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
CO-OP 401(K) PLAN

1b Three-digit plan number (PN) ▶ 031

1c Effective date of plan 05/01/2019

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)
LAND O' LAKES, INC.

P.O BOX 64101
MS 1086
ST. PAUL, MN 55164-0101

2b Employer Identification Number (EIN)
41-0365145

2c Plan Sponsor's telephone number
651-375-2222

2d Business code (see instructions)
115110

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.	10/13/2026	JULIE SEXTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	565
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)**	373
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	371
b	Retired or separated participants receiving benefits	**6b**	25
c	Other retired or separated participants entitled to future benefits	**6c**	98
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	494
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	496
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)**	561
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)**	492
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	83
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:

2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
CO-OP 401(K) PLAN

B Three-digit plan number (PN) ▶ 031

C Plan sponsor's name as shown on line 2a of Form 5500
LAND O' LAKES, INC.

D Employer Identification Number (EIN)
41-0365145

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

1 Coverage Information:

(a) Name of insurance carrier
AMERICAN GENERAL LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
25-0598210	60488	1666920	496	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ SYNTHETIC WRAP CONTRACT

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	17567		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	18364		
	▶ BOOK VALUE ADJUSTMENT				
	(6)Total additions			7c(6)	35931
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	35931
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	35931		
	▶ BOOK VALUE ADJUSTMENT				
	(5) Total deductions			7e(5)	35931
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
CO-OP 401(K) PLAN

B Three-digit plan number (PN) ▶ 031

C Plan sponsor's name as shown on line 2a of Form 5500
LAND O' LAKES, INC.

D Employer Identification Number (EIN)
41-0365145

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

1 Coverage Information:

(a) Name of insurance carrier
PACIFIC LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-1079000	67466	G-027795	496	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ SYNTHETIC WRAP CONTRACT

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	6511		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	18149		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	19238		
	▶ BOOK VALUE ADJUSTMENT				
	(6)Total additions			7c(6)	43898
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	43898
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	43898		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	43898
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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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
CO-OP 401(K) PLAN

B Three-digit plan number (PN) ▶ 031

C Plan sponsor's name as shown on line 2a of Form 5500
LAND O' LAKES, INC.

D Employer Identification Number (EIN)
41-0365145

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

1 Coverage Information:

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	062491	496	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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	(c) Amount	**(d)** Purpose	

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ SYNTHETIC WRAP CONTRACT

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	6531		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	18095		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	19191		
	▶ BOOK VALUE ADJUSTMENT				
	(6)Total additions			7c(6)	43817
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	43817
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	43817		
	▶ BOOK VALUE ADJUSTMENT				
	(5) Total deductions			7e(5)	43817
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
CO-OP 401(K) PLAN

B Three-digit plan number (PN) ▶ 031

C Plan sponsor's name as shown on line 2a of Form 5500
LAND O' LAKES, INC.

D Employer Identification Number (EIN)
41-0365145

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA PREMIER LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
52-0419790	66281	MDA01360TR	496	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ SYNTHETIC WRAP CONTRACT

b	Balance at the end of the previous year			7b	14810
c	Additions: (1) Contributions deposited during the year	7c(1)	5945		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	16641		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	2518		
	▶ CASH DEPOSIT				
	(6)Total additions			7c(6)	25104
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	39914
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	39914		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	39914
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

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
CO-OP 401(K) PLAN

B Three-digit plan number (PN) ▶ 031

C Plan sponsor's name as shown on line 2a of Form 5500
LAND O' LAKES, INC.

D Employer Identification Number (EIN)
41-0365145

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).. . . . . [X] 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

CHARLES SCHWAB & CO., INC.

94-1737782

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

CHARLES SCHWAB INVESTMENT MGMT

94-3106735

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

GALLIARD CAPITAL MANAGEMENT

41-1813702

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

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

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

(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

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

(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)

MILLIMAN, INC.

91-0675641

(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?
15 37 50 59 64	NONE	12761	Yes ☐ No ☒	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 ☐

(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

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

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

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

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

(complete as many entries as needed)

a Name: GRANT THORNTON
b EIN: 36-6055558
c Position: AUDIT FIRM
d Address: 171 NORTH CLARK, SUITE 200
CHICAGO, IL 60601
e Telephone: 617-848-4862

Explanation: COMPETITIVE PRICING/COST SAVINGS

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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
CO-OP 401(K) PLAN

B Three-digit plan number (PN) ▶ 031

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

D Employer Identification Number (EIN)
41-0365145

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

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK SHORT-TERM INVESTMENT FUN

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-6262499-001	C	78171

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
CO-OP 401(K) PLAN

B Three-digit plan number (PN) ▶ 031

C Plan sponsor's name as shown on line 2a of Form 5500
LAND O' LAKES, INC.

D Employer Identification Number (EIN)
41-0365145

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	732	439
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		2460
(2) U.S. Government securities	1c(2)	664567	789918
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	283573	303515
(B) All other	1c(3)(B)	733086	902798
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	464797	550488
(9) Value of interest in common/collective trusts	1c(9)	80012	78171
(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)	22193766	27220552
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	79217	39638

		(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	24499750	29887979
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	1531	1744
1k Total liabilities (add all amounts in lines 1g through1j)	1k	1531	1744
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	24498219	29886235

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)	1533659	
(B) Participants	2a(1)(B)	1927911	
(C) Others (including rollovers)	2a(1)(C)	48466	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3510036
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	43670	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		43670
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	924494	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		924494
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2277
(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)		2810552
c Other income	2c		144541
d Total income. Add all **income** amounts in column (b) and enter total	2d		7435570
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2024810	
(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)		2024810
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)	19028	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	3716	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		22744
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2047554
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5388016
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CLIFTONLARSONALLEN LLP **(2)** EIN: 41-0746749

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

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
CO-OP 401(K) PLAN

B Three-digit plan number (PN) ▶ 031

C Plan sponsor's name as shown on line 2a of Form 5500
LAND O' LAKES, INC.

D Employer Identification Number (EIN)
41-0365145

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): 82-3967259

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 |

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702334A .

COLLABORATORS | COACHES | ADVOCATES | MENTORS
FRIENDS | VOLUNTEERS | REGULARS | DINERS | VISITORS
CPAs | CONSULTANTS | WEALTH ADVISORS | *NEIGHBORS*
COLLABORATORS | COACHES | ADVOCATES | MENTORS |
CONNOISSEURS | CUSTOMERS | TEACHERS |
| VOLUNTEERS |

Financial Statements and Report of Independent Certified Public Accountants

Co-op 401(K) Plan (51CLWI)

December 31, 2025 and 2024

Right there with you

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CliftonLarsonAllen LLP
CLAconnect.com

INDEPENDENT AUDITORS' REPORT

Plan Administrator and Plan Participants
Co-op 401(k) Plan (51CLWI)
St. Paul, Minnesota

Report on the Audit of the Financial Statements

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements

We have performed an audit of the financial statements of Co-op 401(k) Plan (51CLWI) (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements (2025 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2025 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2025 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2025 Financial Statements section:

- the amounts and disclosures in the accompanying 2025 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying 2025 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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Basis for Opinion on the 2025 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2025 Financial Statements section of our report. We are required to be independent of Co-op 401(k) Plan (51CLWI) and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2025 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Co-op 401(k) Plan's (51CLWI) ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the 2025 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the 2025 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the 2025 financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the 2025 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 2025 financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Co-op 401(k) Plan's (51CLWI) 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 2025 financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Co-op 401(k) Plan's (51CLWI) ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2025 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2025 financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matters

2025 Supplemental Schedule Required by ERISA

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 included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to 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 GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

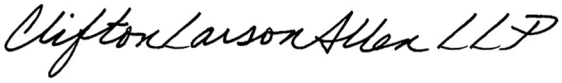
In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Auditor's Report on the 2024 Financial Statements

Predecessor auditors performed an audit of the 2024 financial statements of Co-op 401(k) Plan (51CLWI). In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated October 7, 2025 indicated that (a) the amounts and disclosures in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2024 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2024 supplemental schedule, other than the information in the 2024 supplemental schedule that agreed to or is derived from the certified investment information, was presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2024 supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C).



CliftonLarsonAllen LLP

Minneapolis, Minnesota
October 5, 2026

Co-op 401(K) Plan (51CLWI)

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2025 and 2024

	2025	2024
ASSETS		
Non interest-bearing cash	$ 439	$ 732
Investments, at fair value	27,301,183	22,273,778
Investments, at contract value	2,034,125	1,758,912
Notes receivable from participants	550,488	464,797
NET ASSETS AVAILABLE FOR BENEFITS	$ 29,886,235	$ 24,498,219

See accompanying notes to the financial statements

Co-op 401(K) Plan (51CLWI)

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2025 and 2024

	2025	2024
Investment income (loss):		
Interest and dividends	$ 924,494	$ 780,665
Net appreciation (depreciation) of investments	2,957,370	1,428,690
Net investment income (reductions)	3,881,864	2,209,355
Interest income on notes receivable from participants	43,670	21,698
Contributions:		
Employer	1,533,659	1,834,558
Employee	1,927,911	1,924,598
Rollover	48,466	34,028
Total contributions	3,510,036	3,793,184
Total additions	7,435,570	6,024,237
Benefit payments to participants	(2,024,810)	(1,658,637)
Administrative expenses	(22,744)	(15,734)
NET INCREASE IN NET ASSETS	5,388,016	4,349,866
Net assets available for benefits:		
Beginning of year	24,498,219	20,148,353
End of year	$ 29,886,235	$ 24,498,219

See accompanying notes to the financial statements

NOTE 1 – DESCRIPTION OF THE PLAN

The Co-op 401(k) Plan (51CLWI) (the Plan) is a profit sharing and savings plan sponsored by Land O'Lakes, Inc. (the Plan Administrator, the Company, or the Employer). The Company is a national, farmer owned food and agricultural cooperative. The Plan was established on May 1, 2019 and was last restated effective January 1, 2021. The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan document for more complete information. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Eligibility

Under the terms of the Plan, employees who are members of the following collective bargaining agreements (CBA) are eligible to participate in the Plan:

Milk Products, LLC Chilton, Wisconsin and Teamsters Chauffeurs, Warehousemen and Helpers Local No 662 affiliated with the International Brotherhood of Teamsters (the Chilton Teamsters)

Land O'Lakes, Inc. Kiel, Wisconsin and the International Brotherhood of Teamsters, Local No. 662 (the Kiel Teamsters)

Land O'Lakes Dairy Foods Division, Spencer, Wisconsin and General Teamsters Union, Local No. 662 (the Spencer Teamsters)

Each union member of the Land O'Lakes, Inc. Central Teamsters Local No. 662 becomes eligible for the Plan after 1 day of service. Employees from Land O'Lakes who are exempt from participating in the Plan include non-union employees, leased employees and other union employees not under the collective bargaining agreement listed above. An employee can participate in the Plan immediately once eligible. Full-time employees become eligible immediately, and part-time employees become eligible upon one year of eligible service.

Contributions

Participants may make before tax or after-tax contributions, dependent upon salary. Employees can contribute up to 50% of their eligible compensation. Participants who have attained age 50 before the Plan year, are eligible for catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 6% of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant.

The Plan has two Employer contribution formulas (Employer matching contributions and non-elective contributions). Employer matching contributions equal to 100% of the first 3% of eligible compensation, plus 50% of the next 2% of eligible compensation. The total amount of the Employer matching contributions was $984,012 for 2025 and $865,017 for 2024.

Eligible participants also receive non-elective contributions called Company Retirement Contributions (CRC). The CRC is a biweekly contribution of 3%, 4%, or 5% of compensation based on age and years of service. The total amount of CRC was $1,101,380 and $969,541 for the years ended December 31, 2025 and 2024, respectively.

Forfeitures

At December 31, 2025 and 2024, forfeited nonvested accounts totaled $35,315 and $31,290, respectively. These accounts will be used to reduce future Company contributions and pay Plan expenses. For the years ended December 31, 2025 and 2024, Company contributions were reduced by forfeited nonvested accounts totaling $553,462 and $226,118, respectively.

Investments

Participants may invest their contributions in 1% increments. Participants may change their investment selection and contribution percentages on a daily basis. Investment earnings (losses) are allocated daily to participants' accounts in the proportion that each account bears to the total of all accounts.

Payment of Benefits

Participants may withdraw 100% of their contributions and allocated earnings (losses) thereon upon termination of employment. Employer's contributions and allocated earnings (losses) thereon become vested as described on page nine. The vested portion of Employer's contributions and allocated earnings (losses) thereon may be withdrawn by the participant upon termination. Participants may withdraw their contributions and allocated earnings (losses) thereon while active in the Plan with certain restrictions, as specified in the Plan document.

The full value of the participant's vested account is payable upon normal retirement date, death and disability. If the participant's vested account balance does not exceed $1,000 at termination, a lump-sum distribution, net of tax, is made. If the participant's vested balance exceeds $1,000 at termination, the participant could elect to receive a lump-sum distribution, net of tax, non-periodic payments or installment payments. Distributions must begin by April 1 of the year following the year the participant achieves the required minimum distribution age. In-service withdrawals from a participant's rollover account are available in accordance with the Plan document. Participants who have attained age 59½ can also make in-service withdrawals. Hardship withdrawals are also available under the Plan.

Participant Accounts

Each participant's account is credited with the participant's contributions (elective deferral, catch up and rollover) and allocations of the Company's contributions (matching and discretionary) and Plan earnings and losses. Plan earnings and losses are allocated to each participant by investment fund based on that participant's share of total investments. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. The benefit to which a participant is entitled is the vested portion of the participant's account.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Notes are secured by the balance in the participant's vested account and bear interest at prime rate plus 1%, as determined monthly by the Plan Administrator. Principal and interest are paid ratably through biweekly payroll deductions. Participants are allowed to have one outstanding loan at a time. Notes must be repaid in five years unless used to purchase a primary residence, in which case the loan can be repaid in fifteen years.

Plan Termination

While the Employer has not expressed any intent to terminate the Plan, it may do so at any time. Upon termination, all participant accounts will become 100% vested and Charles Schwab Bank ("the Trustee")

shall liquidate the trust fund assets and disburse the amount of each participant's interest to the participant or named beneficiary.

Vesting

Participants are immediately vested in their contributions, plus earnings thereon. Vesting in Employer contributions including earnings thereon, is based upon years of service. A participant is 100% vested upon three years of service. Participants become 100% vested if they are employed when they reach normal retirement date (age 65) or leave employment due to permanent disability, or death.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Risks and Uncertainties

The Plan provides for investment in a variety of investment options. Investments in general are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value, with the exception of the Co-Op Stable Value Fund ("Stable Value Fund"), which is at contract value. The fair value of the financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). See Note 5 for discussion of fair value measurements.

The Stable Value Fund held by the Plan is reported at the contract value in the Statements of Net Assets Available for Benefits. Contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. See Note 6 for discussion of the Stable Value Fund.

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 (Depreciation) in Fair Value of Investments

Net appreciation (depreciation) in fair value of investments represents the net realized gains (losses) and the net unrealized appreciation (depreciation) of investments. Realized gains (losses) are the differences between the proceeds received and either the cost of the investments sold, determined on an average cost basis, or fair value at the end of the preceding year, whichever is applicable. Net unrealized appreciation

(depreciation) is the change in the difference between fair value and the cost of investments or fair value at the end of the preceding year, whichever is applicable.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Delinquent notes are reclassified as distributions based upon the terms of the Plan document.

Contributions

Contributions from participants and Employer matching contributions are recorded in the year in which the employee contributions are withheld from compensation.

Benefit Payments

Benefit payments are recorded when paid.

Administrative Expenses

Monthly record keeping and Trustee expenses are paid by the Plan. All other expenses are paid by the Company. Expenses that are paid by the Company are excluded from these financial statements.

NOTE 3 – FEDERAL INCOME TAX STATUS

The Plan has adopted the Milliman Volume Submitter Profit Sharing Plan with Cash or Deferred Arrangement (CODA) prototype plan. The Internal Revenue Service (IRS) has determined and informed Milliman, by letter dated June 30, 2020, that the prototype plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended and restated since receiving the opinion letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 4 – INFORMATION CERTIFIED BY THE TRUSTEE

Charles Schwab Trust Bank, the qualified institution of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of investments and notes receivable from participants as of December 31, 2025 and 2024, and investment income and interest income on notes receivable from participants for the years then ended, in the accompanying financial statements and ERISA-required supplemental schedule.

NOTE 5 – FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation methodology include:

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

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following methodologies and assumptions were used to estimate the fair values. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Interest bearing cash – Valued at cost which approximates fair value.

Mutual funds – The fair values are based on quoted market prices.

Collective investment trust – Valued at the asset value per unit as determined by the collective trust as of the valuation date. The unit values are determined based upon the fair value of the underlying assets. Valued at the New Asset Value (NAV) of units of a bank collective trust. The NAV, as provided by the trustee, is used as practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidation will be carried out in an orderly business manner. The collective trust has a daily redemption frequency and an annual redemption notice period. There are no unfunded commitments.

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets carried at fair value measured on a recurring basis as of December 31, 2025 and 2024

	Fair Value Measurement at December 31, 2025			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 27,220,552	$ -	$ -	$ 27,220,552
Interest Bearing Cash	2,460	-	-	2,460
Total assets in the fair value hierarchy	$ 27,223,012	$ -	$ -	27,223,012
Investments measured at NAV as a practical expedient				78,171
Investments, at fair value				$ 27,301,183

	Fair Value Measurement at December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 22,193,766	$ -	$ -	$ 22,193,766
Total assets in the fair value hierarchy	$ 22,193,766	$ -	$ -	22,193,766
Investments measured at NAV as a practical expedient				80,012
Investments, at fair value				$ 22,273,778

NOTE 6 – CO-OP STABLE VALUE FUND

The Stable Value Fund is a separate account managed by Galliard Capital Management, Inc. The Co-op Stable Value Fund is a fund available to Co-op 401k plans and the Plan is a participating employer and has made this fund available to the participants. The Plan holds a proportionate share of the Stable Value Fund, which is comprised of a portfolio of separate account synthetic guaranteed investment contracts (Synthetic GICs). These contracts meet the fully benefit-responsive investment contract criteria and, therefore, are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants when they initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less withdrawals.

The Synthetic GICs are issued by insurance companies and backed by a portfolio of bonds. The bond portfolio is structured as a fixed income separate account and is owned by the contract issuer and segregated in a separate account for the benefit of the Plan. The issuer guarantees that all qualified participant withdrawals will be at contract value and that the crediting rate applied will not be less than 0%.

Crediting rates are typically reset quarterly to account for the difference between the contract value and the fair value of the underlying portfolio.

If the Plan defaults in its obligations under the contracts, and such default is not corrected within the time permitted by the contract, then the contract may be terminated by the issuer and the Plan will receive the fair value as of the date of termination. Each contract recognizes certain events of default which can invalidate the contracts' coverage. Among these are investments outside of the range of instruments which are permitted under the investment guidelines contained in the investment contract, fraudulent or other material misrepresentations made to the issuer, changes of control of the investment adviser not approved by the contract issuer, changes in certain key regulatory requirements, or failure of the Plan to be tax qualified.

The contracts also generally provide for withdrawals associated with certain events which are not in the ordinary course of Plan operations. These withdrawals are paid with a market value adjustment applied to the withdrawal as defined in the investment contract. Each contract issuer specifies the events which may trigger a market value adjustment. Such events may include, but not be limited to, the following:

- material amendments to the Plan's structure or administration;
- complete or partial termination of the Plan, including a merger with another plan;
- the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA;
- the redemption of all or a portion of the interests in the Plan at the direction of the plan sponsor, including withdrawals due to the removal of a specifically identifiable group of employees from coverage under the plan (such as a group layoff or early retirement incentive program), the closing or sale of a subsidiary, employing unit, or affiliate, the bankruptcy or insolvency of the plan sponsor, the merger of the plan with another plan, or the plan sponsor's establishment of another tax qualified defined contribution plan;
- any change in law, regulation, ruling, administrative or judicial position, or accounting requirement, applicable to the Plan;
- changes to competing investment options;
- the delivery of any communication to plan participants designed to influence a participant not to invest in the stable value option.

At this time, the occurrence of any such market value adjustment event is not probable.

NOTE 7- RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Milliman, Inc., the Plan's record keeper is also the Stable Value Fund's third-party administrator; therefore these transactions qualify as party-in-interest transactions. Notes receivable from participants are also considered party-in-interest transactions and are not prohibited transactions.

NOTE 8 – SUBSEQUENT EVENTS

The Plan evaluated its December 31, 2025 financial statements for subsequent events through October 5, 2026, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

Co-op 401(K) Plan (51CLWI)

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

December 31, 2025

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Interest bearing cash		$ 2,460
	Mutual Funds:		
	Allspring Special SMCAP		107,732
	Artisan International Instl		39,470
	Dodge & Cox Intl Stock Fund X		98,854
	JP Morgan Mid Cap Value R6		151,219
	NYLI Winslow Large Cap Growth Fd		659,408
	PIMCO Total Return Fund Instl Class		3,440,922
	T Rowe Price Mid-Cap Growth Fund		481,764
	Vanguard Explorer FD Admiral Shares		228,484
	Vanguard Instl Index Instl PL		6,619,886
	Vanguard Infl Protected Secs Fdisnts		26,450
	Vanguard Intl Growth Admiral Class		69,318
	Vanguard Small-Cap Index Instl		4,289,614
	Vanguard Total BD Mkt Index Instl SH		3,454,509
	Vanguard Total Stock Index Instl		7,049,367
	Vanguard Wellington Admiral Shares		191,452
	Vanguard Windsor II Admiral Shares		312,103
	Total mutual funds		27,220,552
	Collective Investment Trust:		
	SEI Trust Company Short-Term Investment Fund II		58,237
	SEI Trust Company Short-Term Investment Fund A S		19,934
	Total Collective Investment Trust		78,171
	Co-Op Stable Value Fund:		
	Transamerica Life Insurance Company, Synthetic GIC		8,729
	Pacific Life Insurance Company, Synthetic GIC		9,856
	Prudential Insurance Company of America, Synthetic GIC		9,918
	American General Insurance Company , Synthetic GIC		9,391

Co-op 401(K) Plan (51CLWI)

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

December 31, 2025

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Co-Op Stable Value Fund (Continued):		
	U.S.Government Securities		
	Ginnie Mae II pool		$ 0
	Ginnie Mae II pool		4
	Ginnie Mae II pool		19
	Freddie Mac Non Gold		26
	United States Small Business		32
	Fannie Mae Pool 5.95		36
	Fannie Mae Pool 6.418		43
	Fannie Mae Pool 6.69		47
	Fannie Mae Pool 6.154		52
	Fannie Mae Pool 6.434		56
	Freddie Mac Non Gold		61
	Fannie Mae Pool 6.247		69
	Fannie Mae Trust 2004-W8		71
	Freddie Mac Non Gold		88
	Freddie Mac Non Gold		88
	Freddie Mac Gold Pool		92
	Freddie Mac Non Gold		105
	Freddie Mac Non Gold		113
	Freddie Mac Multifam Struct		120
	United States Small Business		123
	Freddie Mac Non Gold		123
	Freddie Mac Non Gold		133
	Freddie Mac Non Gold		156
	United States Small Business		160
	Freddie Mac Non Gold		165
	Freddie Mac Gold Pool		166
	Fannie Mae Pool 6.35		166
	Fannie Mae Pool 6.178		167
	Freddie Mac Gold Pool		172
	Freddie Mac Non Gold		176
	Freddie Mac Non Gold		181
	Ginnie Mae II pool		184
	Fannie Mae REMIC Trust		188
	Fannie Mae Pool 6.216		219
	Fannie Mae Pool 3		238
	Fannie Mae Pool 2.5		243
	Fannie Mae Pool 5		254
	Freddie Mac Non Gold		256
	Fannie Mae Pool 2.5		287
	Fannie Mae Pool 6.233		288
	Fannie Mae Pool 6.371		295
	Fannie Mae Grantor Trust		307
	Freddie Mac Non Gold		328

Co-op 401(K) Plan (51CLWI)

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

December 31, 2025

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Fannie Mae Pool 3		$ 338
	Freddie Mac Non Gold		339
	Ethiopian Leasing 2012 LLC		349
	Reliance Industries Ltd 2.06		367
	Fannie Mae Pool 5		373
	Fannie Mae Pool 6.451		387
	Fannie Mae Pool 6.43		391
	Fannie Mae Pool 4.255		409
	Fannie Mae Pool 4.3		410
	Fannie Mae Pool 2.841		437
	Freddie Mac Pool 2.5		468
	United States Small Business		469
	Fannie Mae Pool 6.277		472
	Fannie Mae Pool 3.5		478
	Fannie Mae Pool 2.839		516
	Fannie Mae Pool 5		527
	Fannie Mae Pool 2.5		540
	Fannie Mae Pool 6.481		553
	Fannie Mae Pool 4		556
	Fannie Mae Pool 3.92		603
	Fannie Mae Pool 3		611
	United States Small Business		656
	Freddie Mac Non Gold		661
	Fannie Mae Pool 6.35		669
	Fannie Mae Pool 6.36		672
	Freddie Mac Non Gold		714
	Fannie Mae Pool 3		819
	SBA Small Business Investment		855
	SBA Small Business Investment		892
	Fannie Mae Pool 6.314		946
	Freddie 20-Yr 3.5 GIANT		983
	GNMA 4.764		1,039
	Fannie Mae Pool 2.5		1,057
	Fannie Mae Pool 3		1,060
	Fannie Mae Pool 4		1,112
	United States Small Business		1,211
	Freddie Mac Non Gold		1,228
	Fannie Mae Pool 4.36		1,233
	Fannie Mae Pool 6.37		1,253
	Freddie Mac Non Gold		1,312
	Fannie Mae Pool 4		1,316
	Fannie Mae Pool 2.5		1,390
	Freddie Mac Pool 2.5		1,487
	Freddie Mac Gold Pool		1,496
	Fannie Mae Pool 2.5		1,523

Co-op 401(K) Plan (51CLWI)

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

December 31, 2025

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Freddie Mac Non Gold		$ 1,549
	SBA Small Business Investment		1,575
	Fannie Mae Pool 3		1,643
	Freddie Mac Pool 2		1,702
	Freddie Mac Pool 2.5		1,781
	SBA Small Business Investment		1,812
	Fannie Mae Pool 2.5		1,830
	Fannie Mae Pool 4		1,943
	Fannie Mae Pool 4.34		2,053
	Fannie Mae Pool 4		2,219
	Fannie Mae Pool 2.5		2,256
	United States Treasury Note/Bond		2,314
	Fannie Mae Pool 4		2,319
	Freddie Mac Pool 2.5		2,346
	Seasoned Credit Risk Transfer		2,368
	Fannie Mae Pool 4.5		2,407
	Fannie Mae Pool 4.32		2,462
	Freddie Mac Pool 2.5		2,508
	Fannie Mae Pool 3		2,591
	Fannie Mae Pool 3.92		2,712
	Fannie Mae Pool 2.5		2,813
	Freddie Mac Pool 2.5		2,897
	Freddie Mac Multifamily Structured		2,907
	Fannie Mae Pool 5.18		2,935
	Freddie Mac Pool 2		3,053
	SBA Small Business Investment		3,155
	Seasoned Credit Risk Transfer		3,162
	Fannie Mae Pool 4.5		3,244
	Fannie Mae Pool 2.5		3,280
	Freddie Mac Pool 3		3,356
	SBA Small Business Investment		3,361
	Freddie Mac Pool 2.5		3,450
	Fannie Mae Pool 2.5		3,619
	Fannie Mae Pool 4.28		3,688
	Freddie Mac Pool 2.5		3,777
	Freddie Mac Pool 2.5		3,780
	Freddie Mac Pool 4.5		3,826
	Fannie Mae Pool 4.98		3,845
	Fannie Mae Pool 2.5		3,880
	Fannie Mae Pool 4.325		3,892
	Seasoned Credit Risk Transfer		3,954
	Fannie Mae Pool 4		4,143
	Fannie Mae Pool 4.4		4,211
	Fannie Mae Pool 2.906		4,302
	SBA Small Business Investment		4,485

Co-op 401(K) Plan (51CLWI)

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

December 31, 2025

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Fannie Mae Pool 4.555		$ 4,654
	Fannie Mae Pool 4.2		4,778
	Fannie Mae Pool 2		4,817
	SBA Small Business Investment		5,159
	Fannie Mae Pool 4.51		5,159
	Fannie Mae Pool 4.08		5,273
	United States Int Dev		6,179
	Fannie Mae Pool 4.49		6,278
	Fannie Mae Pool 3		6,295
	Fannie Mae Pool 4.35		6,334
	Fannie Mae Pool 2.5		7,078
	United States Treasury Note/Bond		7,157
	SBA Small Business Investment		7,531
	Fannie Mae Pool 4.35		7,996
	United States Small Business		8,023
	Fannie Mae Pool 4.795		8,084
	SBA Small Business Investment		8,194
	Freddie Mac Pool 3		8,663
	Freddie Mac Non Gold		9,697
	Fannie Mae Pool 3.94		9,750
	United States Small Business		9,970
	Fannie Mae Pool 3.96		10,119
	Fannie Mae Pool 4.65		10,773
	Fannie Mae Pool 4.31		10,879
	Fannie Mae Pool 5.09		10,883
	Fannie Mae Pool 4.71		11,141
	Freddie Mac Pool 2.5		11,223
	SBA Small Business Investment		11,268
	Fannie Mae Pool 4.14		11,446
	Fannie Mae Pool 1.39		12,490
	Fannie Mae Pool 3		12,608
	Fannie Mae Pool 3.815		12,667
	Fannie Mae Pool 1.7		13,521
	SBA Small Business Investment		13,646
	United States Treasury Note/Bond		15,922
	United States Treasury Note/Bond		16,541
	United States Treasury Note/Bond		16,917
	Freddie Mac Pool 2.5		18,199
	United States Treasury Note/Bond		20,079
	United States Treasury Note/Bond		27,372
	SBA Small Business Investment		28,056
	United States Treasury Note/Bond		36,362
	United States Treasury Note/Bond		37,671
	United States Treasury Note/Bond		38,358
	United States Treasury Note/Bond		62,034
	Total Government Securities included within Synthetic GICs held		789,918

Co-op 401(K) Plan (51CLWI)

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

December 31, 2025

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Co-Op Stable Value Fund (Continued):		
	Corporate Debt Instruments - Preferred		
	Pfizer Inc 4.2		$ (0)
	Alabama Federal Aid Highway		196
	Voya Global Funding 4.6		409
	Morgan Stanley 4.994		417
	JPMorgan Chase & Co		418
	Prologis LP 4.75		426
	Alabama Federal Aid Highway		475
	Dominion Energy South Carolina		543
	Meta Platforms Inc 4.2		613
	Bank of Nova Scotia/The		817
	State Street Corp 4.53		833
	Morgan Stanley 2.475		1,006
	NLG Global Funding 4.35		1,012
	Bank of America Corp		1,023
	JPMorgan Chase & Co		1,023
	Mutual of Omaha Cos		1,038
	American Express Co 5.389		1,042
	American Express Co 5.043		1,050
	Morgan Stanley 5.449		1,069
	Pioneer Natural Resources Co		1,108
	Goldman Sachs Group Inc/The		1,174
	Morgan Stanley 5.23		1,175
	American Express Co 4.731		1,243
	Pacific Life Global Funding		1,268
	Public Service Co of		1,461
	Bank of Nova Scotia/The		1,487
	American Express Co 5.085		1,490
	Corebridge Global Funding 4.45		1,528
	Northwestern Mutual Global Funding		1,584
	Oklahoma Development Finance Authority		1,610
	Ameren Illinois Co 1.55		1,612
	Shell Finance US Inc		1,629
	Bank of America Corp		1,650
	Bank of Montreal 4.64		1,662
	BMW US Capital LLC		1,663
	Charles Schwab Corp 5.643		1,690
	Corebridge Global Funding 5.9		1,717
	Oklahoma Development Finance Authority		1,797
	Wells Fargo & Co		1,841
	UnitedHealth Group Inc 4.7		1,875
	Principal Life Global Funding		1,905
	Morgan Stanley 2.699		1,922
	CenterPoint Energy Houston Electric		2,039

Co-op 401(K) Plan (51CLWI)

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

December 31, 2025

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	MORGAN STANLEY 3.772		$ 2,044
	BMW US Capital LLC		2,048
	Toronto-Dominion Bank/The 4.574		2,055
	Royal Bank of Canada		2,071
	CenterPoint Energy Houston Electric		2,101
	Oncor Electric Delivery Co		2,105
	ConocoPhillips Co 4.7		2,105
	Bank of New York		2,120
	Merck & Co Inc		2,126
	Trustees of Princeton University/The		2,136
	Public Service Co of		2,183
	Bank of America Corp		2,201
	Wells Fargo & Co		2,295
	US Bancorp 6.787		2,300
	Mutual of Omaha Cos		2,308
	Duke Energy Progress LLC		2,319
	Bank of America Corp		2,362
	Oklahoma Development Finance Authority		2,376
	US Bancorp 2.215		2,406
	Lockheed Martin Corp 4.4		2,497
	Virginia Power Fuel Securitization		2,503
	Bank of Montreal 5.004		2,525
	Connecticut Light and Power		2,530
	State of Hawaii 4.771		2,641
	Bank of Nova Scotia/The		2,729
	BHP Billiton Finance USA		2,762
	DTE Electric Securitization Funding		2,776
	State of California 5.75		2,789
	JPMorgan Chase & Co		2,791
	Los Angeles Community College		2,811
	Bank of America Corp		2,838
	Yale University 4.701		2,838
	Morgan Stanley 4.21		2,861
	US Bancorp 4.548		2,912
	Cornell University 4.169		2,951
	Evergy Metro Inc 2.25		2,992
	Trustees of Dartmouth College		3,073
	Mercedes-Benz Finance North America		3,161
	President and Fellows of		3,174
	Morgan Stanley 5.173		3,187
	OhioHealth Corp 2.297		3,189
	Toronto-Dominion Bank/The 4.861		3,355
	Bank of America Corp		3,367
	Stanford Health Care 3.31		3,467
	CHRISTUS Health 4.341		3,505

Co-op 401(K) Plan (51CLWI)

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

December 31, 2025

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Louisiana Local Govt Env		$ 3,602
	University of California 3.179		3,627
	Cedars-Sinai Health System 2.288		3,684
	Consumers Energy Co 4.6		3,716
	Royal Bank of Canada		3,787
	Goldman Sachs Group Inc/The		3,818
	Bank of America Corp		3,822
	Duke Energy Carolinas LLC		3,869
	Oncor Electric Delivery Co		3,937
	Metropolitan Life Global Funding		3,979
	Advocate Health & Hospitals		4,096
	Commonwealth of Massachusetts 3.769		4,110
	Wells Fargo & Co		4,159
	Morgan Stanley 5.164		4,178
	MassMutual Global Funding II		4,185
	Union Electric Co 3.5		4,219
	JPMorgan Chase & Co		4,262
	JPMorgan Chase & Co		4,447
	Orlando Health Obligated Group		4,542
	Commonwealth of Massachusetts 5.306		4,600
	Ascension Health 2.532		4,645
	Wells Fargo & Co		4,868
	JPMorgan Chase & Co		5,089
	Texas Electric Market Stabilization		5,224
	Goldman Sachs Group Inc/The		5,987
	State of Texas 4		6,678
	Leland Stanford Junior University/The		6,924
	Texas Natural Gas Securitization		7,390
	Mid-Atlantic Interstate Transmission LLC		2,645
	UBS Group AG 1.494		4,003
	Total Corporate Debt - Preferred, included within Synthetic GICs held		303,515

Co-op 401(K) Plan (51CLWI)

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

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Corporate Debt Instruments - All Other		
	Agilent Technologies Inc 4.2		$ (0)
	Enbridge Inc 4.6		205
	ARI Fleet Lease Trust		237
	Access Group Inc 2013-1		297
	Take-Two Interactive Software Inc		406
	Towd Point Mortgage Trust		416
	Energy Transfer LP 5.2		422
	Enbridge Inc 5.3		422
	Verizon Communications Inc 2.1		488
	METLIFE SECURITIZATION TRUST 2019-1		491
	Oracle Corp 4.45		501
	Plains All American Pipeline		516
	Oracle Corp 4.8		596
	NXP BV / NXP		619
	American International Group Inc		626
	Motorola Solutions Inc 5		628
	Citigroup Commercial Mortgage Trust		675
	GE HealthCare Technologies Inc		711
	Nelnet Student Loan Trust		712
	Starbucks Corp 2.25		752
	Healthpeak OP LLC 2.125		766
	Citigroup Inc 3.785		781
	Capital One Financial Corp		794
	Comcast Corp 3.55		807
	Towd Point Mortgage Trust		809
	BX Commercial Mortgage Trust		813
	T-Mobile USA Inc 2.25		814
	Huntington Bancshares Inc/OH 4.443		828
	Truist Financial Corp 5.071		836
	AvalonBay Communities Inc 4.35		916
	AT&T Inc 4.55		916
	Oracle Corp 4.8		933
	Amphenol Corp 5.05		948
	CubeSmart LP 2.25		960
	AT&T Inc 2.3		990
	CNH Industrial Capital LLC		1,003
	Enbridge Inc 4.25		1,017
	Black Hills Corp 4.55		1,024
	Sabine Pass Liquefaction LLC		1,025
	DLLMT 2023-1 LLC 5.34		1,026
	CubeSmart LP 4.375		1,031
	Roper Technologies Inc 4.5		1,031
	Equifax Inc 5.1		1,033
	Roper Technologies Inc 4.45		1,034

Co-op 401(K) Plan (51CLWI)

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

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EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Ventas Realty LP 4.4		$ 1,036
	Equifax Inc 5.1		1,038
	General Motors Financial Co		1,042
	RELX Capital Inc 4.75		1,044
	FirstEnergy Pennsylvania Electric Co		1,046
	Digital Realty Trust LP		1,065
	Healthpeak OP LLC 3.5		1,200
	Transcontinental Gas Pipe Line		1,227
	Boeing Co/The 5.04		1,236
	M&T Bank Corp 4.553		1,241
	Amrize Finance US LLC		1,241
	Citigroup Inc 4.786		1,250
	Nutrien Ltd 4.9		1,251
	T-Mobile USA Inc 4.8		1,262
	Johnson Controls / Tyco		1,276
	Hyundai Capital America 5.3		1,282
	Lowe's Cos Inc 1.7		1,341
	FedEx Corp 3.1		1,379
	MS State Higher Ed		1,411
	MPLX LP 1.75		1,418
	Fifth Third Bancorp 4.055		1,425
	PPG Industries Inc 4.375		1,425
	RTX Corp 4.125		1,428
	L3Harris Technologies Inc 4.4		1,429
	Sabine Pass Liquefaction LLC		1,431
	Laboratory Corp of America		1,434
	AT&T Inc 2.25		1,436
	Hyundai Capital America 4.3		1,436
	General Motors Financial Co		1,447
	MMAF Equipment Finance LLC		1,452
	PNC Financial Services Group		1,459
	L3Harris Technologies Inc 5.05		1,461
	Wheels Fleet Lease Funding		1,463
	Canadian Pacific Railway Co		1,465
	Broadcom Inc 5.05		1,492
	Agree LP 2		1,543
	Take-Two Interactive Software Inc		1,574
	Masco Corp 3.5		1,608
	Coterra Energy Inc 3.9		1,620
	Nutrien Ltd 4		1,620
	T-Mobile USA Inc 2.625		1,620
	Mid-America Apartments LP 3.95		1,628
	Albemarle Corp 4.65		1,634
	Broadcom Inc 4.35		1,656
	Canadian Natural Resources Ltd		1,663

Co-op 401(K) Plan (51CLWI)

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December 31, 2025

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	MPLX LP 4.8		$ 1,667
	Williams Cos Inc/The 4.9		1,676
	Microchip Technology Inc 5.05		1,682
	Kinder Morgan Inc 5		1,690
	Williams Cos Inc/The 5.3		1,698
	Volkswagen Auto Loan Enhanced		1,739
	Ford Credit Auto Owner		1,739
	Oracle Corp 2.3		1,747
	Masco Corp 2		1,805
	HP Inc 4		1,817
	Rogers Communications Inc 3.2		1,819
	Canadian National Railway Co		1,829
	Mosaic Co/The 4.35		1,836
	Rexford Industrial Realty LP		1,856
	Marsh & McLennan Cos		1,882
	Baxter International Inc 2.272		1,914
	Agilent Technologies Inc 2.75		1,948
	Extra Space Storage LP		1,965
	Navient Refinance Loan Trust		1,969
	Florida Gas Transmission Co		1,990
	T-Mobile USA Inc 3.875		2,007
	Extra Space Storage LP		2,007
	Citigroup Inc 3.52		2,017
	CNH Industrial NV 3.85		2,025
	SMRT 2022-MINI 4.751		2,027
	BOCA Commercial Mortgage Trust		2,028
	INTOWN 2025-STAY Mortgage Trust		2,029
	CommonSpirit Health 4.352		2,032
	Mondelez International Inc 4.125		2,038
	WRKCO INC 4		2,041
	Citigroup Inc 3.668		2,042
	General Mills Inc 4.2		2,046
	Ventas Realty LP 4		2,047
	PFS Financing Corp 4.75		2,050
	AT&T Inc 2.75		2,050
	Comcast Corp 4.15		2,050
	Nissan Master Owner Trust		2,051
	BX Trust 2025-ARIA 5.031		2,051
	Starbucks Corp 4.5		2,054
	Georgia-Pacific LLC 2.3		2,062
	Alexandria Real Estate Equities		2,062
	Equifax Inc 4.8		2,085
	CNH Industrial Capital LLC		2,088
	Federal Realty OP LP		2,091
	Microchip Technology Inc 5.05		2,093

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Wells Fargo Commercial Mortgage		$ 2,106
	ONE Gas Inc 5.1		2,108
	Welltower OP LLC 2.05		2,119
	Packaging Corp of America		2,131
	Enbridge Inc 3.125		2,140
	MMAF Equipment Finance LLC		2,168
	Parker-Hannifin Corp 3.25		2,169
	Energy Transfer LP 3.75		2,177
	PHEAA Student Loan Trust		2,177
	Oracle Corp 4.2		2,206
	COMM 2016-COR1 Mortgage Trust		2,206
	Monongahela Power Co 3.55		2,221
	Citigroup Inc 1.122		2,230
	Great Wolf Trust 2024-WLF2		2,236
	NNN REIT Inc 4.3		2,258
	Nucor Corp 4.65		2,281
	Wheels Fleet Lease Funding		2,286
	PNC Financial Services Group		2,286
	American Honda Finance Corp		2,304
	NorthWestern Corp 5.073		2,314
	Warnermedia Holdings Inc 3.755		2,315
	BX Commercial Mortgage Trust		2,320
	Marathon Petroleum Corp 5.15		2,329
	BMP 2024-MF23 5.122		2,335
	BX Trust 2025-GW 5.35		2,336
	M&T Bank Corp 5.179		2,347
	Towd Point Mortgage Trust		2,351
	Weyerhaeuser Co 4		2,416
	Canadian Natural Resources Ltd		2,428
	Marathon Petroleum Corp 3.8		2,436
	NXP BV / NXP		2,446
	MPLX LP 4		2,451
	T-Mobile US Trust 2025-2		2,452
	American Honda Finance Corp		2,488
	JPMDB Commercial Mortgage Securities		2,494
	ECMC Group Student Loan		2,506
	Barings Equipment Finance LLC		2,539
	SFS Auto Receivables Securitization		2,554
	Nelnet Student Loan Trust		2,583
	Citigroup Inc 3.07		2,627
	Extended Stay America Trust		2,639
	Ford Credit Floorplan Master		2,642
	BA Credit Card Trust		2,643
	Sherwin-Williams Co/The 2.95		2,647
	Energy Transfer LP 6.05		2,684

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	North Texas Higher Education		$ 2,732
	Eastman Chemical Co 5		2,738
	Brazos Education Loan Authority		2,738
	World Omni Auto Receivables		2,750
	Enterprise Fleet Financing 2025-2		2,762
	Virginia Housing Development Authority		2,763
	Hewlett Packard Enterprise Co		2,766
	FMC Corp 3.2		2,825
	John Deere Owner Trust		2,845
	UDR Inc 3.5		2,845
	Verizon Master Trust 4.4		2,870
	Rewity Inc 1.9		2,870
	Navient Refinance Loan Trust		2,879
	Citigroup Inc 4.542		2,892
	Sherwin-Williams Co/The 4.3		2,900
	Lennox International Inc 5.5		2,968
	PNC Financial Services Group		2,970
	GM Financial Revolving Receivables		3,025
	TCO 2024-DPM A 4.993		3,047
	ALA Trust 2025-OANA 5.494		3,052
	Xcel Energy Inc 1.75		3,066
	American Express Credit Account		3,074
	Regions Financial Corp 1.8		3,082
	EMD Finance LLC 4.125		3,088
	Daimler Truck Finance North		3,088
	Halliburton Co 2.92		3,095
	GS Mortgage Securities Trust		3,109
	SWCH Commercial Mortgage Trust		3,113
	Health Care Service Corp		3,118
	Minnesota Housing Finance Agency		3,124
	Rogers Communications Inc 5		3,149
	John Deere Owner Trust		3,168
	Carmax Auto Owner Trust		3,175
	Kinder Morgan Inc 1.75		3,183
	Washington State Housing Finance		3,207
	BX Trust 2025-ROIC 4.894		3,226
	Huntington Bancshares Inc/OH 2.55		3,246
	Ingredion Inc 2.9		3,247
	Hewlett Packard Enterprise Co		3,294
	BANK 2017-BNK6 3.254		3,345
	Aon Corp / Aon		3,385
	New York State Electric		3,435
	ROCK Trust 2024-CNTR 5.388		3,445
	Stellantis Financial Enhanced Lease		3,461
	Santander Drive Auto Receivables		3,461

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	SCCU Auto Receivables Trust		$ 3,477
	North Texas Higher Education		3,489
	Towd Point Mortgage Trust		3,507
	Citigroup Commercial Mortgage Trust		3,509
	Indiana Housing & Community		3,523
	Navient Student Loan Trust		3,529
	Fifth Third Auto Trust		3,535
	BX Commercial Mortgage Trust		3,544
	BX Commercial Mortgage Trust		3,553
	BX Trust 2022-IND 5.241		3,579
	Enterprise Fleet Financing 2025-3		3,588
	JPMDB Commercial Mortgage Securities		3,589
	Nelnet Student Loan Trust		3,655
	CNH Equipment Trust 2024-C		3,658
	USB Auto Owner Trust		3,677
	AMEX Credit Acct Mstr		3,684
	Bank of America Commercial		3,727
	BX Trust 2025-DIME 4.9		3,740
	Ford Credit Auto Lease		3,772
	BX Commercial Mortgage Trust		3,803
	RTX Corp 3.125		3,820
	Towd Point Mortgage Trust		3,866
	ONEOK Inc 4.4		3,893
	GM Financial Revolving Receivables		3,930
	Sumitomo Mitsui Financial Group		3,940
	Chase Auto Owner Trust		3,959
	Volvo Financial Equipment LLC		3,967
	BNP Paribas Sec Corp		3,994
	Verizon Master Trust 5.34		4,026
	Volkswagen Group of America		4,062
	GS Mortgage Securities Trust		4,065
	HSBC Holdings PLC 4.041		4,088
	Ford Credit Auto Owner		4,089
	HSBC Holdings PLC 4.583		4,089
	Toyota Auto Loan Extended		4,092
	BNP Paribas SA 4.4		4,121
	Experian Finance PLC 4.25		4,127
	Mercedes-Benz Auto Receivables Trust		4,152
	HSBC Holdings PLC 4.899		4,169
	Fifth Third Bancorp 4.772		4,177
	Nissan Auto Lease Trust		4,190
	Interstate Power and Light		4,201
	NTT Finance Corp 4.876		4,212
	BA Credit Card Trust		4,219
	Mercedes-Benz Auto Receivables Trust		4,258

Co-op 401(K) Plan (51CLWI)

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

December 31, 2025

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	CRH SMW Finance DAC		$ 4,271
	Ford Credit Auto Owner		4,272
	Enterprise Fleet Financing 2024-4		4,296
	Mercedes-Benz Auto Lease Trust		4,311
	UBS Commercial Mortgage Trust		4,356
	General Motors Financial Co		4,460
	BX Commercial Mortgage Trust		4,464
	Smurfit Kappa Treasury ULC		4,479
	Hyundai Auto Lease Securitization		4,494
	DC Commercial Mortgage Trust		4,500
	Citibank Credit Card Issuance		4,507
	Navient Refinance Loan Trust		4,596
	Fiserv Inc 5.375		4,649
	Capital One Financial Corp		4,677
	BMW Vehicle Owner Trust		4,730
	Brazos Education Loan Authority		4,835
	Citigroup Commercial Mortgage Trust		4,847
	American Express Credit Account		4,853
	Truist Financial Corp 5.435		4,928
	Cooperative Rabobank UA 1.98		4,959
	Ford Credit Auto Owner		4,998
	Verizon Communications Inc 2.355		5,018
	American Express Credit Account		5,029
	AMEX Credit Account Master		5,238
	Becton Dickinson & Co		5,255
	Ford Credit Auto Owner		5,283
	World Omni Auto Receivables		5,314
	Nissan Auto Lease Trust		5,320
	Chase Auto Owner Trust		5,367
	Nissan Auto Receivables 2025-A		5,440
	GM Financial Revolving Receivables		5,462
	Toyota Auto Loan Extended		5,474
	Toyota Lease Owner Trust		5,476
	SLM Student Loan Trust		5,479
	Maryland Community Development Administration		5,574
	Capital One Multi-Asset Execution		5,586
	Black Hills Corp 3.95		5,763
	Enterprise Fleet Financing 2025-4		5,796
	Discover Card Execution Note		5,804
	CFCRE Commercial Mortgage Trust		5,834
	BX Trust 2024-BIO 5.392		5,866
	Nissan Auto Receivables 2025-B		6,001
	Ford Credit Auto Owner		6,077
	Hyundai Auto Lease Securitization		6,422
	BAE Systems PLC 5.125		6,531

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

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EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	JPMCC Commercial Mortgage Sec		$ 6,675
	Volkswagen Auto Lease Trust		6,820
	CGMS Commercial Mortgage Trust		7,033
	Honda Auto Receivables 2024-3		7,140
	CVS Health Corp 1.3		7,193
	Verizon Master Trust 4.17		7,843
	CSAIL 2018-C14 Commercial Mortgage		9,087
	Toyota Auto Loan Extended		9,201
	JPMDB Commercial Mortgage Securities		11,886
	Total Corporate Debt - All Other, included within synthetic GICs		902,798
	Total Co-op Stable Value Fund		2,114,757
*	Participant loans (interest rates between 4.25% and 9.5%) (last maturity date is July 17, 2036)		$ 550,488
	Total		$ 29,885,796

* Represents a party-in-interest to the Plan.

** Cost information is omitted as all investments are participant-directed.



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Co-op 401(K) Plan (51CLWI)

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

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EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Interest bearing cash		$ 2,460
	Mutual Funds:		
	Allspring Special SMCAP		107,732
	Artisan International Instl		39,470
	Dodge & Cox Intl Stock Fund X		98,854
	JP Morgan Mid Cap Value R6		151,219
	NYLI Winslow Large Cap Growth Fd		659,408
	PIMCO Total Return Fund Instl Class		3,440,922
	T Rowe Price Mid-Cap Growth Fund		481,764
	Vanguard Explorer FD Admiral Shares		228,484
	Vanguard Instl Index Instl PL		6,619,886
	Vanguard Infl Protected Secs Fdisnts		26,450
	Vanguard Intl Growth Admiral Class		69,318
	Vanguard Small-Cap Index Instl		4,289,614
	Vanguard Total BD Mkt Index Instl SH		3,454,509
	Vanguard Total Stock Index Instl		7,049,367
	Vanguard Wellington Admiral Shares		191,452
	Vanguard Windsor II Admiral Shares		312,103
	Total mutual funds		27,220,552
	Collective Investment Trust:		
	SEI Trust Company Short-Term Investment Fund II		58,237
	SEI Trust Company Short-Term Investment Fund A S		19,934
	Total Collective Investment Trust		78,171
	Co-Op Stable Value Fund:		
	Transamerica Life Insurance Company, Synthetic GIC		8,729
	Pacific Life Insurance Company, Synthetic GIC		9,856
	Prudential Insurance Company of America, Synthetic GIC		9,918
	American General Insurance Company , Synthetic GIC		9,391

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Co-Op Stable Value Fund (Continued):		
	U.S.Government Securities		
	Ginnie Mae II pool		$ 0
	Ginnie Mae II pool		4
	Ginnie Mae II pool		19
	Freddie Mac Non Gold		26
	United States Small Business		32
	Fannie Mae Pool 5.95		36
	Fannie Mae Pool 6.418		43
	Fannie Mae Pool 6.69		47
	Fannie Mae Pool 6.154		52
	Fannie Mae Pool 6.434		56
	Freddie Mac Non Gold		61
	Fannie Mae Pool 6.247		69
	Fannie Mae Trust 2004-W8		71
	Freddie Mac Non Gold		88
	Freddie Mac Non Gold		88
	Freddie Mac Gold Pool		92
	Freddie Mac Non Gold		105
	Freddie Mac Non Gold		113
	Freddie Mac Multifam Struct		120
	United States Small Business		123
	Freddie Mac Non Gold		123
	Freddie Mac Non Gold		133
	Freddie Mac Non Gold		156
	United States Small Business		160
	Freddie Mac Non Gold		165
	Freddie Mac Gold Pool		166
	Fannie Mae Pool 6.35		166
	Fannie Mae Pool 6.178		167
	Freddie Mac Gold Pool		172
	Freddie Mac Non Gold		176
	Freddie Mac Non Gold		181
	Ginnie Mae II pool		184
	Fannie Mae REMIC Trust		188
	Fannie Mae Pool 6.216		219
	Fannie Mae Pool 3		238
	Fannie Mae Pool 2.5		243
	Fannie Mae Pool 5		254
	Freddie Mac Non Gold		256
	Fannie Mae Pool 2.5		287
	Fannie Mae Pool 6.233		288
	Fannie Mae Pool 6.371		295
	Fannie Mae Grantor Trust		307
	Freddie Mac Non Gold		328

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Fannie Mae Pool 3		$ 338
	Freddie Mac Non Gold		339
	Ethiopian Leasing 2012 LLC		349
	Reliance Industries Ltd 2.06		367
	Fannie Mae Pool 5		373
	Fannie Mae Pool 6.451		387
	Fannie Mae Pool 6.43		391
	Fannie Mae Pool 4.255		409
	Fannie Mae Pool 4.3		410
	Fannie Mae Pool 2.841		437
	Freddie Mac Pool 2.5		468
	United States Small Business		469
	Fannie Mae Pool 6.277		472
	Fannie Mae Pool 3.5		478
	Fannie Mae Pool 2.839		516
	Fannie Mae Pool 5		527
	Fannie Mae Pool 2.5		540
	Fannie Mae Pool 6.481		553
	Fannie Mae Pool 4		556
	Fannie Mae Pool 3.92		603
	Fannie Mae Pool 3		611
	United States Small Business		656
	Freddie Mac Non Gold		661
	Fannie Mae Pool 6.35		669
	Fannie Mae Pool 6.36		672
	Freddie Mac Non Gold		714
	Fannie Mae Pool 3		819
	SBA Small Business Investment		855
	SBA Small Business Investment		892
	Fannie Mae Pool 6.314		946
	Freddie 20-Yr 3.5 GIANT		983
	GNMA 4.764		1,039
	Fannie Mae Pool 2.5		1,057
	Fannie Mae Pool 3		1,060
	Fannie Mae Pool 4		1,112
	United States Small Business		1,211
	Freddie Mac Non Gold		1,228
	Fannie Mae Pool 4.36		1,233
	Fannie Mae Pool 6.37		1,253
	Freddie Mac Non Gold		1,312
	Fannie Mae Pool 4		1,316
	Fannie Mae Pool 2.5		1,390
	Freddie Mac Pool 2.5		1,487
	Freddie Mac Gold Pool		1,496
	Fannie Mae Pool 2.5		1,523

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Freddie Mac Non Gold		$ 1,549
	SBA Small Business Investment		1,575
	Fannie Mae Pool 3		1,643
	Freddie Mac Pool 2		1,702
	Freddie Mac Pool 2.5		1,781
	SBA Small Business Investment		1,812
	Fannie Mae Pool 2.5		1,830
	Fannie Mae Pool 4		1,943
	Fannie Mae Pool 4.34		2,053
	Fannie Mae Pool 4		2,219
	Fannie Mae Pool 2.5		2,256
	United States Treasury Note/Bond		2,314
	Fannie Mae Pool 4		2,319
	Freddie Mac Pool 2.5		2,346
	Seasoned Credit Risk Transfer		2,368
	Fannie Mae Pool 4.5		2,407
	Fannie Mae Pool 4.32		2,462
	Freddie Mac Pool 2.5		2,508
	Fannie Mae Pool 3		2,591
	Fannie Mae Pool 3.92		2,712
	Fannie Mae Pool 2.5		2,813
	Freddie Mac Pool 2.5		2,897
	Freddie Mac Multifamily Structured		2,907
	Fannie Mae Pool 5.18		2,935
	Freddie Mac Pool 2		3,053
	SBA Small Business Investment		3,155
	Seasoned Credit Risk Transfer		3,162
	Fannie Mae Pool 4.5		3,244
	Fannie Mae Pool 2.5		3,280
	Freddie Mac Pool 3		3,356
	SBA Small Business Investment		3,361
	Freddie Mac Pool 2.5		3,450
	Fannie Mae Pool 2.5		3,619
	Fannie Mae Pool 4.28		3,688
	Freddie Mac Pool 2.5		3,777
	Freddie Mac Pool 2.5		3,780
	Freddie Mac Pool 4.5		3,826
	Fannie Mae Pool 4.98		3,845
	Fannie Mae Pool 2.5		3,880
	Fannie Mae Pool 4.325		3,892
	Seasoned Credit Risk Transfer		3,954
	Fannie Mae Pool 4		4,143
	Fannie Mae Pool 4.4		4,211
	Fannie Mae Pool 2.906		4,302
	SBA Small Business Investment		4,485

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Fannie Mae Pool 4.555		$ 4,654
	Fannie Mae Pool 4.2		4,778
	Fannie Mae Pool 2		4,817
	SBA Small Business Investment		5,159
	Fannie Mae Pool 4.51		5,159
	Fannie Mae Pool 4.08		5,273
	United States Int Dev		6,179
	Fannie Mae Pool 4.49		6,278
	Fannie Mae Pool 3		6,295
	Fannie Mae Pool 4.35		6,334
	Fannie Mae Pool 2.5		7,078
	United States Treasury Note/Bond		7,157
	SBA Small Business Investment		7,531
	Fannie Mae Pool 4.35		7,996
	United States Small Business		8,023
	Fannie Mae Pool 4.795		8,084
	SBA Small Business Investment		8,194
	Freddie Mac Pool 3		8,663
	Freddie Mac Non Gold		9,697
	Fannie Mae Pool 3.94		9,750
	United States Small Business		9,970
	Fannie Mae Pool 3.96		10,119
	Fannie Mae Pool 4.65		10,773
	Fannie Mae Pool 4.31		10,879
	Fannie Mae Pool 5.09		10,883
	Fannie Mae Pool 4.71		11,141
	Freddie Mac Pool 2.5		11,223
	SBA Small Business Investment		11,268
	Fannie Mae Pool 4.14		11,446
	Fannie Mae Pool 1.39		12,490
	Fannie Mae Pool 3		12,608
	Fannie Mae Pool 3.815		12,667
	Fannie Mae Pool 1.7		13,521
	SBA Small Business Investment		13,646
	United States Treasury Note/Bond		15,922
	United States Treasury Note/Bond		16,541
	United States Treasury Note/Bond		16,917
	Freddie Mac Pool 2.5		18,199
	United States Treasury Note/Bond		20,079
	United States Treasury Note/Bond		27,372
	SBA Small Business Investment		28,056
	United States Treasury Note/Bond		36,362
	United States Treasury Note/Bond		37,671
	United States Treasury Note/Bond		38,358
	United States Treasury Note/Bond		62,034
	Total Government Securities included within Synthetic GICs held		789,918

Co-op 401(K) Plan (51CLWI)

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Co-Op Stable Value Fund (Continued):		
	Corporate Debt Instruments - Preferred		
	Pfizer Inc 4.2		$ (0)
	Alabama Federal Aid Highway		196
	Voya Global Funding 4.6		409
	Morgan Stanley 4.994		417
	JPMorgan Chase & Co		418
	Prologis LP 4.75		426
	Alabama Federal Aid Highway		475
	Dominion Energy South Carolina		543
	Meta Platforms Inc 4.2		613
	Bank of Nova Scotia/The		817
	State Street Corp 4.53		833
	Morgan Stanley 2.475		1,006
	NLG Global Funding 4.35		1,012
	Bank of America Corp		1,023
	JPMorgan Chase & Co		1,023
	Mutual of Omaha Cos		1,038
	American Express Co 5.389		1,042
	American Express Co 5.043		1,050
	Morgan Stanley 5.449		1,069
	Pioneer Natural Resources Co		1,108
	Goldman Sachs Group Inc/The		1,174
	Morgan Stanley 5.23		1,175
	American Express Co 4.731		1,243
	Pacific Life Global Funding		1,268
	Public Service Co of		1,461
	Bank of Nova Scotia/The		1,487
	American Express Co 5.085		1,490
	Corebridge Global Funding 4.45		1,528
	Northwestern Mutual Global Funding		1,584
	Oklahoma Development Finance Authority		1,610
	Ameren Illinois Co 1.55		1,612
	Shell Finance US Inc		1,629
	Bank of America Corp		1,650
	Bank of Montreal 4.64		1,662
	BMW US Capital LLC		1,663
	Charles Schwab Corp 5.643		1,690
	Corebridge Global Funding 5.9		1,717
	Oklahoma Development Finance Authority		1,797
	Wells Fargo & Co		1,841
	UnitedHealth Group Inc 4.7		1,875
	Principal Life Global Funding		1,905
	Morgan Stanley 2.699		1,922
	CenterPoint Energy Houston Electric		2,039

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	MORGAN STANLEY 3.772		$ 2,044
	BMW US Capital LLC		2,048
	Toronto-Dominion Bank/The 4.574		2,055
	Royal Bank of Canada		2,071
	CenterPoint Energy Houston Electric		2,101
	Oncor Electric Delivery Co		2,105
	ConocoPhillips Co 4.7		2,105
	Bank of New York		2,120
	Merck & Co Inc		2,126
	Trustees of Princeton University/The		2,136
	Public Service Co of		2,183
	Bank of America Corp		2,201
	Wells Fargo & Co		2,295
	US Bancorp 6.787		2,300
	Mutual of Omaha Cos		2,308
	Duke Energy Progress LLC		2,319
	Bank of America Corp		2,362
	Oklahoma Development Finance Authority		2,376
	US Bancorp 2.215		2,406
	Lockheed Martin Corp 4.4		2,497
	Virginia Power Fuel Securitization		2,503
	Bank of Montreal 5.004		2,525
	Connecticut Light and Power		2,530
	State of Hawaii 4.771		2,641
	Bank of Nova Scotia/The		2,729
	BHP Billiton Finance USA		2,762
	DTE Electric Securitization Funding		2,776
	State of California 5.75		2,789
	JPMorgan Chase & Co		2,791
	Los Angeles Community College		2,811
	Bank of America Corp		2,838
	Yale University 4.701		2,838
	Morgan Stanley 4.21		2,861
	US Bancorp 4.548		2,912
	Cornell University 4.169		2,951
	Evergy Metro Inc 2.25		2,992
	Trustees of Dartmouth College		3,073
	Mercedes-Benz Finance North America		3,161
	President and Fellows of		3,174
	Morgan Stanley 5.173		3,187
	OhioHealth Corp 2.297		3,189
	Toronto-Dominion Bank/The 4.861		3,355
	Bank of America Corp		3,367
	Stanford Health Care 3.31		3,467
	CHRISTUS Health 4.341		3,505

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Louisiana Local Govt Env		$ 3,602
	University of California 3.179		3,627
	Cedars-Sinai Health System 2.288		3,684
	Consumers Energy Co 4.6		3,716
	Royal Bank of Canada		3,787
	Goldman Sachs Group Inc/The		3,818
	Bank of America Corp		3,822
	Duke Energy Carolinas LLC		3,869
	Oncor Electric Delivery Co		3,937
	Metropolitan Life Global Funding		3,979
	Advocate Health & Hospitals		4,096
	Commonwealth of Massachusetts 3.769		4,110
	Wells Fargo & Co		4,159
	Morgan Stanley 5.164		4,178
	MassMutual Global Funding II		4,185
	Union Electric Co 3.5		4,219
	JPMorgan Chase & Co		4,262
	JPMorgan Chase & Co		4,447
	Orlando Health Obligated Group		4,542
	Commonwealth of Massachusetts 5.306		4,600
	Ascension Health 2.532		4,645
	Wells Fargo & Co		4,868
	JPMorgan Chase & Co		5,089
	Texas Electric Market Stabilization		5,224
	Goldman Sachs Group Inc/The		5,987
	State of Texas 4		6,678
	Leland Stanford Junior University/The		6,924
	Texas Natural Gas Securitization		7,390
	Mid-Atlantic Interstate Transmission LLC		2,645
	UBS Group AG 1.494		4,003
	Total Corporate Debt - Preferred, included within Synthetic GICs held		303,515

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Corporate Debt Instruments - All Other		
	Agilent Technologies Inc 4.2		$ (0)
	Enbridge Inc 4.6		205
	ARI Fleet Lease Trust		237
	Access Group Inc 2013-1		297
	Take-Two Interactive Software Inc		406
	Towd Point Mortgage Trust		416
	Energy Transfer LP 5.2		422
	Enbridge Inc 5.3		422
	Verizon Communications Inc 2.1		488
	METLIFE SECURITIZATION TRUST 2019-1		491
	Oracle Corp 4.45		501
	Plains All American Pipeline		516
	Oracle Corp 4.8		596
	NXP BV / NXP		619
	American International Group Inc		626
	Motorola Solutions Inc 5		628
	Citigroup Commercial Mortgage Trust		675
	GE HealthCare Technologies Inc		711
	Nelnet Student Loan Trust		712
	Starbucks Corp 2.25		752
	Healthpeak OP LLC 2.125		766
	Citigroup Inc 3.785		781
	Capital One Financial Corp		794
	Comcast Corp 3.55		807
	Towd Point Mortgage Trust		809
	BX Commercial Mortgage Trust		813
	T-Mobile USA Inc 2.25		814
	Huntington Bancshares Inc/OH 4.443		828
	Truist Financial Corp 5.071		836
	AvalonBay Communities Inc 4.35		916
	AT&T Inc 4.55		916
	Oracle Corp 4.8		933
	Amphenol Corp 5.05		948
	CubeSmart LP 2.25		960
	AT&T Inc 2.3		990
	CNH Industrial Capital LLC		1,003
	Enbridge Inc 4.25		1,017
	Black Hills Corp 4.55		1,024
	Sabine Pass Liquefaction LLC		1,025
	DLLMT 2023-1 LLC 5.34		1,026
	CubeSmart LP 4.375		1,031
	Roper Technologies Inc 4.5		1,031
	Equifax Inc 5.1		1,033
	Roper Technologies Inc 4.45		1,034

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Ventas Realty LP 4.4		$ 1,036
	Equifax Inc 5.1		1,038
	General Motors Financial Co		1,042
	RELX Capital Inc 4.75		1,044
	FirstEnergy Pennsylvania Electric Co		1,046
	Digital Realty Trust LP		1,065
	Healthpeak OP LLC 3.5		1,200
	Transcontinental Gas Pipe Line		1,227
	Boeing Co/The 5.04		1,236
	M&T Bank Corp 4.553		1,241
	Amrize Finance US LLC		1,241
	Citigroup Inc 4.786		1,250
	Nutrien Ltd 4.9		1,251
	T-Mobile USA Inc 4.8		1,262
	Johnson Controls / Tyco		1,276
	Hyundai Capital America 5.3		1,282
	Lowe's Cos Inc 1.7		1,341
	FedEx Corp 3.1		1,379
	MS State Higher Ed		1,411
	MPLX LP 1.75		1,418
	Fifth Third Bancorp 4.055		1,425
	PPG Industries Inc 4.375		1,425
	RTX Corp 4.125		1,428
	L3Harris Technologies Inc 4.4		1,429
	Sabine Pass Liquefaction LLC		1,431
	Laboratory Corp of America		1,434
	AT&T Inc 2.25		1,436
	Hyundai Capital America 4.3		1,436
	General Motors Financial Co		1,447
	MMAF Equipment Finance LLC		1,452
	PNC Financial Services Group		1,459
	L3Harris Technologies Inc 5.05		1,461
	Wheels Fleet Lease Funding		1,463
	Canadian Pacific Railway Co		1,465
	Broadcom Inc 5.05		1,492
	Agree LP 2		1,543
	Take-Two Interactive Software Inc		1,574
	Masco Corp 3.5		1,608
	Coterra Energy Inc 3.9		1,620
	Nutrien Ltd 4		1,620
	T-Mobile USA Inc 2.625		1,620
	Mid-America Apartments LP 3.95		1,628
	Albemarle Corp 4.65		1,634
	Broadcom Inc 4.35		1,656
	Canadian Natural Resources Ltd		1,663

Co-op 401(K) Plan (51CLWI)

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

December 31, 2025

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	MPLX LP 4.8		$ 1,667
	Williams Cos Inc/The 4.9		1,676
	Microchip Technology Inc 5.05		1,682
	Kinder Morgan Inc 5		1,690
	Williams Cos Inc/The 5.3		1,698
	Volkswagen Auto Loan Enhanced		1,739
	Ford Credit Auto Owner		1,739
	Oracle Corp 2.3		1,747
	Masco Corp 2		1,805
	HP Inc 4		1,817
	Rogers Communications Inc 3.2		1,819
	Canadian National Railway Co		1,829
	Mosaic Co/The 4.35		1,836
	Rexford Industrial Realty LP		1,856
	Marsh & McLennan Cos		1,882
	Baxter International Inc 2.272		1,914
	Agilent Technologies Inc 2.75		1,948
	Extra Space Storage LP		1,965
	Navient Refinance Loan Trust		1,969
	Florida Gas Transmission Co		1,990
	T-Mobile USA Inc 3.875		2,007
	Extra Space Storage LP		2,007
	Citigroup Inc 3.52		2,017
	CNH Industrial NV 3.85		2,025
	SMRT 2022-MINI 4.751		2,027
	BOCA Commercial Mortgage Trust		2,028
	INTOWN 2025-STAY Mortgage Trust		2,029
	CommonSpirit Health 4.352		2,032
	Mondelez International Inc 4.125		2,038
	WRKCO INC 4		2,041
	Citigroup Inc 3.668		2,042
	General Mills Inc 4.2		2,046
	Ventas Realty LP 4		2,047
	PFS Financing Corp 4.75		2,050
	AT&T Inc 2.75		2,050
	Comcast Corp 4.15		2,050
	Nissan Master Owner Trust		2,051
	BX Trust 2025-ARIA 5.031		2,051
	Starbucks Corp 4.5		2,054
	Georgia-Pacific LLC 2.3		2,062
	Alexandria Real Estate Equities		2,062
	Equifax Inc 4.8		2,085
	CNH Industrial Capital LLC		2,088
	Federal Realty OP LP		2,091
	Microchip Technology Inc 5.05		2,093

Co-op 401(K) Plan (51CLWI)

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

December 31, 2025

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	Wells Fargo Commercial Mortgage		$ 2,106
	ONE Gas Inc 5.1		2,108
	Welltower OP LLC 2.05		2,119
	Packaging Corp of America		2,131
	Enbridge Inc 3.125		2,140
	MMAF Equipment Finance LLC		2,168
	Parker-Hannifin Corp 3.25		2,169
	Energy Transfer LP 3.75		2,177
	PHEAA Student Loan Trust		2,177
	Oracle Corp 4.2		2,206
	COMM 2016-COR1 Mortgage Trust		2,206
	Monongahela Power Co 3.55		2,221
	Citigroup Inc 1.122		2,230
	Great Wolf Trust 2024-WLF2		2,236
	NNN REIT Inc 4.3		2,258
	Nucor Corp 4.65		2,281
	Wheels Fleet Lease Funding		2,286
	PNC Financial Services Group		2,286
	American Honda Finance Corp		2,304
	NorthWestern Corp 5.073		2,314
	Warnermedia Holdings Inc 3.755		2,315
	BX Commercial Mortgage Trust		2,320
	Marathon Petroleum Corp 5.15		2,329
	BMP 2024-MF23 5.122		2,335
	BX Trust 2025-GW 5.35		2,336
	M&T Bank Corp 5.179		2,347
	Towd Point Mortgage Trust		2,351
	Weyerhaeuser Co 4		2,416
	Canadian Natural Resources Ltd		2,428
	Marathon Petroleum Corp 3.8		2,436
	NXP BV / NXP		2,446
	MPLX LP 4		2,451
	T-Mobile US Trust 2025-2		2,452
	American Honda Finance Corp		2,488
	JPMDB Commercial Mortgage Securities		2,494
	ECMC Group Student Loan		2,506
	Barings Equipment Finance LLC		2,539
	SFS Auto Receivables Securitization		2,554
	Nelnet Student Loan Trust		2,583
	Citigroup Inc 3.07		2,627
	Extended Stay America Trust		2,639
	Ford Credit Floorplan Master		2,642
	BA Credit Card Trust		2,643
	Sherwin-Williams Co/The 2.95		2,647
	Energy Transfer LP 6.05		2,684

Co-op 401(K) Plan (51CLWI)

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

December 31, 2025

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	North Texas Higher Education		$ 2,732
	Eastman Chemical Co 5		2,738
	Brazos Education Loan Authority		2,738
	World Omni Auto Receivables		2,750
	Enterprise Fleet Financing 2025-2		2,762
	Virginia Housing Development Authority		2,763
	Hewlett Packard Enterprise Co		2,766
	FMC Corp 3.2		2,825
	John Deere Owner Trust		2,845
	UDR Inc 3.5		2,845
	Verizon Master Trust 4.4		2,870
	Rewity Inc 1.9		2,870
	Navient Refinance Loan Trust		2,879
	Citigroup Inc 4.542		2,892
	Sherwin-Williams Co/The 4.3		2,900
	Lennox International Inc 5.5		2,968
	PNC Financial Services Group		2,970
	GM Financial Revolving Receivables		3,025
	TCO 2024-DPM A 4.993		3,047
	ALA Trust 2025-OANA 5.494		3,052
	Xcel Energy Inc 1.75		3,066
	American Express Credit Account		3,074
	Regions Financial Corp 1.8		3,082
	EMD Finance LLC 4.125		3,088
	Daimler Truck Finance North		3,088
	Halliburton Co 2.92		3,095
	GS Mortgage Securities Trust		3,109
	SWCH Commercial Mortgage Trust		3,113
	Health Care Service Corp		3,118
	Minnesota Housing Finance Agency		3,124
	Rogers Communications Inc 5		3,149
	John Deere Owner Trust		3,168
	Carmax Auto Owner Trust		3,175
	Kinder Morgan Inc 1.75		3,183
	Washington State Housing Finance		3,207
	BX Trust 2025-ROIC 4.894		3,226
	Huntington Bancshares Inc/OH 2.55		3,246
	Ingredion Inc 2.9		3,247
	Hewlett Packard Enterprise Co		3,294
	BANK 2017-BNK6 3.254		3,345
	Aon Corp / Aon		3,385
	New York State Electric		3,435
	ROCK Trust 2024-CNTR 5.388		3,445
	Stellantis Financial Enhanced Lease		3,461
	Santander Drive Auto Receivables		3,461

Co-op 401(K) Plan (51CLWI)

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

December 31, 2025

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	SCCU Auto Receivables Trust		$ 3,477
	North Texas Higher Education		3,489
	Towd Point Mortgage Trust		3,507
	Citigroup Commercial Mortgage Trust		3,509
	Indiana Housing & Community		3,523
	Navient Student Loan Trust		3,529
	Fifth Third Auto Trust		3,535
	BX Commercial Mortgage Trust		3,544
	BX Commercial Mortgage Trust		3,553
	BX Trust 2022-IND 5.241		3,579
	Enterprise Fleet Financing 2025-3		3,588
	JPMDB Commercial Mortgage Securities		3,589
	Nelnet Student Loan Trust		3,655
	CNH Equipment Trust 2024-C		3,658
	USB Auto Owner Trust		3,677
	AMEX Credit Acct Mstr		3,684
	Bank of America Commercial		3,727
	BX Trust 2025-DIME 4.9		3,740
	Ford Credit Auto Lease		3,772
	BX Commercial Mortgage Trust		3,803
	RTX Corp 3.125		3,820
	Towd Point Mortgage Trust		3,866
	ONEOK Inc 4.4		3,893
	GM Financial Revolving Receivables		3,930
	Sumitomo Mitsui Financial Group		3,940
	Chase Auto Owner Trust		3,959
	Volvo Financial Equipment LLC		3,967
	BNP Paribas Sec Corp		3,994
	Verizon Master Trust 5.34		4,026
	Volkswagen Group of America		4,062
	GS Mortgage Securities Trust		4,065
	HSBC Holdings PLC 4.041		4,088
	Ford Credit Auto Owner		4,089
	HSBC Holdings PLC 4.583		4,089
	Toyota Auto Loan Extended		4,092
	BNP Paribas SA 4.4		4,121
	Experian Finance PLC 4.25		4,127
	Mercedes-Benz Auto Receivables Trust		4,152
	HSBC Holdings PLC 4.899		4,169
	Fifth Third Bancorp 4.772		4,177
	Nissan Auto Lease Trust		4,190
	Interstate Power and Light		4,201
	NTT Finance Corp 4.876		4,212
	BA Credit Card Trust		4,219
	Mercedes-Benz Auto Receivables Trust		4,258

Co-op 401(K) Plan (51CLWI)

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

December 31, 2025

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	CRH SMW Finance DAC		$ 4,271
	Ford Credit Auto Owner		4,272
	Enterprise Fleet Financing 2024-4		4,296
	Mercedes-Benz Auto Lease Trust		4,311
	UBS Commercial Mortgage Trust		4,356
	General Motors Financial Co		4,460
	BX Commercial Mortgage Trust		4,464
	Smurfit Kappa Treasury ULC		4,479
	Hyundai Auto Lease Securitization		4,494
	DC Commercial Mortgage Trust		4,500
	Citibank Credit Card Issuance		4,507
	Navient Refinance Loan Trust		4,596
	Fiserv Inc 5.375		4,649
	Capital One Financial Corp		4,677
	BMW Vehicle Owner Trust		4,730
	Brazos Education Loan Authority		4,835
	Citigroup Commercial Mortgage Trust		4,847
	American Express Credit Account		4,853
	Truist Financial Corp 5.435		4,928
	Cooperative Rabobank UA 1.98		4,959
	Ford Credit Auto Owner		4,998
	Verizon Communications Inc 2.355		5,018
	American Express Credit Account		5,029
	AMEX Credit Account Master		5,238
	Becton Dickinson & Co		5,255
	Ford Credit Auto Owner		5,283
	World Omni Auto Receivables		5,314
	Nissan Auto Lease Trust		5,320
	Chase Auto Owner Trust		5,367
	Nissan Auto Receivables 2025-A		5,440
	GM Financial Revolving Receivables		5,462
	Toyota Auto Loan Extended		5,474
	Toyota Lease Owner Trust		5,476
	SLM Student Loan Trust		5,479
	Maryland Community Development Administration		5,574
	Capital One Multi-Asset Execution		5,586
	Black Hills Corp 3.95		5,763
	Enterprise Fleet Financing 2025-4		5,796
	Discover Card Execution Note		5,804
	CFCRE Commercial Mortgage Trust		5,834
	BX Trust 2024-BIO 5.392		5,866
	Nissan Auto Receivables 2025-B		6,001
	Ford Credit Auto Owner		6,077
	Hyundai Auto Lease Securitization		6,422
	BAE Systems PLC 5.125		6,531

Co-op 401(K) Plan (51CLWI)

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December 31, 2025

EIN: 41-0365145 AND PLAN NUMBER: 031

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost**	(e) Current Value
	JPMCC Commercial Mortgage Sec		$ 6,675
	Volkswagen Auto Lease Trust		6,820
	CGMS Commercial Mortgage Trust		7,033
	Honda Auto Receivables 2024-3		7,140
	CVS Health Corp 1.3		7,193
	Verizon Master Trust 4.17		7,843
	CSAIL 2018-C14 Commercial Mortgage		9,087
	Toyota Auto Loan Extended		9,201
	JPMDB Commercial Mortgage Securities		11,886
	Total Corporate Debt - All Other, included within synthetic GICs		902,798
	Total Co-op Stable Value Fund		2,114,757
*	Participant loans (interest rates between 4.25% and 9.5%) (last maturity date is July 17, 2036)		$ 550,488
	Total		$ 29,885,796

* Represents a party-in-interest to the Plan.

** Cost information is omitted as all investments are participant-directed.

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
Co-op 401(k) Plan

1b Three-digit plan number (PN) ▶ 031

1c Effective date of plan 05/01/2019

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)
Land O' Lakes, Inc.

P.O Box 64101
MS 1086
St. Paul MN 55164-0101

2b Employer Identification Number (EIN) 41-0365145

2c Plan Sponsor's telephone number (651)375-2222

2d Business code (see instructions) 115110

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	[signature]	10/14/2026	Julie Sexton
	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