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 OFFICE AND ADMINISTRATIVE PENSION PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 01/01/1974

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**	218
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)**	107
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	100
b	Retired or separated participants receiving benefits	**6b**	86
c	Other retired or separated participants entitled to future benefits	**6c**	24
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	210
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	8
f	Total. Add lines **6d** and **6e**.	**6f**	218
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**	2
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A

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 OFFICE AND ADMINISTRATIVE PENSION PLAN

B Three-digit plan number (PN) ▶ 005

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**	32691777
b Actuarial value	**2b**	30333783

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	89	11942035	11942035
b For terminated vested participants	26	1169183	1169183
c For active participants	107	9872679	10059966
d Total	222	22983897	23171184

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**	5.38 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	891969
b Expected plan-related expenses	**6b**	48961
c Target normal cost	**6c**	940930

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 12.84 %	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)		1159240
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 5.16 %		59817
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		1219057
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	130.91 %
15	Adjusted funding target attainment percentage	15	130.91 %
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	129.15 %
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
07/10/2025	600000	0			
01/20/2026	300000	0			
01/30/2026	300000	0			
			Totals ► 18(b)	1200000	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	1151263

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**	940930
b Excess assets, if applicable, but not greater than line 31a	**31b**	940930

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**	1151263
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	1151263
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 OFFICE AND ADMINISTRATIVE PENSION PLAN

B Three-digit plan number (PN) ▶ 005

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	35244	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	31568	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	25043	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)

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	13653	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	6588	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 OFFICE AND ADMINISTRATIVE PENSION PLAN

B Three-digit plan number (PN) ▶ 005

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)	300000	600000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	39163	47577
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	415426	510562
(2) U.S. Government securities	1c(2)	1988176	1935805
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2158129	2557736
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	11281602	12296088
(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)	16609646	18106760
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	190532	154356

		(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	32982674	36208884
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	20919	16260
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	191904	497706
1k Total liabilities (add all amounts in lines 1g through1j)	1k	212823	513966
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	32769851	35694918

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)	1200000	
(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)		1200000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	18530	
(B) U.S. Government securities	2b(1)(B)	80698	
(C) Corporate debt instruments	2b(1)(C)	123120	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	10506	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		232854
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	159573	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	909860	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1069433
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	4605042	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3443671	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1161371
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-30910	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-30910

		(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)		586937
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4219685
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1180148	
(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)		1180148
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)	105508	
(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)	8962	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		114470
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1294618
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2925067
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**			
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 585420.

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 OFFICE AND ADMINISTRATIVE PENSION PLAN

B Three-digit plan number (PN) ▶ 005

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.
PENSION PLAN FOR OFFICE AND ADMINISTRATIVE EMPLOYEES
FINANCIAL STATEMENTS
December 31, 2025

OLD DUTCH FOODS, INC.
PENSION PLAN FOR OFFICE AND ADMINISTRATIVE EMPLOYEES
December 31, 2025

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Betts & Hayes, Ltd.
Certified Public Accountants

Independent Auditor's Report

The Plan Administrator
Old Dutch Foods, Inc.
Pension Plan for Office and Administrative Employees

Opinion

We have audited the accompanying financial statements of the Old Dutch Foods, Inc. Pension Plan for Office and Administrative Employees, 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. Pension Plan for Office and Administrative Employees 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. Pension Plan for Office and Administrative Employees 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. Pension Plan for Office and Administrative Employees' ability to continue as a going concern for one year after the date the financial statements are available to be issued.

801 Meander Court, Medina, MN 55340
763/478-3169 FAX 763/478-3179

George D. Betts, CPA
gbetts@bettsandhayes.com

Cindy K. Hayes, CPA
chayes@bettsandhayes.com

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. Pension Plan for Office and Administrative Employees' 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. Pension Plan for Office and Administrative Employees' 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 is 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.
PENSION PLAN FOR OFFICE AND ADMINISTRATIVE EMPLOYEES
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)	$ 35,561,307	$ 32,643,511
Receivables:		
Employer Contributions Receivable	600,000	300,000
Accrued Interest	47,577	39,163
	647,577	339,163
TOTAL ASSETS	36,208,884	32,982,674
LIABILITIES		
Accounts Payable	16,260	20,919
Payable to Old Dutch Foods, Inc.	497,706	191,904
TOTAL LIABILITIES	513,966	212,823
Net assets available for benefits	$ 35,694,918	$ 32,769,851

See accompanying notes to the financial statements.

OLD DUTCH FOODS, INC.
PENSION PLAN FOR OFFICE AND ADMINISTRATIVE EMPLOYEES
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	$ 232,854	$ 217,572
Dividend income	1,069,433	600,132
Realized gain (loss) on sale of investments	1,326,909	1,106,074
Net increase (decrease) in fair value of investments	390,489	1,823,697
Total Investment Income	3,019,685	3,747,475
Employer Contributions	1,200,000	1,200,000
TOTAL ADDITIONS	4,219,685	4,947,475
Benefits and expenses:		
Distributions to retired, disabled and terminated employees	1,180,148	1,244,270
Administrative expenses	114,470	103,289
TOTAL DEDUCTIONS	1,294,618	1,347,559
Net Increase (Decrease)	2,925,067	3,599,916
Net Assets Available for Benefits, Beginning of Year	32,769,851	29,169,935
Net Assets Available for Benefits, End of Year	$ 35,694,918	$ 32,769,851

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 in an office or administrative capacity and certain supervisory salesmen. An employee is eligible to participate in the Plan on the first day of the month following attainment of age 21 and completion of 1,000 hours in the 12-month period following hire.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual minimum funding requirements of the Employee Retirement Income Act of 1974 (ERISA). For the plan years ended December 31, 2025 and 2024, the Company made contributions of $1,200,000 and $1,200,000, respectively, which exceeded the minimum funding requirements of ERISA.

Benefits

Retirement Benefits are based on years of credited service. Credited service prior to January 1, 1974 is based on all years of service with the company after attainment of age 21 and one year of service. After December 31, 1973, 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.

Pension credits are accrued for each year of credited service as follows:

A) For years 1989 and later: A yearly benefit credit of 1.15% of monthly compensation plus 0.6% of monthly compensation in excess of $1,666.67 times the number of completed months of credited service during the plan year.

B) For years 1974 - 1988: A yearly benefit credit of 0.75% of monthly compensation plus 1.00% of monthly compensation in excess of $1,000 times the number of completed months of credited service during that plan year.

C) For years prior to 1974: A past service benefit equal to (1) x (2):

   (1) 0.75% of monthly compensation for 1973 plus 0.75% of average monthly compensation for 1971, 1972 and 1973 in excess of $750.

   (2) Number of complete years of credited service prior to 1974.

The normal form of retirement benefit is a life annuity, 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. Benefits are reduced by ½% for each month that the commencement of benefits precedes normal retirement. Certain disability and preretirement spousal death benefits are also available to qualified participants. Benefits are payable in several forms. Certain benefits are guaranteed by the Pension Benefit Guarantee Corporation (PBGC), limited to statutory ceilings on the amount of an individual monthly benefit.

NOTE A - DESCRIPTION OF THE PLAN – cont'd

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 rates:	7%
Percent married:	80%
Spouse age:	Wives three years younger than husbands
Trust-paid expenses:	Prior year's trust-paid expenses
Disability:	None
Form of payment:	Life Annuity
Withdrawal:	SOA Small Plan Aggregate Turnover Table by age, through age 54 (sample rates varying by age)

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

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

Retirement: Terminated vested participants are assumed to retire at their Normal Retirement Date.

Retirements from Active:	Age	Rate	Age	Rate
	55-61	5.0%	66-69	40.0%
	62-64	12.5%	70+	100.0%
	65	50.0%		

The forgoing 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	$ 8,278,733	$ 8,207,333
Participants with deferred benefits	1,018,509	946,091
Participants receiving payments	11,595,458	10,984,473
Total present value of vested benefits	20,892,700	20,137,897
Present value of nonvested benefits	125,378	162,580
Present value of accumulated plan benefits	$ 21,018,078	$ 20,300,477
Funded percentage	169%	161%
Key assumptions:		
Discount Rate:	7.00%	7.00%
Mortality Table:	PRI-2012 Total Dataset projected with improvement	PRI-2012 Total Dataset projected with improvement

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	$	20,300,477
Increase (decrease) during the year attributable to:		
Benefits paid		(1,190,195)
Additional benefits accumulated and noninvestment experience		527,715
Increase for interest		1,380,081
Effect of change in assumptions		-
Net increase (decrease)		717,601
Actuarial present value of accumulated plan benefits as of January 1, 2026	$	21,018,078

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

Changes in plan provisions:
There were no changes in plan provisions 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 indicated:

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

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

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

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	510,562	-	-	510,562
Common Stocks	12,296,088	-	-	12,296,088
US Government and Agency Bonds & Notes	-	1,935,805	-	1,935,805
Corporate Bonds	-	2,557,736	-	2,557,736
Municipal Bonds	-	154,356	-	154,356
Exchange traded funds	4,855,304	-	-	4,855,304
Mutual Funds	13,251,456	-	-	13,251,456
Total Assets at Fair Value	**30,913,410**	**4,647,897**	**-**	**35,561,307**

	Assets at Fair Value as of December 31,2024			
	Level 1	Level 2	Level 3	Total
Money Market Funds	415,426	-	-	415,426
Common Stocks	11,281,602	-	-	11,281,602
US Government and Agency Bonds & Notes	-	1,988,176	-	1,988,176
Corporate Bonds	-	2,158,129	-	2,158,129
Municipal Bonds	-	190,532	-	190,532
Exchange traded funds	4,269,108	-	-	4,269,108
Mutual Funds	12,340,538	-	-	12,340,538
Total Assets at Fair Value	**28,306,674**	**4,336,837**	**-**	**32,643,511**

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 instances, 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 February 12, 2015, 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 $497,706 and $191,904, 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 Foods, Inc. Pension Plan for Office and Administrative Employees
EIN: 41-0914138 P/N: 005

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	0	0	0	0	0	0	0	0	0	0
25 to 29	2	0	0	0	0	0	0	0	0	0	2
30 to 34	2	2	3	0	0	0	0	0	0	0	7
35 to 39	3	4	3	1	1	0	0	0	0	0	12
40 to 44	1	9	6	0	1	0	0	0	0	0	17
45 to 49	2	3	4	1	1	1	0	0	0	0	12
50 to 54	1	3	1	1	1	2	3	0	0	0	12
55 to 59	1	1	6	3	0	2	1	0	0	0	14
60 to 64	0	7	2	1	3	2	5	3	1	1	25
65 to 69	0	2	0	1	0	1	0	0	0	1	5
70 & up	0	0	1	0	0	0	0	0	0	0	1
Total	12	31	26	8	7	8	9	3	1	2	107

Attachment to 2025 Form 5500 Schedule SB
Old Dutch Foods, Inc. Pension Plan for Office and Administrative Employees
EIN: 41-0914138 P/N: 005

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	5.38%		
Low-Default-Risk Obligation Method (LDROM) Rates	The same as non-stabilized segment rates		
Salary Increases	4.00%		

Other Assumptions	
Mortality (pre-retirement)	IRS 2025 Generational
Mortality (post-retirement)	IRS 2025 Generational
Disability	None
Withdrawal	SOA Small Plan Aggregate Turnover through age 54 Age 25: .195; Age 30: .155; Age 35: .121; Age 40: .094; Age 45: .073; Age 50: .056
Expenses Paid from Trust	Prior year actual expenses , if any
Retirement Age	Age 55-61: 5%; 62-64: 12.5%; 65: 50%; 66-69: 40%; 70+: 100% Terminated vested participants are assumed to retire at their Normal Retirement Date.
Form of Payment	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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
OLD DUTCH FOODS OFFICE AND ADMINISTRATIVE PENSION PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 01/01/1974

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

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

OLD DUTCH FOODS INC

2375 TERMINAL ROAD

ST PAUL MN 55113

3b Administrator's EIN: 41-0914138

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

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	218
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)**	107
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	100
b	Retired or separated participants receiving benefits	**6b**	86
c	Other retired or separated participants entitled to future benefits	**6c**	24
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	210
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	8
f	Total. Add lines **6d** and **6e**.	**6f**	218
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**	2
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A

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, Inc. Pension Plan for Office and Administrative Employees

B Three-digit plan number (PN) ▶ 005

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**	32,691,777
b Actuarial value	**2b**	30,333,783

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	89	11,942,035	11,942,035
b For terminated vested participants	26	1,169,183	1,169,183
c For active participants	107	9,872,679	10,059,966
d Total	222	22,983,897	23,171,184

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**	5.38%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	891,969
b Expected plan-related expenses	**6b**	48,961
c Target normal cost	**6c**	940,930

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

ALU
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 12.84 %	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)		1,159,240
	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 5.16 %		59,817
	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		1,219,057
	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	130.91 %
15	Adjusted funding target attainment percentage	15	130.91 %
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	129.15 %
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
07/10/2025	600,000	0			
01/20/2026	300,000	0			
01/30/2026	300,000	0			
			Totals ► 18(b)	1,200,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	1,151,263

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:	2nd segment:	3rd segment:	
5.07 %	5.31 %	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**	940,930
b Excess assets, if applicable, but not greater than line 31a	**31b**	940,930

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**	1,151,263
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	1,151,263
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 Foods, Inc. Pension Plan for Office and Administrative Employees
EIN: 41-0914138 P/N: 005

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	30.8037	0.0213	0.6546	36.0050
56	34.3483	0.0485	1.6656	93.2754
57	34.5707	0.0499	1.7265	98.4106
58	34.7649	0.0499	1.7360	100.6879
59	37.9413	0.0486	1.8444	108.8206
60	39.9573	0.0487	1.9466	116.7964
61	43.8872	0.0477	2.0928	127.6580
62	47.6459	0.1195	5.6955	353.1181
63	46.7812	0.1194	5.5876	352.0211
64	44.0144	0.1247	5.4899	351.3517
65	40.3456	0.4988	20.1261	1308.1956
66	23.0794	0.3990	9.2088	607.7780
67	13.7787	0.3989	5.4965	368.2664
68	9.2223	0.3988	3.6777	250.0825
69	5.4996	0.3987	2.1925	151.2848
70	4.2778	1.0000	4.2778	299.4470
Total			73.4189	4723.1990
Average				64.3300

Attachment to 2025 Form 5500 Schedule SB
Old Dutch Foods, Inc. Pension Plan for Office and Administrative Employees
EIN: 41-0914138 P/N: 005

Schedule SB, Part V – Summary of Plan Provisions

Key Plan Provisions	
EIN / Plan Number	41-0914138 / 005
Effective Date	January 1, 1974
Plan Year	January 1, 2025 to December 31, 2025
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	First of the month coincident with or next following the later of the date the employee reaches age 21 or completes one year of service with 1,000 hours as an eligible employee.
Vesting	100% after 5 years of Vesting Service
Normal Retirement Age	Prior to January 1, 2000: Age 65 January 1, 2000 and Later: Age 62
Normal Retirement Date	1st of the month coincident with or next following Normal Retirement Age
Compensation	The total amount paid to a participant by the Company for the preceding calendar year, including amounts contributed by the Company pursuant to a salary reduction agreement which are not includible in the gross income of the Participant under Code Sections 125, 132(f)(4), 402(e)(3), 402(h)(1)(B), 403(b) or 457(b) and employee contributions described in Code Section 414(h)(2) that are treated as employer contributions. Special rules apply for the first plan year of participation if entry is other than January 1. Monthly compensation is 1/12 of annual compensation.
Accrued Monthly Pension	Sum of credits accrued for each year of credited service. a. For years 1989 and later: A yearly benefit credit of 1.15% of monthly compensation plus 0.60% of monthly compensation in excess of $1,666.67 times the number of completed months of credited service during that plan year. b. For years 1974 through 1988: A yearly benefit credit of 0.75% of monthly compensation plus 1.00% of monthly compensation in excess of $1,000.00 times the number of completed months of credited service during that plan year. c. For years prior to 1974: A past service benefit equal to (a) x (b): a. 0.75% of monthly compensation for 1973 plus 0.75% of average monthly compensation for 1971, 1972 and 1973 in excess of $750. b. Number of complete years of credited service prior to 1974.

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

Key Plan Provisions *continued*	
Normal Retirement	Eligibility: Termination at 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.
Late Retirement	Eligibility: Termination after Normal Retirement Age Benefit: Accrued Monthly Pension payable on 1st of month following termination
Vested Termination	Eligibility: Termination of employment after 5 years of Vesting Service Benefit: Accrued Monthly Pension payable at NRD. The Accrued Monthly Pension can commence as early as age 55 reduced by 0.5% for each month that the commencement date precedes Normal Retirement Date.
Disability Retirement	Eligibility: Totally and permanently disabled after 5 years of Vesting Service Benefit: Accrued Monthly Pension as of date of disability
Death Benefit	Eligibility: Death after 5 years of Vesting Service Benefit: The survivor portion of the Early Retirement benefit payable as a 100% J&S option immediately, if the participant was past age 55; otherwise, deferred to the earliest commencement date.
Actuarial Equivalence	Non 417(e): 1971 Group Annuity Male Mortality set back 1 year for participants and 5 years for beneficiaries, 6% interest 417(e) Basis: 1-year stability period, 2-month look back
Normal Form of Payment	Life Annuity
Optional Payment Forms	5 or 10 Year Certain & Life, J&S annuity (50%, 75%, 100%)

OLD DUTCH FOODS, INC.
PENSION PLAN FOR OFFICE AND ADMINISTRATIVE EMPLOYEES
EIN # 41-0914138
Plan Number 005
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	Cost	Current Value
Common Stocks:				
	Abbott Laboratories	650 shares common stock	26,292	81,439
	Accenture Plc Ireland	824 shares common stock	208,329	221,079
	Allegion Public Limited	1,171 shares common stock	164,453	186,447
	Alphabet Inc Class A	922 shares common stock	102,155	288,586
	Alphabet Inc Class C	1,480 shares common stock	108,805	464,424
	Amazon.Com Inc	1,800 shares common stock	301,572	415,476
	American Express Company	450 shares common stock	38,887	166,477
	Ameriprise Finl Inc	135 shares common stock	64,920	66,196
	Apple Inc	2,135 shares common stock	479,019	580,421
	Aramark	7,189 shares common stock	245,971	264,987
	Arch Capital Group	1,275 shares common stock	116,771	122,298
	Automatic Data Processing Inc	235 shares common stock	52,132	60,449
	Avery Dennison Corp	1,609 shares common stock	281,600	292,645
	Becton Dickinson & Co	1,273 shares common stock	255,869	247,051
	Berkshire Hathaway Inc	393 shares common stock	75,270	197,541
	Bio Techne Corp	560 shares common stock	9,695	32,934
	Booking Holdings Inc	61 shares common stock	112,259	326,675
	C H Robinson Worldwide Inc	260 shares common stock	33,383	41,798
	Capital One Financial Corp	743 shares common stock	136,662	180,073
	Carlisle Companies Inc	274 shares common stock	64,042	87,642
	Carrier Global Corporation	4,547 shares common stock	228,842	240,263
	Caseys General Stores Inc	85 shares common stock	34,678	46,980
	Cdw Corporation	1,190 shares common stock	212,535	162,078
	Charles Schwab Corp	4,394 shares common stock	224,557	439,005
	Cognex Corp	735 shares common stock	33,499	26,445
	Csx Corporation	4,632 shares common stock	151,312	167,910
	Dollar Tree Inc	1,304 shares common stock	133,292	160,405
	Donaldson Co Inc	600 shares common stock	25,186	53,196
	Ecolab Inc	305 shares common stock	35,052	80,069
	Eli Lilly & Co	225 shares common stock	18,850	241,803
	Entegris Inc	355 shares common stock	36,123	29,909
	Exxon Mobil Corp	1,035 shares common stock	115,795	124,552
	Fastenal Co	2,375 shares common stock	28,483	95,309
	Ferguson Enterprises Inc	1,319 shares common stock	175,700	293,649
	Fiserv Inc	680 shares common stock	13,729	45,676
	Fresenius Medical Care Ag	5,807 shares common stock	187,211	138,323
	Generac Holdings Inc	255 shares common stock	10,871	34,774
	Graco Inc	1,220 shares common stock	86,338	100,003
	H B Fuller & Co	800 shares common stock	28,640	47,568
	Home Depot Inc	300 shares common stock	93,477	103,230
	Hormel Foods Corp	1,800 shares common stock	63,578	42,660
	Idacorp Inc	245 shares common stock	33,326	31,007

OLD DUTCH FOODS, INC.
PENSION PLAN FOR OFFICE AND ADMINISTRATIVE EMPLOYEES
EIN # 41-0914138
Plan Number 005
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		Cost	Current Value
Common Stocks:					
	Intuitive Surgical Inc	30	shares common stock	17,202	16,991
	Johnson & Johnson	610	shares common stock	62,325	126,240
	Jpmorgan Chase & Co	750	shares common stock	170,538	241,665
	Koninklijke Philips N V	7,572	shares common stock	235,341	205,060
	Kraft Heinz Company (The)	3,330	shares common stock	83,814	80,753
	Littelfuse Inc	130	shares common stock	34,696	32,880
	Masco Corp	3,034	shares common stock	116,804	192,538
	Medtronic Plc	860	shares common stock	70,399	82,612
	Meta Platforms Inc Class A	375	shares common stock	169,475	247,534
	Microsoft Corp	1,100	shares common stock	29,508	531,982
	Motorola Solutions Inc	220	shares common stock	34,321	84,330
	Nike Inc	1,230	shares common stock	84,599	78,363
	Nvent Electric Plc	500	shares common stock	11,645	50,985
	Nvidia Corp	3,480	shares common stock	26,428	649,020
	Oracle Corporation	275	shares common stock	83,613	53,600
	Palo Alto Networks Inc	550	shares common stock	84,287	101,310
	Procter & Gamble Co	1,010	shares common stock	149,015	144,743
	Progressive Corp Ohio	468	shares common stock	50,647	106,573
	Qualcomm Inc	305	shares common stock	30,003	52,170
	Quest Diagnostics Inc	1,197	shares common stock	162,624	207,715
	Roche Holding Ltd	1,000	shares common stock	32,120	51,783
	Rockwell Automation Inc	190	shares common stock	53,505	73,923
	Salesforce Inc	350	shares common stock	100,590	92,719
	Sherwin Williams Co	200	shares common stock	67,007	64,806
	Slb Limited	3,058	shares common stock	125,955	117,366
	Sony Group Corporation	6,474	shares common stock	106,279	165,734
	Sysco Corp	2,354	shares common stock	170,290	173,466
	Taiwan Semiconductor Mfg Co	220	shares common stock	40,521	66,856
	Tennant Co	415	shares common stock	33,181	30,585
	The Travelers Companies Inc	250	shares common stock	67,207	72,515
	Toro Co	700	shares common stock	46,117	55,104
	Unilever Plc	2,961	shares common stock	162,631	193,649
	Unitedhealth Group Inc	453	shares common stock	144,717	149,540
	Unitedhealth Group Inc	275	shares common stock	47,992	90,780
	Visa Inc Class A	530	shares common stock	91,084	185,876
	Walt Disney Co	750	shares common stock	61,554	85,328
	Wec Energy Group Inc	855	shares common stock	91,164	90,168
	Wells Fargo & Co	1,700	shares common stock	70,837	158,440
	Xcel Energy Inc	825	shares common stock	46,033	60,934
Total Common Stocks				8,115,228	12,296,088

OLD DUTCH FOODS, INC.
PENSION PLAN FOR OFFICE AND ADMINISTRATIVE EMPLOYEES
EIN # 41-0914138
Plan Number 005
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	Cost	Current Value
US Government and Agency Bonds & Notes:					
	United States Treasury Bond	98,000	3.500%, Due 02/15/2039	95,576	89,570
	United States Treasury Bonds	172,000	3.125%, Due 05/15/2048	166,807	131,184
	United States Treasury Bonds	206,000	1.875%, Due 02/15/2051	175,040	115,690
	United States Treasury Bonds	60,000	2.250%, Due 05/15/2041	58,411	44,297
	United States Treasury Bond	60,000	3.625%, Due 02/15/2053	51,028	48,794
	United States Treasury Bonds	95,000	3.875%, Due 02/15/2043	88,142	85,774
	Fedl Home Loan Mtg Corp #G16785	8,311	4.000%, Due 03/01/2034	8,640	8,330
	Fedl Home Loan Mtg Corp #G60714	7,046	4.000%, Due 01/01/2046	8,072	6,844
	Fedl Home Loan Mtg Corp #G67700	22,373	3.500%, Due 08/01/2046	24,373	21,205
	Fedl Home Loan Mtg Corp #G67713	53,532	4.000%, Due 06/01/2048	52,941	51,879
	Fedl Home Loan Mtg Corp #Q24955	12,252	4.000%, Due 02/01/2044	13,592	11,967
	Fedl Home Loan Mtg Corp #Ra9270	90,770	5.500%, Due 06/01/2053	91,063	92,781
	Fedl Home Loan Mtg Corp #Sd5696	34,643	6.500%, Due 06/01/2054	36,408	36,712
	Fedl Home Loan Mtg Corp #Sd8257	93,263	4.500%, Due 10/01/2052	89,481	91,520
	Fedl Home Loan Mtg Corp #Zs3665	25,627	4.500%, Due 10/01/2041	28,646	25,821
	Fedl Home Loan Mtg Corp #Zs9776	84,199	3.500%, Due 08/01/2046	76,810	79,855
	Fedl Home Loan Mtg Corp #Zt0542	12,288	4.000%, Due 07/01/2048	13,532	11,897
	Fnma Gtd Pass Thru Pool #Aj9332	13,376	4.000%, Due 01/01/2042	16,146	13,169
	Fnma Gtd Pass Thru Pool #Al6031	6,920	4.000%, Due 10/01/2044	8,060	6,772
	Fnma Gtd Pass Thru Pool #Al8174	20,498	3.500%, Due 02/01/2046	23,305	19,485
	Fnma Gtd Pass Thru Pool #Al9578	6,841	4.000%, Due 06/01/2045	7,738	6,695
	Fnma Gtd Pass Thru Pool #As6752	8,276	3.500%, Due 02/01/2046	9,396	7,860
	Fnma Gtd Pass Thru Pool #As8683	57,141	3.500%, Due 01/01/2047	62,212	54,072
	Fnma Gtd Pass Thru Pool #Bn0363	5,078	4.000%, Due 12/01/2033	5,312	5,085
	Fnma Gtd Pass Thru Pool #Ca1354	11,518	3.500%, Due 03/01/2048	11,936	10,872
	Fnma Gtd Pass Thru Pool #Ca1560	3,953	4.500%, Due 04/01/2048	4,188	3,927
	Fnma Gtd Pass Thru Pool #Ca3664	23,259	4.000%, Due 06/01/2049	21,915	22,652
	Fnma Gtd Pass Thru Pool #Ca8645	17,917	4.000%, Due 01/01/2051	19,544	17,139
	Fnma Gtd Pass Thru Pool #Fm1104	10,230	3.500%, Due 05/01/2049	11,140	9,656
	Fnma Gtd Pass Thru Pool #Fm1258	6,712	4.000%, Due 07/01/2049	7,147	6,484
	Fnma Gtd Pass Thru Pool #Fm3148	20,842	4.000%, Due 02/01/2050	22,917	20,087
	Fnma Gtd Pass Thru Pool #Fm3229	79,477	3.500%, Due 02/01/2047	79,194	75,930
	Fnma Gtd Pass Thru Pool #Fm3247	23,075	4.500%, Due 10/01/2045	25,566	23,240
	Fnma Gtd Pass Thru Pool #Fm3783	13,720	4.000%, Due 03/01/2050	15,022	13,219
	Fnma Gtd Pass Thru Pool #Fm5137	12,513	5.000%, Due 05/01/2050	14,073	12,743
	Fnma Gtd Pass Thru Pool #Fm5768	16,682	4.000%, Due 11/01/2044	18,413	16,337
	Fnma Gtd Pass Thru Pool #Fm5893	13,481	5.000%, Due 08/01/2050	15,200	13,718
	Fnma Gtd Pass Thru Pool #Fm6619	17,684	2.000%, Due 03/01/2036	18,221	16,408
	Fnma Gtd Pass Thru Pool #Fm7136	19,665	3.500%, Due 01/01/2050	21,266	18,559
	Fnma Gtd Pass Thru Pool #Fm9679	35,228	4.500%, Due 09/01/2046	39,068	35,491
	Fnma Gtd Pass Thru Pool #Fs0227	20,563	5.000%, Due 07/01/2047	22,838	21,168

OLD DUTCH FOODS, INC.
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EIN # 41-0914138
Plan Number 005
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	Cost	Current Value
US Government and Agency Bonds & Notes:					
	Fnma Gtd Pass Thru Pool #Fs0833	18,355	3.000%, Due 06/01/2038	18,848	17,813
	Fnma Gtd Pass Thru Pool #Fs1125	29,117	3.500%, Due 07/01/2050	28,552	27,632
	Fnma Gtd Pass Thru Pool #Fs1605	19,299	4.500%, Due 05/01/2048	20,154	19,453
	Fnma Gtd Pass Thru Pool #Fs1891	47,004	4.000%, Due 01/01/2050	43,964	45,368
	Fnma Gtd Pass Thru Pool #Fs2050	71,494	4.000%, Due 02/01/2051	66,124	69,247
	Fnma Gtd Pass Thru Pool #Fs2996	24,088	5.000%, Due 07/01/2047	24,434	24,797
	Fnma Gtd Pass Thru Pool #Fs3698	55,606	5.500%, Due 11/01/2052	55,476	57,256
	Fnma Gtd Pass Thru Pool #Fs6883	37,676	4.000%, Due 05/01/2053	35,254	36,324
	Fnma Gtd Pass Thru Pool #Fs7160	34,719	6.500%, Due 02/01/2054	36,165	36,482
	Fnma Gtd Pass Thru Pool #Fs8210	41,637	6.000%, Due 05/01/2054	43,133	43,596
	Fnma Gtd Pass Thru Pool #Fs9605	34,165	6.000%, Due 07/01/2054	35,592	35,756
	Fnma Gtd Pass Thru Pool #Sb8512	37,717	2.000%, Due 05/01/2036	33,144	34,971
	G N M A Pass Thru Pool #Ma8874M	68,554	3.000%, Due 05/20/2053	61,125	62,512
	Fnma Gtd Pass Thru Pool #Ma5072	19,365	5.500%, Due 07/01/2053	18,809	19,710
Total US Government and Agency Bonds & Notes				2,099,153	1,935,805
Corporate Bonds:					
	Ally Finl Inc	45,000	5.737%, Due 05/15/2029	45,415	46,157
	American Express Co	43,000	5.750%, Due 07/26/2028	43,258	43,166
	American Tower Corp	42,000	5.900%, Due 11/15/2033	44,772	44,936
	Amgen Inc	46,000	5.600%, Due 03/02/2043	46,989	46,420
	Bank Amer Corp Ser N	56,000	4.330%, Due 03/15/2050	61,787	47,240
	Boeing Co Sr Unsecured	45,000	5.150%, Due 05/01/2030	52,442	46,283
	Boston Pptys Ltd	54,000	2.550%, Due 04/01/2032	45,865	47,171
	Broadcom Inc	46,000	4.550%, Due 02/15/2032	45,996	46,190
	Campbell Soup Co	50,000	2.375%, Due 04/24/2030	41,549	46,018
	Celanese Us Hldgs Llc	43,000	7.050%, Due 11/15/2030	42,754	45,515
	Charter Communications Oper	49,000	4.400%, Due 04/01/2033	46,211	46,236
	Citigroup Inc	42,000	7.625%, Due 12/31/2149	44,468	44,292
	Commonspirit Health	45,000	3.347%, Due 10/01/2029	46,044	43,527
	Crown Castle Intl Corp	44,000	4.300%, Due 02/15/2029	47,882	43,912
	Cvs Health Corp	45,000	5.250%, Due 02/21/2033	46,342	46,414
	Delta Airlines, Inc	45,000	5.250%, Due 07/10/2030	45,367	46,282
	Diamondback Energy Inc	2,000	3.500%, Due 12/01/2029	2,154	1,940
	Diamondback Energy Inc	43,000	6.250%, Due 03/15/2033	45,165	46,412
	Discover Financial Services	38,000	7.964%, Due 11/02/2034	44,204	44,817
	Dominion Energy Inc	42,000	7.000%, Due 06/01/2054	44,415	45,475
	Energy Transfer L P Sr Glbl	43,000	6.550%, Due 12/01/2033	44,897	47,208
	Equinix Inc	47,000	3.200%, Due 11/18/2029	43,241	45,154
	Exelon Corp	45,000	6.500%, Due 03/15/2055	45,045	46,892
	Ford Cr Auto Owner Tr	86,000	4.610%, Due 08/15/2029	86,017	86,950

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(a)	(b) Identity of issuer, borrower, lessor or similar party		(c) Description of investment	Cost	Current Value
Corporate Bonds:					
	Ford Motor Company	41,000	7.450%, Due 07/16/2031	45,084	45,366
	General Mtrs Finl Co Inc	44,000	5.800%, Due 06/23/2028	43,235	45,608
	Gm Financial Ser 241	48,000	4.860%, Due 06/18/2029	47,936	48,768
	Goldman Sachs Group Inc	43,000	6.850%, Due 12/31/2149	43,150	44,716
	Hca Inc	47,000	3.500%, Due 09/01/2030	42,213	45,244
	Huntington Bancshares Inc	45,000	5.709%, Due 02/02/2035	46,913	47,090
	Hyatt Hotels Corp	45,000	5.750%, Due 03/30/2032	45,172	47,228
	Jbs USA Lux S A / Jbs USA Food	42,000	6.750%, Due 03/15/2034	46,386	46,402
	Jpmorgan Chase & Co	57,000	3.157%, Due 04/22/2042	55,336	44,393
	Kraft Heinz Foods Co	39,000	5.400%, Due 03/15/2035	40,256	40,134
	Mgm Mirage	11,000	4.750%, Due 10/15/2028	10,711	10,975
	Mgm Resorts Intl	34,000	6.125%, Due 09/15/2029	34,213	34,941
	Microsoft Corp Glbl Nt	75,000	2.525%, Due 06/01/2050	67,506	46,031
	Morgan Stanley	47,000	4.431%, Due 01/23/2030	46,666	47,290
	Murphy Oil Corp	47,000	6.000%, Due 10/01/2032	46,793	46,952
	Navient Corp	2,000	9.375%, Due 07/25/2030	2,231	2,223
	Navient Corp	45,000	5.000%, Due 03/15/2027	40,725	45,085
	Nustar Logistics L P	43,000	6.375%, Due 10/01/2030	42,946	45,258
	Occidental Pete Corp	39,000	7.875%, Due 09/15/2031	44,600	44,596
	Pnc Finl Svcs Group Inc	48,000	5.068%, Due 01/24/2034	45,786	49,181
	Regal Rexnord Corporation	43,000	6.300%, Due 02/15/2030	45,051	45,608
	Royal Caribbean Cruises Ltd	46,000	5.375%, Due 01/15/2036	46,215	46,311
	Slm Corp	44,000	6.500%, Due 01/31/2030	44,440	45,536
	Sm Energy Company	45,000	6.500%, Due 07/15/2028	44,550	45,487
	Sonoco Prods Co	53,000	2.850%, Due 02/01/2032	51,002	47,868
	Southwestern Energy Co	46,000	5.375%, Due 03/15/2030	44,493	46,643
	Teva Pharmaceutical Fin	45,000	6.150%, Due 02/01/2036	45,642	47,245
	Truist Financial Corp	44,000	5.435%, Due 01/24/2030	44,329	45,584
	U S Bancorp	40,000	5.775%, Due 06/12/2029	40,008	41,589
	United Airlns Pass Thru Ser 20241	48,000	5.450%, Due 08/15/2038	47,325	47,717
	Verizon Communications Inc	61,000	3.550%, Due 03/22/2051	59,455	43,442
	Verizon Master Tr Ser 20234	43,000	5.160%, Due 06/20/2029	42,876	43,251
	Wells Fargo & Co	42,000	5.875%, Due 12/31/2149	44,523	44,798
	Whirlpool Corp	54,000	2.400%, Due 05/15/2031	44,753	44,569
Total Corporate Bonds				2,584,799	2,557,736
Municipal Bonds:					
	California St Var Purp	70,000	7.550%, Due 04/01/2039	76,075	84,951
	Miami Dade Cnty Fl Aviation Rev	75,000	4.280%, Due 10/01/2041	108,463	69,405
Total Municipal Bonds				184,538	154,356

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(a)	(b) Identity of issuer, borrower, lessor or similar party		(c) Description of investment	Cost	Current Value
Registered Investment Companies:					
	Ishares Russell 2000 Growth Index ETF	10,306	exchange traded funds	727,585	3,328,941
	Ishares Core MSCI Emerging Markets ET	8,286	exchange traded funds	431,899	556,985
	Ishares Russell 2000 ETF	3,938	exchange traded funds	900,405	969,378
	FMI Funds International Fund	53,818	mutual fund shares	1,582,633	1,886,312
	Nuveen Invst Real Estate Secs Fund	52,606	mutual fund shares	988,779	761,734
	MFS Sers Trust X Int'l Growth Fund	18,024	mutual fund shares	970,806	983,748
	Nuveen Invst Global Infrastructure	175,491	mutual fund shares	1,760,986	2,109,401
	Vanguard Short-Term Bond Index Fund	299,985	mutual fund shares	3,108,090	3,101,841
	Principal MidCap Fund Institutional Class	102,976	mutual fund shares	3,087,152	4,408,420
Total Registered Investment Companies				13,558,335	18,106,760
Money Market Funds:					
	JP Morgan 100% US Treasury Securities			510,562	510,562