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 01/01/2023 and ending 12/31/2023

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] 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
BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST AGREEMENT

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1963

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)
BEN HILL GRIFFIN, INC.

P.O. BOX 127
FROSTPROOF, FL 33843-0127

2b Employer Identification Number (EIN)
59-0585518

2c Plan Sponsor's telephone number
863-635-2251

2d Business code (see instructions)
111300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/01/2024	STEWART HURST
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/01/2024	BEN HILL GRIFFIN IV
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

STEWART HURST

P.O. BOX 127
FROSTPROOF, FL 33843-0127

3b Administrator's EIN
59-0585518

3c Administrator's telephone number
863-635-2251

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	461
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)**	153
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	138
b	Retired or separated participants receiving benefits	**6b**	68
c	Other retired or separated participants entitled to future benefits	**6c**	245
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	451
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	19
f	Total. Add lines **6d** and **6e**.	**6f**	470
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)**	450
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST AGREEMENT

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BEN HILL GRIFFIN, INC.

D Employer Identification Number (EIN)
59-0585518

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

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

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

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

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

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

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

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

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

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

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

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

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

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

STERLING CAPITAL MANAGEMENT, LLC

4350 CONGRESS STREET, SUITE 1000
CHARLOTTE, NC 28209

42-1658828

(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?
27 28 51	INVESTMENT MANAGER	82658	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TRUIST FINANCIAL CORPORATION

214 NORTH TRYON ST
CHARLOTTE, NC 28202

56-0939887

(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?
21 51	TRUSTEE/CUSTODIAN	33137	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST AGREEMENT

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BEN HILL GRIFFIN, INC.

D Employer Identification Number (EIN)
59-0585518

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	509442	523315
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5063	13643
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	628893	1068274
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(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)	28571585	30987147
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	29714983	32592379
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	29714983	32592379

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)	523315	
	(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)		523315
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	26878	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		26878
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	753949	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		753949
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	5776261	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5403802	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		372459
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	3388325	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		3388325

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		5064926
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2071735	
(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)		2071735
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	115795	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		115795
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2187530
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2877396
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: RANDOLPH SWAIN TALLENT & WHITEHEAD **(2)** EIN: 59-3189815

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

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

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

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

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

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

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

RANDOLPH SWAIN TALLENT & WHITEHEAD LLP
CERTIFIED PUBLIC ACCOUNTANTS

BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN

Financial Statements and Schedules

December 31, 2023 and 2022

(With Independent Auditors' Report Thereon)

BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN

Table of Contents

December 31, 2023 and 2022

	Page
Independent Auditors' Report	1-2
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-9

Supplementary Information:

Schedule 1 – Form 5500, Schedule H – Part IV – Question 4i – Schedule of Assets Held At End of Year

Schedule 2 – Form 5500, Schedule H – Part IV – Question 4j – Schedule of Assets Acquired And Disposed Within Year

RANDOLPH SWAIN TALLENT & WHITEHEAD LLP
CERTIFIED PUBLIC ACCOUNTANTS
2600 LAKE LUCIEN DRIVE
SUITE 207
MAITLAND, FLORIDA 32751

(407) 660-2412

FAX (407) 660-8684

Independent Auditors' Report

The Administrative Committee
Ben Hill Griffin, Inc. Employees'
Profit Sharing Plan:

Report on the Financial Statements

We have audited the accompanying financial statements of Ben Hill Griffin, Inc. Employees' Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, 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.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements 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, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

The Administrative Committee
Ben Hill Griffin, Inc. Employees'
Profit Sharing Plan

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Ben Hill Griffin, Inc. Employees' Profit Sharing Plan as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes and reportable transactions, together referred to as "supplemental information," are presented for the purpose 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 the Employee Retirement Income Security Act of 1974. 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Randolph Swain Tallent + Whitehead LLP

February 9, 2024
Maitland, Florida

BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

December 31, 2023 and 2022

	2023	2022
Assets:		
Investments, at fair value (Notes 3 and 6)	$ 32,055,421	$ 29,200,478
Contributions receivable from Ben Hill Griffin, Inc. (Note 4)	523,315	509,442
Accrued interest and dividends	13,643	5,063
Total assets	32,592,379	29,714,983
Liabilities:		
Accounts payable, securities purchased	-	-
Net assets available for benefits	$ 32,592,379	$ 29,714,983

See accompanying notes to financial statements.

BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN

Statements of Changes in Net Assets Available for Benefits

December 31, 2023 and 2022

	2023	2022
Additions to (deductions from) net assets:		
Investment income:		
Net appreciation (depreciation) in fair value of investments (Note 6)	$ 3,760,784	$ (7,163,813)
Dividend income	264,658	292,226
Interest income	516,169	402,278
Total investment (loss) income	4,541,611	(6,469,309)
Contributions:		
Company contributions (Note 4)	523,315	509,442
Total contributions	523,315	509,442
Total (deductions) additions	5,064,926	(5,959,867)
Deductions from net assets:		
Distributions to participants	2,071,735	3,230,261
Investment management fees	115,795	129,861
Total deductions	2,187,530	3,360,122
(Decrease) increase in net assets	2,877,396	(9,319,989)
Net assets available for benefits:		
Beginning of year	29,714,983	39,034,972
End of year	$ 32,592,379	$ 29,714,983

See accompanying notes to financial statements.

BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2023 and 2022

(1) Plan Description

(a) General

The Board of Directors of Ben Hill Griffin, Inc. (the Company) adopted the Ben Hill Griffin, Inc. Employees' Profit Sharing Plan (the Plan) effective November 1, 1963 and executed a Trust Agreement to enable eligible employees to share in its profits. All employees of Ben Hill Griffin, Inc., who are employed on the last day of the plan year and employees who are separated from service during the year due to retirement or disability are classified as active participants in the Plan.

The Ben Hill Griffin, Inc. Employees' Profit Sharing Trust (the Trust), established by Trust Agreement executed on September 30, 1964, as amended, is intended to form a part of the Plan. The Plan and the Trust are intended to meet the needs of the Company and the requirements of Sections 401(a) and 501(a) of the Internal Revenue Code of 1954, as amended by the Employee Retirement Income Security Act of 1974.

Truist Bank serves as trustee and Sterling Capital Management investment manager. In this capacity, they have custodial responsibilities and make investment decisions within the guidelines established by the "Statement of Investment Policy, Objectives and Guidelines".

(b) Contributions

The amount of the Company's contribution is determined annually by its Board of Directors.

(c) Participant Accounts

Each active participant's account is credited with an allocation of the Company's contribution as well as forfeitures of terminated participants' nonvested accounts upon distribution of the terminated participants' vested portion. Each active and inactive participant's account is credited or debited with an allocation of the Plan's investment earnings or losses. Allocations of forfeitures and the Company's contribution are based on participants' compensation. Earnings or losses from investments are allocated based on participants' account balances.

(1) Plan Description, Continued

(d) Vesting

Vesting in participants' accounts who are credited with at least 500 hours of service annually, is as follows:

Years of service	Vesting percentage
Less than two years	0%
Two years	20%
Three years	40%
Four years	60%
Five years	80%
Six or more years	100%

Participants are fully vested in equity transferred from other qualified plans, plus earnings thereon.

(e) Payment of Benefits

Upon entitlement to payment of benefits, a participant may elect to receive either a lump sum amount equal to the value of their account, periodic installments of substantially equal amounts over a period not to exceed twenty years or nonperiodic amounts over a period not to exceed the life expectancy of the participant and a designated beneficiary.

(f) Plan Termination

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

(g) Forfeitures

Allocated forfeitures of terminated participants' nonvested accounts for the years ended December 31, 2023 and 2022 totaled $18,014 and $15,761, respectively. At December 31, 2023 unallocated forfeitures of terminated participants totaled $57,615.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The Plan's financial statements are prepared using the accrual method of accounting.

(b) Investment Valuation and Income Recognition

Investments are stated at fair value. Mutual funds are valued at the quoted prices of the underlying investments. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Appreciation or depreciation in the value of investments is reflected in the statements of changes in net assets available for benefits.

(c) Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles may require use of estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

(3) Fair Value Measurements Used In Investment Valuation

The Financial Accounting Standards Board *Accounting Standards Codification* 820, *Fair Value Measurements and Disclosures,* provides the framework for measuring the fair value of investments. That framework prioritizes the inputs used to measure fair value, as follows:

- Level 1 Inputs have the highest priority and are used when quoted prices in active markets for identical assets are available.
- Level 2 Inputs consist of observable inputs other than quoted prices for identical assets.
- Level 3 Inputs are used when the criteria for levels 1 and 2 are not available.

The methods used to measure the fair value of investments may produce amounts that may not be indicative of their net realizable value. All investments held at December 31, 2023 and 2022 are valued using Level 1 criteria.

(4) Contributions Receivable from Ben Hill Griffin, Inc.

For the years ended December 31, 2023 and 2022, the Company's profit sharing contributions were equal to 7.0% and 6.5%, respectively, of eligible participants' allowable compensation, as defined by the Plan document.

(5) Income Tax Status and Uncertain Tax Positions

The Plan document was restated effective January 1, 2022. The Plan was advised that resubmission to the Internal Revenue Service for a favorable determination letter was not required. The Plan may rely on the IRS opinion letter of the volume submitter document dated June 30, 2020 which states that the Plan and related trust are designed in accordance with applicable requirements of the Internal Revenue Code. The Plan administrator and tax counsel believe that the Plan is designed and currently being operated in compliance with the applicable provisions of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by a plan and recognize a tax liability if the plan has taken an uncertain 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 December 31, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by the Internal Revenue Service; however, there are currently no audits in progress for any tax periods. The Plan Administrator believes it is no longer subject to income tax examinations for years before 2020.

(6) Investments

Investments in 2023 and 2022 consist of cash and short-term cash investments and equity and fixed income investments. The following is a summary of the original cost and fair market value of investments owned at December 31, 2023 and 2022:

	December 31, 2023		December 31, 2022	
Investment	Original Cost	Market Value	Original cost	Market Value
Cash and short-term cash Investments	$ 1,068,274	$ 1,068,274	$ 628,893	$ 628,893
Fixed income mutual funds and exchange traded funds	12,316,199	11,847,609	12,183,960	11,333,460
Equity mutual funds and exchange traded funds	17,702,905	19,139,538	18,807,907	17,238,125
Total	$ 31,087,378	$ 32,055,421	$ 31,620,760	$ 29,200,478

(6) Investments, Continued

For the years ended December 31, 2023 and 2022, the Plan's investments (including investments bought, sold and held at year-end) appreciated (depreciated) in value, as follows:

	2023	2022
Equity investments	$ 3,423,000	$ (4,901,489)
Fixed income investments	337,784	(2,262324)
Net appreciation (depreciation) in fair value of investments	$ 3,760,784	$ (7,163,813)

(7) Accounts of Terminated Participants

Net assets available for benefits as of December 31, 2023 and 2022 include fully vested accounts of inactive participants totaling $17,825,915 and $16,000,085, respectively.

(8) Risks and Uncertainties

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

(9) Plan Administrative Costs

All administrative costs of the Plan and Trust were paid by Ben Hill Griffin, Inc.

(10) Date of Management's Review

There are no subsequent events to disclose during this period. Subsequent events were evaluated through February 9, 2024 which is the date the financial statements were available to be issued.

BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN

Form 5500, Schedule H - Part IV - Question 4i - Schedule of Assets Held at End of Year

December 31, 2023

(b) Identity of issuer, borrower, lessor or other party	(c) Description of investment	(d) Original cost	(e) Market value
Cash and short-term cash investments:			
Cash		$ 46,193	$ 46,193
Federated Hermes	1,022,081 units, Treasury Obligation Money Market Institutional, yield 5.22%	1,022,081	1,022,081
Total cash and short-term cash investments		1,068,274	1,068,274
Fixed income mutual funds:			
Neuberger Berman	120,575 units, Strategic Income Fund, yield 5.48%	1,213,146	1,184,047
Guggenheim Investments	109,517 units, Total Return Bond Fund, yield 4.44%	2,730,101	2,608,684
PGIM Investments	204,419 units, Total Return Bond Fund, yield 4.67%	2,597,130	2,465,299
Total fixed income mutual funds		6,540,377	6,258,030
Equity mutual funds:			
Causeway Capital Management	61,229 units, International Value Fund	963,587	1,197,636
Federated Hermes MDT	6,584 units, Small Cap Growth Fund	155,551	160,185
Harding Loevner	97,863 units, International Developed Markets Equity Portfolio	1,187,428	1,268,307
Hotchkis & Wiley	65,106 units, Small Cap Diversified Value Fund	767,230	813,831
Loomis Sayles	120,687 units, Growth Fund	2,303,455	2,810,803
Principal Origin	76,966 units, Emerging Markets Fund	841,912	738,877
Touchstone	33,515 units, Mid Cap Growth Fund	1,106,830	1,230,346
Touchstone	84,177 units, Mid Cap Value Fund	1,987,349	1,859,463
Victory Sophus	38,856 units, Emerging Markets Fund	806,448	733,608
Allspring Global	49,242 units, Special International Small Cap Fund	442,688	564,316
Total equity mutual funds		10,562,478	11,377,372
Equity exchange traded funds:			
iShares	9,757 units, Emerging Markets Fund	421,619	493,509
iShares	12,918 units, International Developed Markets Fund	631,836	822,360
Vanguard	10,842 units, S&P 500 Fund	4,380,770	4,735,786
Total equity exchange traded funds		5,434,225	6,051,655
Fixed income exchange traded funds:			
Hartford	63,353 units, Total Return Bond Fund, yield 3.56%	2,231,370	2,155,902
Total fixed income exchange traded funds		2,231,370	2,155,902

(Continued)

BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN

Form 5500, Schedule H - Part IV - Question 4i - Schedule of Assets Held at End of Year

December 31, 2023

(b) Identity of issuer, borrower, lessor or other party	(c) Description of investment	(d) Original cost	(e) Market value
Proprietary equity funds:			
* Sterling Capital	65,362 units, Equity Income Fund	1,706,202	1,710,511
Total proprietary equity funds		1,706,202	1,710,511
Proprietary fixed income funds:			
* Sterling Capital	366,064 units, Total Return Bond Fund, yield 3.51%	3,544,452	3,433,677
Total proprietary fixed income funds		3,544,452	3,433,677
		$ 31,087,378	$ 32,055,421

* Party-in-Interest

Schedule 2

BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN

Form 5500, Schedule H - Part IV - Question 4j - Schedule of Reportable Transactions

Year ended December 31, 2023

Identity of party involved	Description of asset	Transaction expense	Purchases: At original cost	Sales: Selling price	Sales: Cost of asset	Sales: Net gain (loss)
Category (ii) Series of transactions with same broker exceeding 5% of value:						
GTS Execution Services	Stocks, mutual funds and exchange traded funds	$ 467	$ 592,106	$ 2,092,820	$ 2,044,574	$ 48,246
Category (iii) Series of transactions exceeding 5% of value:						
	Federated Hermes Treasury Obligation Fund	$ -	$ 4,039,973	$ 7,640,327	$ 7,640,327	$ -

Reportable transactions include security transactions within the plan year in excess of 5% of the current value of plan assets that are: single transactions, series of transactions involving securities of the same issue or series of transactions with the same person.

BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN

Form 5500, Schedule H - Part IV - Question 4i - Schedule of Assets Held at End of Year

December 31, 2023

(b) Identity of issuer, borrower, lessor or other party	(c) Description of investment	(d) Original cost	(e) Market value
Cash and short-term cash investments:			
Cash		$ 46,193	$ 46,193
Federated Hermes	1,022,081 units, Treasury Obligation Money Market Institutional, yield 5.22%	1,022,081	1,022,081
Total cash and short-term cash investments		1,068,274	1,068,274
Fixed income mutual funds:			
Neuberger Berman	120,575 units, Strategic Income Fund, yield 5.48%	1,213,146	1,184,047
Guggenheim Investments	109,517 units, Total Return Bond Fund, yield 4.44%	2,730,101	2,608,684
PGIM Investments	204,419 units, Total Return Bond Fund, yield 4.67%	2,597,130	2,465,299
Total fixed income mutual funds		6,540,377	6,258,030
Equity mutual funds:			
Causeway Capital Management	61,229 units, International Value Fund	963,587	1,197,636
Federated Hermes MDT	6,584 units, Small Cap Growth Fund	155,551	160,185
Harding Loevner	97,863 units, International Developed Markets Equity Portfolio	1,187,428	1,268,307
Hotchkis & Wiley	65,106 units, Small Cap Diversified Value Fund	767,230	813,831
Loomis Sayles	120,687 units, Growth Fund	2,303,455	2,810,803
Principal Origin	76,966 units, Emerging Markets Fund	841,912	738,877
Touchstone	33,515 units, Mid Cap Growth Fund	1,106,830	1,230,346
Touchstone	84,177 units, Mid Cap Value Fund	1,987,349	1,859,463
Victory Sophus	38,856 units, Emerging Markets Fund	806,448	733,608
Allspring Global	49,242 units, Special International Small Cap Fund	442,688	564,316
Total equity mutual funds		10,562,478	11,377,372
Equity exchange traded funds:			
iShares	9,757 units, Emerging Markets Fund	421,619	493,509
iShares	12,918 units, International Developed Markets Fund	631,836	822,360
Vanguard	10,842 units, S&P 500 Fund	4,380,770	4,735,786
Total equity exchange traded funds		5,434,225	6,051,655
Fixed income exchange traded funds:			
Hartford	63,353 units, Total Return Bond Fund, yield 3.56%	2,231,370	2,155,902
Total fixed income exchange traded funds		2,231,370	2,155,902

(Continued)

BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN

Form 5500, Schedule H - Part IV - Question 4i - Schedule of Assets Held at End of Year

December 31, 2023

(b) Identity of issuer, borrower, lessor or other party	(c) Description of investment	(d) Original cost	(e) Market value
Proprietary equity funds:			
* Sterling Capital	65,362 units, Equity Income Fund	1,706,202	1,710,511
Total proprietary equity funds		1,706,202	1,710,511
Proprietary fixed income funds:			
* Sterling Capital	366,064 units, Total Return Bond Fund, yield 3.51%	3,544,452	3,433,677
Total proprietary fixed income funds		3,544,452	3,433,677
		$ 31,087,378	$ 32,055,421

* Party-in-Interest

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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
BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST AGREEMENT

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1963

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)
BEN HILL GRIFFIN, INC.

P.O. BOX 127

FROSTPROOF FL 33843-0127

2b Employer Identification Number (EIN) 59-0585518

2c Plan Sponsor's telephone number 863-635-2251

2d Business code (see instructions) 111300

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

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

SIGN HERE	[signature]	05/01/2024	STEWART HURST
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	05/01/2024	BEN HILL GRIFFIN IV
	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. 230728

318401 11-21-23

Schedule 2

BEN HILL GRIFFIN, INC. EMPLOYEES' PROFIT SHARING PLAN

Form 5500, Schedule H - Part IV - Question 4j - Schedule of Reportable Transactions

Year ended December 31, 2023

Identity of party involved	Description of asset	Transaction expense	Purchases At original cost	Sales Selling price	Sales Cost of asset	Sales Net gain (loss)
Category (ii) Series of transactions with same broker exceeding 5% of value:						
GTS Execution Services	Stocks, mutual funds and exchange traded funds	$ 467	$ 592,106	$ 2,092,820	$ 2,044,574	$ 48,246
Category (iii) Series of transactions exceeding 5% of value:						
	Federated Hermes Treasury Obligation Fund	$ -	$ 4,039,973	$ 7,640,327	$ 7,640,327	$ -

Reportable transactions include security transactions within the plan year in excess of 5% of the current value of plan assets that are: single transactions, series of transactions involving securities of the same issue or series of transactions with the same person.