

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 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</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)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II Basic Plan Information—enter all requested information											
1a Name of plan <u>AGRIMARK 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 5px; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2" style="padding: 5px;">1c Effective date of plan <u>01/01/1995</u></td> </tr> <tr> <td colspan="2" style="padding: 5px;">2b Employer Identification Number (EIN) <u>82-0473541</u></td> </tr> <tr> <td colspan="2" style="padding: 5px;">2c Plan Sponsor's telephone number <u>208-684-9801</u></td> </tr> <tr> <td colspan="2" style="padding: 5px;">2d Business code (see instructions) <u>111210</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1995</u>		2b Employer Identification Number (EIN) <u>82-0473541</u>		2c Plan Sponsor's telephone number <u>208-684-9801</u>		2d Business code (see instructions) <u>111210</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/1995</u>											
2b Employer Identification Number (EIN) <u>82-0473541</u>											
2c Plan Sponsor's telephone number <u>208-684-9801</u>											
2d Business code (see instructions) <u>111210</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>AGRIMARK, INC.</u> <u>326 S 1400 W.</u> <u>PINGREE, ID 83262</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.	10/05/2022	STACIE ADAMS
	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
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor AGRIMARK, INC. 326 S. 1400 W. PINGREE, ID 83262		3b Administrator's EIN 82-0473541
		3c Administrator's telephone number 208-684-9801
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		5 125
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) 114
a(2) Total number of active participants at the end of the plan year		6a(2) 121
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits		6c 13
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 134
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 134
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 109
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D 2T		
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
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) ☒ <u>1</u> 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan AGRIMARK 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AGRIMARK, INC.	D Employer Identification Number (EIN) 82-0473541

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
JOHN HANCOCK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	98552	120	01/01/2021	12/31/2021

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 25596	(b) Total amount of fees paid 3328
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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
KMS FINANCIAL SERVICES, INC.

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25596	0	BROKER COMMISSION	3

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	3328	TPA COMMISSION	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account..... (5) Other (specify below) ▶ 7c(1) 7c(2) 7c(3) 7c(4) 7c(5)	7c(6)	0
d	(6) Total additions	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account..... (4) Other (specify below) ▶ 7e(1) 7e(2) 7e(3) 7e(4)	7e(5)	0
f	(5) Total deductions	7f	0
	Balance at the end of the current year (subtract line 7e(5) from line 7d)		0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
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)	0
(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)	0
(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. Specify nature of costs.	10b	

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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan AGRIMARK 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 AGRIMARK, INC.	D Employer Identification Number (EIN) 82-0473541

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a

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

☒ Yes ☐ No

b

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

(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERIBEN SOLUTIONS	
82-0360424	
(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
JOHN HANCOCK LIFE INSURANCE CO.	
01-0233346	
(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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)

JOHN HANCOCK LIFE INSURANCE CO

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPING	701	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>AGRIMARK 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AGRIMARK, INC.</u>	D Employer Identification Number (EIN) <u>82-0473541</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2065 TD</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4066</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2060 TD</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>101306</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2055 TD</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23726</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2050 TD</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>50539</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2045 TD</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>171512</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2040 TD</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>85927</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2035 TD</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1167</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2030 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36638
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2025 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11837
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER AGGRESSIVE LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 419146
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER GROWTH LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1072091
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER BALANCED LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 906891
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER MODERATE LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29326
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER CONSERV LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4927
a Name of MTIA, CCT, PSA, or 103-12 IE: SELECT AA GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2188154
a Name of MTIA, CCT, PSA, or 103-12 IE: SELECT AA BALANCED		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 593069
a Name of MTIA, CCT, PSA, or 103-12 IE: SELECT AA MODERATE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18730

a Name of MTIA, CCT, PSA, or 103-12 IE: SELECT AA CONSERVATIVE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 219789
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53317
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS SMALLCAP WORLD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 550
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25591
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO DEVELOPING MARKETS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2530
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN MIDCAP VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 130384
a Name of MTIA, CCT, PSA, or 103-12 IE: KEELEY SMALL CAP DIVIDEND VAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1347
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM JENNISON MID CAP GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 172894
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP STOCK FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2246
a Name of MTIA, CCT, PSA, or 103-12 IE: SPROTT GOLD EQUITY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25616

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP GROWTH ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75051
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROW INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43561
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPAC GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9876
a Name of MTIA, CCT, PSA, or 103-12 IE: AF THE GROWTH FUND OF AMERICA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15352
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1645
a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4182
a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 98986
a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36090
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK INTL GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14867
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INC		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1451

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18066
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a Name of MTIA, CCT, PSA, or 103-12 IE: AF US GOVERNMENT SECURITIES

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1699
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK STABLE VAL

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 146290
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan AGRIMARK 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 AGRIMARK, INC.	D Employer Identification Number (EIN) 82-0473541	

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	6869	6909
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4159	4159
(2) Participant contributions.....	1b(2)	0	0
(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)		
(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)	187481	173492
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	5824680	6820429
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	6023189 7004989
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	6909 8506
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	6909 8506
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6016280 6996483

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	264709
	(B) Participants	2a(1)(B)	432838
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	697547
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)	11236
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	11236
(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)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		705277
(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		1414060
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	433156	
(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)		433156
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)		
(2) Contract administrator fees.....	2i(2)	701	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		701
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		433857
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		980203
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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: WIPFLI

(2) EIN: 39-0758449

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		400000
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan AGRIMARK 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 AGRIMARK, INC.	D Employer Identification Number (EIN) 82-0473541

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): 01-0233346		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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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) 2021
v. 201209

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year

15b

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

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) 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 _____



Deducted Charges Summary For Contract Number 98552 Page 1
THE TRUSTEES OF WADA FARMS 401(K)
For Period January 1, 2021 To December 31, 2021

Fund Name	Charge Type	Charge Amount
American Funds 2025 TD	Asset Charge	-96.52
Total		-96.52
American Funds 2030 TD	Asset Charge	-263.93
Total		-263.93
American Funds 2035 TD	Asset Charge	-3.60
Total		-3.60
American Funds 2040 TD	Asset Charge	-699.90
Total		-699.90
American Funds 2045 TD	Asset Charge	-4350.31
American Funds 2045 TD	Flat Loan Charge	-48.00
American Funds 2045 TD	TPA Transaction Fees	-75.00
American Funds 2045 TD	Withdrawal Processing Fee	-25.00
Total		-4498.31
American Funds 2050 TD	Asset Charge	-413.71
American Funds 2050 TD	Flat Loan Charge	-24.00
American Funds 2050 TD	TPA Transaction Fees	-125.00
Total		-562.71
American Funds 2055 TD	Asset Charge	-184.77
Total		-184.77
American Funds 2060 TD	Asset Charge	-918.95
American Funds 2060 TD	TPA Transaction Fees	-250.00
American Funds 2060 TD	Withdrawal Processing Fee	-50.00
Total		-1218.95
American Funds 2065 TD	Asset Charge	-16.21
Total		-16.21
Blue Chip Growth Fund	Asset Charge	-705.24
Total		-705.24
Capital Appreciation Fund	Asset Charge	-330.29
Total		-330.29
Capital World Growth & Income	Asset Charge	-0.58
Total		-0.58
DFA U.S. Small Cap Fund	Asset Charge	-82.80
Total		-82.80



Deducted Charges Summary For Contract Number 98552 Page 2
THE TRUSTEES OF WADA FARMS 401(K)
For Period January 1, 2021 To December 31, 2021

Fund Name	Charge Type	Charge Amount
EuroPacific Growth Fund	Asset Charge	-97.40
Total		-97.40
Invesco Developing Markets	Asset Charge	-25.73
Total		-25.73
Investment Company of America	Asset Charge	-15.08
Total		-15.08
John Hancock Intl Growth	Asset Charge	-140.80
Total		-140.80
John Hancock Stable Val	Asset Charge	-1441.56
Total		-1441.56
JH Multimanager Aggressive LS	Asset Charge	-4183.84
JH Multimanager Aggressive LS	Flat Loan Charge	-128.00
JH Multimanager Aggressive LS	TPA Transaction Fees	-250.00
JH Multimanager Aggressive LS	Withdrawal Processing Fee	-25.00
Total		-4586.84
JH Multimanager Balanced LS	Asset Charge	-8289.25
JH Multimanager Balanced LS	Flat Loan Charge	-48.00
JH Multimanager Balanced LS	TPA Transaction Fees	-200.00
JH Multimanager Balanced LS	Withdrawal Processing Fee	-25.00
Total		-8562.25
JH Multimanager Conserv LS	Asset Charge	-48.70
Total		-48.70
JH Multimanager Growth LS	Asset Charge	-10041.97
JH Multimanager Growth LS	Flat Loan Charge	-144.00
JH Multimanager Growth LS	TPA Transaction Fees	-75.00
JH Multimanager Growth LS	Withdrawal Processing Fee	-25.00
Total		-10285.97
JH Multimanager Moderate LS	Asset Charge	-264.29
Total		-264.29
JPMorgan MidCap Value Fund	Asset Charge	-1112.03
Total		-1112.03
Keeley Small Cap Dividend Val	Asset Charge	-2.81
Total		-2.81
MFS Utilities Fund	Asset Charge	-167.77



Deducted Charges Summary For Contract Number 98552 Page 3
THE TRUSTEES OF WADA FARMS 401(K)
For Period January 1, 2021 To December 31, 2021

Fund Name	Charge Type	Charge Amount
Total		<u>-167.77</u>
New World Fund	Asset Charge	<u>-502.94</u>
Total		<u>-502.94</u>
PGIM Jennison Mid Cap Growth	Asset Charge	<u>-1568.26</u>
Total		<u>-1568.26</u>
Small Cap Stock Fund	Asset Charge	<u>-7.45</u>
Total		<u>-7.45</u>
Sprott Gold Equity Fund	Asset Charge	<u>-249.26</u>
Total		<u>-249.26</u>
SELECT AA Balanced	Asset Charge	-5546.37
SELECT AA Balanced	Flat Loan Charge	-10.00
SELECT AA Balanced	Guar. Income Feature Fee	<u>-2309.32</u>
Total		<u>-7865.69</u>
SELECT AA Conservative	Asset Charge	-2143.13
SELECT AA Conservative	Guar. Income Feature Fee	<u>-977.82</u>
Total		<u>-3120.95</u>
SELECT AA Growth	Asset Charge	-21156.30
SELECT AA Growth	Flat Loan Charge	-124.00
SELECT AA Growth	Guar. Income Feature Fee	<u>-8670.37</u>
Total		<u>-29950.67</u>
SELECT AA Moderate	Asset Charge	-167.89
SELECT AA Moderate	Guar. Income Feature Fee	<u>-67.06</u>
Total		<u>-234.95</u>
SMALLCAP World Fund	Asset Charge	<u>-1.21</u>
Total		<u>-1.21</u>
T. Rowe Price Equity Inc	Asset Charge	<u>-13.59</u>
Total		<u>-13.59</u>
The Growth Fund of America	Asset Charge	-138.07
The Growth Fund of America	TPA Transaction Fees	-125.00
The Growth Fund of America	Withdrawal Processing Fee	<u>-25.00</u>
Total		<u>-288.07</u>
US Government Securities	Asset Charge	<u>-17.04</u>
Total		<u>-17.04</u>



Deducted Charges Summary For Contract Number 98552 Page 4
THE TRUSTEES OF WADA FARMS 401(K)
For Period January 1, 2021 To December 31, 2021

<u>Fund Name</u>	<u>Charge Type</u>	<u>Charge Amount</u>
Vanguard Mid-Cap Growth ETF	Asset Charge	<u>-649.67</u>
Total		<u>-649.67</u>
Vanguard Small Cap Grow Index	Asset Charge	<u>-405.29</u>
Total		<u>-405.29</u>
Washington Mutual Investors	Asset Charge	<u>-37.46</u>
Total		<u>-37.46</u>
Grand Total		<u>-80327.54</u>



Loans Summary For Contract Number 98552
THE TRUSTEES OF WADA FARMS 401(K)
For Period January 1, 2021 To December 31, 2021

Page 1

Fund Name	Loan	Number of Units	Unit Value Interest Rate	Effective Date	Dollar Amount
American Funds 2050 TD	Loan Issue	-117.39169	25.55539	2021-07-02	-3000.00
Total		-117.39169			-3000.00
JH Multimanager Aggressive LS	Loan Issue	-718.96686	35.03496	2021-09-09	-25188.98
Total		-718.96686			-25188.98
JH Multimanager Balanced LS	Loan Issue	-214.24221	28.00566	2021-08-02	-6000.00
Total		-214.24221			-6000.00
SELECT AA Growth	Loan Issue	-54.18479	21.91868	2021-11-11	-1187.66
Total		-54.18479			-1187.66
Grand Total		-1104.78555			-35376.64



Loan Repayment Summary For Contract Number 98552 Page 1
THE TRUSTEES OF WADA FARMS 401(K)
For Period January 1, 2021 To December 31, 2021

Fund Name	Number of Units	Unit Value Interest Rate	Effective Date	Dollar Amount
American Funds 2050 TD	2.350712	25.749644	2021-08-09	60.53
American Funds 2050 TD	2.344081	25.822486	2021-08-23	60.53
American Funds 2050 TD	2.295515	26.368800	2021-09-07	60.53
American Funds 2050 TD	2.365208	25.591819	2021-09-20	60.53
American Funds 2050 TD	2.407466	25.142615	2021-10-04	60.53
American Funds 2050 TD	2.321165	26.077420	2021-10-18	60.53
American Funds 2050 TD	2.269395	26.672296	2021-11-01	60.53
American Funds 2050 TD	2.243862	26.975804	2021-11-15	60.53
American Funds 2050 TD	2.339682	25.871034	2021-11-30	60.53
American Funds 2050 TD	2.312552	26.174542	2021-12-13	60.53
American Funds 2050 TD	<u>2.254985</u>	26.842745	2021-12-27	<u>60.53</u>
Total	<u>25.504623</u>			<u>665.83</u>
JH Multimanager Aggressive LS	8.319565	31.076134	2021-01-11	258.54
JH Multimanager Aggressive LS	8.184363	31.589496	2021-01-25	258.54
JH Multimanager Aggressive LS	8.014314	32.259769	2021-02-22	258.54
JH Multimanager Aggressive LS	8.209144	31.494140	2021-03-08	258.54
JH Multimanager Aggressive LS	7.643575	32.441616	2021-03-22	247.97
JH Multimanager Aggressive LS	6.306270	33.068665	2021-04-05	208.54
JH Multimanager Aggressive LS	6.216555	33.545900	2021-04-19	208.54
JH Multimanager Aggressive LS	6.163450	33.834927	2021-05-03	208.54
JH Multimanager Aggressive LS	6.224774	33.501613	2021-05-17	208.54
JH Multimanager Aggressive LS	6.076814	34.317322	2021-06-01	208.54
JH Multimanager Aggressive LS	6.032869	34.567289	2021-06-14	208.54
JH Multimanager Aggressive LS	6.031903	34.572820	2021-06-28	208.54
JH Multimanager Aggressive LS	6.017911	34.653205	2021-07-12	208.54
JH Multimanager Aggressive LS	6.053176	34.451326	2021-07-26	208.54
JH Multimanager Aggressive LS	6.015987	34.664296	2021-08-09	208.54
JH Multimanager Aggressive LS	6.047928	34.481214	2021-08-23	208.54
JH Multimanager Aggressive LS	1.490506	35.316828	2021-09-07	52.64
JH Multimanager Aggressive LS	1.547325	34.019984	2021-09-20	52.64
JH Multimanager Aggressive LS	11.728800	33.780089	2021-10-04	396.20
JH Multimanager Aggressive LS	11.285589	35.106714	2021-10-18	396.20
JH Multimanager Aggressive LS	11.104675	35.678659	2021-11-01	396.20
JH Multimanager Aggressive LS	10.969409	36.118622	2021-11-15	396.20
JH Multimanager Aggressive LS	11.572599	34.236037	2021-11-30	396.20
JH Multimanager Aggressive LS	7.803661	34.637581	2021-12-13	270.30
JH Multimanager Aggressive LS	<u>7.615674</u>	35.492578	2021-12-27	<u>270.30</u>
Total	<u>182.676836</u>			<u>6202.95</u>
JH Multimanager Balanced LS	1.835663	28.278609	2021-10-18	51.91
JH Multimanager Balanced LS	1.814805	28.603611	2021-11-01	51.91
JH Multimanager Balanced LS	1.801767	28.810605	2021-11-15	51.91
JH Multimanager Balanced LS	1.860293	27.904196	2021-11-30	51.91
JH Multimanager Balanced LS	1.842205	28.178185	2021-12-13	51.91
JH Multimanager Balanced LS	<u>1.815843</u>	28.587258	2021-12-27	<u>51.91</u>



Loan Repayment Summary For Contract Number 98552 Page 2
THE TRUSTEES OF WADA FARMS 401(K)
For Period January 1, 2021 To December 31, 2021

Fund Name	Number of Units	Unit Value Interest Rate	Effective Date	Dollar Amount
Total	10.970576			311.46
JH Multimanager Growth LS	19.622338	29.505144	2021-01-11	578.96
JH Multimanager Growth LS	19.367758	29.893492	2021-01-25	578.97
JH Multimanager Growth LS	19.046081	30.397327	2021-02-22	578.95
JH Multimanager Growth LS	19.440057	29.782318	2021-03-08	578.97
JH Multimanager Growth LS	18.959061	30.536847	2021-03-22	578.95
JH Multimanager Growth LS	18.654870	31.035323	2021-04-05	578.96
JH Multimanager Growth LS	18.402490	31.461500	2021-04-19	578.97
JH Multimanager Growth LS	18.270997	31.686827	2021-05-03	578.95
JH Multimanager Growth LS	18.406150	31.454701	2021-05-17	578.96
JH Multimanager Growth LS	18.046676	32.081251	2021-06-01	578.96
JH Multimanager Growth LS	17.921537	32.305262	2021-06-14	578.96
JH Multimanager Growth LS	17.908844	32.328716	2021-06-28	578.97
JH Multimanager Growth LS	17.845090	32.443094	2021-07-12	578.95
JH Multimanager Growth LS	17.913227	32.320248	2021-07-26	578.96
JH Multimanager Growth LS	17.829637	32.471772	2021-08-09	578.96
JH Multimanager Growth LS	17.887559	32.367187	2021-08-23	578.97
JH Multimanager Growth LS	17.547134	32.994559	2021-09-07	578.96
JH Multimanager Growth LS	18.075958	32.029281	2021-09-20	578.96
JH Multimanager Growth LS	18.208332	31.796431	2021-10-04	578.96
JH Multimanager Growth LS	17.646657	32.808475	2021-10-18	578.96
JH Multimanager Growth LS	17.391202	33.289816	2021-11-01	578.95
JH Multimanager Growth LS	17.227626	33.606483	2021-11-15	578.96
JH Multimanager Growth LS	18.000103	32.164811	2021-11-30	578.97
JH Multimanager Growth LS	17.804247	32.517518	2021-12-13	578.95
JH Multimanager Growth LS	17.448114	33.181806	2021-12-27	578.96
Total	454.871745			14474.00
SELECT AA Balanced	8.044314	19.811505	2021-01-11	159.37
SELECT AA Balanced	7.948388	20.050604	2021-01-25	159.37
SELECT AA Balanced	7.931840	20.091174	2021-02-22	159.36
SELECT AA Balanced	8.073645	19.740772	2021-03-08	159.38
SELECT AA Balanced	7.948990	20.047826	2021-03-22	159.36
SELECT AA Balanced	7.836655	20.337755	2021-04-05	159.38
SELECT AA Balanced	7.738503	20.594420	2021-04-19	159.37
SELECT AA Balanced	7.699276	20.699346	2021-05-03	159.37
SELECT AA Balanced	7.735996	20.601094	2021-05-17	159.37
SELECT AA Balanced	7.641675	20.856681	2021-06-01	159.38
SELECT AA Balanced	7.584187	21.010819	2021-06-14	159.35
SELECT AA Balanced	4.217683	21.047096	2021-06-28	88.77
Total	90.401152			1841.83
SELECT AA Growth	32.323656	19.627419	2021-01-11	634.43
SELECT AA Growth	31.874842	19.903469	2021-01-25	634.42
SELECT AA Growth	31.735975	19.990560	2021-02-22	634.42



Loan Repayment Summary For Contract Number 98552 Page 3
THE TRUSTEES OF WADA FARMS 401(K)
For Period January 1, 2021 To December 31, 2021

Fund Name	Number of Units	Unit Value Interest Rate	Effective Date	Dollar Amount
SELECT AA Growth	32.353954	19.608730	2021-03-08	634.42
SELECT AA Growth	31.724553	19.997758	2021-03-22	634.42
SELECT AA Growth	31.193760	20.338361	2021-04-05	634.43
SELECT AA Growth	30.749473	20.631246	2021-04-19	634.40
SELECT AA Growth	30.555018	20.763527	2021-05-03	634.43
SELECT AA Growth	30.763956	20.621859	2021-05-17	634.41
SELECT AA Growth	30.288596	20.945835	2021-06-01	634.42
SELECT AA Growth	30.031795	21.124942	2021-06-14	634.42
SELECT AA Growth	30.005356	21.143556	2021-06-28	634.42
SELECT AA Growth	29.799117	21.290561	2021-07-12	634.44
SELECT AA Growth	29.839676	21.260952	2021-07-26	634.42
SELECT AA Growth	29.700827	21.360009	2021-08-09	634.41
SELECT AA Growth	29.675385	21.378658	2021-08-23	634.42
SELECT AA Growth	29.210725	21.719076	2021-09-07	634.43
SELECT AA Growth	30.075971	21.093914	2021-09-20	634.42
SELECT AA Growth	30.372595	20.887249	2021-10-04	634.40
SELECT AA Growth	29.528659	21.485226	2021-10-18	634.43
SELECT AA Growth	29.075400	21.819819	2021-11-01	634.42
SELECT AA Growth	53.790763	22.079441	2021-11-09	1187.67
SELECT AA Growth	23.863336	21.999856	2021-11-15	524.99
SELECT AA Growth	4.980337	21.968389	2021-11-18	109.41
SELECT AA Growth	29.863003	21.244346	2021-11-30	634.42
SELECT AA Growth	29.502300	21.504762	2021-12-13	634.44
SELECT AA Growth	28.975565	21.894308	2021-12-27	634.40
Total	811.854593			17048.16
Grand Total	1576.279525			40544.23



5% of Reportable Transactions Summary Report For Contract Number 98552

THE TRUSTEES OF WADA FARMS 401(K)

Audit Year Ending DECEMBER 31, 2021

Page 1

				Purchases		Sales			
Purchases				Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost	Net Gain/(loss)
Guaranteed Funds									
Invesco	Global Fund			0	\$0.00			\$0.00	
Total				0	\$0.00			\$0.00	
Investment Funds									
American Funds	2025 TD			26	\$3,557.36			\$3,557.36	
American Funds	2030 TD			26	\$15,810.47			\$15,810.47	
American Funds	2035 TD			15	\$1,134.70			\$1,134.70	
American Funds	2040 TD			27	\$21,065.42			\$21,065.42	
American Funds	2045 TD			27	\$50,416.45			\$50,416.45	
American Funds	2050 TD			37	\$18,858.22			\$18,858.22	
American Funds	2055 TD			26	\$8,615.62			\$8,615.62	
American Funds	2060 TD			26	\$29,636.85			\$29,636.85	
US Government	Securities			0	\$0.00			\$0.00	
JH Multimanager	Aggressive LS			51	\$52,854.49			\$52,854.49	
New World Fund				27	\$16,630.84			\$16,630.84	
SMALLCAP World Fund				11	\$556.68			\$556.68	
American Funds	2065 TD			21	\$3,906.38			\$3,906.38	
Blue Chip Growth Fund				27	\$39,872.29			\$39,872.29	
JH Multimanager	Balanced LS			32	\$108,216.72			\$108,216.72	
Capital World Growth & Income				7	\$298.12			\$298.12	
JH Multimanager	Conserv LS			0	\$0.00			\$0.00	
Capital Appreciation Fund				26	\$1,832.28			\$1,832.28	
T. Rowe Price Equity Inc				0	\$0.00			\$0.00	
Invesco Developing Markets				26	\$348.50			\$348.50	
EuroPacific Growth Fund				21	\$1,079.92			\$1,079.92	
The Growth Fund of America				26	\$1,765.62			\$1,765.62	
JH Multimanager	Growth LS			51	\$124,210.63			\$124,210.63	
Investment Company of America				0	\$0.00			\$0.00	
John Hancock Intl Growth				25	\$15,412.95			\$15,412.95	
PGIM Jennison Mid Cap Growth				26	\$18,912.48			\$18,912.48	
Keeley Small Cap Dividend Val				11	\$1,299.25			\$1,299.25	
JPMorgan MidCap Value Fund				26	\$18,268.34			\$18,268.34	
JH Multimanager	Moderate LS			26	\$4,439.48			\$4,439.48	
John Hancock Stable Val				26	\$2,907.38			\$2,907.38	
Real Est. Securities Fund				0	\$0.00			\$0.00	
SELECT AA Balanced				38	\$37,749.24			\$37,749.24	
SELECT AA Conservative				26	\$5,651.84			\$5,651.84	
SELECT AA Growth				53	\$169,506.92			\$169,506.92	
SELECT AA Moderate				26	\$3,014.61			\$3,014.61	
Small Cap Stock Fund				21	\$2,557.80			\$2,557.80	
DFA U.S. Small Cap Fund				8	\$24,328.63			\$24,328.63	
Sprott Gold Equity Fund				26	\$2,073.88			\$2,073.88	
T. Rowe Price New Era Fund				0	\$0.00			\$0.00	
MFS Utilities Fund				26	\$969.80			\$969.80	
Vanguard Mid-Cap Growth ETF				27	\$11,067.63			\$11,067.63	



5% of Reportable Transactions Summary Report For Contract Number 98552

THE TRUSTEES OF WADA FARMS 401(K)

Audit Year Ending DECEMBER 31, 2021

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Purchases	Purchases		Sales		
	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost
Investment Funds					
Vanguard Small Cap Grow Index	27	\$8,447.78			\$8,447.78
Washington Mutual Investors	0	\$0.00			\$0.00
Total	954	\$827,275.57			\$827,275.57

Sales	Purchases		Sales		
	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost
Guaranteed Funds					
Invesco Global Fund			0	\$0.00	\$0.00
Total			0	\$0.00	\$0.00

Investment Funds					
American Funds 2025 TD			4	\$96.52-	\$83.01-
American Funds 2030 TD			4	\$263.93-	\$216.31-
American Funds 2035 TD			3	\$3.60-	\$3.53-
American Funds 2040 TD			4	\$699.90-	\$523.79-
American Funds 2045 TD			16	\$337,339.71-	\$256,104.55-
American Funds 2050 TD			10	\$3,562.71-	\$2,749.95-
American Funds 2055 TD			4	\$184.77-	\$149.10-
American Funds 2060 TD			11	\$27,299.54-	\$20,339.53-
US Government Securities			4	\$17.04-	\$15.69-
JH Multimanager Aggressive LS			17	\$30,515.92-	\$20,975.70-
New World Fund			4	\$502.94-	\$366.31-
SMALLCAP World Fund			2	\$1.21-	\$1.21-
American Funds 2065 TD			4	\$16.21-	\$15.71-
Blue Chip Growth Fund			4	\$705.24-	\$503.11-
JH Multimanager Balanced LS			17	\$18,040.29-	\$13,703.07-
Capital World Growth & Income			3	\$307.28-	\$298.12-
JH Multimanager Conserv LS			4	\$48.70-	\$42.47-
Capital Appreciation Fund			4	\$330.29-	\$174.49-
T. Rowe Price Equity Inc			4	\$13.59-	\$9.34-
Invesco Developing Markets			5	\$6,324.74-	\$5,382.69-
EuroPacific Growth Fund			6	\$398.51-	\$283.83-
The Growth Fund of America			7	\$4,030.57-	\$2,426.06-
JH Multimanager Growth LS			15	\$55,285.97-	\$43,086.11-
Investment Company of America			4	\$15.08-	\$9.70-
John Hancock Intl Growth			5	\$8,830.65-	\$7,561.92-
PGIM Jennison Mid Cap Growth			4	\$1,568.26-	\$941.76-
Keeley Small Cap Dividend Val			2	\$2.81-	\$2.70-
JPMorgan MidCap Value Fund			4	\$1,112.03-	\$833.76-
JH Multimanager Moderate LS			4	\$264.29-	\$220.70-
John Hancock Stable Val			4	\$1,441.56-	\$1,406.90-
Real Est. Securities Fund			1	\$2,114.40-	\$2,035.32-



5% of Reportable Transactions Summary Report For Contract Number 98552

THE TRUSTEES OF WADA FARMS 401(K)

Audit Year Ending DECEMBER 31, 2021

Page 3

Sales	Purchases			Sales		
	Transactions	Purchase Price	Trans.	Selling Price	Transaction Cost	Net Gain/(loss)
Investment Funds						
SELECT AA Balanced			20	\$7,865.69-	\$6,145.53-	\$1,720.16
SELECT AA Conservative			16	\$3,120.95-	\$2,860.58-	\$260.37
SELECT AA Growth			30	\$88,477.01-	\$69,906.43-	\$18,570.58
SELECT AA Moderate			16	\$234.95-	\$196.57-	\$38.38
Small Cap Stock Fund			6	\$322.79-	\$308.76-	\$14.03
DFA U.S. Small Cap Fund			4	\$399.65-	\$376.88-	\$22.77
Sprott Gold Equity Fund			4	\$249.26-	\$183.53-	\$65.73
T. Rowe Price New Era Fund			1	\$4,859.46-	\$4,497.99-	\$361.47
MFS Utilities Fund			6	\$8,435.85-	\$7,296.53-	\$1,139.32
Vanguard Mid-Cap Growth ETF			4	\$649.67-	\$420.69-	\$228.98
Vanguard Small Cap Grow Index			4	\$405.29-	\$283.32-	\$121.97
Washington Mutual Investors			4	\$37.46-	\$23.71-	\$13.75
Total			299	\$616,396.29-	\$472,966.96-	\$143,429.33



Historical Cost Summary Report For Contract Number 98552
THE TRUSTEES OF WADA FARMS 401(K)
Audit Year Ending DECEMBER 31, 2021 Page 1

<u>Investment Funds</u>	<u>Historical Cost</u>
American Funds 2025 TD	\$9,994.95
American Funds 2030 TD	\$30,193.26
American Funds 2035 TD	\$1,131.17
American Funds 2040 TD	\$63,465.57
American Funds 2045 TD	\$131,754.01
American Funds 2050 TD	\$39,541.28
American Funds 2055 TD	\$18,852.71
American Funds 2060 TD	\$75,909.06
US Government Securities	\$1,553.90
JH Multimanager Aggressive LS	\$289,917.15
New World Fund	\$39,444.41
SMALLCAP World Fund	\$555.47
American Funds 2065 TD	\$3,890.67
Blue Chip Growth Fund	\$73,755.37
JH Multimanager Balanced LS	\$684,218.48
Capital World Growth & Income	\$0.00
JH Multimanager Conserv LS	\$4,236.85
Capital Appreciation Fund	\$18,255.21
T. Rowe Price Equity Inc	\$945.45
Invesco Developing Markets	\$2,402.83
EuroPacific Growth Fund	\$7,274.30
The Growth Fund of America	\$8,649.04
JH Multimanager Growth LS	\$775,619.24
Investment Company of America	\$977.54
John Hancock Intl Growth	\$12,710.97
PGIM Jennison Mid Cap Growth	\$103,209.43
Keeley Small Cap Dividend Val	\$1,296.55
JPMorgan MidCap Value Fund	\$93,851.83
JH Multimanager Moderate LS	\$24,198.69
John Hancock Stable Val	\$141,840.84
Real Est. Securities Fund	\$0.00
SELECT AA Balanced	\$451,255.75
SELECT AA Conservative	\$198,038.69
SELECT AA Growth	\$1,703,048.69
SELECT AA Moderate	\$15,458.59
Small Cap Stock Fund	\$2,249.04
DFA U.S. Small Cap Fund	\$23,951.75
Sprott Gold Equity Fund	\$18,711.39
T. Rowe Price New Era Fund	\$0.00
MFS Utilities Fund	\$13,901.06
Vanguard Mid-Cap Growth ETF	\$46,316.28
Vanguard Small Cap Grow Index	\$31,163.18
Washington Mutual Investors	\$2,407.12



Fair Market Value Report For Contract Number 98552 Page 1
THE TRUSTEES OF WADA FARMS 401(K)
For Period Ending December 31, 2021

<u>Guaranteed</u> <u>Account</u>	<u>Maturity</u> <u>Date</u>	<u>Book</u> <u>Value</u>	<u>Composite</u> <u>Rate</u>	<u>Current</u> <u>Rate</u>	<u>Market</u> <u>Value</u>
Total		\$0.00			\$0.00

Production Date(R): JAN/18/2022(Y)

Agrimark 401(k) Profit Sharing Plan

Financial Statements

December 31, 2021 and 2020



WIPFLI

Independent Auditor's Report

To the Plan Administrator
Agrimark 401(k) Profit Sharing Plan
Pingree, ID

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the financial statements of Agrimark 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Agrimark 401(k) Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- the information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Agrimark

401(k) Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Agrimark 401(k) Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

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

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

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

Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Agrimark 401(k) Profit Sharing Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated August 26, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "Wipfli LLP". The signature is written in a cursive, flowing style.

Wipfli LLP

Idaho Falls, Idaho
August 29, 2022

Agrimark 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits

<i>As of December 31,</i>	2021	2020
Assets		
Investments:		
Investments, at fair value	\$ 6,820,429	\$ 5,824,680
Total investments	6,820,429	5,824,680
Receivables:		
Company contributions	4,159	4,159
Notes receivable from participants	173,492	187,481
Total receivables	177,651	191,640
Non-interest-bearing cash	6,909	6,869
Total assets	7,004,989	6,023,189
Liabilities		
Liabilities:		
Other liabilities	8,506	6,909
Net assets available for benefits	\$ 6,996,483	\$ 6,016,280

See Independent Auditor's Report and accompanying notes to financial statements.

Agrimark 401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

<i>Year Ended December 31,</i>	2021
Additions to net assets attributed to:	
Investment income:	
Net change in fair value of investments	\$ 705,277
Total investment income	705,277
Interest income on notes receivable from participants	11,236
Contributions:	
Company	264,709
Participants	432,838
Total contributions	697,547
Total additions to net assets	1,414,060
Deductions from net assets attributed to:	
Benefits paid to participants	433,156
Administrative expenses	701
Total deductions from net assets	433,857
Net change in net assets available for benefits	980,203
Net assets available for benefits:	
Beginning of year	6,016,280
End of year	\$ 6,996,483

See Independent Auditor's Report and accompanying notes to financial statements.

Agrimark 401(k) Profit Sharing Plan

Notes to Financial Statements

Note 1: Description of Plan

The following description of the Agrimark 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of Agrimark, Inc. (the "Company") who are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Plan was established by the Company on January 1, 1995, and was most recently restated as a Safe Harbor plan effective January 1, 2016.

Eligibility

Eligible employees include substantially all regular full-time employees of the Company over the age of 21, who are not covered under a collective bargaining agreement. Employees are eligible to participate in the Plan on the first day of the calendar month of meeting the requirements.

Contributions

Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Company makes safe harbor contributions of 100% of the first 3% of each participant's elected deferral, plus 50% of each participant's elective deferrals that do not exceed 5%. Additional profit sharing amounts may also be contributed at the discretion of the Company.

During the year ended December 31, 2021, the Company made safe harbor matching contributions of \$264,709. No profit sharing contributions were made to the Plan for the year ended December 31, 2021. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The notes are secured by the balance in the participant's account and bear interest at rates ranging from 5.00% to 7.00%, which are commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest are paid ratably through payroll deductions.

Agrimark 401(k) Profit Sharing Plan

Notes to Financial Statements

Note 1: Description of Plan (Continued)

Investment Options

Participant contributions and Company matching and profit sharing contributions are allocated among the available investment options as directed by each participant. By designating these investment alternatives for participants, allowing frequent fund transfers and providing the necessary fund information to participants, it is intended that the Plan be treated as an ERISA 404(c) Participant-Directed Account Arrangement.

Participant Accounts

Each participant's account is credited with the participant's contributions, Company matching contributions, and allocations of (a) the Company's profit sharing contribution, and (b) plan earnings (losses). Earnings allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their voluntary contributions and Company safe harbor matching contributions plus actual earnings thereon. Vesting in the Company's profit sharing contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. Participants become 100% vested in employer contributions after the third year of service.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. In addition, hardship distributions out of the participant's voluntary contributions account are permitted if certain criteria are met.

Forfeitures

At December 31, 2021 and 2020, forfeited nonvested accounts totaled \$6,909 and \$6,869, respectively. These accounts will be used to reduce future Company contributions or to pay administrative expenses of the Plan in accordance with the plan document. No forfeitures were used during the year ended December 31, 2021.

Agrimark 401(k) Profit Sharing Plan

Notes to Financial Statements

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States ("GAAP"). Contributions are recognized when earned and distributions are recorded when paid.

Use of Estimates in Preparation of Financial Statements

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from these estimates.

Investment Valuation and Income Recognition

The Plan invests in mutual funds held in pooled separate accounts, which are reported at fair value. Fair value of mutual funds held in pooled separate accounts is estimated using the net asset value ("NAV") per unit by the issuer of the pooled separate accounts. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net change includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment-related expenses are allocated proportionately to plan participants based on their respective account balances and are included in net investment income (loss).

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued, but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. Delinquent participant notes receivable are recorded as benefit payments on the basis of the terms of the plan document.

Agrimark 401(k) Profit Sharing Plan

Notes to Financial Statements

Note 3: Information Prepared and Certified by Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Certain information disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net change in fair value of investments, interest and dividends for the year ended December 31, 2021, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by John Hancock Life Insurance Company, the trustee of the Plan.

Note 4: Fair Value Measurements

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

Level 1 - Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs that are unobservable inputs for the asset or liability.

Following is a description of the valuation methodology used for assets measured at fair value. There has been no change in the methodology used as of December 31, 2021 and 2020.

Agrimark 401(k) Profit Sharing Plan

Notes to Financial Statements

Note 4: Fair Value Measurements (Continued)

Mutual funds held in pooled separate accounts: Fair value is estimated using the net asset value ("NAV") per unit by the issuer of the pooled separate accounts. Fair value is based on the fair value of underlying investments held by the pooled separate accounts.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2021 and 2020. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

	Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ 6,820,429	\$ -	\$ 6,820,429
Total investment assets in the fair value hierarchy	\$ -	\$ 6,820,429	\$ -	\$ 6,820,429

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ 5,824,680	\$ -	\$ 5,824,680
Total investment assets in the fair value hierarchy	\$ -	\$ 5,824,680	\$ -	\$ 5,824,680

Agrimark 401(k) Profit Sharing Plan

Notes to Financial Statements

Note 5: Related-Party Transactions and Party-in-Interest Transactions

The plan administrator, the trustees, and various members of the retirement committee are employees of the Company and plan participants. The only transactions between the parties are contributions to the Plan and payment of plan expenses.

Certain plan investments are managed by John Hancock Life Insurance Company. John Hancock Life Insurance Company is the trustee, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees for the investment management services during the plan year ended December 31, 2021, were offset against earnings. Specific detail for management fees is not available from the trustee.

Certain plan services are managed by AmeriBen. AmeriBen is a service provider and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred and paid by the Plan for these services during the plan year ended December 31, 2021, were offset against earnings. Specific detail for service fees is not available from the trustee.

Notes receivable from participants also qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

Note 6: Risks and Uncertainties

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

In regards to the effects of COVID-19, the Company's operations have not been significantly impacted, however, the Company continues to monitor the situation. Negative impact to the Company's results of operations, cash flows and financial condition, and the ability for the Company to continue to make contributions to the Plan cannot be reasonably estimated.

Note 7: Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in all Company contributions.

Agrimark 401(k) Profit Sharing Plan

Notes to Financial Statements

Note 8: Tax Status

The Plan adopted a nonstandard prototype document with an IRS determination letter, which states the prototype plan document is in compliance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter; however, the plan administrator believes the Plan is designed and being operated in compliance with the applicable requirements of the IRC and has no income subject to unrelated business income tax. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Generally accepted accounting principles (GAAP) requires an assessment for recognition of uncertainty in income taxes and prescribing a recognition threshold and measurement attribute for the recognition and measurement of a tax position taken or expected to be taken in a tax return. In the course of its assessments, the Plan has determined that it is subject to examination of its income tax filings in the United States and state jurisdictions for the prior three years. In the event that the Plan is assessed penalties and/or interest, penalties and interest will be charged to administrative expense.

Note 9: Subsequent Events

In accordance with ASC 855, management has evaluated all subsequent events through August 29, 2022, which is the date the financial statements were available to be issued. There were no subsequent type events that required recognition or disclosure in these financial statements.

Supplemental Information

Agrimark 401(k) Profit Sharing Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN #82-0473541 Plan #001

December 31, 2021

(a)	(b) Identity of Issuer, borrower, lessor or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par of maturity date	(d) Cost	(e) Current Value
*	JH Select AA Growth Fund	Pooled separate accounts	**	\$ 2,188,154
*	JH Life-Style Growth Active Strategy Fund	Pooled separate accounts	**	1,072,088
*	JH Select AA Balanced Fund	Pooled separate accounts	**	593,069
*	JH Life-Style Balanced Active Strategy Fund	Pooled separate accounts	**	906,891
*	JH Select AA Conservative Fund	Pooled separate accounts	**	219,789
*	JH Life-Style Aggressive Active Strategy Fund	Pooled separate accounts	**	419,146
*	JH Stable Value Fund	Pooled separate accounts	**	146,290
*	JH Select AA Moderate Fund	Pooled separate accounts	**	18,730
*	JH Pru Jennison Mid Growth Fund	Pooled separate accounts	**	172,894
*	JH MidCap Value Fund	Pooled separate accounts	**	130,384
*	JH New World Fund	Pooled separate accounts	**	53,317
*	JH Capital Appreciation Fund	Pooled separate accounts	**	36,090
*	JH Tocqueville Gold Fund	Pooled separate accounts	**	25,616
*	JH Utilities Fund	Pooled separate accounts	**	18,066
*	JH Blue Chip Growth Fund	Pooled separate accounts	**	98,986
*	JH Small-Cap Growth Index	Pooled separate accounts	**	43,561
*	JH Mid-Cap Growth ETF	Pooled separate accounts	**	75,051
*	JH Life-Style Moderate Strategy Fund	Pooled separate accounts	**	29,326
*	JH American Funds 2045 TD	Pooled separate accounts	**	171,512
*	JH The Growth Fund of America	Pooled separate accounts	**	15,352
*	JH American Funds 2040 TD	Pooled separate accounts	**	85,927
*	JH EuroPacific Growth Fund	Pooled separate accounts	**	9,876
*	JH American Funds 2060 TD	Pooled separate accounts	**	101,306
*	JH Life-Style Conservative Strategy Fund	Pooled separate accounts	**	4,927
*	JH Washington Mutual Investors	Pooled separate accounts	**	4,182
*	JH American Funds 2030 TD	Pooled separate accounts	**	36,638
*	JH International Growth Fund	Pooled separate accounts	**	14,867
*	JH Oppenheimer Developing Market	Pooled separate accounts	**	2,530
*	JH US Government Securities Fund	Pooled separate accounts	**	1,699
*	JH Equity Income Fund	Pooled separate accounts	**	1,451
*	JH Investment Company of America	Pooled separate accounts	**	1,645
*	JH American Funds 2050 TD	Pooled separate accounts	**	50,539
*	JH American Funds 2055 TD	Pooled separate accounts	**	23,726
*	JH American Funds 2025 TD	Pooled separate accounts	**	11,837
*	JH American Funds 2035 TD	Pooled separate accounts	**	1,167
*	JH American Funds 2065 TD	Pooled separate accounts	**	4,066
*	JH Small Cap World Fund	Pooled separate accounts	**	550
*	JH Small Cap Stock Fund	Pooled separate accounts	**	2,246
*	JH Keeley Small Cap Dividend Value Fund	Pooled separate accounts	**	1,347
*	JH US Small Cap	Pooled separate accounts	**	25,591
Total Investments				\$ 6,820,429
*	Notes receivable from participants	Rates from 5.0% to 7.0%, with maturities through 2026	\$0	\$ 173,492

* Denotes party-in-interest.

** Information not required for participant-directed investments.

This schedule has been derived from information certified as complete and accurate by John Hancock Life Insurance Company.

See Independent Auditor's Report.