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
OLD DUTCH FOODS INC COUNTRY SALESMEN PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1970

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
OLD DUTCH FOODS, INC

2375 TERMINAL ROAD
ST PAUL, MN 55113

2b Employer Identification Number (EIN)
41-0914138

2c Plan Sponsor's telephone number
651-633-8810

2d Business code (see instructions)
311900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2026	JULIE CALEF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

OLD DUTCH FOODS INC

2375 TERMINAL ROAD
ST PAUL, MN 55113

3b Administrator's EIN
41-0914138

3c Administrator's telephone number
651-633-8810

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	275
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)**	112
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	119
b	Retired or separated participants receiving benefits	**6b**	125
c	Other retired or separated participants entitled to future benefits	**6c**	34
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	278
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	12
f	Total. Add lines **6d** and **6e**.	**6f**	290
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**	3
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:

1B

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)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
OLD DUTCH FOODS INC COUNTRY SALESMEN 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
OLD DUTCH FOODS, INC

D Employer Identification Number (EIN)
41-0914138

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	19834928
b Actuarial value	**2b**	18340686

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	130	5154437	5154437
b For terminated vested participants	38	1218371	1218371
c For active participants	112	3010174	3246497
d Total	280	9382982	9619305

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**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	403757
b Expected plan-related expenses	**6b**	24477
c Target normal cost	**6c**	428234

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

07/13/2026
Date

ANTHONY L. URDAHL
Type or print name of actuary

26-05312
Most recent enrollment number

USI CONSULTING GROUP
Firm name

952-934-5554
Telephone number (including area code)

8000 NORMAN CENTER DRIVE, SUITE 400
BLOOMINGTON, MN 55437
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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 13.29 %	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)		0
	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 5.13 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	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	190.66 %
15	Adjusted funding target attainment percentage	15	190.66 %
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	196.24 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

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**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	428234
b Excess assets, if applicable, but not greater than line 31a	**31b**	428234

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

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

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
OLD DUTCH FOODS INC COUNTRY SALESMEN PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
OLD DUTCH FOODS, INC

D Employer Identification Number (EIN)
41-0914138

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

RBC CAPITAL MARKETS LLC

60 SOUTH 6TH STREET
MINNEAPOLIS, MN 55402

40-1416330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	24008	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

FIDUCIARY MANAGEMENT, INC

100 E WISCONSIN AVE
MILWAUKEE, WI 53202

39-1346018

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	18746	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GW&K INVESTMENT MANAGEMENT

80-0250512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	16659	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PENCHECKS INC EMPLOYEE DIST TRUST

8580 LA MESA BLVD
SUITE 101
LA MESA, CA 91942

33-6134835

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	9690	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MAIRS & POWER, INC

332 MINNESOTA ST
ST PAUL, MN 55101

41-0844499

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	7915	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

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
OLD DUTCH FOODS INC COUNTRY SALESMEN PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
OLD DUTCH FOODS, INC

D Employer Identification Number (EIN)
41-0914138

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	22259	27191
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	275291	333850
(2) U.S. Government securities	1c(2)	1146339	1152250
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1243249	1445857
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7161657	7783267
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9878560	10395262
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	107573	84954

		(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	19834928	21222631
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	12861	11594
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	89033	233180
1k Total liabilities (add all amounts in lines 1g through1j)	1k	101894	244774
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	19733034	20977857

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	11208	
(B) U.S. Government securities	2b(1)(B)	48218	
(C) Corporate debt instruments	2b(1)(C)	70596	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	5939	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		135961
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	100407	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	499566	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		599973
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2907507	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2131701	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		775806
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-63514	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-63514

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		427874
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1876100
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	552862	
(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)		552862
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)	67328	
(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)	11087	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		78415
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		631277
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1244823
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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: BETTS & HAYES, LTD. **(2)** EIN: 41-1619880

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**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 585417.

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
OLD DUTCH FOODS INC COUNTRY SALESMEN PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
OLD DUTCH FOODS, INC

D Employer Identification Number (EIN)
41-0914138

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 33-6134835

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

OLD DUTCH FOODS, INC.
COUNTRY SALESMEN PENSION PLAN
FINANCIAL STATEMENTS
December 31, 2025

OLD DUTCH FOODS, INC.
COUNTRY SALESMEN PENSION PLAN
December 31, 2025

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Betts & Hayes, Ltd.
Certified Public Accountants

Independent Auditor's Report

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

Opinion

We have audited the accompanying financial statements of the Old Dutch Foods, Inc. Country Salesmen Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits of as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Old Dutch Foods, Inc. Country Salesmen Pension Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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Cindy K. Hayes, CPA
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Independent Auditor's Report (continued)

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Independent Auditor's Report (continued)

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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



BETTS & HAYES, LTD.
Minneapolis, Minnesota
October 7, 2026

OLD DUTCH FOODS, INC.
COUNTRY SALESMEN PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	December 31, 2025	December 31, 2024
ASSETS		
Investments, at fair value (note F)	$ 21,195,440	$ 19,812,669
Receivables:		
Employer Contributions Receivable	-	-
Accrued Interest	27,191	22,259
	27,191	22,259
TOTAL ASSETS	21,222,631	19,834,928
LIABILITIES		
Accounts Payable	11,594	12,861
Payable to Old Dutch Foods, Inc.	233,180	89,033
TOTAL LIABILITIES	244,774	101,894
Net assets available for benefits	$ 20,977,857	$ 19,733,034

See accompanying notes to the financial statements.

OLD DUTCH FOODS, INC.
COUNTRY SALESMEN PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2025 and 2024

	December 31, 2025	December 31, 2024
Investment Income:		
Interest Income	$ 135,961	$ 124,242
Dividend income	599,973	379,717
Realized gain (loss) on sale of investments	1,074,472	857,773
Net increase (decrease) in fair value of investments	65,694	899,254
Total Investment Income	1,876,100	2,260,986
Employer Contributions	-	-
TOTAL ADDITIONS	1,876,100	2,260,986
Benefits and expenses:		
Distributions to retired, disabled and terminated employees	552,862	546,208
Administrative expenses	78,415	66,154
TOTAL DEDUCTIONS	631,277	612,362
Net Increase (Decrease)	1,244,823	1,648,624
Net Assets Available for Benefits, Beginning of Year	19,733,034	18,084,410
Net Assets Available for Benefits, End of Year	$ 20,977,857	$ 19,733,034

See accompanying notes to the financial statements.

NOTE A - DESCRIPTION OF THE PLAN

General

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

Funding Policy

The Plan's funding policy is for the Company to contribute amounts based on actuarial valuations which will meet or exceed the annual minimum funding requirements of the Employee Retirement Income Act of 1974 (ERISA). Under the Unit Credit funding method utilized by the Plan, contributions are actuarially determined. Based on the most recent actuarial valuations, the Plan's funded status was such that no contributions were legally required or made for the plan years ended December 31, 2025 and 2024.

Benefits

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

The normal form of retirement benefit is a monthly pension commencing, after retirement, in the month following the participant's normal retirement date (age 62), or at age 55 with five or more years of service. Monthly pension benefits are accrued at a rate of $25 per month for each year of service prior to 2024 plus $80 per month for post-2023 credited service. Benefits are reduced by ½% for each month that the commencement of benefits precedes normal retirement, unless the sum of the participant's age at retirement plus the number of years of credited service is at least equal to 85. Certain disability and preretirement spousal death benefits are also available to qualified participants. Benefits are payable in several forms. The normal form of benefit is a five-year certain and life annuity. Certain benefits are guaranteed by the Pension Benefit Guarantee Corporation (PBGC), limited to statutory ceilings on the amount of an individual monthly benefit.

Vesting

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

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Administrative Expenses

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

Investment Valuation and Income Recognition

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

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Use of Estimates

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

Subsequent Events

The plan has evaluated subsequent events through October 7, 2026, the date the financial statements were available to be issued.

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

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

Mortality:	PRI-2012 total dataset projected with mortality improvement scale MP-2021
Interest rate:	7.0%
Percent married:	80%
Spouse age:	Wives three years younger than husbands
Trust-paid expenses:	Prior year's trust-paid expenses

Retirement age:

Age:	Rate:	Age:	Rate:
55-61	5%	66-69	40%
62-64	12.5%	70	100%
65	50%		

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

Disability:	1987 Commissioners Group Disability Table Male Standard
Form of payment:	5 Year Certain and Life Annuity

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

Withdrawal:

Years of vesting service: <5 15%

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

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

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2026 and 2025. Had the valuations been performed as of December 31, there would be no material differences. The actuarial present value of accumulated benefits as of January 1, 2026 and 2025 are summarized as follows:

	2026	2025
Present value of vested benefits:		
Active participants	$ 2,517,220	$ 2,410,145
Participants with deferred benefits	772,812	1,017,734
Participants receiving payments	4,881,106	4,607,943
Total present value of vested benefits	8,171,138	8,035,822
Present value of nonvested benefits	265,036	182,694
Present value of accumulated plan benefits	$ 8,436,174	$ 8,218,516
Funded percentage	248%	241%
Key assumptions:		
Discount Rate:	7.00%	7.00%
Mortality Table:	PRI-2012 Total Dataset projected with improvement scale MP-2021	PRI-2012 Total Dataset projected with improvement scale MP-2021

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

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

Actuarial present value of accumulated plan benefits as of January 1, 2025	$	8,218,516
Increase (decrease) during the year attributable to:		
Benefits paid		(564,310)
Additional benefits accumulated and noninvestment experience		226,089
Increase for interest		555,879
Effect of change in assumptions		-
Net increase (decrease)		217,658
Actuarial present value of accumulated plan benefits as of January 1, 2026	$	8,436,174

Subsequent to the issuance of the audit report for the plan year ended December 31, 2024, ths Plan's actuary issued a revised January 1, 2025 actuarial valuation report to correct an immaterial data error regarding benefit payments. Accordingly, the comparative prior-year benefit obligations presented above have been adjusted to reflect the revised valuation. This adjustment is not material to the financial statements for the prior period, and the Plan remains fully funded in excess of 100%.

Changes in plan provisions:
There were no changes in plan provisions from the prior valuation.

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

NOTE D - RISKS AND UNCERTAINTIES

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

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

NOTE E - PLAN TERMINATION

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

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

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

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

NOTE F - FAIR VALUE MEASUREMENTS

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

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

Level 2: Inputs to the valuation methodology include: Quoted prices for similar assets or liabilities in active markets; Quoted prices for identical or similar assets or liabilities in inactive markets; Inputs other than quoted prices that are observable for the asset or liability; Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

Money Market Funds: valued at cost

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

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

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

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

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

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

NOTE F - FAIR VALUE MEASUREMENTS - cont'd

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements at December 31, 2025 and 2024:

	Assets at Fair Value as of December 31,2025			
	Level 1	Level 2	Level 3	Total
Money Market Funds	333,850	-	-	333,850
Common Stocks	7,783,267	-	-	7,783,267
US Government and Agency Bonds & Notes	-	1,152,250	-	1,152,250
Corporate Bonds	-	1,445,857	-	1,445,857
Municipal Bonds	-	84,954	-	84,954
Exchange traded funds	2,872,556	-	-	2,872,556
Mutual Funds	7,522,706	-	-	7,522,706
Total Assets at Fair Value	**18,512,379**	**2,683,061**	**-**	**21,195,440**

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

Transfers Between Levels

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

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2025, there were no significant transfers in or out of levels 1, 2 or 3.

NOTE G - TAX STATUS

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

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

NOTE H - RELATED PARTY TRANSACTIONS

Monthly pension benefits are paid to the plan participants by Old Dutch Foods, Inc. Transfers are periodically made from the Plan's investment account to Old Dutch Foods, Inc. for reimbursement of the benefit payments. As of December 31, 2025 and 2024, the amounts payable to Old Dutch Foods, Inc. for reimbursement of pension benefit payments was $233,180 and $89,033, respectively.

NOTE I - PARTY-IN-INTEREST TRANSACTIONS

Transactions resulting in plan assets being transferred to or used by a related party are prohibited under the Pension Reform Act (the Act) unless a specific exemption applies. During the plan year ended December 31, 2025, the Plan did not engage in any nonexempt transactions with a party-in-interest.

SUPPLEMENTAL INFORMATION

Attachment to 2025 Form 5500 Schedule SB
Old Dutch Country Salesmen Pension Plan
EIN: 41-0914138 P/N: 002

Schedule SB, Line 26 – Schedule of Active Participant Data

	Years of Credited Service										
Attained Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Under 25	0	1	0	0	0	0	0	0	0	0	1
25 to 29	0	2	1	0	0	0	0	0	0	0	3
30 to 34	0	7	3	1	0	0	0	0	0	0	11
35 to 39	1	5	5	0	0	0	0	0	0	0	11
40 to 44	0	5	5	2	1	0	0	0	0	0	13
45 to 49	0	4	3	2	0	1	3	0	0	0	13
50 to 54	2	5	2	1	1	2	2	0	0	0	15
55 to 59	0	5	2	4	2	2	2	0	0	0	17
60 to 64	0	2	8	4	4	5	1	1	0	0	25
65 to 69	0	0	1	0	0	0	0	2	0	0	3
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	3	36	30	14	8	10	8	3	0	0	112

Attachment to 2025 Form 5500 Schedule SB
Old Dutch Country Salesmen Pension Plan
EIN: 41-0914138 P/N: 002

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

Summary of Methods	
Valuation Date	January 1, 2025
Funding Method	Unit credit
Market Assets	Trustee value plus prior year accrued contributions discounted at the plan's effective interest rate to the Valuation Date
Actuarial Assets	2-Year Smoothed Assets: Gains and losses during the prior 2 years are spread over 3 years (gains and losses are based on expected return versus actual return). Expected returns for the prior year and the 2nd prior year are 5.74% and 5.74% respectively. Actuarial Assets may not be less than 90% or more than 110% of Market Assets.
Segment Rate Basis	24-month average with look back of 4 months

Economic Assumptions			
Segment Rates		ARPA/IIJA	Non-Stabilized
	Segment 1: years 1-5	5.07%	5.07%
	Segment 2: years 5-20	5.31%	5.33%
	Segment 3: years 20+	5.50%	5.36%
Effective Interest Rate	5.37%		
Low-Default-Risk Obligation Method (LDROM) Rates	The same as non-stabilized segment rates		
Salary Increases	Not applicable		

Other Assumptions	
Mortality (pre-retirement)	IRS 2025 Generational
Mortality (post-retirement)	IRS 2025 Generational
Disability	1987 Commissioners Group Disability Table Male Standard 6 Month Elimination period, Aggregate
Withdrawal	Years of Vesting Service <5: 15% Years of Vesting Service >=5: SOA Small Plan Aggregate Turnover by age, through age 61 Age / Rate / Age / Rate 25 / .195 / 45 / .073 30 / .155 / 50 / .056 35 / .121 / 55 / .042 40 / .094 / 60 / .073
Expenses Paid from Trust	Prior year actual expenses , if any
Retirement Age	Age / Rate / Age / Rate 55-61 / 5% / 66-69 / 40% 62-64 / 12.5% / 70+ / 100% 65 / 50% The rates are doubled if age plus years of service is 85 or more. Terminated vested participants are assumed to retire at age 62.
Form of Payment	Five Year Certain and Life Annuity
Percent Married	80%
Spouse Age	Wives three years younger than husbands

Form 5500

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
OLD DUTCH FOODS INC COUNTRY SALESMEN PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1970

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

OLD DUTCH FOODS, INC

2375 TERMINAL ROAD

ST PAUL MN 55113

2b Employer Identification Number (EIN) 41-0914138

2c Plan Sponsor's telephone number 651-633-8810

2d Business code (see instructions) 311900

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

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

SIGN HERE	Julie Calef Signature of plan administrator	10/8/2026 Date	JULIE CALEF Enter name of individual signing as plan administrator
SIGN HERE	Julie Calef Signature of employer/plan sponsor	10/8/2026 Date	JULIE CALEF Enter name of individual signing as employer or plan sponsor
SIGN HERE	 Signature of DFE	 Date	 Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

OLD DUTCH FOODS INC

2375 TERMINAL ROAD

ST PAUL MN 55113

3b Administrator's EIN: 41-0914138

3c Administrator's telephone number: 651-633-8810

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	275
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)**	112
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	119
b	Retired or separated participants receiving benefits	**6b**	125
c	Other retired or separated participants entitled to future benefits	**6c**	34
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	278
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	12
f	Total. Add lines **6d** and **6e**.	**6f**	290
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**	3
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:

1B

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)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached _____
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
OLD DUTCH FOODS COUNTRY SALESMEN 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
OLD DUTCH FOODS, INC

D Employer Identification Number (EIN)
41-0914138

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	19,834,928
b Actuarial value	**2b**	18,340,686

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	130	5,154,437	5,154,437
b For terminated vested participants	38	1,218,371	1,218,371
c For active participants	112	3,010,174	3,246,497
d Total	280	9,382,982	9,619,305

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**	5.37%

6 Target normal cost

a Present value of current plan year accruals	**6a**	403,757
b Expected plan-related expenses	**6b**	24,477
c Target normal cost	**6c**	428,234

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

ALG
Signature of actuary

07/13/2026
Date

Anthony L. Urdahl
Type or print name of actuary

2605312
Most recent enrollment number

USI Consulting Group
Firm name

952-934-5554
Telephone number (including area code)

8000 Norman Center Drive, Suite 400
Bloomington MN 55437
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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 13.29%	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)		0
	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 5.13%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	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	190.66%
15	Adjusted funding target attainment percentage	15	190.66%
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	196.24%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

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**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	428,234
b Excess assets, if applicable, but not greater than line 31a	**31b**	428,234

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Attachment to 2025 Form 5500 Schedule SB
Old Dutch Country Salesmen Pension Plan
EIN: 41-0914138 P/N: 002

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

Weighted Average Retirement Age				
(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	33.1634	0.0088	0.2931	16.1215
56	33.7551	0.0203	0.6836	38.2843
57	33.2617	0.0233	0.7745	44.1470
58	35.0176	0.0266	0.9301	53.9475
59	35.4351	0.0287	1.0164	59.9663
60	37.8163	0.0385	1.4547	87.2828
61	37.8219	0.0417	1.5788	96.3041
62	40.4240	0.1478	5.9764	370.5352
63	39.6644	0.1798	7.1326	449.3565
64	34.7626	0.1883	6.5462	418.9578
65	31.5332	0.8154	25.7122	1671.2913
66	6.6292	0.4234	2.8067	185.2430
67	3.7039	0.4051	1.5005	100.5338
68	2.1349	0.4562	0.9738	66.2215
69	1.1219	0.5313	0.5961	41.1288
70	0.5057	1.0000	0.5057	35.4005
Total			58.4815	3734.7219
Average				63.8600

Attachment to 2025 Form 5500 Schedule SB
Old Dutch Country Salesmen Pension Plan
EIN: 41-0914138 P/N: 002

Schedule SB, Part V – Summary of Plan Provisions

Key Plan Provisions	
EIN / Plan Number	41-0914138 / 002
Effective Date	January 1, 1970
Plan Year	January 1 to December 31
Vesting Service	One year for each Plan Year with at least 1,000 hours of service.
Credited Service	One year for each complete Plan Year with at least 1,000 hours worked as a participant. For years where a participant works less than 12 months, one month for each complete month with at least 83⅓ hours worked as a participant.
Participation	Retroactively to the first of the month coincident with or next following date of hire, once the employee completes one year of service with 1,000 hours as an eligible employee.
Vesting	100% after 5 years of Vesting Service
Normal Retirement Age	Age 62
Normal Retirement Date	1st of the month coincident with or next following age 62
Accrued Monthly Pension	Years prior to 1/1/2024: $25 multiplied by pre-2024 credited service Plus Years after 1/1/2024: $80 multiplied by post-2023 credited service
Normal Retirement	Eligibility: Termination on or after Normal Retirement Age Benefit: Accrued Monthly Pension payable on 1st of month following termination
Early Retirement	Eligibility: Termination after attainment of age 55 and 5 years of vesting service Benefit: Accrued Monthly Pension reduced by 0.5% for each month that the commencement date precedes Normal Retirement Date. No reduction applies if age plus years of service is 85 or more.
Vested Termination	Eligibility: Termination of employment after 5 years of Vesting Service Benefit: Accrued Monthly Pension payable at NRD. The Accrued Monthly Pension can commence as early as age 55 reduced by 0.5% for each month that the commencement date precedes Normal Retirement Date.
Disability Retirement	Eligibility: Totally and permanently disabled after 5 years of Vesting Service Benefit: Accrued Monthly Pension as of date of disability

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

Key Plan Provisions continued	
Death Benefit	Eligibility: Death after 5 years of Vesting Service Benefit: The survivor portion of the Early Retirement benefit payable as a 100% J&S option immediately, if the participant was past age 55; otherwise, deferred to the earliest commencement date
Actuarial Equivalence	Non 417(e): 1971 Group Annuity Male Mortality set back 0 years for participants and 6 years for beneficiaries, 6% interest; 417(e) Basis: 1-year stability period, 2-month look back
Normal Form of Payment	Five Year Certain & Life
Optional Payment Forms	Life only, 10 or 15 Year Certain & Life, J&S annuity (50%, 67%, 75%, 100%)

OLD DUTCH FOODS, INC.
COUNTRY SALESMEN PENSION PLAN
EIN # 41-0914138
Plan Number 002
Form 5500
December 31, 2025

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

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Common Stocks:			
	Abbott Laboratories	415 shares common stock	23,889	51,995
	Accenture Plc Ireland	489 shares common stock	123,629	131,199
	Allegion Public Limited Company	695 shares common stock	97,599	110,658
	Alphabet Inc	985 shares common stock	71,638	309,093
	Alphabet Inc Class A	547 shares common stock	60,437	171,211
	Amazon.Com Inc	1,200 shares common stock	198,912	276,984
	American Express Company	300 shares common stock	26,601	110,985
	Ameriprise Finl Inc	90 shares common stock	43,271	44,131
	Apple Inc	1,425 shares common stock	319,800	387,401
	Aramark	4,270 shares common stock	146,095	157,392
	Arch Capital Group Ltd	757 shares common stock	69,330	72,611
	Automatic Data Processing Inc	155 shares common stock	34,398	39,871
	Avery Dennison Corp	955 shares common stock	167,119	173,695
	Becton Dickinson & Co	756 shares common stock	151,956	146,717
	Berkshire Hathaway Inc	234 shares common stock	40,966	117,620
	Bio Techne Corp	375 shares common stock	6,492	22,054
	Booking Holdings Inc	36 shares common stock	67,294	192,792
	C H Robinson Worldwide Inc	85 shares common stock	10,740	13,665
	Capital One Financial Corp	441 shares common stock	81,117	106,881
	Carlisle Companies Inc	163 shares common stock	38,099	52,137
	Carrier Global Corporation	2,700 shares common stock	135,872	142,668
	Caseys General Stores Inc	75 shares common stock	25,314	41,453
	Cdw Corporation	707 shares common stock	126,281	96,293
	Charles Schwab Corp New	2,610 shares common stock	134,161	260,765
	Cognex Corp	490 shares common stock	22,333	17,630
	Csx Corporation	2,751 shares common stock	89,871	99,724
	Dollar Tree Inc	775 shares common stock	80,223	95,333
	Donaldson Co Inc	400 shares common stock	17,815	35,464
	Ecolab Inc	205 shares common stock	23,242	53,817
	Eli Lilly & Co	150 shares common stock	12,781	161,202
	Entegris Inc	240 shares common stock	23,259	20,220
	Exxon Mobil Corp	690 shares common stock	77,163	83,035
	Fastenal Co	1,550 shares common stock	19,066	62,201
	Ferguson Enterprises Inc	783 shares common stock	104,278	174,319
	Fiserv Inc	450 shares common stock	9,085	30,226
	Fresenius Medical Care Ag	3,449 shares common stock	111,225	82,155

OLD DUTCH FOODS, INC.
COUNTRY SALESMEN PENSION PLAN
EIN # 41-0914138
Plan Number 002
Form 5500
December 31, 2025

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

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Common Stocks:			
	Generac Holdings Inc	180 shares common stock	7,673	24,547
	Graco Inc	800 shares common stock	53,022	65,576
	H B Fuller & Co	375 shares common stock	13,425	22,298
	Home Depot Inc	200 shares common stock	65,917	68,820
	Hormel Foods Corp	1,375 shares common stock	42,421	32,587
	Idacorp Inc	160 shares common stock	21,764	20,250
	Intuitive Surgical Inc	20 shares common stock	11,468	11,327
	Johnson & Johnson	405 shares common stock	35,567	83,815
	Jpmorgan Chase & Co	510 shares common stock	111,562	164,332
	Koninklijke Philips N V	4,498 shares common stock	139,929	121,794
	Kraft Heinz Company (The)	2,180 shares common stock	54,841	52,865
	Littelfuse Inc	85 shares common stock	25,434	21,498
	Masco Corp	1,803 shares common stock	67,875	114,418
	Medtronic Plc	575 shares common stock	43,752	55,234
	Meta Platforms Inc	225 shares common stock	100,554	148,520
	Microsoft Corp	730 shares common stock	34,188	353,043
	Motorola Solutions Inc	145 shares common stock	22,626	55,581
	Nike Inc	820 shares common stock	55,999	52,242
	Nvent Electric Plc	330 shares common stock	7,677	33,650
	Nvidia Corp	2,330 shares common stock	13,867	434,545
	Oracle Corporation	185 shares common stock	55,961	36,058
	Palo Alto Networks Inc	320 shares common stock	51,836	58,944
	Procter & Gamble Co	665 shares common stock	98,286	95,301
	Progressive Corpohio	278 shares common stock	30,095	63,306
	Qualcomm Inc	150 shares common stock	9,751	25,658
	Quest Diagnostics Inc	711 shares common stock	96,599	123,380
	Roche Holding Ltd	500 shares common stock	15,410	25,892
	Rockwell Automation Inc	130 shares common stock	37,879	50,579
	Salesforce Inc	200 shares common stock	56,737	52,982
	Sherwin Williams Co	130 shares common stock	43,555	42,124
	Slb Limited	1,816 shares common stock	77,889	69,698
	Sony Group Corporation	3,845 shares common stock	63,122	98,432
	Sysco Corp	1,399 shares common stock	101,208	103,092
	Taiwan Semiconductor Mfg Co	150 shares common stock	28,265	45,583
	Tennant Co	275 shares common stock	21,988	20,268
	The Travelers Companies Inc	160 shares common stock	43,092	46,410

OLD DUTCH FOODS, INC.
COUNTRY SALESMEN PENSION PLAN
EIN # 41-0914138
Plan Number 002
Form 5500
December 31, 2025

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

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment		(d) Cost	(e) Current Value
	Common Stocks:				
	Toro Co	500	shares common stock	34,114	39,360
	Unilever Plc	1,760	shares common stock	96,659	115,104
	Unitedhealth Group Inc	269	shares common stock	82,346	88,800
	Unitedhealth Group Inc	300	shares common stock	67,372	99,033
	Visa Inc	375	shares common stock	52,533	131,516
	Walt Disney Co	500	shares common stock	48,553	56,885
	Wec Energy Group Inc	570	shares common stock	60,235	60,112
	Wells Fargo & Co	1,100	shares common stock	48,729	102,520
	Xcel Energy Inc	545	shares common stock	30,186	40,254
	Zoetis Inc	75	shares common stock	10,593	9,437
	Total Common Stocks			5,083,905	7,783,267
	US Government and Agency Bonds & Notes:				
	United States Treasury Bond	57,000	3.500%, Due 02/15/2039	55,926	52,097
	United States Treasury Bonds	61,000	3.625%, Due 02/15/2053	51,257	49,608
	United States Treasury Bonds	32,000	2.250%, Due 05/15/2041	32,257	23,625
	United States Treasury Bonds	55,000	3.875%, Due 02/15/2043	50,920	49,659
	United States Treasury Bonds	99,000	3.125%, Due 05/15/2048	95,944	75,507
	United States Treasury Bond	125,000	1.875%, Due 02/15/2051	105,994	70,200
	Fedl Home Loan Mtg Corp #G61607	14,000	4.500%, Due 09/01/2048	3,588	3,293
	Fedl Home Loan Mtg Corp #Ra1193	25,000	4.000%, Due 08/01/2049	4,665	4,199
	Fedl Home Loan Mtg Corp #Ra9270	66,000	5.500%, Due 06/01/2053	52,628	53,716
	Fedl Home Loan Mtg Corp #Sd1818	41,000	4.000%, Due 10/01/2052	30,454	30,567
	Fedl Home Loan Mtg Corp #Sd5696	39,000	6.500%, Due 06/01/2054	33,807	34,090
	Fedl Home Loan Mtg Corp #Sd7508	80,000	3.500%, Due 10/01/2049	27,312	23,752
	Fedl Home Loan Mtg Corp #Zt0542	172,000	4.000%, Due 07/01/2048	36,547	36,540
	Fnma Gtd Pass Thru Pool #Aj9332	79,000	4.000%, Due 01/01/2042	10,810	8,816
	Fnma Gtd Pass Thru Pool #Al6031	27,000	4.000%, Due 10/01/2044	4,731	3,975
	Fnma Gtd Pass Thru Pool #Al7468	13,000	5.000%, Due 02/01/2045	2,640	1,785
	Fnma Gtd Pass Thru Pool #Al8174	61,000	3.500%, Due 02/01/2046	13,412	11,213
	Fnma Gtd Pass Thru Pool #Al8743	17,000	4.500%, Due 06/01/2046	3,608	2,641
	Fnma Gtd Pass Thru Pool #Al8818	108,000	3.500%, Due 02/01/2045	18,713	16,588
	Fnma Gtd Pass Thru Pool #Ao6713	35,000	4.000%, Due 06/01/2042	5,014	4,360
	Fnma Gtd Pass Thru Pool #Av7104	42,000	4.000%, Due 03/01/2044	5,065	4,423
	Fnma Gtd Pass Thru Pool #Bm3362	64,000	4.500%, Due 01/01/2044	15,565	15,239
	Fnma Gtd Pass Thru Pool #Bm3660	92,000	4.000%, Due 11/01/2046	20,703	21,406

OLD DUTCH FOODS, INC.
COUNTRY SALESMEN PENSION PLAN
EIN # 41-0914138
Plan Number 002
Form 5500
December 31, 2025

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

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment		(d) Cost	(e) Current Value
US Government and Agency Bonds & Notes:					
	Fnma Gtd Pass Thru Pool #Bm5508	68,000	5.000%, Due 02/01/2049	15,582	14,670
	Fnma Gtd Pass Thru Pool #Bn6710	98,000	4.500%, Due 06/01/2049	32,158	28,731
	Fnma Gtd Pass Thru Pool #Ca1354	49,000	3.500%, Due 03/01/2048	12,997	11,838
	Fnma Gtd Pass Thru Pool #Ca1560	63,000	4.500%, Due 04/01/2048	10,392	9,514
	Fnma Gtd Pass Thru Pool #Ca3664	55,000	4.000%, Due 06/01/2049	15,453	15,972
	Fnma Gtd Pass Thru Pool #Cb5104	47,000	4.500%, Due 11/01/2052	37,053	37,733
	Fnma Gtd Pass Thru Pool #Fa0866	29,000	5.500%, Due 02/01/2055	28,782	28,816
	Fnma Gtd Pass Thru Pool #Fm1104	25,000	3.500%, Due 05/01/2049	6,788	5,887
	Fnma Gtd Pass Thru Pool #Fm1534	75,000	4.500%, Due 09/01/2049	14,782	14,695
	Fnma Gtd Pass Thru Pool #Fm3148	62,000	4.000%, Due 02/01/2050	30,888	27,074
	Fnma Gtd Pass Thru Pool #Fm3152	45,000	4.000%, Due 02/01/2045	17,127	15,224
	Fnma Gtd Pass Thru Pool #Fm3229	230,000	3.500%, Due 02/01/2047	85,230	83,161
	Fnma Gtd Pass Thru Pool #Fm4324	15,000	3.500%, Due 07/01/2050	7,150	6,173
	Fnma Gtd Pass Thru Pool #Fm5893	45,000	5.000%, Due 08/01/2050	17,929	16,245
	Fnma Gtd Pass Thru Pool #Fm6619	36,000	2.000%, Due 03/01/2036	16,947	15,544
	Fnma Gtd Pass Thru Pool #Fm7136	20,000	3.500%, Due 01/01/2050	9,246	8,069
	Fnma Gtd Pass Thru Pool #Fm7323	22,000	5.000%, Due 07/01/2047	10,688	9,662
	Fnma Gtd Pass Thru Pool #Fm9679	45,000	4.500%, Due 09/01/2046	27,047	24,571
	Fnma Gtd Pass Thru Pool #Fs0833	25,000	3.000%, Due 06/01/2038	12,736	12,036
	Fnma Gtd Pass Thru Pool #Fs1125	25,000	3.500%, Due 07/01/2050	15,518	15,018
	Fnma Gtd Pass Thru Pool #Fs3698	32,000	5.500%, Due 11/01/2052	22,208	22,902
	Fnma Gtd Pass Thru Pool #Fs6456	7,200	6.000%, Due 11/01/2053	5,989	5,999
	Fnma Gtd Pass Thru Pool #Fs7160	25,000	6.500%, Due 02/01/2054	19,229	19,406
	Fnma Gtd Pass Thru Pool #Fs8210	30,000	6.000%, Due 05/01/2054	25,880	26,157
	Fnma Gtd Pass Thru Pool #Fs9605	28,000	6.000%, Due 07/01/2054	25,615	25,671
	Fnma Gtd Pass Thru Pool #Ma5072	15,000	5.500%, Due 07/01/2053	17,444	11,826
	Fnma Gtd Pass Thru Pool #Ra3586	16,000	4.000%, Due 09/01/2050	4,592	4,021
	Fnma Gtd Pass Thru Pool #Sb8511	40,000	2.000%, Due 05/01/2036	18,334	19,630
	Fnma Gtd Pass Thru Pool #Sd7514	71,000	3.500%, Due 04/01/2050	19,288	18,706
Total US Government and Agency Bonds & Notes				1,264,632	1,152,250
Municipal Bonds:					
	California St Var Purp G/O B\E Txbl	40,000	7.550%, Due 04/01/39	59,767	48,543
	Miami Dade County FL Aviation	10,000	3.982%, Due 10/01/41	10,961	8,649
	Miami Dade County FL Aviation	30,000	4.280%, Due 10/01/41	30,020	27,762
Total Municipal Bonds				100,748	84,954

OLD DUTCH FOODS, INC.
COUNTRY SALESMEN PENSION PLAN
EIN # 41-0914138
Plan Number 002
Form 5500
December 31, 2025

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

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Corporate Bonds:			
	Ally Finl Inc	26,000 5.737%, Due 05/15/2029	26,240	26,668
	American Express Co	25,000 5.750%, Due 07/26/2028	25,150	25,096
	American Tower Corp	24,000 5.900%, Due 11/15/2033	25,584	25,678
	Amgen Inc	27,000 5.600%, Due 03/02/2043	27,530	27,247
	Bank Amer Corp	33,000 4.330%, Due 03/15/2050	36,757	27,838
	Boeing Co	26,000 5.150%, Due 05/01/2030	30,387	26,742
	Boston Pptys Ltd Partnership	31,000 2.550%, Due 04/01/2032	26,330	27,080
	Broadcom Inc	26,000 4.550%, Due 02/15/2032	25,998	26,107
	Campbell Soup Co	29,000 2.375%, Due 04/24/2030	24,098	26,690
	Celanese Us Hldgs Llc	26,000 7.050%, Due 11/15/2030	25,846	27,521
	Charter Communications	28,000 4.400%, Due 04/01/2033	26,406	26,421
	Citigroup Inc	24,000 7.625%, Due 12/31/2149	25,410	25,309
	Commonspirit Health	28,000 3.347%, Due 10/01/2029	28,235	27,084
	Crown Castle Intl Corp	27,000 4.300%, Due 02/15/2029	29,291	26,946
	Cvs Health Corporation	25,000 5.250%, Due 02/21/2033	25,746	25,786
	Delta Airlines, Inc	26,000 5.250%, Due 07/10/2030	26,212	26,741
	Diamondback Energy Inc	5,000 3.500%, Due 12/01/2029	5,386	4,851
	Diamondback Energy Inc	19,000 6.250%, Due 03/15/2033	19,867	20,508
	Discover Financial Services	22,000 7.964%, Due 11/02/2034	25,591	25,947
	Dominion Energy Inc	24,000 7.000%, Due 06/01/2054	25,380	25,986
	Energy Transfer LP	24,000 6.550%, Due 12/01/2033	25,017	26,348
	Equinix Inc	27,000 3.200%, Due 11/18/2029	24,841	25,940
	Exelon Corp	26,000 6.500%, Due 03/15/2055	25,912	27,093
	Ford Cr Auto Owner Tr	50,000 4.610%, Due 08/15/2029	50,010	50,553
	Ford Motor Company	24,000 7.450%, Due 07/16/2031	26,390	26,556
	General Mtrs Finl Co Inc	26,000 5.800%, Due 06/23/2028	25,559	26,950
	Gm Financial Securitized Term	28,000 4.860%, Due 06/18/2029	27,963	28,448
	Goldman Sachs Group Inc	25,000 6.850%, Due 12/31/2149	25,031	25,998
	Hca Inc	27,000 3.500%, Due 09/01/2030	23,991	25,991
	Huntington Bancshares Inc	26,000 5.709%, Due 02/02/2035	27,105	27,208
	Hyatt Hotels Corp	26,000 5.750%, Due 03/30/2032	26,099	27,287
	Jbs Usa Lux S A / Jbs Usa	25,000 6.750%, Due 03/15/2034	27,684	27,620
	Jpmorgan Chase & Co	35,000 3.157%, Due 04/22/2042	33,622	27,259
	Mgm Mirage	26,000 4.750%, Due 10/15/2028	25,318	25,942
	Microsoft Corp	39,000 2.525%, Due 06/01/2050	36,192	23,936
	Morgan Stanley	25,000 4.431%, Due 01/23/2030	24,851	25,154

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

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment		(d) Cost	(e) Current Value
	Corporate Bonds:				
	Murphy Oil Corp	28,000	6.000%, Due 10/01/2032	27,877	27,971
	Navient Corp	26,000	5.000%, Due 03/15/2027	23,725	26,049
	Nustar Logistics LP	25,000	6.375%, Due 10/01/2030	24,950	26,312
	Occidental Pete Corp	22,000	7.875%, Due 09/15/2031	25,190	25,157
	Pnc Finl Svcs Group Inc	25,000	5.068%, Due 01/24/2034	23,929	25,615
	Regal Rexnord Corporation	25,000	6.300%, Due 02/15/2030	26,192	26,516
	Royal Caribbean Cruises Ltd	27,000	5.375%, Due 01/15/2036	27,141	27,182
	Slm Corp	25,000	6.500%, Due 01/31/2030	25,250	25,873
	Sm Energy Company	26,000	6.500%, Due 07/15/2028	25,988	26,281
	Sonoco Prods Co	29,000	2.850%, Due 02/01/2032	28,313	26,192
	Southwestern Energy Co	26,000	5.375%, Due 03/15/2030	25,025	26,363
	Teva Pharmaceutical Fin Llc	26,000	6.150%, Due 02/01/2036	25,772	27,297
	Truist Financial Corp	25,000	5.435%, Due 01/24/2030	25,187	25,900
	U S Bancorp	24,000	5.775%, Due 06/12/2029	24,005	24,953
	United Airlns Ser 2024-1 Cl AA	28,000	5.450%, Due 08/15/2038	27,608	27,835
	Verizon Communications Inc	33,000	3.550%, Due 03/22/2051	33,383	23,501
	Verizon Master Tr	25,000	5.160%, Due 06/20/2029	24,928	25,146
	Wells Fargo & Co	24,000	7.625%, Due 12/31/2149	25,428	25,599
	Whirlpool Corp	31,000	2.400%, Due 05/15/2031	25,691	25,586
	Total Corporate Bonds			1,462,611	1,445,857
	Registered Investment Companies:				
	Ishares Russell 2000 ETF	1,558	exchange traded funds	352,217	383,517
	Ishares Russell 2000 Growth ETF	6,654	exchange traded funds	679,904	2,149,309
	Ishares Core MSCI Emerging Markets ETF	5,054	exchange traded funds	263,581	339,730
	FMI Int'l Fund Institutional Class	25,275	mutual fund shares	788,315	885,880
	Nuveen Real Estate Sec Fund Class I	47,477	mutual fund shares	911,318	687,461
	Nuveen Global Infrastructure Fund Class I	98,924	mutual fund shares	1,050,136	1,189,067
	Vanguard Short-Term Bond Index Fund	188,671	mutual fund shares	1,955,645	1,950,859
	Principal MidCap Fund Institutional Class	44,031	mutual fund shares	1,330,820	1,884,950
	MFS Int'l Growth Fund Class I	16,938	mutual fund shares	911,343	924,489
	Total Registered Investment Companies			8,243,278	10,395,262
	JP Morgan 100% US Treasury Securities			333,850	333,850