

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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- A This return/report is for: [] a multiemployer plan [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 09/01/1983
2a Plan sponsor's name (employer, if for a single-employer plan): AGRI-BUSINESS BENEFIT GROUP, INC.
Mailing address (include room, apt., suite no. and street, or P.O. Box): PO BOX 1747 HUTCHINSON, KS 67504-1747
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions): 1515 EAST 30TH STREET HUTCHINSON, KS 67502
2b Employer Identification Number (EIN): 48-0958384
2c Plan Sponsor's telephone number: 620-662-5406
2d Business code (see instructions): 115110

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for Catherine Partington signed 03/14/2025.

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																														
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">2396</td> </tr> </table>	5	2396																												
5	2396																														
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">2370</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: center;">6c</td> <td style="text-align: right;">2414</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: center;">6c</td> <td style="text-align: right;">22</td> </tr> <tr> <td style="text-align: center;">6c</td> <td style="text-align: center;">6d</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: center;">6e</td> <td style="text-align: right;">2436</td> </tr> <tr> <td style="text-align: center;">6e</td> <td style="text-align: center;">6f</td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: center;">6g(1)</td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td style="text-align: center;">6g(2)</td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td style="text-align: center;">6h</td> <td style="text-align: center;"></td> </tr> </table>				6a(1)	6a(2)	2370	6b	6c	2414	6b	6c	22	6c	6d	0	6d	6e	2436	6e	6f		6f	6g(1)		6g(1)	6g(2)		6g(2)	6h	
6a(1)	6a(2)	2370																													
6b	6c	2414																													
6b	6c	22																													
6c	6d	0																													
6d	6e	2436																													
6e	6f																														
6f	6g(1)																														
6g(1)	6g(2)																														
6g(2)	6h																														
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																													
7																															

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4A 4D

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input checked="" type="checkbox"/> G (Financial Transaction Schedules)
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 142956530

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 AGRI-BUSINESS BENEFIT GROUP, INC.	D Employer Identification Number (EIN) 48-0958384	

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

COMMERCE BANK, N.A.

44-0206815

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

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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)

BUSINESSSOLVER.COM, INC.

42-1503807

(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 50	NONE	198358	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AGRI-BUSINESS BENEFIT GROUP, INC.

48-0951789

(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?
35 50	PLAN EXECUTIVE	166143	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PROVALUE COOPERATIVE, INC.

48-0519519

(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?
10 13 25 50	SHAREHOLDER OF PLAN SPON	100000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

AON HEWITT

22-2232264

(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?
11 50	NONE	77000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COMMERCE BANK, N.A.

44-0206815

(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?
19 51	NONE	38305	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE PLEXUS GROUPE, LLC

36-4116295

(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 50	NONE	32098	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

SWINDOLL, JANZEN, HAWK, & LOYD, LLC

48-1041128

(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?
10 50	AUDITOR	21641	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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:

<p style="text-align: center;">SCHEDULE G (Form 5500)</p> <p style="font-size: small;">Department of Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p>	<p>Financial Transaction Schedules</p> <p>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).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<p>A Name of plan AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN</p>	<p>B Three-digit plan number (PN) ▶ 501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 AGRI-BUSINESS BENEFIT GROUP, INC.</p>	<p>D Employer Identification Number (EIN) 48-0958384</p>

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible
Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>	THE OFFICE OF THE U.S. TRUSTEE 33 WHITEHALL STREET, 21ST FLOOR NEW YORK CITY, NY 10004	ESC LEHMAN BROTHERS HOLDINGS, INC. CORPORATE NOTE DTD 11/21/03; 0% INT; DUE 12/30/16 (IN REORGANIZATION)

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
100000	109	0	52013	52013	0

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible					
Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)					
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 AGRI-BUSINESS BENEFIT GROUP, INC.	D Employer Identification Number (EIN) 48-0958384

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	869003	1287097
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	28350	30726
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1592435	1744749
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	710566	768504
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2066146	2185412
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	876200	903585
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2941021	3621810
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	4357535	4783715

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	16677	35030
f Total assets (add all amounts in lines 1a through 1e)	1f	13457933	15360628
Liabilities			
g Benefit claims payable	1g	3549186	3367576
h Operating payables	1h	636648	374804
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	4185834	3742380
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	9272099	11618248

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	34747454	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		34747454
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)	15045	
(C) Corporate debt instruments	2b(1)(C)	50777	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	181644	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		247466
(2) Dividends:			
(A) Preferred stock	2b(2)(A)	62011	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	82864	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		144875
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	12100	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	14156	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-2056
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	58204	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		367976
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		35563919

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	32384252	
(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)		32384252
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)	166143	
(2) Contract administrator fees.....	2i(2)	100000	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	38305	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	77000	
(8) Legal fees	2i(8)	4137	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	447933	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		833518
j Total expenses. Add all expense amounts in column (b) and enter total	2j		33217770

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2346149
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: SWINDOLL, JANZEN, HAWK & LOYD, LLC

(2) EIN: 48-1041128

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	X		52013
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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		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?		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		
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.)	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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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 _____.

**AGRI-BUSINESS BENEFIT GROUP, INC.
EMPLOYEE HEALTH CARE PLAN**

FINANCIAL STATEMENTS

Years Ended June 30, 2024 and 2023

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator or Administrative Committee of
Agri-Business Benefit Group, Inc. Employee Health Care Plan

Opinion

We have audited the accompanying financial statements of Agri-Business Benefit Group, Inc. Employee Health Care Plan (the "Plan") (a Kansas corporation) subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of June 30, 2024 and 2023, and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than 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 generally accepted auditing standards, 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 the 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 the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of loans or fixed income obligations in default or classified as uncollectible, schedule of overdue loan explanation, schedule of assets (held at year end), and schedule of reportable transactions, for the year ended June 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Swindoll, Janzen, Hawk & Loyd, LLC

Swindoll, Janzen, Hawk & Loyd, LLC

Wichita, KS

March 7, 2025

AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Cash	\$ 1,287,097	\$ 869,003
Investments at fair value	12,263,026	10,951,468
Receivables:		
Rebates receivable	1,577,000	1,436,058
Accrued interest income	87,348	73,799
Contributions receivable	30,726	28,350
Accrued income tax receivable	10,776	62,573
Other receivable	50,046	-
Total receivables	<u>1,755,896</u>	<u>1,600,780</u>
Prepays:		
Prepaid insurance	19,579	19,805
Prepaid expenses	-	200
Total prepays	<u>19,579</u>	<u>20,005</u>
 TOTAL CURRENT ASSETS	 <u>15,325,598</u>	 <u>13,441,256</u>
Fixed assets, at cost:		
Vehicles	48,777	14,384
Less: accumulated depreciation	<u>(8,130)</u>	<u>(14,384)</u>
Fixed assets, net	<u>40,647</u>	<u>-</u>
 TOTAL ASSETS	 <u>15,366,245</u>	 <u>13,441,256</u>
 <u>LIABILITIES</u>		
Accounts payable and accrued expenses	44,237	50,317
Accounts payable - related party	-	4,554
Payable to brokers for pending trades	131,754	-
Unearned premium contributions received	<u>198,813</u>	<u>581,777</u>
 TOTAL CURRENT LIABILITIES	 <u>374,804</u>	 <u>636,648</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 14,991,441</u>	 <u>\$ 12,804,608</u>

See Notes to Financial Statements

AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	\$ 434,318	\$ 232,635
Interest	247,466	234,706
Dividends	144,875	109,552
Total investment income	<u>826,659</u>	<u>576,893</u>
Contributions	34,747,454	32,895,262
Gain on sale of fixed asset	12,100	-
TOTAL ADDITIONS	<u>35,586,213</u>	<u>33,472,155</u>
DEDUCTIONS		
Benefits paid on behalf of participants, net of stop loss claim reimbursements (2024, \$339,281; 2023, \$1,033,873)	32,565,862	32,692,006
Administrative expenses	743,417	765,504
Investment fees	38,305	36,471
Provision for income taxes	51,796	60,051
TOTAL DEDUCTIONS	<u>33,399,380</u>	<u>33,554,032</u>
NET INCREASE (DECREASE)	2,186,833	(81,877)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>12,804,608</u>	<u>12,886,485</u>
End of year	<u>\$ 14,991,441</u>	<u>\$ 12,804,608</u>

See Notes to Financial Statements

AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan

The following description of the Agri-Business Benefit Group, Inc. Employee Health Care Plan (the "Plan") provides only general information. Participants should refer to the Plan document or Summary Plan Description for a more complete description of the Plan's provisions, which are available from the Plan administrator.

General - The Plan consists of a voluntary employee beneficiary association ("VEBA") trust and provides health and other benefits for the employees and eligible dependents of participating employers. Each participating employer has the option to elect hours required for eligibility in the Plan. Individuals must be actively employed in a regularly scheduled work week ordinarily equaling or exceeding the number of hours elected by the participating employer(s) in their individual participation agreements. Participating employers are those who are members and shareholders in Agri-Business Benefit Group, Inc. (the Plan Sponsor and Administrator). Retired employees are entitled to medical benefits until they reach the age of 65, when they become eligible for Medicare coverage. Employees who are over age 65 and currently employed at one of the participating employers are not classified as retirees for the purposes of medical benefits.

All Plan assets are held in the VEBA trust. The Plan is subject to the provisions of the *Employee Retirement Security Act of 1974*, as amended ("ERISA").

Plan governance - The Plan is administered by the Board of Directors of Agri-Business Benefit Group, Inc. (the "Board"), the Plan sponsor. The Board is comprised of elected representatives from the participating employers of the Plan and members of Agri-Business Benefit Group, Inc. As of June 30, 2024, there were 54 participating employers with approximately 2,436 active employees in the Plan. The Board is responsible for decisions regarding benefits at the direction of the participating employers. The Board has overall responsibility for the operation and administration of the Plan. The investment committee determines the appropriateness of the Plan's investment offerings and monitors investments.

Benefits - The Plan provides medical and dental benefits to all eligible participants. These benefits are funded with the assets of the Plan itself. All health and dental claims are processed through a third-party claims administrator, but payments to participants and providers for health and dental claims are the responsibility of the Plan. The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act ("COBRA"). Retired employees are entitled to similar health benefits until they become eligible for Medicare coverage at age 65.

Rebates - The Plan's third-party claims administrator has agreed to return 100% of the 2023/2024 contract year formulary prescription rebates attributable to the Plan to be distributed quarterly, in exchange for additional Medical/Rx administration fees. During the previous contract year, 100% of the rebates were also returned to the Plan.

Stop-loss coverage - Agri-Business Benefit Group, Inc. has purchased a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount). The stop-loss premiums are billed by the third-party claims administrator to the Plan, which bills the participating employers. The specific dollar limit per individual claim in a contract period is \$300,000.

AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan (continued)

Self-insured benefits - All other Plan benefits are self-insured. The claims for self-insured benefits are processed by the Plan's third-party claims administrator under an administrative service only ("ASO") arrangement. The claims administrator pays claims directly to or for participants and is then reimbursed by the Plan's VEBA trust. Despite the Plan's utilization of a third-party claims administrator, ultimate responsibility for payments to providers and participants is retained by the Plan.

Contributions - In addition to deductibles and copayments, participants and/or their respective participating employer contribute specified amounts based on applicable monthly premiums for their respective benefit elections. The employer and employee share of the contributions to the Plan are determined by each participating employer. The Plan has no requirement concerning the amount of contributions allocated to be paid by the employer and/or the employee. Accordingly, the Plan does not separate contributions between employers and employees.

The participating employers pay the full cost of the stop-loss insurance. The contribution amounts for each benefit election are determined by the Board of Directors of Agri-Business Benefit Group, Inc. to adequately fund the claims presented to the Plan for payment. These premiums are billed to and collected from the participating employers by the Plan. The participating employers absorb significant costs of Plan administration, including administrative and stop-loss insurance premium fees from the third-party claims administrator.

(2) Summary of significant accounting policies

Basis of accounting - The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America. Accordingly, income is recorded in the year earned and expenses are recorded in the year incurred.

Use of estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, incurred but not reported ("IBNR") claims payable (including other post-employment benefits ("OPEB")), and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Payment of benefits - Claim payments are recorded when paid by the third-party claims administrator. Amounts due to the third-party claims administrator that have yet to be reimbursed by the Plan are recorded as claims payable to benefit providers as part of the Plan's total benefit obligation (see Note 4).

Medical/Rx administrative fees - Fees are incurred by the Plan in exchange for receiving formulary prescription drug rebates from the third-party administrator. These additional fees are passed through to the participating employers as part of their monthly premiums.

AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN

NOTES TO FINANCIAL STATEMENTS

(2) Summary of significant accounting policies (continued)

Stop-loss - Premiums for stop-loss insurance received from participating groups are included in contributions received in the accompanying statements of changes in net assets available for benefits. For the years ended June 30, 2024 and 2023, stop-loss reimbursements totaling \$339,281 and \$1,033,873, respectively, have been netted with benefits paid on behalf of participants in the accompanying statements of changes in net assets available for benefits.

Investment valuation and income recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Directors determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note 3 for discussions of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Administrative expenses - The Plan pays administrative expenses that consist primarily of professional and administrative fees paid to the Plan's trustee, auditor, benefits platform provider, and actuary, as well as payroll for the Plan's Executive Director. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses. Administrative services related to claims processing are billed monthly to participating employers. The Plan collects the fees and remits them directly to the third-party claims administrator.

Plan benefit obligations - The benefit obligations detailed in Note 4 represent the estimated amount of medical claims that have been incurred by participants but have not been reported to the third-party claims administrator and medical claims that have been received by the third party claims administrator but not processed and paid. This is an estimated liability based on information provided by the third-party claims administrator, the outside Plan actuarial consultant, and past history of claims paid.

Unearned premiums - Unearned premiums are premiums received from participating employers prior to the end of the plan year for insurance coverage effective subsequent to the end of the year/period.

Fixed assets - Fixed assets are stated at cost. Additions, unless of a relatively minor amount, are capitalized.

Depreciation - Depreciation is computed on the straight-line method over the estimated useful lives of the respective fixed assets, which is 2.5 years for vehicles.

AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN

NOTES TO FINANCIAL STATEMENTS

(2) Summary of significant accounting policies (continued)

Rebates receivable - Estimated rebates due to the Plan from the third-party claims administrator are included in rebates receivable in the accompanying statements of net assets available for benefits. Rebates receivable at June 30, 2024 and 2023, total \$1,577,000 and \$1,436,058, respectively. Total formulary prescription drug rebates earned for the years ended June 30, 2024 and 2023 were \$3,209,745 and \$2,684,260, respectively, and are reported in contributions on the statements of changes in net assets available for benefits.

(3) Fair value measurements

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

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

Level 2 Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability’s fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2024 and 2023.

Money market funds: Valued using the amortized cost method, the money market fund of the Plan invests in cash and cash equivalents and seeks to maintain a stable net asset value of \$1 per share (Level 1).

Domestic preferred stocks: Valued at the closing price reported on the active market on which the respective individual securities are traded (Level 1).

AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN

NOTES TO FINANCIAL STATEMENTS

(3) Fair value measurements (continued)

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value (“NAV”) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded (Level 1).

Debt Securities:

Corporate bonds and debentures: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings (Level 2). Bonds that are deemed uncollectible are classified as Level 3.

U.S. Government agencies and securities: Valued using pricing models maximizing the use of observable inputs for similar securities (Level 2).

Mortgage-backed securities: Debt instruments that are collateralized by a pool of mortgages. Inputs such as 1) the original face value of the instrument, 2) the instrument’s interest rate, 3) interest accruing throughout the current interest period, and 4) accrued interest from prior interest periods used to determine the pay down factor and the mean price of each security. The face value is multiplied by the pay down factor to compute the remaining principal owing which, in turn, is multiplied by the mean price to arrive at the security’s value. Substantially all of these assumptions are observable in the marketplace, can be derived from observable data, or are supported by observable levels at which transactions are executed in the marketplace and are classified as Level 2.

Asset-backed securities: Debt instruments that are collateralized by a specified pool of underlying assets. Inputs used to value these securities include 1) the type of asset backing the security, 2) the security’s maturity profile, 3) credit enhancements, and 4) other pertinent features of the security. Using these inputs, the value (or price) of each of these securities is usually determined (or quoted) as a spread to a corresponding swap rate and classified as Level 2.

Municipal securities and bonds: Municipal securities and bonds (taxable and tax-exempt) are valued using a type of matrix, or grid, pricing in which securities and bonds are benchmarked against the Treasury rate based on the estimated credit rating of the underlying municipality. A yield curve is generated and applied to the bond sectors, and individual bond valuations are extrapolated. Inputs used to generate the yield curve are benchmark yields, reported trades, broker/dealer quotes, bids, offers, material event notices, new issuance, and other data. These matrix valuations are classified as Level 2 in the fair value hierarchy.

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

AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN

NOTES TO FINANCIAL STATEMENTS

(3) Fair value measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value measured on a recurring basis as of June 30, 2024 and 2023:

	Investments at Fair Value as of June 30, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Money market funds	\$ 738,452	\$ -	\$ -	\$ 738,452
Domestic common stock mutual funds	1,643,571	-	-	1,643,571
Domestic equity mutual funds	437,212	-	-	437,212
International stock funds	369,875	-	-	369,875
Alternative investment funds	432,700	-	-	432,700
Total mutual funds	<u>3,621,810</u>	<u>-</u>	<u>-</u>	<u>3,621,810</u>
Domestic preferred stocks	<u>903,585</u>	<u>-</u>	<u>-</u>	<u>903,585</u>
Debt securities:				
Corporate bonds and debentures	-	2,023,820	30	2,023,850
U.S. Government securities	-	729,210	-	729,210
U.S. Government agencies	-	39,294	-	39,294
Mortgage-backed securities	-	161,562	-	161,562
Taxable municipal bonds	-	263,777	-	263,777
Tax exempt general obligation bonds	-	1,371,607	-	1,371,607
Tax exempt revenue bonds	-	3,148,331	-	3,148,331
Total debt securities	<u>-</u>	<u>7,737,601</u>	<u>30</u>	<u>7,737,631</u>
Total investments at fair value	<u>\$ 4,525,395</u>	<u>\$ 7,737,601</u>	<u>\$ 30</u>	<u>\$ 12,263,026</u>

AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN

NOTES TO FINANCIAL STATEMENTS

(3) Fair value measurements (continued)

	Investments at Fair Value as of June 30, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Money market funds	\$ 538,795	\$ -	\$ -	\$ 538,795
Domestic common stock mutual funds	1,527,491	-	-	1,527,491
Domestic equity mutual funds	180,000	-	-	180,000
International stock funds	323,833	-	-	323,833
Alternative investment funds	370,902	-	-	370,902
Total mutual funds	<u>2,941,021</u>	<u>-</u>	<u>-</u>	<u>2,941,021</u>
Domestic preferred stocks	<u>876,200</u>	<u>-</u>	<u>-</u>	<u>876,200</u>
Debt securities:				
Corporate bonds and debentures	-	1,877,682	150	1,877,832
U.S. Government securities	-	574,500	-	574,500
U.S. Government agencies	-	136,066	-	136,066
Mortgage-backed securities	-	184,758	-	184,758
Asset-backed securities	-	3,556	-	3,556
Taxable municipal bonds	-	257,007	-	257,007
Tax exempt general obligation bonds	-	1,115,410	-	1,115,410
Tax exempt revenue bonds	-	2,985,118	-	2,985,118
Total debt securities	<u>-</u>	<u>7,134,097</u>	<u>150</u>	<u>7,134,247</u>
Total investments at fair value	<u>\$ 3,817,221</u>	<u>\$ 7,134,097</u>	<u>\$ 150</u>	<u>\$ 10,951,468</u>

AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN

NOTES TO FINANCIAL STATEMENTS

(3) Fair value measurements (continued)

The following tables set forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended June 30, 2024 and 2023:

	Level 3 Investments	
	Year Ended June 30, 2024	
	<u><i>ESC Lehman Brothers Holdings, Inc.</i></u>	
Balance, beginning of year	\$	150
Settlements		(109)
Unrealized loss relating to instruments still held at the reporting date		<u>(11)</u>
Balance, end of year	\$	<u>30</u>
The amount of total losses for the year included in changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date		
	\$	<u>(11)</u>

	Level 3 Investments	
	Year Ended June 30, 2023	
	<u><i>ESC Lehman Brothers Holdings, Inc.</i></u>	
Balance, beginning of year	\$	400
Settlements		(31)
Unrealized loss relating to instruments still held at the reporting date		<u>(219)</u>
Balance, end of year	\$	<u>150</u>
The amount of total losses for the year included in changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date		
	\$	<u>(219)</u>

Gains and losses (realized and unrealized) included in the changes in net assets for the years above are reported in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

Investments with a fair value of \$7,885,594 as of June 30, 2024 are assigned as collateral on the line of credit (see Note 10).

AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN

NOTES TO FINANCIAL STATEMENTS

(4) Accumulated plan benefits

Plan obligations at June 30, 2024 and 2023, for claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party claims administrators and prior year experience. These amounts are paid by the Plan only if claims are submitted and approved for payment.

The following presents the detail of benefit obligations as of June 30, 2024 and 2023, and changes in benefit obligations for the years then ended.

	<u>2024</u>	<u>2023</u>
Plan's benefit obligations:		
Claims incurred but not reported	\$ 3,050,000	\$ 3,050,000
Claims payable to benefit providers	317,576	499,186
	<u>\$ 3,367,576</u>	<u>\$ 3,549,186</u>
	<u>2024</u>	<u>2023</u>
Changes in the Plan's benefit obligations:		
Amounts currently payable - beginning of year	\$ 3,549,186	\$ 3,904,026
Changes in claims payable to benefit providers	(181,610)	(354,840)
	<u>\$ 3,367,576</u>	<u>\$ 3,549,186</u>

(5) Affordable Care Act fees

During 2014, Affordable Care Act ("ACA") fees applicable to self-insured health and welfare plans became effective and were payable for the first time in 2014 and 2015. These fees include the Patient-Centered Outcomes Research ("PCOR") fees (extended through October 1, 2029) and the ACA Transitional Reinsurance fees (expired at the end of 2016). As these fees are not allowed to be paid from the plan assets of a plan subject to ERISA, the Agri-Business Benefit Group, Inc. (the "Association") calculates the applicable fees due each year for all of the participating employers in the Plan together and files the applicable forms for the group. The fees are added to the monthly premiums billed to each participating employer and remitted along with the premiums to the Plan. The Plan segregates the ACA fees collected from the participating employers and transfers the fees to the Association, who then remits the respective fees to the U.S. Department of Health and Human Services or the Internal Revenue Service ("IRS"), along with the required forms. There were no fees collected from the Plan's participating employers that were due to the Association as of June 30, 2024 and 2023.

AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN

NOTES TO FINANCIAL STATEMENTS

(6) Related party and party-in-interest transactions

ProValue Cooperative (“ProValue”) is a shareholder of Agri-Business Benefit Group, Inc., the Plan sponsor, and participates in the Plan. ProValue is also the Plan’s trustee through a formal Trust Agreement between ProValue and Agri-Business Benefit Group, Inc. (the Plan sponsor and administrator) and has also been delegated certain administrative responsibilities by Agri-Business Benefit Group, Inc. Fees paid by the Plan for the administrative duties totaled \$100,000 for the years ended June 30, 2024 and 2023. Premiums paid to the Plan by ProValue Cooperative for the years ended June 30, 2024 and 2023 were \$1,149,962 and \$1,022,818, respectively.

The Plan’s investments are managed by the third-party custodian of the Plan. The participating employers of the Plan pay for Plan expenses, as provided in the Plan documents to the extent not paid by the Plan. As of June 30, 2024 and 2023, there were no amounts owed by the Plan to Agri-Business Benefit Group, Inc.

Accounts payable of \$0 and \$4,554 were owed to board members for board meeting expenses for the years ended June 30, 2024 and 2023, respectively, and are included in the accompanying statements of net assets available for benefits.

As described in Notes 1 and 2, the Plan has several arrangements with other service providers including its benefits platform provider, actuary, auditor, and payroll service provider. These transactions are party-in-interest transactions under ERISA.

(7) Reconciliation of financial statements to form 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements as of June 30, 2024 and 2023, to the Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 14,991,441	\$ 12,804,608
Claims incurred but not reported	(3,050,000)	(3,050,000)
Claims payable to benefit providers	(317,576)	(499,186)
FMV adjustment for fixed assets	<u>(5,617)</u>	<u>16,677</u>
Net assets available for benefits per Schedule H of the Form 5500	<u>\$ 11,618,248</u>	<u>\$ 9,272,099</u>

AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN

NOTES TO FINANCIAL STATEMENTS

(7) Reconciliation of financial statements to form 5500 (continued)

The following is a reconciliation of total benefits paid to participants per the financial statements for the years ended June 30, 2024 and 2023 to total benefit payments per the Form 5500:

	<u>2024</u>	<u>2023</u>
Benefits paid per the financial statements	\$ 32,565,862	\$ 32,692,006
Add amounts currently payable - current year	3,367,576	3,549,186
Less amounts currently payable - prior year	<u>(3,549,186)</u>	<u>(3,904,026)</u>
Total benefit payments paid to participants per Schedule H of the Form 5500	<u>\$ 32,384,252</u>	<u>\$ 32,337,166</u>

The following is a reconciliation of the net increase (decrease) in net assets available for benefits per the financial statements for the years ended June 30, 2024 and 2023 to net income per the Form 5500:

	<u>2024</u>	<u>2023</u>
Net increase (decrease) per the financial statements	\$ 2,186,833	\$ (81,877)
Change in claims payable to benefit providers	181,610	354,840
Change in FMV adjustment for fixed assets	<u>(22,294)</u>	<u>(4,158)</u>
Net income per the form 5500	<u>\$ 2,346,149</u>	<u>\$ 268,805</u>

(8) Tax status

The VEBA Trust funding certain benefits of the Plan received an exemption letter from the IRS dated June 24, 1988, stating that the trust is tax-exempt under the provisions of Section 501(c)9 of the Internal Revenue Code ("IRC"). However, as a result of the Plan's funding policy, from time to time the trust is subject to income taxes.

In addition, the Plan and the trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN

NOTES TO FINANCIAL STATEMENTS

(9) Income taxes

The net investment income of the VEBA Trust is considered unrelated business income under the IRC and is therefore subject to federal tax. No penalties or interest were assessed by income taxing authorities for either of the years ended June 30, 2024 and 2023. These taxes have been recorded in the financial statements as follows:

	<u>2024</u>	<u>2023</u>
Unrelated business income tax on investment income	\$ 51,796	\$ 60,051
Provision for income taxes	<u>\$ 51,796</u>	<u>\$ 60,051</u>

There are unused capital loss carryovers of \$5,486 as of June 30, 2024.

(10) Line of credit

At June 30, 2024, the Plan has a line of credit (“LOC”) agreement with a bank which provides that it may borrow up to \$1,000,000. Interest is variable and initially set at the time funds are borrowed based on the prime rate of interest as determined by the bank. The LOC is due on June 1, 2025 and is collateralized by an assignment of the assets held in the Plan’s investment account (Note 3). The Plan did not borrow against the LOC during the years ended June 30, 2024 and 2023.

The Plan is subject to numerous covenants under the LOC agreement, including the furnishing of annual audited financial statements to the bank, maintaining adequate insurance, limits on additional borrowing, and a prohibition against guaranteeing other debt. At June 30, 2024, the Plan was in compliance with the required covenants.

(11) Risks and uncertainties

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

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

The Plan has cash deposits of \$1,092,142 and \$619,003 as of June 30, 2024 and 2023, respectively, that are in excess of the federally insured limits with the FDIC. There is no collateral on these deposits. The Plan has not experienced any losses in such accounts. Management continues to monitor the strength of the respective financial institutions and feels that the risk of loss is remote.

AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN

NOTES TO FINANCIAL STATEMENTS

(12) Plan termination

Although it has not expressed any intention to do so, the participating employers have the right under the Plan to modify the benefits provided to, and contributions required of, participants or to discontinue its contributions at any time and to terminate the Plan subject to provisions set forth under ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the participating employers or be used for purposes other than for the exclusive benefit of the Plan's participants.

(13) Subsequent events

The Plan has evaluated subsequent events through March 7, 2025, which is the date the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

SUPPLEMENTAL SCHEDULES

MULTIPLE-EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN

EIN: 48-0958384

PLAN NUMBER: 501

PLAN YEAR ENDED: JUNE 30, 2024

Group ID#	Name	Fed ID #	Percent of Total
25132	Mid-State Farmers Coop, Inc	43-1863528	0.10%
25451	LeRoy Coop	48-0665009	1.15%
9627002	The Offerle Coop Grain & Supply	48-0357030	0.73%
9627004	Sublette Cooperative, Inc.	48-0181420	0.80%
9627005	St Francis Mercantile Equity Exchange I	48-0402150	0.45%
9627007	Cooperative Grain & Supply	48-0723746	1.06%
9627008	Countryside Feed LLC	74-2855854	1.88%
9627009	Farmers Cooperative Equity	48-0214580	1.66%
9627012	Meade Coop Elevator & Supply	48-0181370	0.66%
9627017	The Farmers Coop Grain Company	48-0498400	0.29%
9627018	Golden Valley, Inc.	48-0404340	1.51%
9627020	Decatur Coop Association	48-0590828	0.41%
9627023	The Hi-Plains Coop Assn.	48-0536234	0.95%
9627024	The Garden City Co-Op, Inc.	48-0231740	5.31%
9627026	The Scott Cooperative Association	48-0627668	1.76%
9627028	Midway Co-Op Association	48-0359855	3.52%
9627029	Ag Services, L.L.C.	48-1218440	0.44%
9627031	Central Prairie Co-Op	48-0214460	3.79%
9627032	Delphos Cooperative Association	48-0193032	0.75%
9627034	Cloud County Cooperative Elevator	48-0537996	1.51%
9627037	Farmers Coop Elevator Co.	48-0214425	0.26%
9627039	Elkhart Cooperative Equity Exchange	48-0207625	0.19%
9627042	The Ellsworth Coop	48-0208360	0.72%
9627043	Randall Farmers Coop Union	48-0384750	0.97%
9627044	United Ag Services, Inc.	48-0214990	1.78%
9627045	Pawnee County Cooperative	48-0366440	1.32%
9627049	Pro Ag Marketing Assn.	48-0573424	0.13%
9627050	The Dodge City Cooperative Exchange	48-0198180	3.71%
9627055	ProValue Cooperative Inc	48-0519519	1.06%
9627057	Northwest Cotton Growers	73-1634459	0.28%
9627058	Anthony Farmers Coop	48-0122780	1.03%
9627063	AV Energy	20-1696978	0.22%
9627067	Frontier Ag	20-8325734	5.39%
9627070	Kanza Cooperative Association	48-0277750	7.27%
9627072	ProValue Insurance, LLC	45-5136141	2.33%
9627073	Wheeler Coop Mercantile Equity Union	48-0474050	0.13%
9627074	Skyland Grain LLC	20-1198230	10.61%
9627075	Alliance Ag and Grain LLC	47-5469106	3.83%

9627077	Agri Trails Coop	47-5603846	3.39%
9627082	Southwest Kansas Coop Svc LLC	03-0427367	0.05%
9627095	Agri Business Benefit Group	48-0951789	0.03%
9627096	Midland Marketing Coop Inc	48-0214170	2.66%
9627098	AgMark LLC	48-1208480	1.15%
9627100	Berwick Cooperative Oil Ccompany	48-0138800	0.54%
9627105	Leavenworth County Cooperative	48-0682811	0.91%
9627106	Farmers Cooperative Assn.	48-0548704	2.29%
9627109	The Alma Coop Oil Assn.	48-0534914	0.18%
9627111	Kansas Coop Council	48-0492134	0.10%
9627115	Jackson Farmers Inc	48-0217240	1.21%
9627122	Southern Kansas Cotton Growers	48-1180436	0.92%
9627130	Trinity Ag LLC	82-5182129	2.82%
9627135	Great Bend Cooperative Association	48-0646838	5.28%
9627152	Farmers Cooperative Grain	48-0591652	1.06%
9627154	Co Mark Inc	48-1112653	0.33%
9627155	Two Rivers Coop	48-0543416	1.21%
9627162	Bartlett Cooperative Assn	48-0538481	2.71%
9627165	The Farmers Cooperative Elevator Co.	48-0214440	1.80%
9627167	Mulvane Cooperative Union	48-0345790	0.38%
9627173	CoMark Equity Alliance LLC	82-1438000	1.03%
Grand Total			100%

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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final return/report
- an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here.
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
- special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN		1b Three-digit plan number (PN) ▶ 501
		1c Effective date of plan 09/01/1983
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) AGRI-BUSINESS BENEFIT GROUP, INC.		2b Employer Identification Number (EIN) 48-0958384
PO BOX 1747 1515 EAST 30TH STREET		2c Plan Sponsor's telephone number 620-662-5406
HUTCHINSON KS 67504-1747 HUTCHINSON KS 67502		2d Business code (see instructions) 115110

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

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

SIGN HERE	<i>Catherine Partington</i>	<u>03/14/2025</u>	CATHERINE PARTINGTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Catherine Partington</i>	<u>03/14/2025</u>	CATHERINE PARTINGTON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 2300728

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	4b EIN
a Sponsor's name	4d PN
c Plan Name	
5 Total number of participants at the beginning of the plan year	5 2,396
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) 2,370
a(2) Total number of active participants at the end of the plan year	6a(2) 2,414
b Retired or separated participants receiving benefits	6b 22
c Other retired or separated participants entitled to future benefits	6c 0
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d 2,436
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e
f Total. Add lines 6d and 6e.....	6f
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4A 4D

<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input checked="" type="checkbox"/> G (Financial Transaction Schedules)</p>
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 000142956530

AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended June 30, 2024

EIN: 48-0958384

Plan Number: 501

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or loss
Financial Square Trust	Government money market fund	\$ 3,611,100	N/A	\$ -	\$ 3,611,100	\$ 3,611,100	\$ -
Financial Square Trust	Government money market fund	N/A	\$ 3,411,444	\$ -	\$ 3,411,444	\$ 3,411,444	\$ -

AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN

SCHEDULE G, PART 1 – SCHEDULE OF LOANS OR FIXED INCOME OBLIGATIONS IN DEFAULT OR CLASSIFIED AS UNCOLLECTIBLE

June 30, 2024

EIN: 48-0958384
Plan Number: 501

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
*If Party in interest	Identity and Address of obligor	Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation and other material items	Original amount of loan	Amount received during reporting year		Unpaid balance at end of year	Amount overdue	
				Principal	Interest		Principal	Interest
	ESC Lehman Brothers Holdings, Inc.	Corporate note, dated 11/21/03, due 12/30/16, 0%	\$ 100,000	\$ 109	\$ -	\$ 52,013	\$ 52,013	\$ -
	Address of Headquarters: New York City, NY							

AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN

SCHEDULE G, PART 1 – OVERDUE LOAN EXPLANATION

June 30, 2024

EIN: 48-0958384
Plan Number: 501

Lehman Brothers filed for bankruptcy in September 2008. A plan of reorganization has been filed under Lehman Brothers Holdings, Inc., 08-13555, U.S. Bankruptcy Court, Southern District of New York (Manhattan). Discounted principal payments are currently being distributed to holders through ESC Lehman Brothers Holdings, Inc., but final settlement of claims is indefinite.

AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN

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

June 30, 2024

EIN: 48-0958384
Plan Number: 501

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Money market funds				
FINANCIAL SQUARE TR GOVERNMENT FD		MONEY MARKET FUND	\$ 738,452	\$ 738,452
Domestic preferred stocks				
CHS INC PERPETUAL		PREFERRED STOCK	497,294	552,240
CHS INC PERPETUAL		PREFERRED STOCK	350,000	333,783
CITIGROUP CAPITAL XIII		PREFERRED STOCK	15,000	17,562
			<u>\$ 862,294</u>	<u>\$ 903,585</u>
Domestic common stock funds				
ISHARES RUSSELL MIDCAP GROWTH ETF		MUTUAL FUND	42,033	149,193
ISHARES RUSSELL MIDCAP VALUE ETF		MUTUAL FUND	52,390	148,389
ISHARES RUSSELL 1000 GROWTH ETF		MUTUAL FUND	128,791	774,949
ISHARES RUSSELL 1000 VALUE ETF		MUTUAL FUND	223,931	571,040
			<u>\$ 447,145</u>	<u>\$ 1,643,571</u>
Domestic equity mutual funds				
AMERICAN CENTURY SMALL CAP GROWTH FUND Y		MUTUAL FUND	19,189	22,468
FIDELITY SMALL CAP VALUE INDEX FUND		MUTUAL FUND	20,418	22,519
SCHWAB FUNDAMENTAL US LG INDEX FUND		MUTUAL FUND	155,500	174,439
VANGUARD 500 INDEX FUND ADM		MUTUAL FUND	175,000	217,786
			<u>\$ 370,107</u>	<u>\$ 437,212</u>

AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN

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

June 30, 2024

EIN: 48-0958384
Plan Number: 501

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
International stock funds				
FIDELITY EMERGING MARKETS INDEX FUND		MUTUAL FUND	40,268	39,831
MFS RESEARCH INTERNATIONAL FUND R6		MUTUAL FUND	92,033	103,584
VANGUARD DEVELOPED MARKETS INDEX FUND		MUTUAL FUND	170,700	209,436
VICTORY TRIVALENT INTERNATIONAL SMALL CAP FUND I		MUTUAL FUND	17,037	17,024
			<u>\$ 320,038</u>	<u>\$ 369,875</u>
Alternative investment funds				
GATEWAY FUND N		MUTUAL FUND - HEDGE	162,523	215,861
JPMORGAN HEDGED EQUITY FUND R6		MUTUAL FUND - HEDGE	181,208	216,839
			<u>\$ 343,731</u>	<u>\$ 432,700</u>
Mortgage-backed securities				
FEDERAL HOME LOAN MORTGAGE CORP		UMBS POOL #ZS8584 2.5% DUE 10/01/30 DATED 09/01/18	27,864	24,927
FEDERAL NATIONAL MORTGAGE ASSOC		REMIC SERIES 2021-3 CLASS PH 1.25% DUE 02/25/51 DATED 01/01/21	59,248	43,385
FEDERAL NATIONAL MORTGAGE ASSOC		REMIC SERIES 2022-38 CLASS DA 4.5% DUE 04/25/47 DATED 06/01/2022	85,366	80,576
GOVERNMENT NATIONAL MORTGAGE ASSOC		REMIC SERIES 2010-14 CLASS PA 3% DUE 2/20/40 DATED 2/1/10	254	242
GOVERNMENT NATIONAL MORTGAGE ASSOC		REMIC SERIES 2014-131 CLASS DM 3% DUE 2/20/44 DATED 9/1/14	13,109	12,217
RBSGC MORTGAGE PASS THROUGH		CERTIFICATE SERIES 2007-B CLASS 3A1 5.4504% DUE 7/25/35 DATED 3/1/07	215	215
			<u>\$ 186,056</u>	<u>\$ 161,562</u>

AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN

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

June 30, 2024

EIN: 48-0958384
Plan Number: 501

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
Corporate bonds and debentures				
AIR LEASE CORP	25,000 SENIOR UNSECURED NOTE 5.85% DUE 12/15/27 DATED 12/05/22 CALLABLE 11/15/27	24,741	25,313	
ALABAMA POWER CO	70,000 SENIOR UNSECURED NOTE 3.75% DUE 09/1/27 DATED 8/12/22 CALLABLE 08/01/27	69,941	67,461	
AMERIPRISE FINANCIAL INC	80,000 SENIOR UNSECURED NOTE 5.7% DUE 12/15/28 DATED 11/09/23 CALLABLE 11/15/28	82,202	81,921	
AT&T INC	50,000 SENIOR UNSECURED NOTE 4.35% DUE 03/01/29 DATED 02/19/19 CALLABLE 12/01/28	48,717	48,459	
BANCO SATANDER	80,000 SENIOR PREFERRED NOTE 6.607% DUE 11/07/28 DATED 11/07/23	84,104	84,022	
BANK OF AMERICA CORP	100,000 SENIOR UNSECURED NOTE VARIABLE RATE DUE 04/25/29 DATED 04/25/23 CALLABLE 04/25/28	100,228	99,842	
BANK OF MONTREAL	80,000 SENIOR UNSECURED NOTE 5.717% DUE 09/25/28 DATED 09/25/23 CALLABLE 08/25/28	80,000	81,619	
BERKSHIRE HATHAWAY ENERGY	80,000 SENIOR UNSECURED NOTE 3.5% DUE 02/01/25 DATED 12/04/14 CALLABLE 11/01/24	85,164	79,010	
BHP BILLITON FINANCE USA LIMITED	70,000 SENIOR SECURED NOTE 5.1% DUE 09/08/28 DATED 09/08/23 CALLABLE 08/08/28	70,864	70,295	
CAMDEN PROPERTY TRUST	90,000 SENIOR UNSECURED NOTE 3.15% DUE 07/01/29 DATED 06/17/19 CALLABLE 04/01/29	82,272	82,019	
CHARLES SCHWAB CORPORATION	100,000 SENIOR UNSECURED NOTE 1.15% DUE 05/13/26 DATED 05/13/21 CALLABLE 04/13/26	99,768	92,477	
CITIBANK NA	70,000 SENIOR UNSECURED NOTE 5.803% DUE 09/29/28 DATED 09/29/23	70,042	71,915	
CITIGROUP INC	50,000 UNSECURED NOTE VARIABLE RATE DUE 11/03/25 DATED 11/03/21 CALLABLE 11/03/24	50,000	49,219	

AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN

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

June 30, 2024

EIN: 48-0958384
Plan Number: 501

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
COMCAST CORP		50,000 SENIOR UNSECURED NOTE 5.1% DUE 06/01/29 DATED 05/22/24 CALLABLE 05/01/29	49,964	50,292
ENERGY TRANSFER LP		45,000 SENIOR UNSECURED NOTE 5.25% DUE 07/01/19 DATED 06/21/24 CALLABLE 06/01/29	44,909	44,720
EQUIFAX INC		50,000 SENIOR UNSECURED NOTE 5.1% DUE 06/01/28 DATED 05/16/23 CALLABLE 05/01/28	49,893	49,797
EXXON MOBIL CORPORATION		80,000 SENIOR UNSECURED NOTE 2.992% DUE 03/19/25 DATED 03/19/20 CALLABLE 02/19/25	87,203	78,668
GENERAL MOTORS FINANCIAL COMPANY		50,000 SENIOR UNSECURED NOTE 5.8% DUE 01/07/29 DATED 12/07/23 CALLABLE 12/07/28	50,617	50,445
GOLDMAN SACHS GROUP INC		65,000 SENIOR UNSECURED NOTE VARIABLE RATE DUE 06/15/27 DATED 06/13/22 CALLABLE 06/15/26	65,000	63,731
HONEYWELL INTERNATIONAL		50,000 SENIOR UNSECURED NOTE 2.3% DUE 08/15/24 DATED 08/08/19 CALLABLE 07/15/24	49,897	49,796
INTUIT INC		75,000 SENIOR UNSECURED NOTE 0.95% DUE 07/15/25 DATED 6/29/20 CALLABLE 6/15/25	74,941	71,669
JOHNSON & JOHNSON		80,000 SENIOR UNSECURED NOTE 0.55% DUE 09/10/25 DATED 08/25/20 CALLABLE 08/01/25	79,913	75,957
JPMORGAN CHASE & CO		100,000 SENIOR UNSECURED NOTE VARIABLE RATE DUE 01/23/29 DATED 01/23/18 CALLABLE 01/23/28	94,759	94,566
LABORATORY CORPORATION OF AMERICA		40,000 SENIOR UNSECURED NOTE 1.55% DUE 06/01/26 DATED 05/26/21 CALLABLE 05/01/26	39,973	37,161
LEHMAN BROTHERS HOLDINGS		100,000 SENIOR UNSECURED NOTE DEFAULTED NOTE 0% DUE 12/30/16 DATE 11/21/03 ESCROW CUSIP	52,013	30
MAGNA INTERNATIONAL INC		80,000 SENIOR UNSECURED NOTE 5.05% DUE 03/14/29 DATED 03/14/24 CALLABLE 02/14/29	79,535	79,950

AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN

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

June 30, 2024

EIN: 48-0958384
Plan Number: 501

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
MORGAN STANLEY		70,000 SENIOR UNSECURED NOTE 3.875% DUE 01/27/26 DATED 01/27/16	68,882	68,428
REALTY INCOME CORP		70,000 SENIOR UNSECURED NOTE 3.65% DUE 01/15/28 DATED 12/06/17 CALLABLE 10/15/27	65,181	66,627
REINSURANCE GROUP OF AMERICA		50,000 SENIOR UNSECURED NOTE 3.9% DUE 05/15/29 DATED 05/15/19 CALLABLE 02/15/29	47,163	46,868
VERIZON COMMUNICATIONS		50,000 SENIOR UNSECURED NOTE 0.85% DUE 11/20/25 DATED 11/20/20 CALLABLE 10/20/25	49,995	47,001
WALMART INC		50,000 SENIOR UNSECURED NOTE 1.05% DUE 09/17/26 DATED 09/17/21 CALLABLE 08/17/26	49,906	46,092
WELLS FARGO & COMPANY		70,000 SENIOR UNSECURED NOTE VAR RATE DUE 2/11/26 DATED 2/11/20 CALLABLE 2/11/25	65,527	68,480
			<u>\$ 2,113,314</u>	<u>\$ 2,023,850</u>
U.S. government securities				
UNITED STATES TREASURY		150,000 U.S. TREASURY NOTE 0.75% DUE 08/31/26 DATED 08/31/21	149,396	137,978
UNITED STATES TREASURY		55,000 U.S. TREASURY NOTE 1.375% DUE 10/31/28 DATED 10/31/21	46,868	48,508
UNITED STATES TREASURY		110,000 U.S. TREASURY NOTE 1.5% DUE 11/30/28 DATED 11/30/21	96,465	97,363
UNITED STATES TREASURY		50,000 U.S. TREASURY NOTE 1.25% Due 12/31/26 Dated 12/31/21	47,357	46,099
UNITED STATES TREASURY		90,000 U.S. TREASURY NOTE 4.125% Due 10/31/27 Dated 10/31/22	91,642	89,006
UNITED STATES TREASURY		55,000 U.S. TREASURY NOTE 2% Due 02/15/25 Dated 02/15/15	56,450	53,877
UNITED STATES TREASURY		125,000 U.S. TREASURY NOTE 2.25% Due 08/15/27 Dated 08/15/17	119,624	116,815
UNITED STATES TREASURY		150,000 U.S. TREASURY NOTE 2.25% Due 11/15/27 Dated 11/15/17	138,657	139,564
			<u>\$ 746,459</u>	<u>\$ 729,210</u>
U.S. government agencies				
FEDERAL FARM CREDIT BANK		40,000 UNSECURED NOTE 4% Due 01/06/28 Dated 01/06/23	40,458	39,294
			<u>\$ 40,458</u>	<u>\$ 39,294</u>

AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN

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

June 30, 2024

EIN: 48-0958384
Plan Number: 501

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value		Cost	Current value
Taxable municipal bonds				
JOHNSON & MIAMI COUNTIES KS UNIFIED SCHOOL DISTRICT #230	75,000 TAXABLE REFUNDING SERIES C GENERAL OBLIGATION UNLIMITED 2.65% DUE 09/01/26 DATED 10/27/16		75,000	71,292
MN STATE HOUSING FINANCE AGENCY	5,000 TAXABLE RESIDENTIAL HOUSING SERIES G 3.9% DUE 07/01/26 DATED 12/12/18		5,000	4,888
MONTGOMERY COUNTY VA ECON DEV AUTH	90,000 REVENUE TAXABLE REF VA TECH FDN INC SER A 1.614% DUE 06/01/27 DATED 07/07/20		78,276	82,198
NJ STATE HOUSING & MORTGAGE FINANCE AGENCY	110,000 REVENUE TAXABLE REFUNDING SERIES C 4.1% DUE 11/1/30 DATED 9/19/18 CALLABLE 11/1/27		110,000	105,399
			<u>\$ 268,276</u>	<u>\$ 263,777</u>
Tax exempt general obligation bonds				
CAMERON COUNTY TX	135,000 GENERAL OBLIGATION UNLIMITED 5% DUE 02/15/39 DATED 04/30/24 CALLABLE 02/15/34		148,948	149,999
E BRANDYWINE TOWNSHIP PA	100,000 REFUNDING SERIES B GENERAL OBLIGATION LIMITED 2% DUE 12/01/30 DATED 03/01/21 CALLABLE 06/01/26		103,798	87,061
KENDALL KANE & WILL COUNTIES IL UNIT SCHOOL DISTRICT #308	100,000 REFUNDING GENERAL OBLIGATION UNLIMITED 4% DUE 02/01/32 DATED 03/01/16 CALLABLE 02/01/26		105,271	100,441
LICKING HEIGHTS OH LOCAL SCH DIST	60,000 FACS CONTRUCTION & IMPT SER B GENERAL OBLIGATION UNLIMITED 5% DUE 10/01/28 DATED 09/21/17 CALLABLE 10/01/27		72,875	63,221
LINN COUNTY KS UNIFIED SCHOOL DISTRICT #346	185,000 REFUNDING GENERAL OBLIGATION UNLIMITED 3% DUE 09/01/28 DATED 07/07/20 CALLABLE 09/01/27		204,489	180,397
MANSFIELD TX INDEP SCHOOL DISTRICT	100,000 REFUNDING-SERIES A GENERAL OBLIGATION UNLIMITED 4% DUE 02/15/28 DATED 10/01/15 CALLABLE 02/15/25		110,502	100,136

AGRI-BUSINESS BENEFIT GROUP, INC. EMPLOYEE HEALTH CARE PLAN

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

June 30, 2024

EIN: 48-0958384
Plan Number: 501

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
MANTON MI CONSOLIDATED SCHOOLS		125,000 GENERAL OBLIGATION UNLIMITED 4% DUE 05/01/37 DATED 02/22/24 CALLABLE 05/01/34	130,314	127,649
MCPHERSON COUNTY KS UNIFIED SCHOOL DISTRICT #448		125,000 REFUNDING GENERAL OBLIGATION UNLIMITED 4% DUE 09/01/32 DATED 07/20/22 CALLABLE 09/01/30	129,378	128,174
MIAMI GARDENS FL		75,000 GENERAL OBLIGATION UNLIMITED 5% DUE 7/1/28 DATED 7/16/14 CALLABLE 7/1/24	84,784	75,000
SAINT CLAIR & WASHINGTON COUNTIES IL CMNTY HIGH S/D #77 FREEBURG		170,000 REF GENERAL OBLIGATION UNLIMITED 3% DUE 12/01/33 DATED 02/11/21 CALLABLE 12/01/27	186,320	157,918
SCHERTZ TX		100,000 GENERAL OBLIGATION LIMITED 4% DUE 02/01/37 DATED 08/01/22 CALLABLE 02/01/31	103,919	101,559
SEDGWICK COUNTY KS UNIFIED SCHOOL DISTRICT #262		100,000 REFUNDING GENERAL OBLIGATION UNLIMITED 4% DUE 09/01/30 DATED 10/28/15 CALLABLE 09/01/24	105,483	100,052
			<u>\$ 1,486,081</u>	<u>\$ 1,371,607</u>
Tax exempt revenue bonds				
BEECH GROVE IN CENTRAL SCHOOL BUILDING CORPORATION		100,000 SERIES A 4% DUE 07/15/34 DATED 06/10/21 SINKABLE CALLABLE 07/15/31	122,085	103,735
BOONVILLE IN REDEVELOPMENT AUTHORITY		155,000 LEASE RENT REVENUE 4% DUE 02/01/32 DATED 12/20/22	158,804	156,543
CARMEL IN REDEVELOPMENT AUTHORITY		100,000 3% DUE 07/15/38 DATED 12/15/22 SINKABLE CALLABLE 07/15/32	85,344	89,212
CHASKA MN INDEPENDENT SCHOOL DISTRICT #112		170,000 SERIES A CERTIFICATES OF PARTICIPATION 3% DUE 02/01/36 DATED 09/02/21 CALLABLE 02/01/30	188,664	153,065
CT STATE HOUSING FINANCE AUTHORITY		120,000 REFUNDING STATE SUPPORTED SPECIAL OBLIGATION SERIES 20 3.9% DUE 06/15/30 DATED 01/05/17 CALLABLE 06/15/26	120,000	120,167

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EASTBROOK IN COMMUNITY SCHOOL CORP		50,000 GENERAL OBLIGATION UNLIMITED 4% DUE 07/15/31 DATED 11/09/22 SINKABLE	50,917	51,484
FOND DU LAC WI WATERWORKS		100,000 REVENUE REFUNDING 4% DUE 09/01/28 DATED 12/01/21	117,888	102,328
FORREST CITY AR		100,000 SALES AND USE TAX 3% DUE 11/01/32 DATED 07/22/21 CALLABLE 11/01/29	111,218	92,595
GREENE COUNTY MO		100,000 SERIES B CERTIFICATES OF PARTICIPATION 4% DUE 03/01/28 DATED 04/15/21	118,648	102,088
IL STATE HOUSING DEV AUTHORITY		100,000 REVENUE REFUNDING HOMEOWNER MORTGAGE SERIES C 2.15% DUE 2/1/25 DATED 9/22/16 NON CALLABLE	98,864	98,334
IPS MULTI-SCHOOL BUILDING CORP IN		125,000 5.5% DUE 7/15/39 DATED 11/30/22 CALLABLE 7/15/32	135,381	143,165
MIAMI BEACH FL RESORT		100,000 TAX REVENUE 5% DUE 9/1/31 DATED 12/15/15 CALLABLE 9/1/25	115,008	101,462
MN STATE HOUSING FINANCE AGENCY		100,000 NON ACE STATE SERIES A 4% DUE 08/01/34 DATED 10/24/17 CALLABLE 08/01/27	109,516	100,421
MONROE IN CENTRAL SCHOOL BUILDING CORPORATION		125,000 5% DUE 07/15/37 DATED 05/08/24 CALLABLE 01/15/31	134,925	135,500
MS STATE HOME CORP		100,000 SINGLE FAMILY MORTGAGE REVENUE SERIES A 2.3% DUE 06/01/26 DATED 11/30/16 CALLABLE 12/01/25	100,000	95,729
MT STATE BOARD OF HOUSING		15,000 SINGLE FAMILY MORTGAGE PROG B-2 4.2% DUE 06/01/25 DATED 09/26/13 CALLABLE 06/01/24	15,000	15,000
NORTH TX TOLLWAY AUTHORITY		100,000 REVENUE REFUNDING 1ST TIER SERIES A 4% DUE 01/01/32 DATED 11/01/17 CALLABLE 01/01/27	107,626	100,603
PA STATE HOUSING FINANCE AGENCY		75,000 SINGLE FAMILY MORTGAGE REVENUE REF SERIES 121 2.1% DUE 10/1/25 DATED 10/03/16 CALLABLE 10/03/25	75,000	72,545

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RIVER VALLEY PA SCHOOL DISTRICT		75,000 REF GENERAL OBLIGATION LIMITED 5% DUE 03/15/36 DATED 01/10/23 SINKABLE CALLABLE 03/15/31	82,603	81,563
RUIDOSO NM WASTEWATER		105,000 REVENUE REF 4% DUE 07/1/27 DATED 07/12/13 CALLABLE 07/1/24	106,466	105,034
SD STATE HEALTH & EDUCATIONAL FACs AUTHORITY		100,000 REGIONAL HEALTH 5% DUE 09/01/31 DATED 09/07/17 CALLABLE 09/01/27	118,375	104,036
SOUTH BROWARD FL HOSPITAL DISTRICT		100,000 OBLIGATION GROUP-SERIES A 3% DUE 05/01/37 DATED 11/18/21 CALLABLE 05/01/31	91,040	86,908
TRUSSVILLE AL PUBLIC BUILDING AUTH		125,000 LEASE REV FIRE STATION PROJECT SER B 4.125% DUE 10/01/38 DATED 12/14/22 SINKABLE CALLABLE 10/01/32	122,363	127,458
UNIVERSITY NORTHERN CO GREELEY		100,000 INSTITUTIONAL ENTERPRISE REVENUE REFUNDING SERIES B 5% DUE 06/01/32 DATED 07/18/18 CALLABLE 06/01/28	117,158	107,090
UNIVERSITY OF KANSAS KS HOSPITAL AUTHORITY		125,000 HEALTH REVENUE 4% DUE 03/01/35 DATED 12/03/19 CALLABLE 03/01/30	130,025	126,714
UT STATE INFRASTRUCTURE AGENCY		125,000 TELECOMMUNICATIONS & SALES TAX REV WEST HAVEN PROJECT 5.25% DUE 10/15/39 DATED 12/21/22 SINKABLE CALLABLE 10/15/32	139,294	138,708
WA STATE HEALTH CARE FACILITIES AUTH		100,000 REF-PROVIDENCE ST JOSEPH HLTH-SER B 5% DUE 10/01/28 DATED 02/06/18 NON CALLABLE	119,022	104,763
WASHINGTON IA COMMUNITY SCHOOL DISTRICT		130,000 INFRASTRUCTURE SALES SERVICE AND USE TAX REV 4% DUE 06/01/36 DATED 07/09/24 CALLABLE 06/01/32	131,754	131,342
WI STATE HOUSING & ECON DEVELOPMENT AUTHORITY		100,000 REFUNDING-SERIES C 3.625% DUE 11/01/30 DATED 11/30/15 SINKABLE CALLABLE 05/01/25	100,000	99,123

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WYANDOTTE COUNTY KANSAS CITY KS UNIFIED GOVERNMENT UTILITY SYSTEM		100,000 REVENUE IMPROVEMENT SERIES A 5% DUE 09/01/30 DATED 2/11/16 CALLABLE 09/01/25	117,582 <u>\$ 3,340,570</u>	101,616 <u>\$ 3,148,331</u>
			<u>\$ 11,262,981</u>	<u>\$ 12,263,026</u>

* Party-in-interest as defined by ERISA