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) ▶ 030

1c Effective date of plan 08/01/2014

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.

PO BOX 64101
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:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	168
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)**	127
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	130
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	23
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	157
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	159
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)**	111
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)**	107
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
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)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [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) ▶ 030

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	159	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)	6090		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	6367		
	▶ BOOK VALUE ADJUSTMENT				
	(6)Total additions			7c(6)	12457
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	12457
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)	12457		
	▶ BOOK VALUE ADJUSTMENT				
	(5) Total deductions			7e(5)	12457
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) ▶ 030

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	159	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	

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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	

(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)	2257		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	6292		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	6670		
	▶ BOOK VALUE ADJUSTMENT				
	(6)Total additions			7c(6)	15219
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	15219
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	15219		
	(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)	15219
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

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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) ▶ 030

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	159	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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	(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)	2264		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	6273		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	6654		
	▶ BOOK VALUE ADJUSTMENT				
	(6)Total additions			7c(6)	15191
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	15191
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)	15191		
	▶ BOOK VALUE ADJUSTMENT				
	(5) Total deductions			7e(5)	15191
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) ▶ 030

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	159	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 ▶

b	Balance at the end of the previous year			7b	32723
c	Additions: (1) Contributions deposited during the year	7c(1)	2061		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	5769		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	7830
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	40553
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	13838		
	(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)	13838
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	26715

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) ▶ 030

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

(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

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)

(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 ☐

(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 LLP
b EIN: 36-6055558
c Position: AUDITOR
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) ▶ 030

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	27101

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) ▶ 030

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	33	59
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)		853
(2) U.S. Government securities	1c(2)	158724	273854
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	67728	105224
(B) All other	1c(3)(B)	175089	312988
(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)	182250	195571
(9) Value of interest in common/collective trusts	1c(9)	19110	27101
(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)	3628328	4219998
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	19142	13668

		(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	4250404	5149316
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	366	605
1k Total liabilities (add all amounts in lines 1g through1j)	1k	366	605
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	4250038	5148711

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)	100800	
(B) Participants	2a(1)(B)	303380	
(C) Others (including rollovers)	2a(1)(C)	34550	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		438730
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)	19091	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		19091
(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)	183849	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		183849
(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)		518
(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)		447491
c Other income	2c		33697
d Total income. Add all **income** amounts in column (b) and enter total	2d		1123376
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	219849	
(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)		219849
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)	4009	
(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)	845	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		4854
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		224703
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		898673
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) ▶ 030

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 (51CLOL)

December 31, 2025 and 2024

Right there with you

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CliftonLarsonAllen LLP
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INDEPENDENT AUDITORS' REPORT

Plan Administrator and Plan Participants
Co-op 401(k) Plan (51CLOL)
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 (51CLOL) (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 (51CLOL) 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 (51CLOL) 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 (51CLOL) 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 (51CLOL) 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental 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) Plans (51CLOL). 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

CliftonLarsonAllen LLP

Minneapolis, Minnesota
October 5, 2026

Co-op 401(k) Plan (51CLOL)

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2025 and 2024

	2025	2024
ASSETS		
Non-interest bearing cash	$ 59	$ 33
Investments, at fair value	4,247,952	3,647,438
Investments, at contract value	705,129	420,317
Notes receivable from participants	195,571	182,250
NET ASSETS AVAILABLE FOR BENEFITS	$ 5,148,711	$ 4,250,038

See accompanying notes to the financial statements

Co-op 401(k) Plan (51CLOL)

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2025 and 2024

	2025	2024
Investment income		
Interest and dividends	$ 183,849	$ 159,551
Net appreciation of investments	481,705	275,256
Net investment income	665,554	434,807
Interest income on notes receivable from participants	19,091	16,116
Contributions		
Employer	100,801	78,328
Employee	337,930	250,973
Total contributions	438,731	329,301
Total additions	1,123,376	780,224
Benefit payments to participants	(219,849)	(168,679)
Administrative expenses	(4,854)	(3,924)
NET INCREASE IN NET ASSETS	898,673	607,621
Net assets available for benefits		
Beginning of year	4,250,038	3,642,417
End of year	$ 5,148,711	$ 4,250,038

See accompanying notes to the financial statements

NOTE 1 - DESCRIPTION OF THE PLAN

The Co-op 401(k) Plan (51CLOL) (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 August 1, 2014 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 a collective bargaining agreement (CBA) that is applicable to the following group of employees are eligible:

Union Local	Location	CBA Effective Date
Bakery, Confectionery, Tobacco Workers and Grain Millers International Union, Local 218	Kansas City, MO	Effective 7/1/2014
International Brotherhood of Teamsters Local #690 and the International Union of Operators and Engineers Local #280, AFL-CIO,	Spokane, WA	Effective 12/1/2014
Bakery, Confectionary, Tobacco Workers and Grain Millers International AFL-CIO Local 51 G	Springfield, MO	Effective 2/1/2015
International Longshoreman Association Local 1765, AFL-CIO	Gray Summit, MO	Effective 7/31/2015
Bakery, Confectionary, Tobacco Workers and Grain Millers Union Local 218	St. Joseph, MO	Effective 8/30/2015
Teamsters General Local Union No 200 affiliated with the International Brotherhood of Teamsters	Fond du Lac, WI	Effective 9/1/2015
Bakery, Confectionery, Tobacco Workers and Grain Millers International Union, Local 6	Harrisburg, PA	Effective 1/1/2018
Bakery, Confectionery, Tobacco Workers and Grain Millers International Union, Local 149	Shreveport, LA	Effective 1/1/2019

Each employee must be at least 18 years of age to be eligible to participate in the Plan. Each employee must also satisfy 90 consecutive days of employment to be eligible to participate in the Plan.

Contributions and Vesting

Participants may make before tax contributions, dependent upon salary. Employees who meet the Internal Revenue Service (IRS) definition of Non-Highly Compensated Employees can contribute up to 50% of their eligible compensation on a pretax basis. Participants who have attained age 50 before the end of the Plan year, are eligible for catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contributions plans (rollovers).

The Plan has two Employer matching contribution formulas. Those employees who are hired after the CBA effective date will receive matching contributions equal to 50% of employee deferrals not exceeding 6% of eligible compensation, for a maximum match of 3%. Those employees hired prior to the CBA effective date will receive matching contributions equal to 50% not exceeding 3% of eligible compensation, for a maximum

match of 1.5%. Matching contributions for employees who met eligibility are subject to a three-year cliff vesting schedule; 100% vesting is earned after three years of service.

Forfeitures

At December 31, 2025 and 2024, forfeited nonvested accounts totaled $4. These accounts will be used to reduce future Company contributions. For the years ended December 31, 2025 and 2024, Company contributions were reduced by forfeited nonvested accounts totaling $824 and $377, 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 above. 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 or 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 Employer's contributions (matching) 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 15 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 in their accounts.

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 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 believes 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.

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 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 liquidations 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	$ 4,219,998			$ 4,219,998
Interest Bearing Cash	853	$ -	$ -	853
Total assets in the fair value hierarchy	$ 4,220,852	$ -	$ -	4,220,851
Investments measured at NAV as a practical expedient				27,101
Investments, at fair value				$ 4,247,952

	Fair Value Measurement at December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 3,628,328	$ -	$ -	$ 3,628,328
Total assets in the fair value hierarchy	$ 3,628,328	$ -	$ -	3,628,328
Investments measured at NAV as a practical expedient				19,110
Investments, at fair value				$ 3,647,438

NOTE 6 – CO-OP STABLE VALUE FUND

The Stable Value Fund is a separate account managed by Galliard Capital Management, Inc. The 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 recordkeeper is also the Stable Value Fund's third-party administrator; therefore these transactions qualify as party-in-interest transactions. Notes receivables 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.

SUPPLEMENTARY INFORMATION

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	Interest bearing cash		$ 853
	Mutual Funds		
	Allspring Special SMCAP		72,488
	Artisan International Instl		13,048
	Dodge & Cox Intl Stock X		60,887
	JPMorgan Mid Cap Value R6		52,747
	NYLI Winslow Large Cap Growth FD		161,533
	PIMCO Total Return Fund Instl Class		459,647
	T Rowe Price Mid-Cap Growth Fund		52,732
	Vanguard Explorer FD Admiral Shares		32,274
	Vanguard Infl Protected Sec Fdinst		28,382
	Vanguard Instl Index		1,014,710
	Vanguard Intl Growth Admiral Class		30,670
	Vanguard Small Cap Ind Isnt Plus		546,310
	Vanguard Total BD Mkt Index Instl SH		359,164
	Vanguard Total Intl Stock Index Inst		998,189
	Vanguard Wellington Admiral shares		10,103
	Vanguard Windsor II Admiral Shares		327,112
	Total mutual funds		4,219,998
	Collective Investment Trust:		
	SEI Trust Company Short-Term Investment Fund II		20,190
	SEI Trust Company Short-Term Investment Fund A S		6,911
	Total Collective Investment Trust		27,101
	Co-Op Stable Value Fund:		
	Transamerica Life Insurance Company, Synthetic GIC		3,007
	Pacific Life Insurance Company, Synthetic GIC		3,398
	Prudential Insurance Company of America, Synthetic GIC		3,420
	American General Insurance Company , Synthetic GIC		3,238

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(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		1
	Ginnie Mae II pool		7
	Freddie Mac Non Gold		9
	United States Small Business		11
	Fannie Mae Pool 5.95		13
	Fannie Mae Pool 6.418		15
	Fannie Mae Pool 6.69		16
	Fannie Mae Pool 6.154		18
	Fannie Mae Pool 6.434		20
	Freddie Mac Non Gold		21
	Fannie Mae Pool 6.247		24
	Fannie Mae Trust 2004-W8		24
	Freddie Mac Non Gold		30
	Freddie Mac Non Gold		31
	Freddie Mac Gold Pool		32
	Freddie Mac Non Gold		36
	Freddie Mac Non Gold		39
	Freddie Mac Multifam Struct		42
	United States Small Business		43
	Freddie Mac Non Gold		43
	Freddie Mac Non Gold		46
	Freddie Mac Non Gold		54
	United States Small Business		56
	Freddie Mac Non Gold		57
	Freddie Mac Gold Pool		58
	Fannie Mae Pool 6.35		58
	Fannie Mae Pool 6.178		58
	Freddie Mac Gold Pool		60
	Freddie Mac Non Gold		61
	Freddie Mac Non Gold		63
	Ginnie Mae II pool		64
	Fannie Mae REMIC Trust		65
	Fannie Mae Pool 6.216		76
	Fannie Mae Pool 3		82
	Fannie Mae Pool 2.5		84
	Fannie Mae Pool 5		88

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	Freddie Mac Non Gold		$ 89
	Fannie Mae Pool 2.5		99
	Fannie Mae Pool 6.233		100
	Fannie Mae Pool 6.371		102
	Fannie Mae Grantor Trust		107
	Freddie Mac Non Gold		114
	Fannie Mae Pool 3		117
	Freddie Mac Non Gold		118
	Ethiopian Leasing 2012 LLC		121
	Reliance Industries Ltd 2.06		127
	Fannie Mae Pool 5		129
	Fannie Mae Pool 6.451		134
	Fannie Mae Pool 6.43		135
	Fannie Mae Pool 4.255		142
	Fannie Mae Pool 4.3		142
	Fannie Mae Pool 2.841		152
	Freddie Mac Pool 2.5		162
	United States Small Business		162
	Fannie Mae Pool 6.277		164
	Fannie Mae Pool 3.5		166
	Fannie Mae Pool 2.839		179
	Fannie Mae Pool 5		183
	Fannie Mae Pool 2.5		187
	Fannie Mae Pool 6.481		192
	Fannie Mae Pool 4		193
	Fannie Mae Pool 3.92		209
	Fannie Mae Pool 3		212
	United States Small Business		227
	Freddie Mac Non Gold		229
	Fannie Mae Pool 6.35		232
	Fannie Mae Pool 6.36		233
	Freddie Mac Non Gold		247
	Fannie Mae Pool 3		284
	SBA Small Business Investment		296
	SBA Small Business Investment		309
	Fannie Mae Pool 6.314		328
	Freddie 20-Yr 3.5 GIANT		341

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	GNMA 4.764		$ 89
	Fannie Mae Pool 2.5		366
	Fannie Mae Pool 3		367
	Fannie Mae Pool 4		385
	United States Small Business		420
	Freddie Mac Non Gold		426
	Fannie Mae Pool 4.36		427
	Fannie Mae Pool 6.37		434
	Freddie Mac Non Gold		455
	Fannie Mae Pool 4		456
	Fannie Mae Pool 2.5		482
	Freddie Mac Pool 2.5		516
	Freddie Mac Gold Pool		518
	Fannie Mae Pool 2.5		528
	Freddie Mac Non Gold		537
	SBA Small Business Investment		546
	Fannie Mae Pool 3		569
	Freddie Mac Pool 2		590
	Freddie Mac Pool 2.5		617
	SBA Small Business Investment		628
	Fannie Mae Pool 2.5		635
	Fannie Mae Pool 4		674
	Fannie Mae Pool 4.34		712
	Fannie Mae Pool 4		769
	Fannie Mae Pool 2.5		782
	United States Treasury Note/Bond		802
	Fannie Mae Pool 4		804
	Freddie Mac Pool 2.5		813
	Seasoned Credit Risk Transfer		821
	Fannie Mae Pool 4.5		834
	Fannie Mae Pool 4.32		854
	Freddie Mac Pool 2.5		869
	Fannie Mae Pool 3		898
	Fannie Mae Pool 3.92		940
	Fannie Mae Pool 2.5		975
	Freddie Mac Pool 2.5		1,004
	Freddie Mac Multifamily Structured		1,008

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	Fannie Mae Pool 5.18		$ 1,017
	Freddie Mac Pool 2		1,059
	SBA Small Business Investment		1,094
	Seasoned Credit Risk Transfer		1,096
	Fannie Mae Pool 4.5		1,125
	Fannie Mae Pool 2.5		1,137
	Freddie Mac Pool 3		1,163
	SBA Small Business Investment		1,165
	Freddie Mac Pool 2.5		1,196
	Fannie Mae Pool 2.5		1,255
	Fannie Mae Pool 4.28		1,278
	Freddie Mac Pool 2.5		1,309
	Freddie Mac Pool 2.5		1,311
	Freddie Mac Pool 4.5		1,327
	Fannie Mae Pool 4.98		1,333
	Fannie Mae Pool 2.5		1,345
	Fannie Mae Pool 4.325		1,349
	Seasoned Credit Risk Transfer		1,371
	Fannie Mae Pool 4		1,436
	Fannie Mae Pool 4.4		1,460
	Fannie Mae Pool 2.906		1,491
	SBA Small Business Investment		1,555
	Fannie Mae Pool 4.555		1,614
	Fannie Mae Pool 4.2		1,656
	Fannie Mae Pool 2		1,670
	SBA Small Business Investment		1,789
	Fannie Mae Pool 4.51		1,789
	Fannie Mae Pool 4.08		1,828
	United States Int Dev		2,142
	Fannie Mae Pool 4.49		2,177
	Fannie Mae Pool 3		2,182
	Fannie Mae Pool 4.35		2,196
	Fannie Mae Pool 2.5		2,454
	United States Treasury Note/Bond		2,481
	SBA Small Business Investment		2,611
	Fannie Mae Pool 4.35		2,772
	United States Small Business		2,781

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	SBA Small Business Investment		$ 2,841
	Freddie Mac Pool 3		3,003
	Freddie Mac Non Gold		3,362
	Fannie Mae Pool 3.94		3,380
	United States Small Business		3,457
	Fannie Mae Pool 3.96		3,508
	Fannie Mae Pool 4.65		3,735
	Fannie Mae Pool 4.31		3,772
	Fannie Mae Pool 5.09		3,773
	Fannie Mae Pool 4.71		3,862
	Freddie Mac Pool 2.5		3,891
	SBA Small Business Investment		3,907
	Fannie Mae Pool 4.14		3,968
	Fannie Mae Pool 1.39		4,330
	Fannie Mae Pool 3		4,371
	Fannie Mae Pool 3.815		4,392
	Fannie Mae Pool 1.7		4,687
	SBA Small Business Investment		4,731
	United States Treasury Note/Bond		5,520
	United States Treasury Note/Bond		5,735
	United States Treasury Note/Bond		5,865
	Freddie Mac Pool 2.5		6,309
	United States Treasury Note/Bond		6,961
	United States Treasury Note/Bond		9,490
	SBA Small Business Investment		9,727
	United States Treasury Note/Bond		12,606
	United States Treasury Note/Bond		13,060
	United States Treasury Note/Bond		13,298
	United States Treasury Note/Bond		21,506
	Total Government Securities included within Synthetic GICs held		270,780

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(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		68
	Voya Global Funding 4.6		142
	Morgan Stanley 4.994		145
	JPMorgan Chase & Co		145
	Prologis LP 4.75		148
	Alabama Federal Aid Highway		165
	Dominion Energy South Carolina		188
	Meta Platforms Inc 4.2		212
	Bank of Nova Scotia/The		283
	State Street Corp 4.53		289
	Morgan Stanley 2.475		349
	NLG Global Funding 4.35		351
	Bank of America Corp		355
	JPMorgan Chase & Co		355
	Mutual of Omaha Cos		360
	American Express Co 5.389		361
	American Express Co 5.043		364
	Morgan Stanley 5.449		370
	Pioneer Natural Resources Co		384
	Goldman Sachs Group Inc/The		407
	Morgan Stanley 5.23		407
	American Express Co 4.731		431
	Pacific Life Global Funding		440
	Public Service Co of		507
	Bank of Nova Scotia/The		516
	American Express Co 5.085		517
	Corebridge Global Funding 4.45		530
	Northwestern Mutual Global Funding		549
	Oklahoma Development Finance Authority		558
	Ameren Illinois Co 1.55		559
	Shell Finance US Inc		565
	Bank of America Corp		572
	Bank of Montreal 4.64		576
	BMW US Capital LLC		577
	Charles Schwab Corp 5.643		586
	Corebridge Global Funding 5.9		595
	Oklahoma Development Finance Authority		623
	Wells Fargo & Co		638

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	UnitedHealth Group Inc 4.7		$ 650
	Principal Life Global Funding		660
	Morgan Stanley 2.699		666
	CenterPoint Energy Houston Electric		707
	MORGAN STANLEY 3.772		709
	BMW US Capital LLC		710
	Toronto-Dominion Bank/The 4.574		712
	Royal Bank of Canada		718
	CenterPoint Energy Houston Electric		728
	Oncor Electric Delivery Co		730
	ConocoPhillips Co 4.7		730
	Bank of New York		735
	Merck & Co Inc		737
	Trustees of Princeton University/The		740
	Public Service Co of		757
	Bank of America Corp		763
	Wells Fargo & Co		796
	US Bancorp 6.787		797
	Mutual of Omaha Cos		800
	Duke Energy Progress LLC		804
	Bank of America Corp		819
	Oklahoma Development Finance Authority		824
	US Bancorp 2.215		834
	Lockheed Martin Corp 4.4		866
	Virginia Power Fuel Securitization		868
	Bank of Montreal 5.004		875
	Connecticut Light and Power		877
	State of Hawaii 4.771		916
	Bank of Nova Scotia/The		946
	BHP Billiton Finance USA		957
	DTE Electric Securitization Funding		962
	State of California 5.75		967
	JPMorgan Chase & Co		968
	Los Angeles Community College		974
	Bank of America Corp		984
	Yale University 4.701		984
	Morgan Stanley 4.21		992
	US Bancorp 4.548		1,009
	Cornell University 4.169		1,023
	Evergy Metro Inc 2.25		1,037

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	Trustees of Dartmouth College		$ 1,065
	Mercedes-Benz Finance North America		1,096
	President and Fellows of		1,100
	Morgan Stanley 5.173		1,105
	OhioHealth Corp 2.297		1,106
	Toronto-Dominion Bank/The 4.861		1,163
	Bank of America Corp		1,167
	Stanford Health Care 3.31		1,202
	CHRISTUS Health 4.341		1,215
	Louisiana Local Govt Env		1,249
	University of California 3.179		1,257
	Cedars-Sinai Health System 2.288		1,277
	Consumers Energy Co 4.6		1,288
	Royal Bank of Canada		1,313
	Goldman Sachs Group Inc/The		1,324
	Bank of America Corp		1,325
	Duke Energy Carolinas LLC		1,341
	Oncor Electric Delivery Co		1,365
	Metropolitan Life Global Funding		1,379
	Advocate Health & Hospitals		1,420
	Commonwealth of Massachusetts 3.769		1,425
	Wells Fargo & Co		1,442
	Morgan Stanley 5.164		1,448
	MassMutual Global Funding II		1,451
	Union Electric Co 3.5		1,463
	JPMorgan Chase & Co		1,478
	JPMorgan Chase & Co		1,542
	Orlando Health Obligated Group		1,575
	Commonwealth of Massachusetts 5.306		1,595
	Ascension Health 2.532		1,610
	Wells Fargo & Co		1,688
	JPMorgan Chase & Co		1,764
	Texas Electric Market Stabilization		1,811
	Goldman Sachs Group Inc/The		2,076
	State of Texas 4		2,315
	Leland Stanford Junior University/The		2,401
	Texas Natural Gas Securitization		2,562
	UBS Group AG 1.494		1,388
	Mid-Atlantic Interstate Transmission LLC		917
	Total Corporate Debt - Preferred, included within Synthetic GICs held		105,224

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(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 - All Other		
	Agilent Technologies Inc 4.2		$ (0)
	Enbridge Inc 4.6		71
	ARI Fleet Lease Trust		82
	Access Group Inc 2013-1		103
	Take-Two Interactive Software Inc		141
	Towd Point Mortgage Trust		144
	Energy Transfer LP 5.2		146
	Enbridge Inc 5.3		146
	Verizon Communications Inc 2.1		169
	METLIFE SECURITIZATION TRUST 2019-1		170
	Oracle Corp 4.45		174
	Plains All American Pipeline		179
	Oracle Corp 4.8		207
	NXP BV / NXP		214
	American International Group Inc		217
	Motorola Solutions Inc 5		218
	Citigroup Commercial Mortgage Trust		234
	GE HealthCare Technologies Inc		247
	Nelnet Student Loan Trust		247
	Starbucks Corp 2.25		261
	Healthpeak OP LLC 2.125		265
	Citigroup Inc 3.785		271
	Capital One Financial Corp		275
	Comcast Corp 3.55		280
	Towd Point Mortgage Trust		280
	BX Commercial Mortgage Trust		282
	T-Mobile USA Inc 2.25		282
	Huntington Bancshares Inc/OH 4.443		287
	Truist Financial Corp 5.071		290
	AvalonBay Communities Inc 4.35		318
	AT&T Inc 4.55		318
	Oracle Corp 4.8		323
	Amphenol Corp 5.05		329
	CubeSmart LP 2.25		333
	AT&T Inc 2.3		343
	CNH Industrial Capital LLC		348
	Enbridge Inc 4.25		352

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	Black Hills Corp 4.55		$ 355
	Sabine Pass Liquefaction LLC		355
	DLLMT 2023-1 LLC 5.34		356
	CubeSmart LP 4.375		357
	Roper Technologies Inc 4.5		357
	Equifax Inc 5.1		358
	Roper Technologies Inc 4.45		358
	Ventas Realty LP 4.4		359
	Equifax Inc 5.1		360
	General Motors Financial Co		361
	RELX Capital Inc 4.75		362
	FirstEnergy Pennsylvania Electric Co		363
	Digital Realty Trust LP		369
	Healthpeak OP LLC 3.5		416
	Transcontinental Gas Pipe Line		425
	Boeing Co/The 5.04		428
	M&T Bank Corp 4.553		430
	Amrize Finance US LLC		430
	Citigroup Inc 4.786		433
	Nutrien Ltd 4.9		434
	T-Mobile USA Inc 4.8		438
	Johnson Controls / Tyco		442
	Hyundai Capital America 5.3		444
	Lowe's Cos Inc 1.7		465
	FedEx Corp 3.1		478
	MS State Higher Ed		489
	MPLX LP 1.75		492
	Fifth Third Bancorp 4.055		494
	PPG Industries Inc 4.375		494
	RTX Corp 4.125		495
	L3Harris Technologies Inc 4.4		495
	Sabine Pass Liquefaction LLC		496
	Laboratory Corp of America		497
	AT&T Inc 2.25		498
	Hyundai Capital America 4.3		498
	General Motors Financial Co		502
	MMAF Equipment Finance LLC		503

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	PNC Financial Services Group		$ 506
	L3Harris Technologies Inc 5.05		506
	Wheels Fleet Lease Funding		507
	Canadian Pacific Railway Co		508
	Broadcom Inc 5.05		517
	Agree LP 2		535
	Take-Two Interactive Software Inc		546
	Masco Corp 3.5		558
	Coterra Energy Inc 3.9		562
	Nutrien Ltd 4		562
	T-Mobile USA Inc 2.625		562
	Mid-America Apartments LP 3.95		564
	Albemarle Corp 4.65		567
	Broadcom Inc 4.35		574
	Canadian Natural Resources Ltd		577
	MPLX LP 4.8		578
	Williams Cos Inc/The 4.9		581
	Microchip Technology Inc 5.05		583
	Kinder Morgan Inc 5		586
	Williams Cos Inc/The 5.3		589
	Volkswagen Auto Loan Enhanced		603
	Ford Credit Auto Owner		603
	Oracle Corp 2.3		606
	Masco Corp 2		626
	HP Inc 4		630
	Rogers Communications Inc 3.2		631
	Canadian National Railway Co		634
	Mosaic Co/The 4.35		636
	Rexford Industrial Realty LP		643
	Marsh & McLennan Cos		652
	Baxter International Inc 2.272		664
	Agilent Technologies Inc 2.75		675
	Extra Space Storage LP		681
	Navient Refinance Loan Trust		683
	Florida Gas Transmission Co		690
	T-Mobile USA Inc 3.875		696
	Extra Space Storage LP		696

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	Citigroup Inc 3.52		$ 699
	CNH Industrial NV 3.85		702
	SMRT 2022-MINI 4.751		703
	BOCA Commercial Mortgage Trust		703
	INTOWN 2025-STAY Mortgage Trust		704
	CommonSpirit Health 4.352		704
	Mondelez International Inc 4.125		707
	WRKCO INC 4		708
	Citigroup Inc 3.668		708
	General Mills Inc 4.2		709
	Ventas Realty LP 4		710
	PFS Financing Corp 4.75		711
	AT&T Inc 2.75		711
	Comcast Corp 4.15		711
	Nissan Master Owner Trust		711
	BX Trust 2025-ARIA 5.031		711
	Starbucks Corp 4.5		712
	Georgia-Pacific LLC 2.3		715
	Alexandria Real Estate Equities		715
	Equifax Inc 4.8		723
	CNH Industrial Capital LLC		724
	Federal Realty OP LP		725
	Microchip Technology Inc 5.05		726
	Wells Fargo Commercial Mortgage		730
	ONE Gas Inc 5.1		731
	Welltower OP LLC 2.05		735
	Packaging Corp of America		739
	Enbridge Inc 3.125		742
	MMAF Equipment Finance LLC		752
	Parker-Hannifin Corp 3.25		752
	Energy Transfer LP 3.75		755
	PHEAA Student Loan Trust		755
	Oracle Corp 4.2		765
	COMM 2016-COR1 Mortgage Trust		765
	Monongahela Power Co 3.55		770
	Citigroup Inc 1.122		773
	Great Wolf Trust 2024-WLF2		775

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	NNN REIT Inc 4.3		$ 783
	Nucor Corp 4.65		791
	Wheels Fleet Lease Funding		792
	PNC Financial Services Group		793
	American Honda Finance Corp		799
	NorthWestern Corp 5.073		802
	Warnermedia Holdings Inc 3.755		803
	BX Commercial Mortgage Trust		804
	Marathon Petroleum Corp 5.15		808
	BMP 2024-MF23 5.122		809
	BX Trust 2025-GW 5.35		810
	M&T Bank Corp 5.179		814
	Towd Point Mortgage Trust		815
	Weyerhaeuser Co 4		838
	Canadian Natural Resources Ltd		842
	Marathon Petroleum Corp 3.8		845
	NXP BV / NXP		848
	MPLX LP 4		850
	T-Mobile US Trust 2025-2		850
	American Honda Finance Corp		863
	JPMDB Commercial Mortgage Securities		864
	ECMC Group Student Loan		869
	Barings Equipment Finance LLC		880
	SFS Auto Receivables Securitization		885
	Nelnet Student Loan Trust		895
	Citigroup Inc 3.07		911
	Extended Stay America Trust		915
	Ford Credit Floorplan Master		916
	BA Credit Card Trust		916
	Sherwin-Williams Co/The 2.95		918
	Energy Transfer LP 6.05		931
	North Texas Higher Education		947
	Eastman Chemical Co 5		949
	Brazos Education Loan Authority		949
	World Omni Auto Receivables		954
	Enterprise Fleet Financing 2025-2		958
	Virginia Housing Development Authority		958

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	Hewlett Packard Enterprise Co		$ 959
	FMC Corp 3.2		979
	John Deere Owner Trust		986
	UDR Inc 3.5		986
	Verizon Master Trust 4.4		995
	Rewity Inc 1.9		995
	Navient Refinance Loan Trust		998
	Citigroup Inc 4.542		1,003
	Sherwin-Williams Co/The 4.3		1,005
	Lennox International Inc 5.5		1,029
	PNC Financial Services Group		1,030
	GM Financial Revolving Receivables		1,049
	TCO 2024-DPM A 4.993		1,056
	ALA Trust 2025-OANA 5.494		1,058
	Xcel Energy Inc 1.75		1,063
	American Express Credit Account		1,066
	Regions Financial Corp 1.8		1,068
	EMD Finance LLC 4.125		1,071
	Daimler Truck Finance North		1,071
	Halliburton Co 2.92		1,073
	GS Mortgage Securities Trust		1,078
	SWCH Commercial Mortgage Trust		1,079
	Health Care Service Corp		1,081
	Minnesota Housing Finance Agency		1,083
	Rogers Communications Inc 5		1,092
	John Deere Owner Trust		1,098
	Carmax Auto Owner Trust		1,101
	Kinder Morgan Inc 1.75		1,104
	Washington State Housing Finance		1,112
	BX Trust 2025-ROIC 4.894		1,118
	Huntington Bancshares Inc/OH 2.55		1,125
	Ingredion Inc 2.9		1,126
	Hewlett Packard Enterprise Co		1,142
	BANK 2017-BNK6 3.254		1,160
	Aon Corp / Aon		1,174
	New York State Electric		1,191
	ROCK Trust 2024-CNTR 5.388		1,194

Co-op 401(k) Plan (51CLOL)

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

Year ended 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
	Stellantis Financial Enhanced Lease		$ 1,200
	Santander Drive Auto Receivables		1,200
	SCCU Auto Receivables Trust		1,205
	North Texas Higher Education		1,210
	Towd Point Mortgage Trust		1,216
	Citigroup Commercial Mortgage Trust		1,216
	Indiana Housing & Community		1,221
	Navient Student Loan Trust		1,224
	Fifth Third Auto Trust		1,225
	BX Commercial Mortgage Trust		1,229
	BX Commercial Mortgage Trust		1,232
	BX Trust 2022-IND 5.241		1,241
	Enterprise Fleet Financing 2025-3		1,244
	JPMDB Commercial Mortgage Securities		1,244
	Nelnet Student Loan Trust		1,267
	CNH Equipment Trust 2024-C		1,268
	USB Auto Owner Trust		1,275
	AMEX Credit Acct Mstr		1,277
	Bank of America Commercial		1,292
	BX Trust 2025-DIME 4.9		1,297
	Ford Credit Auto Lease		1,308
	BX Commercial Mortgage Trust		1,318
	RTX Corp 3.125		1,324
	Towd Point Mortgage Trust		1,340
	ONEOK Inc 4.4		1,350
	GM Financial Revolving Receivables		1,363
	Sumitomo Mitsui Financial Group		1,366
	Chase Auto Owner Trust		1,372
	Volvo Financial Equipment LLC		1,375
	BNP Paribas Sec Corp		1,385
	Verizon Master Trust 5.34		1,396
	Volkswagen Group of America		1,408
	GS Mortgage Securities Trust		1,409
	HSBC Holdings PLC 4.041		1,417
	Ford Credit Auto Owner		1,417
	HSBC Holdings PLC 4.583		1,418
	Toyota Auto Loan Extended		1,419

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	BNP Paribas SA 4.4		$ 1,429
	Experian Finance PLC 4.25		1,431
	Mercedes-Benz Auto Receivables Trust		1,440
	HSBC Holdings PLC 4.899		1,445
	Fifth Third Bancorp 4.772		1,448
	Nissan Auto Lease Trust		1,453
	Interstate Power and Light		1,456
	NTT Finance Corp 4.876		1,460
	BA Credit Card Trust		1,463
	Mercedes-Benz Auto Receivables Trust		1,476
	CRH SMW Finance DAC		1,481
	Ford Credit Auto Owner		1,481
	Enterprise Fleet Financing 2024-4		1,489
	Mercedes-Benz Auto Lease Trust		1,495
	UBS Commercial Mortgage Trust		1,510
	General Motors Financial Co		1,546
	BX Commercial Mortgage Trust		1,547
	Smurfit Kappa Treasury ULC		1,553
	Hyundai Auto Lease Securitization		1,558
	DC Commercial Mortgage Trust		1,560
	Citibank Credit Card Issuance		1,562
	Navient Refinance Loan Trust		1,593
	Fiserv Inc 5.375		1,612
	Capital One Financial Corp		1,622
	BMW Vehicle Owner Trust		1,640
	Brazos Education Loan Authority		1,676
	Citigroup Commercial Mortgage Trust		1,680
	American Express Credit Account		1,682
	Truist Financial Corp 5.435		1,709
	Cooperative Rabobank UA 1.98		1,719
	Ford Credit Auto Owner		1,733
	Verizon Communications Inc 2.355		1,740
	American Express Credit Account		1,743
	AMEX Credit Account Master		1,816
	Becton Dickinson & Co		1,822
	Ford Credit Auto Owner		1,832
	World Omni Auto Receivables		1,842

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	Nissan Auto Lease Trust		$ 1,845
	Chase Auto Owner Trust		1,861
	Nissan Auto Receivables 2025-A		1,886
	GM Financial Revolving Receivables		1,894
	Toyota Auto Loan Extended		1,898
	Toyota Lease Owner Trust		1,898
	SLM Student Loan Trust		1,899
	Maryland Community Development Administration		1,932
	Capital One Multi-Asset Execution		1,937
	Black Hills Corp 3.95		1,998
	Enterprise Fleet Financing 2025-4		2,009
	Discover Card Execution Note		2,012
	CFCRE Commercial Mortgage Trust		2,023
	BX Trust 2024-BIO 5.392		2,034
	Nissan Auto Receivables 2025-B		2,080
	Ford Credit Auto Owner		2,107
	Hyundai Auto Lease Securitization		2,227
	BAE Systems PLC 5.125		2,264
	JPMCC Commercial Mortgage Sec		2,314
	Volkswagen Auto Lease Trust		2,365
	CGMS Commercial Mortgage Trust		2,438
	Honda Auto Receivables 2024-3		2,475
	CVS Health Corp 1.3		2,494
	Verizon Master Trust 4.17		2,719
	CSAIL 2018-C14 Commercial Mortgage		3,150
	Toyota Auto Loan Extended		3,190
	JPMDB Commercial Mortgage Securities		7,195
	Total Corporate Debt - All Other, included within synthetic GICs		316,062
	Total Co-op Stable Value Fund		733,083

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
*	Participant loans (interest rates between 5% and 9.5%) (last maturity date is July 17, 2036)		$ 195,571
	Total		$ 5,148,653

* 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 (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	Interest bearing cash		$ 853
	Mutual Funds		
	Allspring Special SMCAP		72,488
	Artisan International Instl		13,048
	Dodge & Cox Intl Stock X		60,887
	JPMorgan Mid Cap Value R6		52,747
	NYLI Winslow Large Cap Growth FD		161,533
	PIMCO Total Return Fund Instl Class		459,647
	T Rowe Price Mid-Cap Growth Fund		52,732
	Vanguard Explorer FD Admiral Shares		32,274
	Vanguard Infl Protected Sec Fdinst		28,382
	Vanguard Instl Index		1,014,710
	Vanguard Intl Growth Admiral Class		30,670
	Vanguard Small Cap Ind Isnt Plus		546,310
	Vanguard Total BD Mkt Index Instl SH		359,164
	Vanguard Total Intl Stock Index Inst		998,189
	Vanguard Wellington Admiral shares		10,103
	Vanguard Windsor II Admiral Shares		327,112
	Total mutual funds		4,219,998
	Collective Investment Trust:		
	SEI Trust Company Short-Term Investment Fund II		20,190
	SEI Trust Company Short-Term Investment Fund A S		6,911
	Total Collective Investment Trust		27,101
	Co-Op Stable Value Fund:		
	Transamerica Life Insurance Company, Synthetic GIC		3,007
	Pacific Life Insurance Company, Synthetic GIC		3,398
	Prudential Insurance Company of America, Synthetic GIC		3,420
	American General Insurance Company , Synthetic GIC		3,238

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(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		1
	Ginnie Mae II pool		7
	Freddie Mac Non Gold		9
	United States Small Business		11
	Fannie Mae Pool 5.95		13
	Fannie Mae Pool 6.418		15
	Fannie Mae Pool 6.69		16
	Fannie Mae Pool 6.154		18
	Fannie Mae Pool 6.434		20
	Freddie Mac Non Gold		21
	Fannie Mae Pool 6.247		24
	Fannie Mae Trust 2004-W8		24
	Freddie Mac Non Gold		30
	Freddie Mac Non Gold		31
	Freddie Mac Gold Pool		32
	Freddie Mac Non Gold		36
	Freddie Mac Non Gold		39
	Freddie Mac Multifam Struct		42
	United States Small Business		43
	Freddie Mac Non Gold		43
	Freddie Mac Non Gold		46
	Freddie Mac Non Gold		54
	United States Small Business		56
	Freddie Mac Non Gold		57
	Freddie Mac Gold Pool		58
	Fannie Mae Pool 6.35		58
	Fannie Mae Pool 6.178		58
	Freddie Mac Gold Pool		60
	Freddie Mac Non Gold		61
	Freddie Mac Non Gold		63
	Ginnie Mae II pool		64
	Fannie Mae REMIC Trust		65
	Fannie Mae Pool 6.216		76
	Fannie Mae Pool 3		82
	Fannie Mae Pool 2.5		84
	Fannie Mae Pool 5		88

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	Freddie Mac Non Gold		$ 89
	Fannie Mae Pool 2.5		99
	Fannie Mae Pool 6.233		100
	Fannie Mae Pool 6.371		102
	Fannie Mae Grantor Trust		107
	Freddie Mac Non Gold		114
	Fannie Mae Pool 3		117
	Freddie Mac Non Gold		118
	Ethiopian Leasing 2012 LLC		121
	Reliance Industries Ltd 2.06		127
	Fannie Mae Pool 5		129
	Fannie Mae Pool 6.451		134
	Fannie Mae Pool 6.43		135
	Fannie Mae Pool 4.255		142
	Fannie Mae Pool 4.3		142
	Fannie Mae Pool 2.841		152
	Freddie Mac Pool 2.5		162
	United States Small Business		162
	Fannie Mae Pool 6.277		164
	Fannie Mae Pool 3.5		166
	Fannie Mae Pool 2.839		179
	Fannie Mae Pool 5		183
	Fannie Mae Pool 2.5		187
	Fannie Mae Pool 6.481		192
	Fannie Mae Pool 4		193
	Fannie Mae Pool 3.92		209
	Fannie Mae Pool 3		212
	United States Small Business		227
	Freddie Mac Non Gold		229
	Fannie Mae Pool 6.35		232
	Fannie Mae Pool 6.36		233
	Freddie Mac Non Gold		247
	Fannie Mae Pool 3		284
	SBA Small Business Investment		296
	SBA Small Business Investment		309
	Fannie Mae Pool 6.314		328
	Freddie 20-Yr 3.5 GIANT		341

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	GNMA 4.764		$ 89
	Fannie Mae Pool 2.5		366
	Fannie Mae Pool 3		367
	Fannie Mae Pool 4		385
	United States Small Business		420
	Freddie Mac Non Gold		426
	Fannie Mae Pool 4.36		427
	Fannie Mae Pool 6.37		434
	Freddie Mac Non Gold		455
	Fannie Mae Pool 4		456
	Fannie Mae Pool 2.5		482
	Freddie Mac Pool 2.5		516
	Freddie Mac Gold Pool		518
	Fannie Mae Pool 2.5		528
	Freddie Mac Non Gold		537
	SBA Small Business Investment		546
	Fannie Mae Pool 3		569
	Freddie Mac Pool 2		590
	Freddie Mac Pool 2.5		617
	SBA Small Business Investment		628
	Fannie Mae Pool 2.5		635
	Fannie Mae Pool 4		674
	Fannie Mae Pool 4.34		712
	Fannie Mae Pool 4		769
	Fannie Mae Pool 2.5		782
	United States Treasury Note/Bond		802
	Fannie Mae Pool 4		804
	Freddie Mac Pool 2.5		813
	Seasoned Credit Risk Transfer		821
	Fannie Mae Pool 4.5		834
	Fannie Mae Pool 4.32		854
	Freddie Mac Pool 2.5		869
	Fannie Mae Pool 3		898
	Fannie Mae Pool 3.92		940
	Fannie Mae Pool 2.5		975
	Freddie Mac Pool 2.5		1,004
	Freddie Mac Multifamily Structured		1,008

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	Fannie Mae Pool 5.18		$ 1,017
	Freddie Mac Pool 2		1,059
	SBA Small Business Investment		1,094
	Seasoned Credit Risk Transfer		1,096
	Fannie Mae Pool 4.5		1,125
	Fannie Mae Pool 2.5		1,137
	Freddie Mac Pool 3		1,163
	SBA Small Business Investment		1,165
	Freddie Mac Pool 2.5		1,196
	Fannie Mae Pool 2.5		1,255
	Fannie Mae Pool 4.28		1,278
	Freddie Mac Pool 2.5		1,309
	Freddie Mac Pool 2.5		1,311
	Freddie Mac Pool 4.5		1,327
	Fannie Mae Pool 4.98		1,333
	Fannie Mae Pool 2.5		1,345
	Fannie Mae Pool 4.325		1,349
	Seasoned Credit Risk Transfer		1,371
	Fannie Mae Pool 4		1,436
	Fannie Mae Pool 4.4		1,460
	Fannie Mae Pool 2.906		1,491
	SBA Small Business Investment		1,555
	Fannie Mae Pool 4.555		1,614
	Fannie Mae Pool 4.2		1,656
	Fannie Mae Pool 2		1,670
	SBA Small Business Investment		1,789
	Fannie Mae Pool 4.51		1,789
	Fannie Mae Pool 4.08		1,828
	United States Int Dev		2,142
	Fannie Mae Pool 4.49		2,177
	Fannie Mae Pool 3		2,182
	Fannie Mae Pool 4.35		2,196
	Fannie Mae Pool 2.5		2,454
	United States Treasury Note/Bond		2,481
	SBA Small Business Investment		2,611
	Fannie Mae Pool 4.35		2,772
	United States Small Business		2,781

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	SBA Small Business Investment		$ 2,841
	Freddie Mac Pool 3		3,003
	Freddie Mac Non Gold		3,362
	Fannie Mae Pool 3.94		3,380
	United States Small Business		3,457
	Fannie Mae Pool 3.96		3,508
	Fannie Mae Pool 4.65		3,735
	Fannie Mae Pool 4.31		3,772
	Fannie Mae Pool 5.09		3,773
	Fannie Mae Pool 4.71		3,862
	Freddie Mac Pool 2.5		3,891
	SBA Small Business Investment		3,907
	Fannie Mae Pool 4.14		3,968
	Fannie Mae Pool 1.39		4,330
	Fannie Mae Pool 3		4,371
	Fannie Mae Pool 3.815		4,392
	Fannie Mae Pool 1.7		4,687
	SBA Small Business Investment		4,731
	United States Treasury Note/Bond		5,520
	United States Treasury Note/Bond		5,735
	United States Treasury Note/Bond		5,865
	Freddie Mac Pool 2.5		6,309
	United States Treasury Note/Bond		6,961
	United States Treasury Note/Bond		9,490
	SBA Small Business Investment		9,727
	United States Treasury Note/Bond		12,606
	United States Treasury Note/Bond		13,060
	United States Treasury Note/Bond		13,298
	United States Treasury Note/Bond		21,506
	Total Government Securities included within Synthetic GICs held		270,780

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(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		68
	Voya Global Funding 4.6		142
	Morgan Stanley 4.994		145
	JPMorgan Chase & Co		145
	Prologis LP 4.75		148
	Alabama Federal Aid Highway		165
	Dominion Energy South Carolina		188
	Meta Platforms Inc 4.2		212
	Bank of Nova Scotia/The		283
	State Street Corp 4.53		289
	Morgan Stanley 2.475		349
	NLG Global Funding 4.35		351
	Bank of America Corp		355
	JPMorgan Chase & Co		355
	Mutual of Omaha Cos		360
	American Express Co 5.389		361
	American Express Co 5.043		364
	Morgan Stanley 5.449		370
	Pioneer Natural Resources Co		384
	Goldman Sachs Group Inc/The		407
	Morgan Stanley 5.23		407
	American Express Co 4.731		431
	Pacific Life Global Funding		440
	Public Service Co of		507
	Bank of Nova Scotia/The		516
	American Express Co 5.085		517
	Corebridge Global Funding 4.45		530
	Northwestern Mutual Global Funding		549
	Oklahoma Development Finance Authority		558
	Ameren Illinois Co 1.55		559
	Shell Finance US Inc		565
	Bank of America Corp		572
	Bank of Montreal 4.64		576
	BMW US Capital LLC		577
	Charles Schwab Corp 5.643		586
	Corebridge Global Funding 5.9		595
	Oklahoma Development Finance Authority		623
	Wells Fargo & Co		638

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	UnitedHealth Group Inc 4.7		$ 650
	Principal Life Global Funding		660
	Morgan Stanley 2.699		666
	CenterPoint Energy Houston Electric		707
	MORGAN STANLEY 3.772		709
	BMW US Capital LLC		710
	Toronto-Dominion Bank/The 4.574		712
	Royal Bank of Canada		718
	CenterPoint Energy Houston Electric		728
	Oncor Electric Delivery Co		730
	ConocoPhillips Co 4.7		730
	Bank of New York		735
	Merck & Co Inc		737
	Trustees of Princeton University/The		740
	Public Service Co of		757
	Bank of America Corp		763
	Wells Fargo & Co		796
	US Bancorp 6.787		797
	Mutual of Omaha Cos		800
	Duke Energy Progress LLC		804
	Bank of America Corp		819
	Oklahoma Development Finance Authority		824
	US Bancorp 2.215		834
	Lockheed Martin Corp 4.4		866
	Virginia Power Fuel Securitization		868
	Bank of Montreal 5.004		875
	Connecticut Light and Power		877
	State of Hawaii 4.771		916
	Bank of Nova Scotia/The		946
	BHP Billiton Finance USA		957
	DTE Electric Securitization Funding		962
	State of California 5.75		967
	JPMorgan Chase & Co		968
	Los Angeles Community College		974
	Bank of America Corp		984
	Yale University 4.701		984
	Morgan Stanley 4.21		992
	US Bancorp 4.548		1,009
	Cornell University 4.169		1,023
	Evergy Metro Inc 2.25		1,037

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	Trustees of Dartmouth College		$ 1,065
	Mercedes-Benz Finance North America		1,096
	President and Fellows of		1,100
	Morgan Stanley 5.173		1,105
	OhioHealth Corp 2.297		1,106
	Toronto-Dominion Bank/The 4.861		1,163
	Bank of America Corp		1,167
	Stanford Health Care 3.31		1,202
	CHRISTUS Health 4.341		1,215
	Louisiana Local Govt Env		1,249
	University of California 3.179		1,257
	Cedars-Sinai Health System 2.288		1,277
	Consumers Energy Co 4.6		1,288
	Royal Bank of Canada		1,313
	Goldman Sachs Group Inc/The		1,324
	Bank of America Corp		1,325
	Duke Energy Carolinas LLC		1,341
	Oncor Electric Delivery Co		1,365
	Metropolitan Life Global Funding		1,379
	Advocate Health & Hospitals		1,420
	Commonwealth of Massachusetts 3.769		1,425
	Wells Fargo & Co		1,442
	Morgan Stanley 5.164		1,448
	MassMutual Global Funding II		1,451
	Union Electric Co 3.5		1,463
	JPMorgan Chase & Co		1,478
	JPMorgan Chase & Co		1,542
	Orlando Health Obligated Group		1,575
	Commonwealth of Massachusetts 5.306		1,595
	Ascension Health 2.532		1,610
	Wells Fargo & Co		1,688
	JPMorgan Chase & Co		1,764
	Texas Electric Market Stabilization		1,811
	Goldman Sachs Group Inc/The		2,076
	State of Texas 4		2,315
	Leland Stanford Junior University/The		2,401
	Texas Natural Gas Securitization		2,562
	UBS Group AG 1.494		1,388
	Mid-Atlantic Interstate Transmission LLC		917
	Total Corporate Debt - Preferred, included within Synthetic GICs held		105,224

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(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 - All Other		
	Agilent Technologies Inc 4.2		$ (0)
	Enbridge Inc 4.6		71
	ARI Fleet Lease Trust		82
	Access Group Inc 2013-1		103
	Take-Two Interactive Software Inc		141
	Towd Point Mortgage Trust		144
	Energy Transfer LP 5.2		146
	Enbridge Inc 5.3		146
	Verizon Communications Inc 2.1		169
	METLIFE SECURITIZATION TRUST 2019-1		170
	Oracle Corp 4.45		174
	Plains All American Pipeline		179
	Oracle Corp 4.8		207
	NXP BV / NXP		214
	American International Group Inc		217
	Motorola Solutions Inc 5		218
	Citigroup Commercial Mortgage Trust		234
	GE HealthCare Technologies Inc		247
	Nelnet Student Loan Trust		247
	Starbucks Corp 2.25		261
	Healthpeak OP LLC 2.125		265
	Citigroup Inc 3.785		271
	Capital One Financial Corp		275
	Comcast Corp 3.55		280
	Towd Point Mortgage Trust		280
	BX Commercial Mortgage Trust		282
	T-Mobile USA Inc 2.25		282
	Huntington Bancshares Inc/OH 4.443		287
	Truist Financial Corp 5.071		290
	AvalonBay Communities Inc 4.35		318
	AT&T Inc 4.55		318
	Oracle Corp 4.8		323
	Amphenol Corp 5.05		329
	CubeSmart LP 2.25		333
	AT&T Inc 2.3		343
	CNH Industrial Capital LLC		348
	Enbridge Inc 4.25		352

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	Black Hills Corp 4.55		$ 355
	Sabine Pass Liquefaction LLC		355
	DLLMT 2023-1 LLC 5.34		356
	CubeSmart LP 4.375		357
	Roper Technologies Inc 4.5		357
	Equifax Inc 5.1		358
	Roper Technologies Inc 4.45		358
	Ventas Realty LP 4.4		359
	Equifax Inc 5.1		360
	General Motors Financial Co		361
	RELX Capital Inc 4.75		362
	FirstEnergy Pennsylvania Electric Co		363
	Digital Realty Trust LP		369
	Healthpeak OP LLC 3.5		416
	Transcontinental Gas Pipe Line		425
	Boeing Co/The 5.04		428
	M&T Bank Corp 4.553		430
	Amrize Finance US LLC		430
	Citigroup Inc 4.786		433
	Nutrien Ltd 4.9		434
	T-Mobile USA Inc 4.8		438
	Johnson Controls / Tyco		442
	Hyundai Capital America 5.3		444
	Lowe's Cos Inc 1.7		465
	FedEx Corp 3.1		478
	MS State Higher Ed		489
	MPLX LP 1.75		492
	Fifth Third Bancorp 4.055		494
	PPG Industries Inc 4.375		494
	RTX Corp 4.125		495
	L3Harris Technologies Inc 4.4		495
	Sabine Pass Liquefaction LLC		496
	Laboratory Corp of America		497
	AT&T Inc 2.25		498
	Hyundai Capital America 4.3		498
	General Motors Financial Co		502
	MMAF Equipment Finance LLC		503

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	PNC Financial Services Group		$ 506
	L3Harris Technologies Inc 5.05		506
	Wheels Fleet Lease Funding		507
	Canadian Pacific Railway Co		508
	Broadcom Inc 5.05		517
	Agree LP 2		535
	Take-Two Interactive Software Inc		546
	Masco Corp 3.5		558
	Coterra Energy Inc 3.9		562
	Nutrien Ltd 4		562
	T-Mobile USA Inc 2.625		562
	Mid-America Apartments LP 3.95		564
	Albemarle Corp 4.65		567
	Broadcom Inc 4.35		574
	Canadian Natural Resources Ltd		577
	MPLX LP 4.8		578
	Williams Cos Inc/The 4.9		581
	Microchip Technology Inc 5.05		583
	Kinder Morgan Inc 5		586
	Williams Cos Inc/The 5.3		589
	Volkswagen Auto Loan Enhanced		603
	Ford Credit Auto Owner		603
	Oracle Corp 2.3		606
	Masco Corp 2		626
	HP Inc 4		630
	Rogers Communications Inc 3.2		631
	Canadian National Railway Co		634
	Mosaic Co/The 4.35		636
	Rexford Industrial Realty LP		643
	Marsh & McLennan Cos		652
	Baxter International Inc 2.272		664
	Agilent Technologies Inc 2.75		675
	Extra Space Storage LP		681
	Navient Refinance Loan Trust		683
	Florida Gas Transmission Co		690
	T-Mobile USA Inc 3.875		696
	Extra Space Storage LP		696

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	Citigroup Inc 3.52		$ 699
	CNH Industrial NV 3.85		702
	SMRT 2022-MINI 4.751		703
	BOCA Commercial Mortgage Trust		703
	INTOWN 2025-STAY Mortgage Trust		704
	CommonSpirit Health 4.352		704
	Mondelez International Inc 4.125		707
	WRKCO INC 4		708
	Citigroup Inc 3.668		708
	General Mills Inc 4.2		709
	Ventas Realty LP 4		710
	PFS Financing Corp 4.75		711
	AT&T Inc 2.75		711
	Comcast Corp 4.15		711
	Nissan Master Owner Trust		711
	BX Trust 2025-ARIA 5.031		711
	Starbucks Corp 4.5		712
	Georgia-Pacific LLC 2.3		715
	Alexandria Real Estate Equities		715
	Equifax Inc 4.8		723
	CNH Industrial Capital LLC		724
	Federal Realty OP LP		725
	Microchip Technology Inc 5.05		726
	Wells Fargo Commercial Mortgage		730
	ONE Gas Inc 5.1		731
	Welltower OP LLC 2.05		735
	Packaging Corp of America		739
	Enbridge Inc 3.125		742
	MMAF Equipment Finance LLC		752
	Parker-Hannifin Corp 3.25		752
	Energy Transfer LP 3.75		755
	PHEAA Student Loan Trust		755
	Oracle Corp 4.2		765
	COMM 2016-COR1 Mortgage Trust		765
	Monongahela Power Co 3.55		770
	Citigroup Inc 1.122		773
	Great Wolf Trust 2024-WLF2		775

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	NNN REIT Inc 4.3		$ 783
	Nucor Corp 4.65		791
	Wheels Fleet Lease Funding		792
	PNC Financial Services Group		793
	American Honda Finance Corp		799
	NorthWestern Corp 5.073		802
	Warnermedia Holdings Inc 3.755		803
	BX Commercial Mortgage Trust		804
	Marathon Petroleum Corp 5.15		808
	BMP 2024-MF23 5.122		809
	BX Trust 2025-GW 5.35		810
	M&T Bank Corp 5.179		814
	Towd Point Mortgage Trust		815
	Weyerhaeuser Co 4		838
	Canadian Natural Resources Ltd		842
	Marathon Petroleum Corp 3.8		845
	NXP BV / NXP		848
	MPLX LP 4		850
	T-Mobile US Trust 2025-2		850
	American Honda Finance Corp		863
	JPMDB Commercial Mortgage Securities		864
	ECMC Group Student Loan		869
	Barings Equipment Finance LLC		880
	SFS Auto Receivables Securitization		885
	Nelnet Student Loan Trust		895
	Citigroup Inc 3.07		911
	Extended Stay America Trust		915
	Ford Credit Floorplan Master		916
	BA Credit Card Trust		916
	Sherwin-Williams Co/The 2.95		918
	Energy Transfer LP 6.05		931
	North Texas Higher Education		947
	Eastman Chemical Co 5		949
	Brazos Education Loan Authority		949
	World Omni Auto Receivables		954
	Enterprise Fleet Financing 2025-2		958
	Virginia Housing Development Authority		958

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	Hewlett Packard Enterprise Co		$ 959
	FMC Corp 3.2		979
	John Deere Owner Trust		986
	UDR Inc 3.5		986
	Verizon Master Trust 4.4		995
	Rewity Inc 1.9		995
	Navient Refinance Loan Trust		998
	Citigroup Inc 4.542		1,003
	Sherwin-Williams Co/The 4.3		1,005
	Lennox International Inc 5.5		1,029
	PNC Financial Services Group		1,030
	GM Financial Revolving Receivables		1,049
	TCO 2024-DPM A 4.993		1,056
	ALA Trust 2025-OANA 5.494		1,058
	Xcel Energy Inc 1.75		1,063
	American Express Credit Account		1,066
	Regions Financial Corp 1.8		1,068
	EMD Finance LLC 4.125		1,071
	Daimler Truck Finance North		1,071
	Halliburton Co 2.92		1,073
	GS Mortgage Securities Trust		1,078
	SWCH Commercial Mortgage Trust		1,079
	Health Care Service Corp		1,081
	Minnesota Housing Finance Agency		1,083
	Rogers Communications Inc 5		1,092
	John Deere Owner Trust		1,098
	Carmax Auto Owner Trust		1,101
	Kinder Morgan Inc 1.75		1,104
	Washington State Housing Finance		1,112
	BX Trust 2025-ROIC 4.894		1,118
	Huntington Bancshares Inc/OH 2.55		1,125
	Ingredion Inc 2.9		1,126
	Hewlett Packard Enterprise Co		1,142
	BANK 2017-BNK6 3.254		1,160
	Aon Corp / Aon		1,174
	New York State Electric		1,191
	ROCK Trust 2024-CNTR 5.388		1,194

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	Stellantis Financial Enhanced Lease		$ 1,200
	Santander Drive Auto Receivables		1,200
	SCCU Auto Receivables Trust		1,205
	North Texas Higher Education		1,210
	Towd Point Mortgage Trust		1,216
	Citigroup Commercial Mortgage Trust		1,216
	Indiana Housing & Community		1,221
	Navient Student Loan Trust		1,224
	Fifth Third Auto Trust		1,225
	BX Commercial Mortgage Trust		1,229
	BX Commercial Mortgage Trust		1,232
	BX Trust 2022-IND 5.241		1,241
	Enterprise Fleet Financing 2025-3		1,244
	JPMDB Commercial Mortgage Securities		1,244
	Nelnet Student Loan Trust		1,267
	CNH Equipment Trust 2024-C		1,268
	USB Auto Owner Trust		1,275
	AMEX Credit Acct Mstr		1,277
	Bank of America Commercial		1,292
	BX Trust 2025-DIME 4.9		1,297
	Ford Credit Auto Lease		1,308
	BX Commercial Mortgage Trust		1,318
	RTX Corp 3.125		1,324
	Towd Point Mortgage Trust		1,340
	ONEOK Inc 4.4		1,350
	GM Financial Revolving Receivables		1,363
	Sumitomo Mitsui Financial Group		1,366
	Chase Auto Owner Trust		1,372
	Volvo Financial Equipment LLC		1,375
	BNP Paribas Sec Corp		1,385
	Verizon Master Trust 5.34		1,396
	Volkswagen Group of America		1,408
	GS Mortgage Securities Trust		1,409
	HSBC Holdings PLC 4.041		1,417
	Ford Credit Auto Owner		1,417
	HSBC Holdings PLC 4.583		1,418
	Toyota Auto Loan Extended		1,419

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	BNP Paribas SA 4.4		$ 1,429
	Experian Finance PLC 4.25		1,431
	Mercedes-Benz Auto Receivables Trust		1,440
	HSBC Holdings PLC 4.899		1,445
	Fifth Third Bancorp 4.772		1,448
	Nissan Auto Lease Trust		1,453
	Interstate Power and Light		1,456
	NTT Finance Corp 4.876		1,460
	BA Credit Card Trust		1,463
	Mercedes-Benz Auto Receivables Trust		1,476
	CRH SMW Finance DAC		1,481
	Ford Credit Auto Owner		1,481
	Enterprise Fleet Financing 2024-4		1,489
	Mercedes-Benz Auto Lease Trust		1,495
	UBS Commercial Mortgage Trust		1,510
	General Motors Financial Co		1,546
	BX Commercial Mortgage Trust		1,547
	Smurfit Kappa Treasury ULC		1,553
	Hyundai Auto Lease Securitization		1,558
	DC Commercial Mortgage Trust		1,560
	Citibank Credit Card Issuance		1,562
	Navient Refinance Loan Trust		1,593
	Fiserv Inc 5.375		1,612
	Capital One Financial Corp		1,622
	BMW Vehicle Owner Trust		1,640
	Brazos Education Loan Authority		1,676
	Citigroup Commercial Mortgage Trust		1,680
	American Express Credit Account		1,682
	Truist Financial Corp 5.435		1,709
	Cooperative Rabobank UA 1.98		1,719
	Ford Credit Auto Owner		1,733
	Verizon Communications Inc 2.355		1,740
	American Express Credit Account		1,743
	AMEX Credit Account Master		1,816
	Becton Dickinson & Co		1,822
	Ford Credit Auto Owner		1,832
	World Omni Auto Receivables		1,842

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
	Nissan Auto Lease Trust		$ 1,845
	Chase Auto Owner Trust		1,861
	Nissan Auto Receivables 2025-A		1,886
	GM Financial Revolving Receivables		1,894
	Toyota Auto Loan Extended		1,898
	Toyota Lease Owner Trust		1,898
	SLM Student Loan Trust		1,899
	Maryland Community Development Administration		1,932
	Capital One Multi-Asset Execution		1,937
	Black Hills Corp 3.95		1,998
	Enterprise Fleet Financing 2025-4		2,009
	Discover Card Execution Note		2,012
	CFCRE Commercial Mortgage Trust		2,023
	BX Trust 2024-BIO 5.392		2,034
	Nissan Auto Receivables 2025-B		2,080
	Ford Credit Auto Owner		2,107
	Hyundai Auto Lease Securitization		2,227
	BAE Systems PLC 5.125		2,264
	JPMCC Commercial Mortgage Sec		2,314
	Volkswagen Auto Lease Trust		2,365
	CGMS Commercial Mortgage Trust		2,438
	Honda Auto Receivables 2024-3		2,475
	CVS Health Corp 1.3		2,494
	Verizon Master Trust 4.17		2,719
	CSAIL 2018-C14 Commercial Mortgage		3,150
	Toyota Auto Loan Extended		3,190
	JPMDB Commercial Mortgage Securities		7,195
	Total Corporate Debt - All Other, included within synthetic GICs		316,062
	Total Co-op Stable Value Fund		733,083

Co-op 401(k) Plan (51CLOL)

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

Year ended December 31, 2025

EIN: 41-0365145 & Plan Number 030

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party (c) Description of Investment	(d) Cost **	(e) Current Value
*	Participant loans (interest rates between 5% and 9.5%) (last maturity date is July 17, 2036)		$ 195,571
	Total		$ 5,148,653

* 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) ▶ 030

1c Effective date of plan 08/01/2014

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.

PO Box 64101

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	Julie Sexton	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