred under a Section 125 or Section 401(k) plan.

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Plan Provisions (continued)

Effective January 1, 2002, the compensation limit is increased to $200,000, applied retroactively to all previous plan years, due to EGTRRA. This limit increases annually.

Normal retirement date (NRD): First of month coinciding with or next following the attainment of age 65.

Monthly pension benefit:

1.5% of final average earnings times benefit service up to 30 years

plus

.65% of final average earnings in excess of covered compensation times benefit service up to 30 years.

Eligibility for Benefits:

Normal retirement: Retirement on NRD.

Early retirement: Age 55 and five years of vesting service.

Postponed retirement: Retirement after NRD.

Vested termination: A participant is 100% vested upon completion of five years of vesting service. However, all participants become 100% vested upon reaching age 65.

Pre-retirement death benefit: 100% vested and married on date of death.

Monthly Benefits Paid Upon the Following Events:

Normal retirement: Monthly pension benefit determined as of NRD.

Early retirement: Accrued benefit as of early retirement date, reduced by 1/180 for each of the first 60 months, and by 1/360 for each of the next 60 months, by which early retirement precedes normal retirement.

Postponed retirement: Monthly pension benefit determined as of actual retirement date.

Vested termination: The termination benefit is equal to the vested accrued benefit, payable in the normal form, commencing at NRD. Optionally, if eligible for early retirement, the participant may elect to receive a reduced benefit commencing prior to NRD.

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Plan Provisions (continued)

Disablement: None.

Pre-retirement death: The participant's spouse will receive a monthly retirement income payable for life in an amount equal to 50% of the amount the participant would have received if he had terminated on his date of death, survived to his NRD, elected to commence receiving his benefit as a qualified joint and survivor annuity, and died immediately thereafter. The benefit to the surviving spouse will commence on the participant's 65th birthday. The surviving spouse can elect to have benefits commence earlier, as early as the later of the participant's date of death or the participant's 55th birthday, but benefits will be reduced for early commencement.

Forms of Payment: Pre-retirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option, or if the participant elects and the spouse consents, another optional form offered by the plan.

Optional forms are converted based on actuarial equivalence using RP2000 unisex mortality and 6% discount rate.

Payment of Small Benefits: If the actuarial value of a participant's benefit is less than $5,000, the benefit is paid in a single lump sum.

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

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(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Fidelity Management Trust Company - FIAM Pension Journey 40-60 Commingled Pool	Common collective trust	N/A	$ 14,358,218
				$ 14,358,218

* Designates party-in-interest

The above information has been certified by Fidelity Management Trust Company.

2025 Form 5500 Schedule SB Attachments
Schedule SB, Line 32 - Schedule of Amortization Bases
Crystal Creamery, Inc.
Crystal Creamery Pension Plan **EIN: 84-3472126**
For Plan Year Ended December 31, 2025 **Plan Number: 002**

Schedule of Shortfall Amortization Bases

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
2025 Shortfall	$ 1,587,082	January 1, 2025	15	$ 147,980
2024 Shortfall	$ (355,277)	January 1, 2024	14	$ (34,694)
2023 Shortfall	$ 1,450,733	January 1, 2023	13	$ 149,100
Total	$ 2,682,538			$ 262,386

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