

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 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>			
A	This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of 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)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>CENTRAL OHIO FARMERS CO-OP, INC. /</u>	1b	Three-digit plan number (PN) ▶ <u>003</u>
		1c	Effective date of plan <u>01/01/2013</u>
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) <u>CENTRAL OHIO FARMERS CO-OP, INC/ MORRAL COMPANIES, LLC</u> <u>751 E. FARMING ST.</u> <u>MARION, OH 43302</u>	2b	Employer Identification Number (EIN) <u>31-1717226</u>
		2c	Plan Sponsor's telephone number <u>740-383-2158</u>
		2d	Business code (see instructions) <u>115110</u>

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.	10/14/2020	ANDREW RUCK
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ 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 CENTRAL OHIO FARMERS CO-OP, INC/MORRAL COMPANIES, LLC c Plan Name CENTRAL OHIO FARMERS CO-OP, INC./	4b EIN 4d PN 002
5 Total number of participants at the beginning of the plan year	5 226
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 180 6a(2) 212 6b 0 6c 47 6d 259 6e 0 6f 259 6g 218 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 Characteristics Codes in the instructions: 2F 2G 2J 2K 3D 2E b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan CENTRAL OHIO FARMERS CO-OP, INC. /	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL OHIO FARMERS CO-OP, INC/ MORRAL COMPANIES, LLC	D Employer Identification Number (EIN) 31-1717226

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.
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1 Coverage Information:

(a) Name of insurance carrier GREAT-WEST LIFE & ANNUITY 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
84-0467907	68322	1260019-01	56	01/01/2019	12/31/2019

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 170	(b) Total amount of fees paid 0
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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 KIT FOGLE MERRILL LYNCH LIFE AGENCY, INC. 206 S. PROSPECT ST MARION, OH 43302

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
170			3

(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** 939573**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) ▶ **GROUP ANNUITY CONTRACT****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 ▶ **GROUP ANNUITY CONTRACT****b** Balance at the end of the previous year **7b** 1602478**c** Additions: (1) Contributions deposited during the year **7c(1)** 114457
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 12750
(4) Transferred from separate account **7c(4)** 2930
(5) Other (specify below) **7c(5)** 1026
▶ **LOAN REPAYMENT**(6) Total additions **7c(6)** 131163**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1733641**e** Deductions:
(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1733640
(2) Administration charge made by carrier **7e(2)** 763372
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)** 30695
▶ **LOAN**(5) Total deductions **7e(5)** 2527707**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** -794066

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan CENTRAL OHIO FARMERS CO-OP, INC. /	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL OHIO FARMERS CO-OP, INC/ MORRAL COMPANIES, LLC	D Employer Identification Number (EIN) 31-1717226	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

GREAT WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	1350	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MERRILL LYNCH

1215 4TH AVE 26TH FL
SEATTLE, WA 98161

(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?
55	BROKER/ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	2576	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 ☐

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
MERRILL LYNCH LIFE AGENCY INC	55	2576

(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.	
GREAT WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS	

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan CENTRAL OHIO FARMERS CO-OP, INC. /	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL OHIO FARMERS CO-OP, INC/ MORRAL COMPANIES, LLC	D Employer Identification Number (EIN) 31-1717226	

Part I	Asset and Liability Statement
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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	8	8
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)	1602469	939565
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	71721	88417
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	12994413	14270205
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	14668611	15298195

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	14668611	15298195
---	-----------	----------	----------

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)	415821	
(B) Participants	2a(1)(B)	719097	
(C) Others (including rollovers)	2a(1)(C)	27034	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1161952
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)	4176	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4176
(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)	821568	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		821568
(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)	2211015	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2211015

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4198711

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3566962	
(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)		3566962
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	815	
(2) Contract administrator fees	2i(2)	1350	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2165
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3569127

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		629584
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) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: **BALESTRA, HARR, & SCHERER CPAS, INC**

(2) EIN: **31-1413363**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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 ☒ 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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

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 2019 This Form is Open to Public Inspection.
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan CENTRAL OHIO FARMERS CO-OP, INC. /		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL OHIO FARMERS CO-OP, INC/ MORRAL COMPANIES, LLC		D Employer Identification Number (EIN) 31-1717226
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): 84-0467907		
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 13
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

**CENTRAL OHIO FARMERS CO-OP, INC. /
MORRAL COMPANIES, LLC**

401(k) SAFE HARBOR PLAN

FINANCIAL STATEMENTS

December 31, 2019 and 2018

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bhm cpa group, inc.
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Trustees of
Central Ohio Farmers Co-op, Inc. / Morral Companies, LLC
401(k) Safe Harbor Plan
Marion, Ohio

We were engaged to audit the accompanying financial statements of the Central Ohio Farmers Co-op, Inc. / Morral Companies, LLC 401(k) Safe Harbor Plan, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018 and the statements of changes in net assets available for benefits for the years then ended and the related notes to financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in the notes to financial statements, which was certified by Great-West Trust Company, LLC, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian held the Plan's investment assets and executed investment transactions. The Plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

To the Trustees of
Central Ohio Farmers Co-op, Inc. / Morral Companies, LLC
401(k) Safe Harbor Plan
Page 2

Other Matter

The supplemental schedule of assets held at year end is required by DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Circleville, Ohio
September 16, 2020

BHM CPA Group, Inc.

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC
401(k) SAFE HARBOR PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
ASSETS		
Investments:		
Mutual funds	\$ 14,270,205	\$ 12,994,413
Guaranteed investment contract	<u>939,565</u>	<u>1,602,469</u>
Total investments	15,209,770	14,596,882
 Notes receivable from participants	 <u>88,417</u>	 <u>71,721</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 15,298,187</u>	 <u>\$ 14,668,603</u>

The accompanying notes are an integral part of these financial statements.

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC
401(k) SAFE HARBOR PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
ADDITIONS		
Contributions:		
Employee contributions	\$ 719,097	\$ 707,397
Employer contributions	415,821	400,981
Rollover contributions	27,034	30,652
Total contributions	<u>1,161,952</u>	<u>1,139,030</u>
Investment income (loss):		
Interest and dividends	821,568	906,733
Net realized and unrealized gain (loss) in fair value of investments	<u>2,211,015</u>	<u>(1,594,554)</u>
Net investment income (loss)	<u>3,032,583</u>	<u>(687,821)</u>
Interest income on notes receivable	<u>4,176</u>	<u>3,722</u>
TOTAL ADDITIONS	<u>4,198,711</u>	<u>454,931</u>
DEDUCTIONS		
Distributions to participants	3,566,962	2,655,973
Administrative and other expenses	<u>2,165</u>	<u>1,350</u>
TOTAL DEDUCTIONS	<u>3,569,127</u>	<u>2,657,323</u>
NET INCREASE (DECREASE)	629,584	(2,202,392)
Net assets available for benefits at beginning of year	<u>14,668,603</u>	<u>16,870,995</u>
Net assets available for benefits at end of year	<u>\$ 15,298,187</u>	<u>\$ 14,668,603</u>

The accompanying notes are an integral part of these financial statements.

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC
401(k) SAFE HARBOR PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2019 and 2018

DESCRIPTION OF PLAN

The Central Ohio Farmers Co-op, Inc. / Morral Companies, LLC 401(k) Safe Harbor Plan (the Plan) was created as a new plan in 2013. Assets and participant accounts of plans sponsored individually by Central Ohio Farmers Co-op, Inc. and its wholly owned subsidiary, Morral Companies, LLC, were transferred into the Plan. The following brief description is provided for general information purposes only. Participants should refer to the Plan agreement for a more comprehensive description.

General

The Plan is a defined contribution retirement plan sponsored by Central Ohio Farmers Co-op, Inc. and its wholly owned subsidiary Morral Companies, LLC (collectively the Plan Sponsor) for the benefit of its eligible employees. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan's effective date was January 1, 2013.

Eligibility

An employee must be at least 18 years of age and have completed 6 months of service prior to entering the Plan. Entry dates into the Plan occur each month.

Contributions

To participate in the Plan, an eligible employee must enter into a contribution agreement with the employer, authorizing the employer to deduct and withhold from such employee's compensation a specified amount, or percentage thereof, and to contribute such amount to the employee's account in the Plan. Participating employees have the option to contribute pre-tax salary deferrals and/or after-tax Roth deferrals. In accordance with Section 401(k) of the Internal Revenue Code, all pre-tax amounts withheld from wages and contributed to a participant's account, up to the maximum allowed, shall be excluded from gross income of the participant for federal income tax purposes. Employer matching contributions expressed as a percent of qualified wages are as follows:

<u>Employee Contributions</u>	<u>Employer Matching Contributions</u>
0%	0%
1%	1%
2%	2%
3%	3%
4%	3.5%
5% and above	4%

Vesting

All amounts contributed by both the employee and the employer and the earnings thereon are immediately vested.

Forfeited Accounts

As all contributions are immediately vested, there are no forfeitures in the Plan.

Participant Accounts

Participant's accounts are credited with the participant's contribution and allocations of (a) the Plan Sponsor's contribution, (b) Plan earnings, and (c) administrative expenses. Allocations are based on participants' compensation or account balances, as provided in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Administrative Fees and Expenses

The Plan Sponsor absorbs a portion of trustee and administrator fees and expenses. Fees and expenses paid by the Plan are allocated to participant accounts on a prorated basis.

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC
401(k) SAFE HARBOR PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2019 and 2018

DESCRIPTION OF PLAN - Continued

Investment Options

Upon enrollment in the Plan, a participant may direct employee and employer contributions to various mutual funds consisting of different investment types and goals as made available and determined by the Trustees. Participants may change their investment options any time throughout the year via internet or direct phone access to Great-West Trust Company, LLC. The change becomes effective the next business day.

Payment of Benefits

The normal form of benefit payments under the Plan are lump sum distributions. A participant's account shall be payable to him or her, or in the event of death to a beneficiary, upon the earlier of disability, termination of employment or retirement date. Normal retirement date is upon attainment of age 65. Distributions may be made from any vested accounts upon attainment of age 59 ½. Roth deferrals are not available for in-service withdrawal. Hardship withdrawals may be made for an immediate and heavy financial need of the participant as defined in the Plan agreement.

Notes Receivable from Participants

Participant loans are permitted under the Plan. A participant must repay the loan within five years, unless the loan is being used to purchase a primary residence. Loans must be approved by the Plan administrator and Trustees. The maximum amount available to a participant is the lesser of 50% of his or her vested account balance (less any previous outstanding loans) or \$50,000 reduced by the highest outstanding loan balance in the past twelve months. One loan per participant is allowed at any one time with \$1,000 being the minimum amount available for each loan.

Termination of the Plan

Although it has not expressed any intention to do so, the Plan Sponsor may terminate or amend the Plan in whole or in part at any time.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The financial statements were prepared on the accrual basis of accounting and practices common to employee benefit plans. Following are the significant accounting policies adopted by the Plan and used in the preparation of these financial statements:

Investments

Investments in mutual funds are recorded at fair value based upon quoted market prices at year end. Income from investments is recorded as earned on the accrual basis of accounting. Cost of investments is determined on the average cost basis and used to determine realized gains and losses upon disposition.

The Plan invests in a guaranteed investment contract maintained in a trust. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value for this guaranteed investment contract is based upon contributions, withdrawals and earnings of the trust as reported by KeyBank. The statement of net assets available for plan benefits and the statements of changes in net assets available for plan benefits present the guaranteed investment contract on a contract value basis.

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC
401(k) SAFE HARBOR PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2019 and 2018

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Notes Receivable from Participants

Notes receivable from participants are valued at their unpaid principal balance plus any accrued but unpaid interest.

Contributions

Contributions are recorded as earned on the accrual basis when withheld from the participant's earnings and when due by the Plan Sponsor.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Although these estimates are based on the Plan administrator's knowledge of current events and actions it may undertake in the future, they may ultimately differ from actual results.

Risks and Uncertainties

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

Recent Accounting Standards

In August 2018, Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2018-13, *Fair Value Measurement – Disclosure Framework*. The updated guidance improves disclosure requirements for fair value measurements. The ASU is effective for fiscal years beginning after December 15, 2019. Early adoption is permitted for any removed or modified disclosures. The Plan Sponsor does not expect the adoption of this ASU to have a significant impact on the Plan's financial statements.

Other accounting standards that have been issued or proposed by the FASB or other standards-setting bodies are not expected to have a material impact on the Plan's significant accounting policies, net assets available for benefits, or changes in net assets available for benefits.

GUARANTEED INVESTMENT CONTRACT

The Plan maintains a benefit-responsive guaranteed investment contract with Great-West Life & Annuity Insurance Company, which is the KeyBank Guaranteed Portfolio Fund. As described in SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, because the investment contract is benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment contract. Contract value, as reported to the Plan, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC
401(k) SAFE HARBOR PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2019 and 2018

GUARANTEED INVESTMENT CONTRACT - Continued

The investment contract issuer is obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate for the KeyBank Guaranteed Portfolio Fund was 2.46% for the year ended December 31, 2019 (2.22% for 2018). The crediting interest rate is adjusted quarterly. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Certain events may limit the Plan's ability to transact at contract value with the issuer such as premature termination of contracts by the Plan, layoffs, Plan termination, bankruptcy, mergers and early retirement incentives. The Plan administrator does not believe that the occurrence of any such event that would limit the Plan's ability to transact at contract value with the participants is probable.

FAIR VALUE MEASUREMENTS

The Plan complies with Accounting Standards Codification (ASC) 820 *Fair Value Measurements and Disclosures* to account for and report fair value. ASC 820 provides a single definition of fair value, a framework for measuring fair value and expanded disclosures concerning fair value. It also defines fair value as the price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

Fair values of certain assets and liabilities are determined based on the fair value hierarchy established in this standard, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances. The standard describes three levels within its hierarchy that may be used to measure fair value which are:

Level 1

Values are based on unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2

Values are based on quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3

Values are generated from unobservable inputs that are supported by little or no market activity and that are a significant component of the fair value of the assets or liabilities. These unobservable inputs would reflect management's estimates of assumptions that market participants would use in pricing related assets or liabilities. Valuation techniques might include the use of pricing models, discounted cash flow models or similar techniques.

A financial asset or liability's classification within the hierarchy is determined based on the lowest level input that is significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the classification of fair value assets and liabilities within the fair value hierarchy levels.

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC
401(k) SAFE HARBOR PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2019 and 2018

FAIR VALUE MEASUREMENTS - Continued

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

	<u>Total</u>	<u>Fair Value Measurements Using:</u>		
		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
December 31, 2019				
Mutual funds	\$ 14,270,205	\$ 14,270,205	\$ -	\$ -
December 31, 2018				
Mutual funds	\$ 12,994,413	\$ 12,994,413	\$ -	\$ -

The mutual funds are publicly traded, and their fair value represents the closing price or net asset value published as of December 31, 2019 and 2018. As a result, these investments are listed as Level 1.

The guaranteed investment contract included in investments on the statement of net assets available for benefits is reported at contract value and therefore not included in the fair value table.

INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The following information was prepared and certified to as complete and accurate by Great-West Trust Company, LLC, custodian of the Plan, and was utilized in the preparation of the Plan's financial statements as of December 31, 2019 and 2018, and for the years then ended. Certain adjustments have been made to the information, primarily to present the Plan's financial statements on the accrual basis and properly classify transactions.

	<u>2019</u>	<u>2018</u>
Mutual funds	\$ 14,270,205	\$ 12,994,413
Guaranteed investment contract	939,565	1,602,469
Contributions and deposits	1,189,141	1,168,707
Interest and dividends	821,568	906,733
Investment income (loss)	2,211,015	(1,594,554)
Withdrawals	(3,608,836)	(2,676,123)

REPORTABLE TRANSACTIONS

The Plan's assets are participant-directed, and, as a result, the schedule of reportable transactions is not required.

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC
401(k) SAFE HARBOR PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2019 and 2018

PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds managed by the Plan's investment advisor, as is customary in retirement plans. As a result, these transactions qualify as party-in-interest transactions.

Certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee received compensation from the Plan. Certain administrative expenses of the Plan are paid directly by the Plan Sponsor and are not charged to the Plan.

BHM CPA Group, Inc. serves as the Plan's auditors and qualifies as a party-in-interest.

INCOME TAX STATUS

The Plan Sponsor adopted a prototype plan on which an opinion letter relating only to the acceptability of the form of the Plan was obtained on March 31, 2014. A determination letter from the Internal Revenue Service has not been requested specifically for the Plan.

The Plan complies with ASC 740-10 related to uncertain tax positions. This standard prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken on a tax return. The Plan administrator is not aware of any tax positions taken by the Plan that they consider to be uncertain. The tax returns for the years ended 2016, 2017 and 2018 are open and subject to examination by the Internal Revenue Service.

RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Differences between the audited financial statements and the information on the Form 5500 were not significant and primarily related to different classifications.

SUBSEQUENT EVENTS

As a result of the spread of COVID-19 coronavirus, economic uncertainties have arisen which have resulted in significant volatility in the investment markets, resulting in a substantial decline in the value of some financial sectors and plan investments. The duration and full impact of these financial effects cannot be reasonably estimated at this time.

In response to the spread of COVID-19, the Coronavirus Aid, Relief, and Economic Security Act (CARES) was signed into law. The CARES act aimed to reduce the negative economic impact of the coronavirus through the disbursement of \$2.1 trillion in aid and relief to multiple sectors of the economy. Included in these provisions were changes to limits and restrictions related to qualified participant distributions, loans, and contributions in 401(k) plans. The Plan is currently in the process of evaluating the effects for its December 31, 2020 plan year, including the potential amendment of current plan provisions to be in compliance with the changes in law.

Subsequent events were evaluated through September 16, 2020, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC

401(k) SAFE HARBOR PLAN

EIN 31-1717226

PLAN NUMBER 003

SCHEDULE H, LINE 4i; SCHEDULE OF ASSETS HELD AT YEAR END

December 31, 2019

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Prudential Total Return Bond A	Mutual Fund	Participant Directed	\$ 336,762
	Blackrock High Yield Bond Inv A	Mutual Fund	Participant Directed	288,112
	Eaton Vance Floating Rate A	Mutual Fund	Participant Directed	54,162
	JP Morgan Growth Advantage A	Mutual Fund	Participant Directed	1,863,187
	Delaware Value A	Mutual Fund	Participant Directed	2,512,098
	American Funds EuroPacific GR R3	Mutual Fund	Participant Directed	486,806
	Oppenheimer Developing Markets A	Mutual Fund	Participant Directed	100,914
	Columbia Small Cap Index A	Mutual Fund	Participant Directed	749,188
	Columbia Mid Cap Index A	Mutual Fund	Participant Directed	447,020
	Alger Capital Appreciation A	Mutual Fund	Participant Directed	116,900
	Prudential QMA Mid-Cap Value A	Mutual Fund	Participant Directed	112,595
	American Funds Washington Mutual R3	Mutual Fund	Participant Directed	153,998
	Columbia Large Cap Index A	Mutual Fund	Participant Directed	1,125,650
	MFS Massachussetts Inv Growth Fund A	Mutual Fund	Participant Directed	280,655
	Ivy International Core Equity Y	Mutual Fund	Participant Directed	290,410
	Eaton Vance Atlanta Capital Smid-cap A	Mutual Fund	Participant Directed	2,159,835
	American Funds 2015 Target Date Fund R3	Mutual Fund	Participant Directed	15,698
	American Funds 2025 Target Date Fund R4	Mutual Fund	Participant Directed	476,302
	American Funds 2035 Target Date Fund R5	Mutual Fund	Participant Directed	1,175,453
	American Funds 2045 Target Date Fund R6	Mutual Fund	Participant Directed	414,707
	American Funds 2055 Target Date Fund R7	Mutual Fund	Participant Directed	192,195
	American Funds 2060 Target Date Fund R8	Mutual Fund	Participant Directed	44,999
	Janus Balanced A	Mutual Fund	Participant Directed	872,559
	Key Guaranteed Portfolio Fund	Guaranteed Investment Contract	Participant Directed	939,565
		Interest rates of 4.25% to 4.50% and terms of 1 to 20 years		
*	Notes receivable from participants		Participant Directed	88,417
	Totals			<u>\$ 15,298,187</u>

* Represents party-in-interest

**CENTRAL OHIO FARMERS CO-OP, INC. /
MORRAL COMPANIES, LLC**

401(k) SAFE HARBOR PLAN

FINANCIAL STATEMENTS

December 31, 2019 and 2018

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bhm cpa group, inc.
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Trustees of
Central Ohio Farmers Co-op, Inc. / Morral Companies, LLC
401(k) Safe Harbor Plan
Marion, Ohio

We were engaged to audit the accompanying financial statements of the Central Ohio Farmers Co-op, Inc. / Morral Companies, LLC 401(k) Safe Harbor Plan, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018 and the statements of changes in net assets available for benefits for the years then ended and the related notes to financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in the notes to financial statements, which was certified by Great-West Trust Company, LLC, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian held the Plan's investment assets and executed investment transactions. The Plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

To the Trustees of
Central Ohio Farmers Co-op, Inc. / Morral Companies, LLC
401(k) Safe Harbor Plan
Page 2

Other Matter

The supplemental schedule of assets held at year end is required by DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Circleville, Ohio
September 16, 2020

BHM CPA Group, Inc.

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC
401(k) SAFE HARBOR PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
ASSETS		
Investments:		
Mutual funds	\$ 14,270,205	\$ 12,994,413
Guaranteed investment contract	<u>939,565</u>	<u>1,602,469</u>
Total investments	15,209,770	14,596,882
 Notes receivable from participants	 <u>88,417</u>	 <u>71,721</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 15,298,187</u>	 <u>\$ 14,668,603</u>

The accompanying notes are an integral part of these financial statements.

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC
401(k) SAFE HARBOR PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
ADDITIONS		
Contributions:		
Employee contributions	\$ 719,097	\$ 707,397
Employer contributions	415,821	400,981
Rollover contributions	27,034	30,652
Total contributions	<u>1,161,952</u>	<u>1,139,030</u>
Investment income (loss):		
Interest and dividends	821,568	906,733
Net realized and unrealized gain (loss) in fair value of investments	<u>2,211,015</u>	<u>(1,594,554)</u>
Net investment income (loss)	<u>3,032,583</u>	<u>(687,821)</u>
Interest income on notes receivable	<u>4,176</u>	<u>3,722</u>
TOTAL ADDITIONS	<u>4,198,711</u>	<u>454,931</u>
DEDUCTIONS		
Distributions to participants	3,566,962	2,655,973
Administrative and other expenses	<u>2,165</u>	<u>1,350</u>
TOTAL DEDUCTIONS	<u>3,569,127</u>	<u>2,657,323</u>
NET INCREASE (DECREASE)	629,584	(2,202,392)
Net assets available for benefits at beginning of year	<u>14,668,603</u>	<u>16,870,995</u>
Net assets available for benefits at end of year	<u>\$ 15,298,187</u>	<u>\$ 14,668,603</u>

The accompanying notes are an integral part of these financial statements.

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC
401(k) SAFE HARBOR PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2019 and 2018

DESCRIPTION OF PLAN

The Central Ohio Farmers Co-op, Inc. / Morral Companies, LLC 401(k) Safe Harbor Plan (the Plan) was created as a new plan in 2013. Assets and participant accounts of plans sponsored individually by Central Ohio Farmers Co-op, Inc. and its wholly owned subsidiary, Morral Companies, LLC, were transferred into the Plan. The following brief description is provided for general information purposes only. Participants should refer to the Plan agreement for a more comprehensive description.

General

The Plan is a defined contribution retirement plan sponsored by Central Ohio Farmers Co-op, Inc. and its wholly owned subsidiary Morral Companies, LLC (collectively the Plan Sponsor) for the benefit of its eligible employees. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan's effective date was January 1, 2013.

Eligibility

An employee must be at least 18 years of age and have completed 6 months of service prior to entering the Plan. Entry dates into the Plan occur each month.

Contributions

To participate in the Plan, an eligible employee must enter into a contribution agreement with the employer, authorizing the employer to deduct and withhold from such employee's compensation a specified amount, or percentage thereof, and to contribute such amount to the employee's account in the Plan. Participating employees have the option to contribute pre-tax salary deferrals and/or after-tax Roth deferrals. In accordance with Section 401(k) of the Internal Revenue Code, all pre-tax amounts withheld from wages and contributed to a participant's account, up to the maximum allowed, shall be excluded from gross income of the participant for federal income tax purposes. Employer matching contributions expressed as a percent of qualified wages are as follows:

<u>Employee Contributions</u>	<u>Employer Matching Contributions</u>
0%	0%
1%	1%
2%	2%
3%	3%
4%	3.5%
5% and above	4%

Vesting

All amounts contributed by both the employee and the employer and the earnings thereon are immediately vested.

Forfeited Accounts

As all contributions are immediately vested, there are no forfeitures in the Plan.

Participant Accounts

Participant's accounts are credited with the participant's contribution and allocations of (a) the Plan Sponsor's contribution, (b) Plan earnings, and (c) administrative expenses. Allocations are based on participants' compensation or account balances, as provided in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Administrative Fees and Expenses

The Plan Sponsor absorbs a portion of trustee and administrator fees and expenses. Fees and expenses paid by the Plan are allocated to participant accounts on a prorated basis.

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC
401(k) SAFE HARBOR PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2019 and 2018

DESCRIPTION OF PLAN - Continued

Investment Options

Upon enrollment in the Plan, a participant may direct employee and employer contributions to various mutual funds consisting of different investment types and goals as made available and determined by the Trustees. Participants may change their investment options any time throughout the year via internet or direct phone access to Great-West Trust Company, LLC. The change becomes effective the next business day.

Payment of Benefits

The normal form of benefit payments under the Plan are lump sum distributions. A participant's account shall be payable to him or her, or in the event of death to a beneficiary, upon the earlier of disability, termination of employment or retirement date. Normal retirement date is upon attainment of age 65. Distributions may be made from any vested accounts upon attainment of age 59 ½. Roth deferrals are not available for in-service withdrawal. Hardship withdrawals may be made for an immediate and heavy financial need of the participant as defined in the Plan agreement.

Notes Receivable from Participants

Participant loans are permitted under the Plan. A participant must repay the loan within five years, unless the loan is being used to purchase a primary residence. Loans must be approved by the Plan administrator and Trustees. The maximum amount available to a participant is the lesser of 50% of his or her vested account balance (less any previous outstanding loans) or \$50,000 reduced by the highest outstanding loan balance in the past twelve months. One loan per participant is allowed at any one time with \$1,000 being the minimum amount available for each loan.

Termination of the Plan

Although it has not expressed any intention to do so, the Plan Sponsor may terminate or amend the Plan in whole or in part at any time.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The financial statements were prepared on the accrual basis of accounting and practices common to employee benefit plans. Following are the significant accounting policies adopted by the Plan and used in the preparation of these financial statements:

Investments

Investments in mutual funds are recorded at fair value based upon quoted market prices at year end. Income from investments is recorded as earned on the accrual basis of accounting. Cost of investments is determined on the average cost basis and used to determine realized gains and losses upon disposition.

The Plan invests in a guaranteed investment contract maintained in a trust. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value for this guaranteed investment contract is based upon contributions, withdrawals and earnings of the trust as reported by KeyBank. The statement of net assets available for plan benefits and the statements of changes in net assets available for plan benefits present the guaranteed investment contract on a contract value basis.

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC
401(k) SAFE HARBOR PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2019 and 2018

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Notes Receivable from Participants

Notes receivable from participants are valued at their unpaid principal balance plus any accrued but unpaid interest.

Contributions

Contributions are recorded as earned on the accrual basis when withheld from the participant's earnings and when due by the Plan Sponsor.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Although these estimates are based on the Plan administrator's knowledge of current events and actions it may undertake in the future, they may ultimately differ from actual results.

Risks and Uncertainties

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

Recent Accounting Standards

In August 2018, Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2018-13, *Fair Value Measurement – Disclosure Framework*. The updated guidance improves disclosure requirements for fair value measurements. The ASU is effective for fiscal years beginning after December 15, 2019. Early adoption is permitted for any removed or modified disclosures. The Plan Sponsor does not expect the adoption of this ASU to have a significant impact on the Plan's financial statements.

Other accounting standards that have been issued or proposed by the FASB or other standards-setting bodies are not expected to have a material impact on the Plan's significant accounting policies, net assets available for benefits, or changes in net assets available for benefits.

GUARANTEED INVESTMENT CONTRACT

The Plan maintains a benefit-responsive guaranteed investment contract with Great-West Life & Annuity Insurance Company, which is the KeyBank Guaranteed Portfolio Fund. As described in SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, because the investment contract is benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment contract. Contract value, as reported to the Plan, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC
401(k) SAFE HARBOR PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2019 and 2018

GUARANTEED INVESTMENT CONTRACT - Continued

The investment contract issuer is obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate for the KeyBank Guaranteed Portfolio Fund was 2.46% for the year ended December 31, 2019 (2.22% for 2018). The crediting interest rate is adjusted quarterly. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Certain events may limit the Plan's ability to transact at contract value with the issuer such as premature termination of contracts by the Plan, layoffs, Plan termination, bankruptcy, mergers and early retirement incentives. The Plan administrator does not believe that the occurrence of any such event that would limit the Plan's ability to transact at contract value with the participants is probable.

FAIR VALUE MEASUREMENTS

The Plan complies with Accounting Standards Codification (ASC) 820 *Fair Value Measurements and Disclosures* to account for and report fair value. ASC 820 provides a single definition of fair value, a framework for measuring fair value and expanded disclosures concerning fair value. It also defines fair value as the price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

Fair values of certain assets and liabilities are determined based on the fair value hierarchy established in this standard, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances. The standard describes three levels within its hierarchy that may be used to measure fair value which are:

Level 1

Values are based on unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2

Values are based on quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3

Values are generated from unobservable inputs that are supported by little or no market activity and that are a significant component of the fair value of the assets or liabilities. These unobservable inputs would reflect management's estimates of assumptions that market participants would use in pricing related assets or liabilities. Valuation techniques might include the use of pricing models, discounted cash flow models or similar techniques.

A financial asset or liability's classification within the hierarchy is determined based on the lowest level input that is significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the classification of fair value assets and liabilities within the fair value hierarchy levels.

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC
401(k) SAFE HARBOR PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2019 and 2018

FAIR VALUE MEASUREMENTS - Continued

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

	<u>Total</u>	<u>Fair Value Measurements Using:</u>		
		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
December 31, 2019				
Mutual funds	\$ 14,270,205	\$ 14,270,205	\$ -	\$ -
December 31, 2018				
Mutual funds	\$ 12,994,413	\$ 12,994,413	\$ -	\$ -

The mutual funds are publicly traded, and their fair value represents the closing price or net asset value published as of December 31, 2019 and 2018. As a result, these investments are listed as Level 1.

The guaranteed investment contract included in investments on the statement of net assets available for benefits is reported at contract value and therefore not included in the fair value table.

INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The following information was prepared and certified to as complete and accurate by Great-West Trust Company, LLC, custodian of the Plan, and was utilized in the preparation of the Plan's financial statements as of December 31, 2019 and 2018, and for the years then ended. Certain adjustments have been made to the information, primarily to present the Plan's financial statements on the accrual basis and properly classify transactions.

	<u>2019</u>	<u>2018</u>
Mutual funds	\$ 14,270,205	\$ 12,994,413
Guaranteed investment contract	939,565	1,602,469
Contributions and deposits	1,189,141	1,168,707
Interest and dividends	821,568	906,733
Investment income (loss)	2,211,015	(1,594,554)
Withdrawals	(3,608,836)	(2,676,123)

REPORTABLE TRANSACTIONS

The Plan's assets are participant-directed, and, as a result, the schedule of reportable transactions is not required.

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC
401(k) SAFE HARBOR PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2019 and 2018

PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds managed by the Plan's investment advisor, as is customary in retirement plans. As a result, these transactions qualify as party-in-interest transactions.

Certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee received compensation from the Plan. Certain administrative expenses of the Plan are paid directly by the Plan Sponsor and are not charged to the Plan.

BHM CPA Group, Inc. serves as the Plan's auditors and qualifies as a party-in-interest.

INCOME TAX STATUS

The Plan Sponsor adopted a prototype plan on which an opinion letter relating only to the acceptability of the form of the Plan was obtained on March 31, 2014. A determination letter from the Internal Revenue Service has not been requested specifically for the Plan.

The Plan complies with ASC 740-10 related to uncertain tax positions. This standard prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken on a tax return. The Plan administrator is not aware of any tax positions taken by the Plan that they consider to be uncertain. The tax returns for the years ended 2016, 2017 and 2018 are open and subject to examination by the Internal Revenue Service.

RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Differences between the audited financial statements and the information on the Form 5500 were not significant and primarily related to different classifications.

SUBSEQUENT EVENTS

As a result of the spread of COVID-19 coronavirus, economic uncertainties have arisen which have resulted in significant volatility in the investment markets, resulting in a substantial decline in the value of some financial sectors and plan investments. The duration and full impact of these financial effects cannot be reasonably estimated at this time.

In response to the spread of COVID-19, the Coronavirus Aid, Relief, and Economic Security Act (CARES) was signed into law. The CARES act aimed to reduce the negative economic impact of the coronavirus through the disbursement of \$2.1 trillion in aid and relief to multiple sectors of the economy. Included in these provisions were changes to limits and restrictions related to qualified participant distributions, loans, and contributions in 401(k) plans. The Plan is currently in the process of evaluating the effects for its December 31, 2020 plan year, including the potential amendment of current plan provisions to be in compliance with the changes in law.

Subsequent events were evaluated through September 16, 2020, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC

401(k) SAFE HARBOR PLAN

EIN 31-1717226

PLAN NUMBER 003

SCHEDULE H, LINE 4i; SCHEDULE OF ASSETS HELD AT YEAR END

December 31, 2019

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Prudential Total Return Bond A	Mutual Fund	Participant Directed	\$ 336,762
	Blackrock High Yield Bond Inv A	Mutual Fund	Participant Directed	288,112
	Eaton Vance Floating Rate A	Mutual Fund	Participant Directed	54,162
	JP Morgan Growth Advantage A	Mutual Fund	Participant Directed	1,863,187
	Delaware Value A	Mutual Fund	Participant Directed	2,512,098
	American Funds EuroPacific GR R3	Mutual Fund	Participant Directed	486,806
	Oppenheimer Developing Markets A	Mutual Fund	Participant Directed	100,914
	Columbia Small Cap Index A	Mutual Fund	Participant Directed	749,188
	Columbia Mid Cap Index A	Mutual Fund	Participant Directed	447,020
	Alger Capital Appreciation A	Mutual Fund	Participant Directed	116,900
	Prudential QMA Mid-Cap Value A	Mutual Fund	Participant Directed	112,595
	American Funds Washington Mutual R3	Mutual Fund	Participant Directed	153,998
	Columbia Large Cap Index A	Mutual Fund	Participant Directed	1,125,650
	MFS Massachussetts Inv Growth Fund A	Mutual Fund	Participant Directed	280,655
	Ivy International Core Equity Y	Mutual Fund	Participant Directed	290,410
	Eaton Vance Atlanta Capital Smid-cap A	Mutual Fund	Participant Directed	2,159,835
	American Funds 2015 Target Date Fund R3	Mutual Fund	Participant Directed	15,698
	American Funds 2025 Target Date Fund R4	Mutual Fund	Participant Directed	476,302
	American Funds 2035 Target Date Fund R5	Mutual Fund	Participant Directed	1,175,453
	American Funds 2045 Target Date Fund R6	Mutual Fund	Participant Directed	414,707
	American Funds 2055 Target Date Fund R7	Mutual Fund	Participant Directed	192,195
	American Funds 2060 Target Date Fund R8	Mutual Fund	Participant Directed	44,999
	Janus Balanced A	Mutual Fund	Participant Directed	872,559
	Key Guaranteed Portfolio Fund	Guaranteed Investment Contract	Participant Directed	939,565
		Interest rates of 4.25% to 4.50% and terms of 1 to 20 years		
*	Notes receivable from participants		Participant Directed	88,417
	Totals			<u>\$ 15,298,187</u>

* Represents party-in-interest

**CENTRAL OHIO FARMERS CO-OP, INC. /
MORRAL COMPANIES, LLC**

401(k) SAFE HARBOR PLAN

FINANCIAL STATEMENTS

December 31, 2019 and 2018

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bhm cpa group, inc.
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Trustees of
Central Ohio Farmers Co-op, Inc. / Morral Companies, LLC
401(k) Safe Harbor Plan
Marion, Ohio

We were engaged to audit the accompanying financial statements of the Central Ohio Farmers Co-op, Inc. / Morral Companies, LLC 401(k) Safe Harbor Plan, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018 and the statements of changes in net assets available for benefits for the years then ended and the related notes to financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in the notes to financial statements, which was certified by Great-West Trust Company, LLC, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian held the Plan's investment assets and executed investment transactions. The Plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

To the Trustees of
Central Ohio Farmers Co-op, Inc. / Morral Companies, LLC
401(k) Safe Harbor Plan
Page 2

Other Matter

The supplemental schedule of assets held at year end is required by DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Circleville, Ohio
September 16, 2020

BHM CPA Group, Inc.

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC
401(k) SAFE HARBOR PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
ASSETS		
Investments:		
Mutual funds	\$ 14,270,205	\$ 12,994,413
Guaranteed investment contract	<u>939,565</u>	<u>1,602,469</u>
Total investments	15,209,770	14,596,882
 Notes receivable from participants	 <u>88,417</u>	 <u>71,721</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 15,298,187</u>	 <u>\$ 14,668,603</u>

The accompanying notes are an integral part of these financial statements.

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC
401(k) SAFE HARBOR PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
ADDITIONS		
Contributions:		
Employee contributions	\$ 719,097	\$ 707,397
Employer contributions	415,821	400,981
Rollover contributions	27,034	30,652
Total contributions	<u>1,161,952</u>	<u>1,139,030</u>
Investment income (loss):		
Interest and dividends	821,568	906,733
Net realized and unrealized gain (loss) in fair value of investments	<u>2,211,015</u>	<u>(1,594,554)</u>
Net investment income (loss)	<u>3,032,583</u>	<u>(687,821)</u>
Interest income on notes receivable	<u>4,176</u>	<u>3,722</u>
TOTAL ADDITIONS	<u>4,198,711</u>	<u>454,931</u>
DEDUCTIONS		
Distributions to participants	3,566,962	2,655,973
Administrative and other expenses	<u>2,165</u>	<u>1,350</u>
TOTAL DEDUCTIONS	<u>3,569,127</u>	<u>2,657,323</u>
NET INCREASE (DECREASE)	629,584	(2,202,392)
Net assets available for benefits at beginning of year	<u>14,668,603</u>	<u>16,870,995</u>
Net assets available for benefits at end of year	<u>\$ 15,298,187</u>	<u>\$ 14,668,603</u>

The accompanying notes are an integral part of these financial statements.

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC
401(k) SAFE HARBOR PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2019 and 2018

DESCRIPTION OF PLAN

The Central Ohio Farmers Co-op, Inc. / Morral Companies, LLC 401(k) Safe Harbor Plan (the Plan) was created as a new plan in 2013. Assets and participant accounts of plans sponsored individually by Central Ohio Farmers Co-op, Inc. and its wholly owned subsidiary, Morral Companies, LLC, were transferred into the Plan. The following brief description is provided for general information purposes only. Participants should refer to the Plan agreement for a more comprehensive description.

General

The Plan is a defined contribution retirement plan sponsored by Central Ohio Farmers Co-op, Inc. and its wholly owned subsidiary Morral Companies, LLC (collectively the Plan Sponsor) for the benefit of its eligible employees. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan's effective date was January 1, 2013.

Eligibility

An employee must be at least 18 years of age and have completed 6 months of service prior to entering the Plan. Entry dates into the Plan occur each month.

Contributions

To participate in the Plan, an eligible employee must enter into a contribution agreement with the employer, authorizing the employer to deduct and withhold from such employee's compensation a specified amount, or percentage thereof, and to contribute such amount to the employee's account in the Plan. Participating employees have the option to contribute pre-tax salary deferrals and/or after-tax Roth deferrals. In accordance with Section 401(k) of the Internal Revenue Code, all pre-tax amounts withheld from wages and contributed to a participant's account, up to the maximum allowed, shall be excluded from gross income of the participant for federal income tax purposes. Employer matching contributions expressed as a percent of qualified wages are as follows:

<u>Employee Contributions</u>	<u>Employer Matching Contributions</u>
0%	0%
1%	1%
2%	2%
3%	3%
4%	3.5%
5% and above	4%

Vesting

All amounts contributed by both the employee and the employer and the earnings thereon are immediately vested.

Forfeited Accounts

As all contributions are immediately vested, there are no forfeitures in the Plan.

Participant Accounts

Participant's accounts are credited with the participant's contribution and allocations of (a) the Plan Sponsor's contribution, (b) Plan earnings, and (c) administrative expenses. Allocations are based on participants' compensation or account balances, as provided in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Administrative Fees and Expenses

The Plan Sponsor absorbs a portion of trustee and administrator fees and expenses. Fees and expenses paid by the Plan are allocated to participant accounts on a prorated basis.

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC
401(k) SAFE HARBOR PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2019 and 2018

DESCRIPTION OF PLAN - Continued

Investment Options

Upon enrollment in the Plan, a participant may direct employee and employer contributions to various mutual funds consisting of different investment types and goals as made available and determined by the Trustees. Participants may change their investment options any time throughout the year via internet or direct phone access to Great-West Trust Company, LLC. The change becomes effective the next business day.

Payment of Benefits

The normal form of benefit payments under the Plan are lump sum distributions. A participant's account shall be payable to him or her, or in the event of death to a beneficiary, upon the earlier of disability, termination of employment or retirement date. Normal retirement date is upon attainment of age 65. Distributions may be made from any vested accounts upon attainment of age 59 ½. Roth deferrals are not available for in-service withdrawal. Hardship withdrawals may be made for an immediate and heavy financial need of the participant as defined in the Plan agreement.

Notes Receivable from Participants

Participant loans are permitted under the Plan. A participant must repay the loan within five years, unless the loan is being used to purchase a primary residence. Loans must be approved by the Plan administrator and Trustees. The maximum amount available to a participant is the lesser of 50% of his or her vested account balance (less any previous outstanding loans) or \$50,000 reduced by the highest outstanding loan balance in the past twelve months. One loan per participant is allowed at any one time with \$1,000 being the minimum amount available for each loan.

Termination of the Plan

Although it has not expressed any intention to do so, the Plan Sponsor may terminate or amend the Plan in whole or in part at any time.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The financial statements were prepared on the accrual basis of accounting and practices common to employee benefit plans. Following are the significant accounting policies adopted by the Plan and used in the preparation of these financial statements:

Investments

Investments in mutual funds are recorded at fair value based upon quoted market prices at year end. Income from investments is recorded as earned on the accrual basis of accounting. Cost of investments is determined on the average cost basis and used to determine realized gains and losses upon disposition.

The Plan invests in a guaranteed investment contract maintained in a trust. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value for this guaranteed investment contract is based upon contributions, withdrawals and earnings of the trust as reported by KeyBank. The statement of net assets available for plan benefits and the statements of changes in net assets available for plan benefits present the guaranteed investment contract on a contract value basis.

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC
401(k) SAFE HARBOR PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2019 and 2018

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Notes Receivable from Participants

Notes receivable from participants are valued at their unpaid principal balance plus any accrued but unpaid interest.

Contributions

Contributions are recorded as earned on the accrual basis when withheld from the participant's earnings and when due by the Plan Sponsor.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Although these estimates are based on the Plan administrator's knowledge of current events and actions it may undertake in the future, they may ultimately differ from actual results.

Risks and Uncertainties

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

Recent Accounting Standards

In August 2018, Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2018-13, *Fair Value Measurement – Disclosure Framework*. The updated guidance improves disclosure requirements for fair value measurements. The ASU is effective for fiscal years beginning after December 15, 2019. Early adoption is permitted for any removed or modified disclosures. The Plan Sponsor does not expect the adoption of this ASU to have a significant impact on the Plan's financial statements.

Other accounting standards that have been issued or proposed by the FASB or other standards-setting bodies are not expected to have a material impact on the Plan's significant accounting policies, net assets available for benefits, or changes in net assets available for benefits.

GUARANTEED INVESTMENT CONTRACT

The Plan maintains a benefit-responsive guaranteed investment contract with Great-West Life & Annuity Insurance Company, which is the KeyBank Guaranteed Portfolio Fund. As described in SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, because the investment contract is benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment contract. Contract value, as reported to the Plan, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC
401(k) SAFE HARBOR PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2019 and 2018

GUARANTEED INVESTMENT CONTRACT - Continued

The investment contract issuer is obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate for the KeyBank Guaranteed Portfolio Fund was 2.46% for the year ended December 31, 2019 (2.22% for 2018). The crediting interest rate is adjusted quarterly. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Certain events may limit the Plan's ability to transact at contract value with the issuer such as premature termination of contracts by the Plan, layoffs, Plan termination, bankruptcy, mergers and early retirement incentives. The Plan administrator does not believe that the occurrence of any such event that would limit the Plan's ability to transact at contract value with the participants is probable.

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The Plan complies with Accounting Standards Codification (ASC) 820 *Fair Value Measurements and Disclosures* to account for and report fair value. ASC 820 provides a single definition of fair value, a framework for measuring fair value and expanded disclosures concerning fair value. It also defines fair value as the price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

Fair values of certain assets and liabilities are determined based on the fair value hierarchy established in this standard, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances. The standard describes three levels within its hierarchy that may be used to measure fair value which are:

Level 1

Values are based on unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2

Values are based on quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3

Values are generated from unobservable inputs that are supported by little or no market activity and that are a significant component of the fair value of the assets or liabilities. These unobservable inputs would reflect management's estimates of assumptions that market participants would use in pricing related assets or liabilities. Valuation techniques might include the use of pricing models, discounted cash flow models or similar techniques.

A financial asset or liability's classification within the hierarchy is determined based on the lowest level input that is significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the classification of fair value assets and liabilities within the fair value hierarchy levels.

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC
401(k) SAFE HARBOR PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2019 and 2018

FAIR VALUE MEASUREMENTS - Continued

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

	<u>Total</u>	<u>Fair Value Measurements Using:</u>		
		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
December 31, 2019				
Mutual funds	\$ 14,270,205	\$ 14,270,205	\$ -	\$ -
December 31, 2018				
Mutual funds	\$ 12,994,413	\$ 12,994,413	\$ -	\$ -

The mutual funds are publicly traded, and their fair value represents the closing price or net asset value published as of December 31, 2019 and 2018. As a result, these investments are listed as Level 1.

The guaranteed investment contract included in investments on the statement of net assets available for benefits is reported at contract value and therefore not included in the fair value table.

INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The following information was prepared and certified to as complete and accurate by Great-West Trust Company, LLC, custodian of the Plan, and was utilized in the preparation of the Plan's financial statements as of December 31, 2019 and 2018, and for the years then ended. Certain adjustments have been made to the information, primarily to present the Plan's financial statements on the accrual basis and properly classify transactions.

	<u>2019</u>	<u>2018</u>
Mutual funds	\$ 14,270,205	\$ 12,994,413
Guaranteed investment contract	939,565	1,602,469
Contributions and deposits	1,189,141	1,168,707
Interest and dividends	821,568	906,733
Investment income (loss)	2,211,015	(1,594,554)
Withdrawals	(3,608,836)	(2,676,123)

REPORTABLE TRANSACTIONS

The Plan's assets are participant-directed, and, as a result, the schedule of reportable transactions is not required.

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC
401(k) SAFE HARBOR PLAN

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2019 and 2018

PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds managed by the Plan's investment advisor, as is customary in retirement plans. As a result, these transactions qualify as party-in-interest transactions.

Certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee received compensation from the Plan. Certain administrative expenses of the Plan are paid directly by the Plan Sponsor and are not charged to the Plan.

BHM CPA Group, Inc. serves as the Plan's auditors and qualifies as a party-in-interest.

INCOME TAX STATUS

The Plan Sponsor adopted a prototype plan on which an opinion letter relating only to the acceptability of the form of the Plan was obtained on March 31, 2014. A determination letter from the Internal Revenue Service has not been requested specifically for the Plan.

The Plan complies with ASC 740-10 related to uncertain tax positions. This standard prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken on a tax return. The Plan administrator is not aware of any tax positions taken by the Plan that they consider to be uncertain. The tax returns for the years ended 2016, 2017 and 2018 are open and subject to examination by the Internal Revenue Service.

RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Differences between the audited financial statements and the information on the Form 5500 were not significant and primarily related to different classifications.

SUBSEQUENT EVENTS

As a result of the spread of COVID-19 coronavirus, economic uncertainties have arisen which have resulted in significant volatility in the investment markets, resulting in a substantial decline in the value of some financial sectors and plan investments. The duration and full impact of these financial effects cannot be reasonably estimated at this time.

In response to the spread of COVID-19, the Coronavirus Aid, Relief, and Economic Security Act (CARES) was signed into law. The CARES act aimed to reduce the negative economic impact of the coronavirus through the disbursement of \$2.1 trillion in aid and relief to multiple sectors of the economy. Included in these provisions were changes to limits and restrictions related to qualified participant distributions, loans, and contributions in 401(k) plans. The Plan is currently in the process of evaluating the effects for its December 31, 2020 plan year, including the potential amendment of current plan provisions to be in compliance with the changes in law.

Subsequent events were evaluated through September 16, 2020, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

CENTRAL OHIO FARMERS CO-OP, INC. / MORRAL COMPANIES, LLC

401(k) SAFE HARBOR PLAN

EIN 31-1717226

PLAN NUMBER 003

SCHEDULE H, LINE 4i; SCHEDULE OF ASSETS HELD AT YEAR END

December 31, 2019

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Prudential Total Return Bond A	Mutual Fund	Participant Directed	\$ 336,762
	Blackrock High Yield Bond Inv A	Mutual Fund	Participant Directed	288,112
	Eaton Vance Floating Rate A	Mutual Fund	Participant Directed	54,162
	JP Morgan Growth Advantage A	Mutual Fund	Participant Directed	1,863,187
	Delaware Value A	Mutual Fund	Participant Directed	2,512,098
	American Funds EuroPacific GR R3	Mutual Fund	Participant Directed	486,806
	Oppenheimer Developing Markets A	Mutual Fund	Participant Directed	100,914
	Columbia Small Cap Index A	Mutual Fund	Participant Directed	749,188
	Columbia Mid Cap Index A	Mutual Fund	Participant Directed	447,020
	Alger Capital Appreciation A	Mutual Fund	Participant Directed	116,900
	Prudential QMA Mid-Cap Value A	Mutual Fund	Participant Directed	112,595
	American Funds Washington Mutual R3	Mutual Fund	Participant Directed	153,998
	Columbia Large Cap Index A	Mutual Fund	Participant Directed	1,125,650
	MFS Massachussetts Inv Growth Fund A	Mutual Fund	Participant Directed	280,655
	Ivy International Core Equity Y	Mutual Fund	Participant Directed	290,410
	Eaton Vance Atlanta Capital Smid-cap A	Mutual Fund	Participant Directed	2,159,835
	American Funds 2015 Target Date Fund R3	Mutual Fund	Participant Directed	15,698
	American Funds 2025 Target Date Fund R4	Mutual Fund	Participant Directed	476,302
	American Funds 2035 Target Date Fund R5	Mutual Fund	Participant Directed	1,175,453
	American Funds 2045 Target Date Fund R6	Mutual Fund	Participant Directed	414,707
	American Funds 2055 Target Date Fund R7	Mutual Fund	Participant Directed	192,195
	American Funds 2060 Target Date Fund R8	Mutual Fund	Participant Directed	44,999
	Janus Balanced A	Mutual Fund	Participant Directed	872,559
	Key Guaranteed Portfolio Fund	Guaranteed Investment Contract	Participant Directed	939,565
		Interest rates of 4.25% to 4.50% and terms of 1 to 20 years		
*	Notes receivable from participants		Participant Directed	88,417
	Totals			<u>\$ 15,298,187</u>

* Represents party-in-interest

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 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning _____ and ending _____	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of 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) _____

Part II	Basic Plan Information—enter all requested information												
1a Name of plan 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)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; padding: 5px;">1b Three-digit plan number (PN) ▶</td> <td style="border-bottom: 1px solid black; width: 100px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 5px;">1c Effective date of plan</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 5px;">2b Employer Identification Number (EIN)</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 5px;">2c Plan Sponsor's telephone number</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 5px;">2d Business code (see instructions)</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>	1b Three-digit plan number (PN) ▶		1c Effective date of plan		2b Employer Identification Number (EIN)		2c Plan Sponsor's telephone number		2d Business code (see instructions)			
1b Three-digit plan number (PN) ▶													
1c Effective date of plan													
2b Employer Identification Number (EIN)													
2c Plan Sponsor's telephone number													
2d Business code (see instructions)													

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

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

SIGN HERE			
	Signature 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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☐ 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 c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
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)
a(2) Total number of active participants at the end of the plan year	6a(2)
b Retired or separated participants receiving benefits.....	6b
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e	6f
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☐ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 _____

PN: 003

[illegible]