

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- 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.) [x] 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: GROUP RETIREMENT INCOME PLAN NO. 8
1b Three-digit plan number (PN): 002
1c Effective date of plan: 12/01/1990
2a Plan sponsor's name (employer, if for a single-employer plan): GROWMARK INC.
2b Employer Identification Number (EIN): 37-0815318
2c Plan Sponsor's telephone number: 309-557-6125
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 rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  GROUP RETIREMENT INCOME PLAN NO. 8 ADMINISTRATIVE COMMITTEE  HUMAN RESOURCES 1705 TOWANDA AVENUE, P.O. BOX 2500 BLOOMINGTON, IL 61702		<b>3b</b> Administrator's EIN 37-0815318
		<b>3c</b> Administrator's telephone number 309-557-6125
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name		<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	3753
<b>6</b> 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).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	1802
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	1805
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	1243
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	678
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c.....	<b>6d</b>	3726
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	142
<b>f</b> Total. Add lines 6d and 6e.....	<b>6f</b>	3868
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	122
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 3D 3H

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

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

<b>a Pension Schedules</b>		<b>b General Schedules</b>	
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)		(1) <input checked="" type="checkbox"/> H (Financial Information)	
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) <input type="checkbox"/> I (Financial Information – Small Plan)	
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>	
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____		(4) <input checked="" type="checkbox"/> C (Service Provider Information)	
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)		(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	
		(6) <input type="checkbox"/> G (Financial Transaction Schedules)	

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>GROUP RETIREMENT INCOME PLAN NO. 8</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GROWMARK INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>37-0815318</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>664600276</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>709021488</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>1363</u>	<u>319597499</u>
	<b>b</b> For terminated vested participants .....	<u>633</u>	<u>29666302</u>
	<b>c</b> For active participants .....	<u>1847</u>	<u>158580844</u>
	<b>d</b> Total .....	<u>3843</u>	<u>507844645</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.24 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>18904983</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>664600</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>19569583</u>

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>			
	Signature of actuary	<u>09/25/2025</u>	Date
	<u>GARY J. FABER</u>	<u>23-05449</u>	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>847-295-5000</u>	Telephone number (including area code)
	<u>MSC#17755, AON, PO BOX 551343 ATLANTA, GA 30355</u>		
	Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	143044170
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	143044170
<b>10</b>	Interest on line 9 using prior year's actual return of <u>7.06</u> % .....	0	10098918
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		18462758
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.33</u> % .....		984065
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		19446823
	<b>d</b> Portion of (c) to be added to prefunding balance .....		19446823
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	172589911

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	102.80 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	135.87 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	110.21 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
02/21/2024	1500000	0					
05/24/2024	1500000	0					
08/16/2024	15500000	0					
11/25/2024	4000000	0					
			<b>Totals ▶</b>	<b>18(b)</b>	22500000	<b>18(c)</b>	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	21794645

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year?  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

<b>Part VI Miscellaneous Items</b>				
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>26</b> Demographic and benefit information				
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 19569583
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 14631557
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	0		0	
<b>b</b> Waiver amortization installment.....	0		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 4938026
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 4938026
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 21794645
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 16856619
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>GROUP RETIREMENT INCOME PLAN NO. 8</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GROWMARK INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>37-0815318</b>	

**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

**DIMENSIONAL FUND ADVISORS LP**

**30-0447847**

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

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

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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)

NISA INVESTMENT ADVISORS, LLC

48-1140940

(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?
28 50 51	NONE	15607643	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)

AON CONSULTING

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	475633	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)

CLARION PARTNERS

20-5016401

(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?
28 50 51	NONE	289728	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)

UBS GLOBAL ASSET MANAGEMENT

36-3718331

(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?
28 50 51	NONE	233453	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)

RREEF AMERICA

94-2753537

(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?
28 50 51	NONE	208151	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)

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

(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?
28 50 51	NONE	198372	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)

THE NORTHERN TRUST COMPANY

36-1561860

(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 50 59	TRUSTEE	129248	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PACIFIC INVESTMENT MANAGEMENT CO.

33-0629048

(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?
28 50 51	NONE	121275	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MARQUETTE ASSOCIATES, INC.

36-3485298

(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 50	NONE	68375	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)

RUBINBROWN LLP

43-0765316

(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	NONE	18950	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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>GROUP RETIREMENT INCOME PLAN NO. 8</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GROWMARK INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>37-0815318</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE RUSSELL 2000 IND FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
<b>c</b> EIN-PN <u>45-6138589-096</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20848367</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE S&amp;P 400 INDEX FUND NL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
<b>c</b> EIN-PN <u>45-6138589-004</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31523634</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE S&amp;P 500 INDEX FUND NL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
<b>c</b> EIN-PN <u>45-6138589-003</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>109789211</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NTGI COLLECTIVE GOVERNMENT STIF REG</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
<b>c</b> EIN-PN <u>45-6138589-068</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7782174</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLLECTIVE ALL COUNTRY WORLD EX-US</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
<b>c</b> EIN-PN <u>45-6138589-125</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>85954402</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)





<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>GROUP RETIREMENT INCOME PLAN NO. 8</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GROWMARK INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>37-0815318</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	-8152	-289872
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	3285762	3865169
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	109940872	114979619
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	162934463	169880313
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	23181738	21585604
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	252622836	255897788
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	47203821	53917124
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	68460946	60596716

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	667622286	680432461
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	3022010	3741785
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	3022010	3741785
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	664600276	676690676

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	22500000	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		22500000
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	-8098	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		-8098
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	2601105	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents.....	<b>2b(3)</b>		1232782
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	309290330	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	315232240	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	-2308035	
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-11263846	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		35098666
(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)		-2895034
<b>c</b> Other income .....	2c		5890004
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		44905634

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	30661019	
(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)		30661019
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)	750	
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)	18950	
(5) Investment advisory and investment management fees .....	2i(5)	16726997	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	129248	
(7) Actuarial fees .....	2i(7)	475633	
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)	-15197363	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		2154215
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		32815234

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		12090400
<b>l</b> 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: RUBIN BROWN LLP

(2) EIN: 43-0765316

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		2500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 557406.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>GROUP RETIREMENT INCOME PLAN NO. 8</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>GROWMARK INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>37-0815318</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<u>0</u>
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-3046063</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<u>25</u>

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? .....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

<b>Part III</b>	<b>Amendments</b>
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**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

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

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

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

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	<b>16b</b>	

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

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

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

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: 36.3 % Private Equity: 20.3 % Investment-Grade Debt and Interest Rate Hedging Assets: 24.7 %  
 High-Yield Debt: 1.5 % Real Assets: 15.9 % Cash or Cash Equivalents: 1.3 % Other: 0.0 %

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

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***GROWMARK, INC.***  
***GROUP RETIREMENT INCOME PLAN NO. 8***  
***FINANCIAL STATEMENTS***  
***DECEMBER 31, 2024***

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Attached: 5500 Supplemental Schedule	

## Independent Auditors' Report

Administrative Committee  
GROWMARK, Inc. Group Retirement Income Plan No. 8  
Bloomington, Illinois

### *Scope And Nature Of The ERISA Section 103(a)(3)(C) Audit*

We have performed audits of the financial statements of GROWMARK Inc. Group Retirement Income Plan No. 8, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the GROWMARK Inc. Group Retirement Income Plan No. 8's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### ***Opinion***

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities For The Audit Of The Financial Statements section:

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

### ***Basis For Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities For The Audit Of The Financial Statements section of our report. We are required to be independent of GROWMARK Inc. Group Retirement Income Plan No. 8 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 ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities Of Management For The Financial Statements***

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about GROWMARK Inc. Group Retirement Income Plan No. 8's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

***Auditors' Responsibilities For The Audit Of The Financial Statements***

Except as described in the Scope And Nature Of The ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America, 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 GROWMARK Inc. Group Retirement Income Plan No. 8'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 GROWMARK Inc. Group Retirement Income Plan No. 8's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

***Other Matter - Supplemental Schedule Required By ERISA***

The supplemental schedule of assets held at end of year as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

*RubinBrown LLP*

October 6, 2025

**GROWMARK, INC.**  
**GROUP RETIREMENT INCOME PLAN NO. 8**

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**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS**

	<b>December 31,</b>	
	<b>2024</b>	<b>2023</b>
<b>Assets</b>		
Investments at fair value (Note 4)	<b>\$ 676,567,292</b>	\$ 664,336,524
Due from broker	<b>3,036,090</b>	1,308,306
Accrued interest income	<b>829,079</b>	1,977,456
<b>Total Assets</b>	<b>680,432,461</b>	667,622,286
<b>Liabilities</b>		
Due to broker	<b>3,741,785</b>	3,022,010
<b>Net Assets Available For Benefits</b>	<b>\$ 676,690,676</b>	\$ 664,600,276

**GROWMARK, INC.**  
**GROUP RETIREMENT INCOME PLAN NO. 8**

**STATEMENT OF CHANGES IN NET ASSETS  
AVAILABLE FOR BENEFITS**

	<b>For The Years Ended December 31,</b>	
	<b>2024</b>	<b>2023</b>
<b>Additions To Net Assets Attributed To:</b>		
Company contributions	\$ 22,500,000	\$ 19,000,000
<b>Deductions From Net Assets Attributed To:</b>		
Benefits paid directly to participants	30,661,019	46,761,920
Administrative expenses	925,352	936,264
<b>Total Deductions</b>	<b>31,586,371</b>	<b>47,698,184</b>
<b>Investment Activity</b>		
Interest and dividend income	9,914,855	7,865,469
Net change in fair value of investments	12,490,779	37,936,472
Investment expenses	(1,228,863)	(1,078,148)
<b>Net Investment Activity</b>	<b>21,176,771</b>	<b>44,723,793</b>
<b>Net Increase</b>	<b>12,090,400</b>	<b>16,025,609</b>
<b>Net Assets Available For Benefits - Beginning Of Year</b>	<b>664,600,276</b>	<b>648,574,667</b>
<b>Net Assets Available For Benefits - End Of Year</b>	<b>\$ 676,690,676</b>	<b>\$ 664,600,276</b>

**GROWMARK, INC.**  
**GROUP RETIREMENT INCOME PLAN NO. 8**

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**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2024 And 2023**

**1. Description Of The Plan**

The following brief description of GROWMARK, Inc. Group Retirement Income Plan No. 8 (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan is a defined benefit plan. The Plan covers all of GROWMARK, Inc.'s (the Company) domestic employees other than those who participate in other plans under collective bargaining agreements, or that are accruing a benefit under another defined benefit plan.

Each employee covered by the Plan who has attained the age of 21 is eligible for participation in the Plan after one year of continuous service (1,000 hours minimum per year).

Benefits (benefits to which participants are entitled, regardless of future service with the Company) are 100% vested after 5 years of vesting service. The Plan also provides for death and disability benefits.

Participants may elect distribution of their account as a single lump sum or various annuities. Distributions are allowed upon termination of service, death, disability, or attainment of normal retirement age. Effective August 1, 2023, the Plan was amended to allow for a distribution window program. This program allowed participants to elect to receive their distribution if they were terminated and had not commenced benefits prior to January 1, 2023. Total distributions paid under this provision amounted to approximately \$19,000,000 in 2023.

While the Company has not expressed any intent to terminate the Plan, it is free to do so at any time subject to the provisions of ERISA. In the event the Plan is terminated:

- (a) to the extent provided for in the Plan, the net assets of the Plan shall be allocated among the participants and beneficiaries of the Plan in the order provided for in ERISA; and
- (b) to the extent there are unfunded vested benefits other than benefits vested by virtue of termination of the Plan, ERISA provides that such benefits are payable to participants by the Pension Benefit Guaranty Corporation (PBGC), up to specified limitations.

**GROWMARK, INC.**  
**GROUP RETIREMENT INCOME PLAN NO. 8**

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Notes To Financial Statements (*Continued*)

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

## **2. Significant Accounting Policies**

### **Basis Of Accounting**

The accompanying financial statements are prepared on the accrual basis of accounting, except for benefit payments, which are recorded when paid.

### **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. Purchases and sales of securities are recorded as of the trade-date. Interest is accrued when earned. Dividends are recorded on the ex-dividend date. Net change in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**GROWMARK, INC.**  
**GROUP RETIREMENT INCOME PLAN NO. 8**

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Notes To Financial Statements (*Continued*)

**Fair Value Measurement Policy**

The Plan follows Accounting Standards Codification (ASC) Topic 820, Fair Value Measurements and Disclosures, which establishes a framework for measuring fair value. The 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 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 or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset's 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.

**GROWMARK, INC.**  
**GROUP RETIREMENT INCOME PLAN NO. 8**

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Notes To Financial Statements (*Continued*)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2024 or 2023.

Mutual funds are valued at the daily closing price 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.

Exchange traded funds are valued at the closing price reported on the active market on which the individual securities are traded, or, lacking any sale, at the determined value assigned by the National Association of Insurance Commissioners.

Bonds are valued at fair value using an independent party pricing service. Due to the limited number of transactions involving these securities, it has been determined that there is not an active market. Certain unobservable inputs are assessed through review of the bond terms, and others are substantiated utilizing available market data (interest rates).

Partnership interests, the real estate investment trust, and the collective trust funds are valued at the NAV or NAV equivalent of units of the fund. The NAV or NAV equivalent, as provided by The Northern Trust Company, the Trustee, is used as a practical expedient to estimate fair value. The NAV or NAV equivalent is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV or NAV equivalent.

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

**GROWMARK, INC.**  
**GROUP RETIREMENT INCOME PLAN NO. 8**

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Notes To Financial Statements (*Continued*)

**Contributions**

The Company contributes such amounts as are deemed necessary on an actuarial basis to fund the Plan's obligations. These contributions meet or exceed the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

**Actuarial Present Value Of Accumulated Plan Benefits**

Accumulated plan benefits (Note 5) are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits paid under the Plan are based on a participant's compensation during the five consecutive years of highest compensation out of the last ten years. The actuarial present values for active participants are based on actual average compensation during the five years ending on the respective dates of determination. Benefits payable under all circumstances -- retirement, death, and vested termination of employment -- are included, to the extent they are deemed to have accrued as of the computation dates.

**Use Of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

**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 statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

**GROWMARK, INC.**  
**GROUP RETIREMENT INCOME PLAN NO. 8**

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Notes To Financial Statements (*Continued*)

**Administration**

The Plan is administered by a Plan Administrative Committee, which is appointed by GROWMARK, Inc. and which serves without compensation. Certain administrative expenses of the Plan are paid by the Company.

**Subsequent Events**

Management has evaluated the impact of recognized material subsequent events through the date of the Independent Auditors' Report, which is the date that the financial statements were available to be issued.

**3. Certified Investment Information**

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments as shown on the statement of net assets available for benefits as of December 31, 2024 and 2023;
- Net investment activity as shown in the statement of changes in net assets available for benefits for the years ended December 31, 2024 and 2023;
- Investment information included on the supplemental schedule of assets (held at end of year) as of December 31, 2024.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

**4. Fair Value Measurements**

ASC Topic 820, Fair Value Measurements and Disclosures, requires that major categories of debt and equity securities in the fair value hierarchy table be determined on the basis of the nature and risks of the investment.

**GROWMARK, INC.**  
**GROUP RETIREMENT INCOME PLAN NO. 8**

Notes To Financial Statements (*Continued*)

The following fair value hierarchy tables present information about the Plan's major categories of assets measured at fair value on a recurring basis:

	Assets At Fair Value As Of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds and exchange traded funds	\$ 53,627,252	\$ —	\$ —	\$ 53,627,252
Bonds	—	114,979,619	—	114,979,619
Total investments in the fair value hierarchy	\$ 53,627,252	\$ 114,979,619	\$ —	168,606,871
Investment fund assets measured at net asset value (a)				507,960,421
Total Assets At Fair Value				\$ 676,567,292

	Assets At Fair Value As Of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds and exchange traded funds	\$ 47,195,669	\$ —	\$ —	\$ 47,195,669
Bonds	—	109,940,872	—	109,940,872
Total investments in the fair value hierarchy	\$ 47,195,669	\$ 109,940,872	\$ —	157,136,541
Investment fund assets measured at net asset value (a)				507,199,983
Total Assets At Fair Value				\$ 664,336,524

- (a) Certain investments that are measured at fair value using the NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

**Fair Value Measurements Of Investments In Certain Entities That Calculate Net Asset Value Per Share**

	December 31, 2024		
	Fair Value	Unfunded Commitments	Remaining Life
Partnership interests (a)			
Open-ended interests	\$ 96,334,713	\$ —	Not applicable
Closed-end interests	134,142,316	49,234,473	6-15 years
REIT (b)	21,585,604	—	Not applicable
Collective trust funds	255,897,788	—	Not applicable
Total	\$ 507,960,421	\$ 49,234,473	

**GROWMARK, INC.**  
**GROUP RETIREMENT INCOME PLAN NO. 8**

Notes To Financial Statements (*Continued*)

	<b>December 31, 2023</b>		
	<b>Fair Value</b>	<b>Unfunded Commitments</b>	<b>Remaining Life</b>
Partnership interests (a)			
Open-ended interests	\$ 108,271,446	\$ —	Not applicable
Closed-end interests	123,123,963	47,797,553	7-16 years
REIT (b)	23,181,738	—	Not applicable
Collective trust funds	252,622,836	—	Not applicable
<b>Total</b>	<b>\$ 507,199,983</b>	<b>\$ 47,797,553</b>	

	<b>December 31, 2024 And 2023</b>		
	<b>Redemption Frequency</b>	<b>Trade To Settlement Terms</b>	<b>Redemption Notice Period</b>
Partnership interests (a)			
Open-ended interests	Quarterly & Semi-Annually	N/A	60-90 days
Closed-end interests	N/A	N/A	N/A
REIT (b)	Quarterly	N/A	45 days
Collective trust funds	Daily	N/A	N/A

- (a) Partnership interests - This class includes partnerships that seek to outperform index returns through controlling or influential minority stakes in the portfolio companies.
- (b) REIT - This class includes a real estate investment trust that has been organized to actively manage real estate in the industrial, retail and apartment sectors.

## 5. Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits represents the value of benefits earned to the valuation date, after applying actuarial assumptions to adjust the accumulated plan benefits for the time value of money and the probability of payment between the valuation date and the expected payment date.

**GROWMARK, INC.**  
**GROUP RETIREMENT INCOME PLAN NO. 8**

Notes To Financial Statements (*Continued*)

The actuarial present value of accumulated plan benefits, based on actuarial valuations as of December 31 is as follows:

	<u>2024</u>	<u>2023</u>
Vested benefits:		
Participants currently receiving payments	\$ 311,963,991	\$ 298,949,145
Other participants	179,974,719	170,255,070
	<u>491,938,710</u>	<u>469,204,215</u>
Nonvested benefits	<u>12,286,990</u>	<u>12,665,916</u>
	<u>\$ 504,225,700</u>	<u>\$ 481,870,131</u>

The changes in the actuarial present value of accumulated plan benefits during the valuation years ended December 31, 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 481,870,131	\$ 476,596,807
Increase (decrease) during the year attributable to:		
Assumption changes	(720,435)	(166,582)
Increase for interest on liability	28,005,776	27,213,385
Benefits paid	(30,661,019)	(46,761,920)
Benefits accrued and plan experience	25,731,247	24,988,441
Net increase	<u>22,355,569</u>	<u>5,273,324</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 504,225,700</u>	<u>\$ 481,870,131</u>

The significant assumptions used in the December 31, 2024 and 2023 actuarial valuations were:

Assumed rate of return on investments	6.00%
Expected retirement age	For 2024 - 65 For 2023 - 64
Minimum early retirement age	Age 55, with 20 years participation in the retirement plan
Mortality	Pri-2012 Base Rates Fully Generational Aggregate Table with MP-2021 Projection Scale with separate rates for annuitants and nonannuitants.

**GROWMARK, INC.**  
**GROUP RETIREMENT INCOME PLAN NO. 8**

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Notes To Financial Statements (*Continued*)

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

**6. Income Tax Status**

The Plan has received a determination letter from the Internal Revenue Service (the IRS) dated October 14, 2014, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and 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 position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**7. Party In Interest Transactions**

AON, the Pension Administrator of the Plan, receives funds for administrative services provided to the Plan, including benefit calculations, and is therefore a party in interest to the Plan. The Trustee received funds for holding the assets of the Plan, providing services related to the payment of benefits, managing certain Plan investments, and serving as the Plan's Trustee, and is therefore a party in interest to the Plan. These are allowable party in interest transactions under ERISA.

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**Supplemental Schedule**

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Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Group Retirement Income Plan No. 8  
 EIN: 37-0815318 PN: 002

Schedule SB, line 26a – Schedule of Active Participant Data  
 as of January 1, 2024

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	14	67 \$53,027								
25-29	5	147 \$64,908	48 \$76,064							
30-34	5	87 \$74,131	75 \$91,968	28 \$89,608						
35-39	8	84 \$83,332	53 \$90,499	52 \$128,290	24 \$120,020					
40-44	5	59 \$75,734	45 \$87,226	31 \$131,982	45 \$100,161	13				
45-49	9	45 \$85,208	48 \$85,691	27 \$111,605	27 \$135,787	24 \$161,946	16			
50-54	2	38 \$83,042	41 \$98,868	33 \$99,470	27 \$115,870	18	18	10		
55-59	12	38 \$76,093	39 \$83,749	35 \$96,043	23 \$106,131	16	12	23 \$174,405	4	
60-64	11	43 \$74,952	40 \$87,670	38 \$77,577	33 \$95,189	9	7	26 \$112,529	8	3
65-69	4	27 \$59,998	18	10	5	5	6	5	3	6
70+	11	20 \$21,661	2	5	6	8	3	1	2	2

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Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Group Retirement Income Plan No. 8  
 EIN: 37-0815318 PN: 002

Schedule SB, Part V — Statement of Actuarial  
 Assumptions/Methods

<b>Interest Rates for Minimum Funding Purposes</b>	Based on segment rates with no lookback (as of January 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.96%
3rd Segment Rate	5.59%
 <b>Interest Rates for Maximum Tax Purposes</b>	 Based on segment rates with no lookback (as of January 2024), without regard to interest rate stabilization
1st Segment Rate	4.37%
2nd Segment Rate	4.96%
3rd Segment Rate	4.95%
 <b>Salary Increases</b>	
Minimum Funding Target Normal Cost	See Table 1
Maximum Tax Expected Benefit Increase	See Table 1
 <b>Optional Payment Form Election Percentages</b>	15% single life annuity 20% 10-year certain and life annuity 65% qualified 66.7% joint & survivor annuity Actives who terminate with an accrued monthly benefit less than \$300 are assumed to receive a lump sum
 <b>Optional Payment Form Conversion Interest Rate</b>	5.00% for annuities  Same as funding interest rates above for lump sums
 <b>Optional Payment Form Conversion Mortality</b>	2018 417(e) table for annuities Current IRC section 417(e) table for lump sums
 <b>Retirement Age</b>	
Active Participants	See Table 2
Terminated Vested Participants	Age 64
 <b>Mortality Rates</b>	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Group Retirement Income Plan No. 8  
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<b>Withdrawal Rates</b>	See Table 3
<b>Disability Rates</b>	None
<b>Decrement Timing</b>	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
<b>Surviving Spouse Benefit</b>	It is assumed that 65% of males and 65% of females have an eligible spouse, and that males are two years older than their spouses.
<b>Valuation Compensation</b>	Prior five years of annualized pay projected forward at the applicable graded salary scale to valuation date. These values are then averaged to get a smoothed value of expected earnings and rolled forward one year with the salary increase assumption.
<b>Benefit and Compensation Limits</b>	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.
<b>Valuation of Plan Assets</b>	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Group Retirement Income Plan No. 8  
EIN: 37-0815318 PN: 002

**Expected Return on Assets**

2022 Plan Year	7.00%, limited to 5.92%
2023 Plan Year	7.75%, limited to 5.74%
2024 Plan Year	7.58%, limited to 5.59%

**Trust Expenses Included in Target Normal Cost** 0.10% of market value of assets

**Actuarial Method** Standard unit credit cost method

**Valuation Date** January 1, 2024

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Group Retirement Income Plan No. 8  
 EIN: 37-0815318 PN: 002

Table 1

Salary Merit Increase Rates

Age	Rate	Age	Rate
16	7.50%	46	4.00%
17	7.50%	47	4.00%
18	7.50%	48	4.00%
19	7.50%	49	4.00%
20	7.50%	50	4.00%
21	7.50%	51	4.00%
22	7.50%	52	4.00%
23	7.50%	53	4.00%
24	7.50%	54	4.00%
25	7.50%	55	4.00%
26	6.50%	56	3.00%
27	6.50%	57	3.00%
28	6.50%	58	3.00%
29	6.50%	59	3.00%
30	6.00%	60	3.00%
31	6.00%	61+	2.50%
32	6.00%		
33	6.00%		
34	6.00%		
35	6.00%		
36	5.50%		
37	5.50%		
38	5.50%		
39	5.50%		
40	5.50%		
41	5.00%		
42	5.00%		
43	5.00%		
44	5.00%		
45	5.00%		

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Group Retirement Income Plan No. 8  
EIN: 37-0815318 PN: 002

Table 2

**Retirement Rates**

<b>Age</b>	<b>Rate</b>
55	7.00%
56	7.00%
57	7.00%
58	7.00%
59	7.00%
60	7.00%
61	15.00%
62	25.00%
63	15.00%
64	20.00%
65	35.00%
66	35.00%
67	35.00%
68	35.00%
69	40.00%
70	40.00%
71	40.00%
72+	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Group Retirement Income Plan No. 8  
 EIN: 37-0815318 PN: 002

Table 3—Page 1 of 2

**Withdrawal Rates**

Age	Years of Service					
	0	1	2	3	4	5+
21	21.00%	21.00%	21.00%	21.00%	21.00%	21.00%
22	20.04%	20.04%	20.04%	20.04%	20.04%	20.04%
23	18.96%	18.96%	18.96%	18.96%	18.96%	18.96%
24	18.12%	18.12%	18.12%	18.12%	18.12%	18.12%
25	17.16%	17.16%	17.16%	17.16%	17.16%	13.73%
26	16.32%	16.32%	16.32%	16.32%	16.32%	13.06%
27	15.36%	15.36%	15.36%	15.36%	15.36%	12.29%
28	15.24%	14.52%	14.52%	14.52%	14.52%	11.62%
29	15.24%	14.28%	13.80%	13.80%	13.80%	11.04%
30	15.24%	14.28%	13.20%	12.96%	12.96%	10.37%
31	15.24%	14.28%	13.20%	12.24%	12.24%	9.79%
32	15.24%	14.28%	13.20%	12.24%	11.52%	9.22%
33	15.24%	14.28%	13.20%	12.24%	11.40%	8.64%
34	15.24%	14.28%	13.20%	12.24%	11.40%	8.16%
35	15.24%	14.28%	13.20%	12.24%	11.40%	8.16%
36	15.24%	14.28%	13.20%	12.24%	11.40%	8.16%
37	15.24%	14.28%	13.20%	12.24%	11.40%	8.16%
38	15.24%	14.28%	13.20%	12.24%	11.40%	7.80%
39	15.24%	14.28%	13.20%	12.24%	11.40%	7.20%
40	15.24%	14.28%	13.20%	12.24%	11.40%	7.20%
41	15.24%	14.28%	13.20%	12.24%	11.40%	7.18%
42	15.24%	14.28%	13.20%	12.24%	11.40%	6.76%
43	15.24%	14.28%	13.20%	12.24%	11.40%	6.21%
44	15.24%	14.28%	13.20%	12.24%	11.40%	5.80%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Group Retirement Income Plan No. 8  
 EIN: 37-0815318 PN: 002

Table 3—Page 2 of 2

**Withdrawal Rates**

Age	Years of Service					
	0	1	2	3	4	5+
45	15.24%	14.28%	13.20%	12.24%	11.40%	5.80%
46	15.24%	14.28%	13.20%	12.24%	11.40%	5.80%
47	15.24%	14.28%	13.20%	12.24%	11.40%	5.80%
48	15.24%	14.28%	13.20%	12.24%	11.40%	5.39%
49	15.24%	14.28%	13.20%	12.24%	11.40%	5.05%
50	15.24%	14.28%	13.20%	12.24%	11.40%	3.73%
51	15.24%	14.28%	13.20%	12.24%	11.40%	3.59%
52	15.24%	14.28%	13.20%	12.24%	11.40%	3.31%
53	15.24%	14.28%	13.20%	12.24%	11.40%	3.17%
54	15.24%	14.28%	13.20%	12.24%	11.40%	3.04%
55	15.24%	14.28%	13.20%	12.24%	11.40%	2.64%
56	13.00%	13.00%	13.00%	13.00%	13.00%	2.64%
57	13.00%	13.00%	13.00%	13.00%	13.00%	2.64%
58	13.00%	13.00%	13.00%	13.00%	13.00%	2.64%
59	13.00%	13.00%	13.00%	13.00%	13.00%	2.64%
60	13.00%	13.00%	13.00%	13.00%	13.00%	2.64%
61	13.00%	13.00%	13.00%	13.00%	13.00%	2.64%
62	13.00%	13.00%	13.00%	13.00%	13.00%	2.64%
63	13.00%	13.00%	13.00%	13.00%	13.00%	2.64%
64	13.00%	13.00%	13.00%	13.00%	13.00%	2.64%
65+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan GROUP RETIREMENT INCOME PLAN NO. 8	<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GROWMARK INC.	<b>D</b> Employer Identification Number (EIN) 37-0815318	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>		664,600,276
<b>b</b> Actuarial value .....	<b>2b</b>		709,021,488
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	1,363	319,597,499	319,597,499
<b>b</b> For terminated vested participants .....	633	29,666,302	29,666,302
<b>c</b> For active participants .....	1,847	158,580,844	172,536,219
<b>d</b> Total .....	3,843	507,844,645	521,800,020
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>		5.24%
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>		18,904,983
<b>b</b> Expected plan-related expenses .....	<b>6b</b>		664,600
<b>c</b> Target normal cost .....	<b>6c</b>		19,569,583

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	GARY J. FABER <i>G. F.</i> Signature of actuary	<u>09/25/2025</u> Date
	<u>GARY J. FABER</u> Type or print name of actuary	<u>2305449</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>847-295-5000</u> Telephone number (including area code)
	<u>MSC#17755, Aon, PO Box 551343</u> <u>Atlanta GA 30355</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions



**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 0

**22** Weighted average retirement age ..... **22** 62

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

**28** Unpaid minimum required contributions for all prior years ..... **28** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	19,569,583
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	14,631,557

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment .....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33**

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 4,938,026

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....			4,938,026
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			21,794,645

**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	16,856,619
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Group Retirement Income Plan No. 8  
 EIN: 37-0815318 PN: 002

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

<b>Date</b>	<b>Amount</b>	<b>Days to Discount to 1/1/2024 at 5.24%</b>	<b>Interest Adjusted Contribution</b>
February 21, 2024	\$ 1,500,000	51	\$ 1,489,363
May 24, 2024	1,500,000	144	1,470,159
August 16, 2024	15,500,000	228	15,014,612
November 25, 2024	4,000,000	329	3,820,511
<b>Total Contribution</b>	<b>\$ 22,500,000</b>		<b>\$ 21,794,645</b>

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Group Retirement Income Plan No. 8  
 EIN: 37-0815318 PN: 002

## Schedule SB, line 22 – Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	7.00%	1.0000	3.89
56.5	7.00%	0.9300	3.68
57.5	7.00%	0.8649	3.48
58.5	7.00%	0.8044	3.29
59.5	7.00%	0.7481	3.12
60.5	7.00%	0.6957	2.95
61.5	15.00%	0.6470	5.97
62.5	25.00%	0.5499	8.59
63.5	15.00%	0.4125	3.93
64.5	20.00%	0.3506	4.52
65.5	35.00%	0.2805	6.43
66.5	35.00%	0.1823	4.24
67.5	35.00%	0.1185	2.80
68.5	35.00%	0.0770	1.85
69.5	40.00%	0.0501	1.39
70.5	40.00%	0.0300	0.85
71.5	40.00%	0.0180	0.52
72	100.00%	0.0108	0.78
72		0.0000	0.00
Weighted Average			62.28

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Group Retirement Income Plan No. 8  
 EIN: 37-0815318 PN: 002

Schedule SB, Part V — Statement of Actuarial  
 Assumptions/Methods

<b>Interest Rates for Minimum Funding Purposes</b>	Based on segment rates with no lookback (as of January 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.96%
3rd Segment Rate	5.59%
 <b>Interest Rates for Maximum Tax Purposes</b>	 Based on segment rates with no lookback (as of January 2024), without regard to interest rate stabilization
1st Segment Rate	4.37%
2nd Segment Rate	4.96%
3rd Segment Rate	4.95%
 <b>Salary Increases</b>	
Minimum Funding Target Normal Cost	See Table 1
Maximum Tax Expected Benefit Increase	See Table 1
 <b>Optional Payment Form Election Percentages</b>	15% single life annuity 20% 10-year certain and life annuity 65% qualified 66.7% joint & survivor annuity Actives who terminate with an accrued monthly benefit less than \$300 are assumed to receive a lump sum
 <b>Optional Payment Form Conversion Interest Rate</b>	5.00% for annuities  Same as funding interest rates above for lump sums
 <b>Optional Payment Form Conversion Mortality</b>	2018 417(e) table for annuities Current IRC section 417(e) table for lump sums
 <b>Retirement Age</b>	
Active Participants	See Table 2
Terminated Vested Participants	Age 64
 <b>Mortality Rates</b>	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Group Retirement Income Plan No. 8  
EIN: 37-0815318 PN: 002

<b>Withdrawal Rates</b>	See Table 3
<b>Disability Rates</b>	None
<b>Decrement Timing</b>	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
<b>Surviving Spouse Benefit</b>	It is assumed that 65% of males and 65% of females have an eligible spouse, and that males are two years older than their spouses.
<b>Valuation Compensation</b>	Prior five years of annualized pay projected forward at the applicable graded salary scale to valuation date. These values are then averaged to get a smoothed value of expected earnings and rolled forward one year with the salary increase assumption.
<b>Benefit and Compensation Limits</b>	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.
<b>Valuation of Plan Assets</b>	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Group Retirement Income Plan No. 8  
EIN: 37-0815318 PN: 002

**Expected Return on Assets**

2022 Plan Year	7.00%, limited to 5.92%
2023 Plan Year	7.75%, limited to 5.74%
2024 Plan Year	7.58%, limited to 5.59%

**Trust Expenses Included in Target Normal Cost** 0.10% of market value of assets

**Actuarial Method** Standard unit credit cost method

**Valuation Date** January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Group Retirement Income Plan No. 8  
 EIN: 37-0815318 PN: 002

Table 1

Salary Merit Increase Rates

Age	Rate	Age	Rate
16	7.50%	46	4.00%
17	7.50%	47	4.00%
18	7.50%	48	4.00%
19	7.50%	49	4.00%
20	7.50%	50	4.00%
21	7.50%	51	4.00%
22	7.50%	52	4.00%
23	7.50%	53	4.00%
24	7.50%	54	4.00%
25	7.50%	55	4.00%
26	6.50%	56	3.00%
27	6.50%	57	3.00%
28	6.50%	58	3.00%
29	6.50%	59	3.00%
30	6.00%	60	3.00%
31	6.00%	61+	2.50%
32	6.00%		
33	6.00%		
34	6.00%		
35	6.00%		
36	5.50%		
37	5.50%		
38	5.50%		
39	5.50%		
40	5.50%		
41	5.00%		
42	5.00%		
43	5.00%		
44	5.00%		
45	5.00%		

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Group Retirement Income Plan No. 8  
EIN: 37-0815318 PN: 002

Table 2

**Retirement Rates**

<b>Age</b>	<b>Rate</b>
55	7.00%
56	7.00%
57	7.00%
58	7.00%
59	7.00%
60	7.00%
61	15.00%
62	25.00%
63	15.00%
64	20.00%
65	35.00%
66	35.00%
67	35.00%
68	35.00%
69	40.00%
70	40.00%
71	40.00%
72+	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Group Retirement Income Plan No. 8  
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Table 3—Page 1 of 2

**Withdrawal Rates**

Age	Years of Service					
	0	1	2	3	4	5+
21	21.00%	21.00%	21.00%	21.00%	21.00%	21.00%
22	20.04%	20.04%	20.04%	20.04%	20.04%	20.04%
23	18.96%	18.96%	18.96%	18.96%	18.96%	18.96%
24	18.12%	18.12%	18.12%	18.12%	18.12%	18.12%
25	17.16%	17.16%	17.16%	17.16%	17.16%	13.73%
26	16.32%	16.32%	16.32%	16.32%	16.32%	13.06%
27	15.36%	15.36%	15.36%	15.36%	15.36%	12.29%
28	15.24%	14.52%	14.52%	14.52%	14.52%	11.62%
29	15.24%	14.28%	13.80%	13.80%	13.80%	11.04%
30	15.24%	14.28%	13.20%	12.96%	12.96%	10.37%
31	15.24%	14.28%	13.20%	12.24%	12.24%	9.79%
32	15.24%	14.28%	13.20%	12.24%	11.52%	9.22%
33	15.24%	14.28%	13.20%	12.24%	11.40%	8.64%
34	15.24%	14.28%	13.20%	12.24%	11.40%	8.16%
35	15.24%	14.28%	13.20%	12.24%	11.40%	8.16%
36	15.24%	14.28%	13.20%	12.24%	11.40%	8.16%
37	15.24%	14.28%	13.20%	12.24%	11.40%	8.16%
38	15.24%	14.28%	13.20%	12.24%	11.40%	7.80%
39	15.24%	14.28%	13.20%	12.24%	11.40%	7.20%
40	15.24%	14.28%	13.20%	12.24%	11.40%	7.20%
41	15.24%	14.28%	13.20%	12.24%	11.40%	7.18%
42	15.24%	14.28%	13.20%	12.24%	11.40%	6.76%
43	15.24%	14.28%	13.20%	12.24%	11.40%	6.21%
44	15.24%	14.28%	13.20%	12.24%	11.40%	5.80%

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Group Retirement Income Plan No. 8  
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Table 3—Page 2 of 2

**Withdrawal Rates**

Age	Years of Service					
	0	1	2	3	4	5+
45	15.24%	14.28%	13.20%	12.24%	11.40%	5.80%
46	15.24%	14.28%	13.20%	12.24%	11.40%	5.80%
47	15.24%	14.28%	13.20%	12.24%	11.40%	5.80%
48	15.24%	14.28%	13.20%	12.24%	11.40%	5.39%
49	15.24%	14.28%	13.20%	12.24%	11.40%	5.05%
50	15.24%	14.28%	13.20%	12.24%	11.40%	3.73%
51	15.24%	14.28%	13.20%	12.24%	11.40%	3.59%
52	15.24%	14.28%	13.20%	12.24%	11.40%	3.31%
53	15.24%	14.28%	13.20%	12.24%	11.40%	3.17%
54	15.24%	14.28%	13.20%	12.24%	11.40%	3.04%
55	15.24%	14.28%	13.20%	12.24%	11.40%	2.64%
56	13.00%	13.00%	13.00%	13.00%	13.00%	2.64%
57	13.00%	13.00%	13.00%	13.00%	13.00%	2.64%
58	13.00%	13.00%	13.00%	13.00%	13.00%	2.64%
59	13.00%	13.00%	13.00%	13.00%	13.00%	2.64%
60	13.00%	13.00%	13.00%	13.00%	13.00%	2.64%
61	13.00%	13.00%	13.00%	13.00%	13.00%	2.64%
62	13.00%	13.00%	13.00%	13.00%	13.00%	2.64%
63	13.00%	13.00%	13.00%	13.00%	13.00%	2.64%
64	13.00%	13.00%	13.00%	13.00%	13.00%	2.64%
65+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Group Retirement Income Plan No. 8  
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## Schedule SB, Part V – Summary of Plan Provisions

<b>Date of plan inception</b>	December 1, 1970 (latest restatement January 1, 2014)
<b>Plan year</b>	Calendar year
<b>Date of participation</b>	The first day of the month after attaining age 21 and one year of service
<b>Definitions</b>	
Compensation	Total earnings including Section 125, 132(f)(4), 401(k), 402(e)(3), 403(b), 408(k), and 457(b) and deferrals
Average Monthly Compensation	One-sixtieth of the sum of the Compensation during the highest five consecutive calendar years out of the last ten calendar years of service
Year of Credited Service	Each plan year in which the participant completes at least 1,000 hours of service for an employer
Accrued Benefit	The normal retirement benefit payable in the form of a 10-year certain and life annuity commencing on the participant's normal retirement date
<b>Normal Retirement</b>	
Eligibility	Age 65 and five years of participation
Benefit	1.65% times average monthly compensation multiplied by credited service (not to exceed 32 years)

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Group Retirement Income Plan No. 8  
 EIN: 37-0815318 PN: 002

**Early Retirement**

Eligibility Age 55 and five years of service

Benefit If the participant does not have 20 years of benefit credit at date of retirement or has not attained age 55 prior to termination, then the early retirement benefit is equal to the accrued benefit multiplied by the Option A reduction factor (below) based upon attained age. If the Participant has at least 20 years of benefit credit at date of retirement, early retirement benefits are equal to the Accrued Benefit multiplied by the Option B reduction factor (below) based upon attained age

Age	Option A	Option B
55	.44	.91
56	.47	.92
57	.51	.93
58	.56	.94
59	.61	.95
60	.66	.96
61	.71	.98
62	.78	1.00
63	.85	1.00
64	.92	1.00

**Deferred vested benefit**

Eligibility Five years of service

Benefit Deferred annuity equivalent to the participant’s accrued benefit available at early or normal retirement date

**Preretirement death benefit**

Eligibility Five years of service

Benefit Lump sum payment equal to 100 multiplied by the Participant’s Accrued Benefit. If the Participant is married, the spouse is entitled to a minimum of two-thirds the amount the Participant would have received had he retired and elected a Qualified Joint & 2/3 Survivor Annuity

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Group Retirement Income Plan No. 8  
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**Disability benefit**

Eligibility	Determined to be totally and permanently disabled under the terms of an employer's LTD plan or by the Social Security Administration
Benefit	Immediate annuity equal to the Participant's accrued benefit multiplied by an actuarial reduction factor based upon attained age, payable after a six month waiting period

**Normal form of payment**

Unmarried	Ten-year certain and life annuity
Married	Qualified 66.7% joint & survivor annuity actuarially equivalent to the 10-year certain and life annuity
Optional forms of payment	Life annuity, certain and life annuities, joint & survivor annuities, lump sum if benefit is less than \$300 per month

## Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- The legislated increase in the section 401(a)(17) recognizable pay limit from \$330,000 for 2023 to \$345,000 for 2024.
- The legislated increase in the section 415 dollar limit for defined benefit plans from \$265,000 for 2023 to \$275,000 for 2024.
- The terminated vested lump sum window executed during 2023 is reflected through higher benefit payments during 2023 and through experience gains as the lump sums paid out from the liabilities.

## Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Group Retirement Income Plan No. 8  
 EIN: 37-0815318 PN: 002

Schedule SB, line 26a – Schedule of Active Participant Data  
 as of January 1, 2024

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	14	67 \$53,027								
25-29	5	147 \$64,908	48 \$76,064							
30-34	5	87 \$74,131	75 \$91,968	28 \$89,608						
35-39	8	84 \$83,332	53 \$90,499	52 \$128,290	24 \$120,020					
40-44	5	59 \$75,734	45 \$87,226	31 \$131,982	45 \$100,161	13				
45-49	9	45 \$85,208	48 \$85,691	27 \$111,605	27 \$135,787	24 \$161,946	16			
50-54	2	38 \$83,042	41 \$98,868	33 \$99,470	27 \$115,870	18	18	10		
55-59	12	38 \$76,093	39 \$83,749	35 \$96,043	23 \$106,131	16	12	23 \$174,405	4	
60-64	11	43 \$74,952	40 \$87,670	38 \$77,577	33 \$95,189	9	7	26 \$112,529	8	3
65-69	4	27 \$59,998	18	10	5	5	6	5	3	6
70+	11	20 \$21,661	2	5	6	8	3	1	2	2

N-1,847

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Group Retirement Income Plan No. 8  
 EIN: 37-0815318 PN: 002

Schedule SB, line 26b – Schedule of Projection of Expected  
 Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	1,404,873	384,142	27,902,603	29,691,618
2025	2,762,714	537,482	27,551,911	30,852,107
2026	4,129,194	661,816	27,164,335	31,955,345
2027	5,355,392	805,591	26,732,517	32,893,500
2028	6,394,371	891,168	26,210,513	33,496,052
2029	7,330,815	964,972	25,675,942	33,971,729
2030	8,187,327	1,164,186	25,071,958	34,423,471
2031	8,952,140	1,302,788	24,405,000	34,659,928
2032	9,647,031	1,498,866	23,653,735	34,799,632
2033	10,279,885	1,634,476	22,839,214	34,753,575
2034	10,817,788	1,756,005	22,034,066	34,607,859
2035	11,311,503	1,881,386	21,195,668	34,388,557
2036	11,772,001	1,938,189	20,309,023	34,019,213
2037	12,197,725	1,999,159	19,377,794	33,574,678
2038	12,604,556	2,125,666	18,406,575	33,136,797
2039	13,016,577	2,215,281	17,390,544	32,622,402
2040	13,344,841	2,336,084	16,355,730	32,036,655
2041	13,642,549	2,363,795	15,300,055	31,306,399
2042	13,988,255	2,401,418	14,224,345	30,614,018
2043	14,273,793	2,482,899	13,150,242	29,906,934
2044	14,453,713	2,512,795	12,078,933	29,045,441
2045	14,609,423	2,532,333	11,018,918	28,160,674
2046	14,658,869	2,588,877	9,978,836	27,226,582
2047	14,670,017	2,620,055	8,967,284	26,257,356
2048	14,654,762	2,659,290	7,992,596	25,306,648
2049	14,654,038	2,659,936	7,062,709	24,376,683
2050	14,586,617	2,687,590	6,184,837	23,459,044
2051	14,385,811	2,673,197	5,365,212	22,424,220
2052	14,183,216	2,658,383	4,608,858	21,450,457
2053	13,944,866	2,645,280	3,919,311	20,509,457
2054	13,623,893	2,634,874	3,298,518	19,557,285
2055	13,298,971	2,600,637	2,746,835	18,646,443
2056	12,837,618	2,537,187	2,262,947	17,637,752
2057	12,394,221	2,452,610	1,844,085	16,690,916
2058	11,946,208	2,356,828	1,486,324	15,789,360

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Group Retirement Income Plan No. 8  
 EIN: 37-0815318 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	11,407,421	2,270,511	1,184,832	14,862,764
2060	10,881,860	2,180,009	934,171	13,996,040
2061	10,353,067	2,073,863	728,556	13,155,486
2062	9,800,498	1,971,582	562,165	12,334,245
2063	9,241,740	1,863,992	429,302	11,535,034
2064	8,687,615	1,757,021	324,624	10,769,260
2065	8,139,890	1,652,567	243,246	10,035,703
2066	7,608,242	1,551,151	180,772	9,340,165
2067	7,090,200	1,452,893	133,386	8,676,479
2068	6,587,280	1,357,721	97,849	8,042,850
2069	6,102,137	1,265,261	71,472	7,438,870
2070	5,633,430	1,175,840	52,074	6,861,344
2071	5,182,283	1,089,806	37,924	6,310,013
2072	4,749,820	1,006,716	27,657	5,784,193
2073	4,336,440	926,762	20,232	5,283,434

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Group Retirement Income Plan No. 8  
 EIN: 37-0815318 PN: 002

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

<b>Date</b>	<b>Amount</b>	<b>Days to Discount to 1/1/2024 at 5.24%</b>	<b>Interest Adjusted Contribution</b>
February 21, 2024	\$ 1,500,000	51	\$ 1,489,363
May 24, 2024	1,500,000	144	1,470,159
August 16, 2024	15,500,000	228	15,014,612
November 25, 2024	4,000,000	329	3,820,511
Total Contribution	\$ 22,500,000		\$ 21,794,645

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Group Retirement Income Plan No. 8  
 EIN: 37-0815318 PN: 002

## Schedule SB, line 22 – Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	7.00%	1.0000	3.89
56.5	7.00%	0.9300	3.68
57.5	7.00%	0.8649	3.48
58.5	7.00%	0.8044	3.29
59.5	7.00%	0.7481	3.12
60.5	7.00%	0.6957	2.95
61.5	15.00%	0.6470	5.97
62.5	25.00%	0.5499	8.59
63.5	15.00%	0.4125	3.93
64.5	20.00%	0.3506	4.52
65.5	35.00%	0.2805	6.43
66.5	35.00%	0.1823	4.24
67.5	35.00%	0.1185	2.80
68.5	35.00%	0.0770	1.85
69.5	40.00%	0.0501	1.39
70.5	40.00%	0.0300	0.85
71.5	40.00%	0.0180	0.52
72	100.00%	0.0108	0.78
72		0.0000	0.00
Weighted Average			62.28

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Group Retirement Income Plan No. 8  
 EIN: 37-0815318 PN: 002

Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	1,404,873	384,142	27,902,603	29,691,618
2025	2,762,714	537,482	27,551,911	30,852,107
2026	4,129,194	661,816	27,164,335	31,955,345
2027	5,355,392	805,591	26,732,517	32,893,500
2028	6,394,371	891,168	26,210,513	33,496,052
2029	7,330,815	964,972	25,675,942	33,971,729
2030	8,187,327	1,164,186	25,071,958	34,423,471
2031	8,952,140	1,302,788	24,405,000	34,659,928
2032	9,647,031	1,498,866	23,653,735	34,799,632
2033	10,279,885	1,634,476	22,839,214	34,753,575
2034	10,817,788	1,756,005	22,034,066	34,607,859
2035	11,311,503	1,881,386	21,195,668	34,388,557
2036	11,772,001	1,938,189	20,309,023	34,019,213
2037	12,197,725	1,999,159	19,377,794	33,574,678
2038	12,604,556	2,125,666	18,406,575	33,136,797
2039	13,016,577	2,215,281	17,390,544	32,622,402
2040	13,344,841	2,336,084	16,355,730	32,036,655
2041	13,642,549	2,363,795	15,300,055	31,306,399
2042	13,988,255	2,401,418	14,224,345	30,614,018
2043	14,273,793	2,482,899	13,150,242	29,906,934
2044	14,453,713	2,512,795	12,078,933	29,045,441
2045	14,609,423	2,532,333	11,018,918	28,160,674
2046	14,658,869	2,588,877	9,978,836	27,226,582
2047	14,670,017	2,620,055	8,967,284	26,257,356
2048	14,654,762	2,659,290	7,992,596	25,306,648
2049	14,654,038	2,659,936	7,062,709	24,376,683
2050	14,586,617	2,687,590	6,184,837	23,459,044
2051	14,385,811	2,673,197	5,365,212	22,424,220
2052	14,183,216	2,658,383	4,608,858	21,450,457
2053	13,944,866	2,645,280	3,919,311	20,509,457
2054	13,623,893	2,634,874	3,298,518	19,557,285
2055	13,298,971	2,600,637	2,746,835	18,646,443
2056	12,837,618	2,537,187	2,262,947	17,637,752
2057	12,394,221	2,452,610	1,844,085	16,690,916
2058	11,946,208	2,356,828	1,486,324	15,789,360

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Group Retirement Income Plan No. 8  
 EIN: 37-0815318 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	11,407,421	2,270,511	1,184,832	14,862,764
2060	10,881,860	2,180,009	934,171	13,996,040
2061	10,353,067	2,073,863	728,556	13,155,486
2062	9,800,498	1,971,582	562,165	12,334,245
2063	9,241,740	1,863,992	429,302	11,535,034
2064	8,687,615	1,757,021	324,624	10,769,260
2065	8,139,890	1,652,567	243,246	10,035,703
2066	7,608,242	1,551,151	180,772	9,340,165
2067	7,090,200	1,452,893	133,386	8,676,479
2068	6,587,280	1,357,721	97,849	8,042,850
2069	6,102,137	1,265,261	71,472	7,438,870
2070	5,633,430	1,175,840	52,074	6,861,344
2071	5,182,283	1,089,806	37,924	6,310,013
2072	4,749,820	1,006,716	27,657	5,784,193
2073	4,336,440	926,762	20,232	5,283,434

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Group Retirement Income Plan No. 8  
EIN: 37-0815318 PN: 002

## Schedule SB, Part V — Summary of Plan Provisions

<b>Date of plan inception</b>	December 1, 1970 (latest restatement January 1, 2014)
<b>Plan year</b>	Calendar year
<b>Date of participation</b>	The first day of the month after attaining age 21 and one year of service
<b>Definitions</b>	
Compensation	Total earnings including Section 125, 132(f)(4), 401(k), 402(e)(3), 403(b), 408(k), and 457(b) and deferrals
Average Monthly Compensation	One-sixtieth of the sum of the Compensation during the highest five consecutive calendar years out of the last ten calendar years of service
Year of Credited Service	Each plan year in which the participant completes at least 1,000 hours of service for an employer
Accrued Benefit	The normal retirement benefit payable in the form of a 10-year certain and life annuity commencing on the participant's normal retirement date
<b>Normal Retirement</b>	
Eligibility	Age 65 and five years of participation
Benefit	1.65% times average monthly compensation multiplied by credited service (not to exceed 32 years)

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Group Retirement Income Plan No. 8  
 EIN: 37-0815318 PN: 002

**Early Retirement**

Eligibility Age 55 and five years of service

Benefit If the participant does not have 20 years of benefit credit at date of retirement or has not attained age 55 prior to termination, then the early retirement benefit is equal to the accrued benefit multiplied by the Option A reduction factor (below) based upon attained age. If the Participant has at least 20 years of benefit credit at date of retirement, early retirement benefits are equal to the Accrued Benefit multiplied by the Option B reduction factor (below) based upon attained age

Age	Option A	Option B
55	.44	.91
56	.47	.92
57	.51	.93
58	.56	.94
59	.61	.95
60	.66	.96
61	.71	.98
62	.78	1.00
63	.85	1.00
64	.92	1.00

**Deferred vested benefit**

Eligibility Five years of service

Benefit Deferred annuity equivalent to the participant's accrued benefit available at early or normal retirement date

**Preretirement death benefit**

Eligibility Five years of service

Benefit Lump sum payment equal to 100 multiplied by the Participant's Accrued Benefit. If the Participant is married, the spouse is entitled to a minimum of two-thirds the amount the Participant would have received had he retired and elected a Qualified Joint & 2/3 Survivor Annuity

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Group Retirement Income Plan No. 8  
EIN: 37-0815318 PN: 002

**Disability benefit**

Eligibility	Determined to be totally and permanently disabled under the terms of an employer's LTD plan or by the Social Security Administration
Benefit	Immediate annuity equal to the Participant's accrued benefit multiplied by an actuarial reduction factor based upon attained age, payable after a six month waiting period

**Normal form of payment**

Unmarried	Ten-year certain and life annuity
Married	Qualified 66.7% joint & survivor annuity actuarially equivalent to the 10-year certain and life annuity
Optional forms of payment	Life annuity, certain and life annuities, joint & survivor annuities, lump sum if benefit is less than \$300 per month

## Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- The legislated increase in the section 401(a)(17) recognizable pay limit from \$330,000 for 2023 to \$345,000 for 2024.
- The legislated increase in the section 415 dollar limit for defined benefit plans from \$265,000 for 2023 to \$275,000 for 2024.
- The terminated vested lump sum window executed during 2023 is reflected through higher benefit payments during 2023 and through experience gains as the lump sums paid out from the liabilities.

## Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

## ◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Non-Interest Bearing Cash - USD</i>			
EUR - Euro	9,741.380	9,741.38	9,741.38
USD - United States dollar	113,720.800	113,720.80	113,720.80
USD - United States dollar	0.000	-413,334.55	-413,334.55
Total - all currencies		-289,872.37	-289,872.37
Total Non-Interest Bearing Cash - USD		-289,872.37	-289,872.37
<i>Receivables - Other - USD</i>			
Pending foreign exchange purchases: United States dollar	0.000	9,470.20	9,470.20
Total - all currencies		9,470.20	9,470.20
Pending trade sales: United States dollar	0.000	498,220.00	498,220.00
Total - all currencies		498,220.00	498,220.00
Pending trade sales: United States dollar	0.000	741,975.60	741,975.60
Other Receivables: United States dollar	0.000	1,786,424.55	1,786,424.55
Total - all currencies		2,528,400.15	2,528,400.15
Total Receivables - Other - USD		3,036,090.35	3,036,090.35
<i>U.S. Government Securities</i>			
United States - USD			
UNITED STATES OF AMER TREAS STRIP 02-15-2045 SEDOL: BYQQT7	2,590,000.000	1,021,264.04	977,548.80
UNITED STATES OF AMER TREAS STRIP TBOND 0.0% 05-15-2053 SEDOL: BQRHD39	16,555,000.000	4,946,796.17	4,377,286.53

\*\* All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>U.S. Government Securities</i>			
<b>United States - USD</b>			
UNITED STATES OF AMER TREAS STRIP 0% 02-15-2047 SEDOL: BF3CXQ4	1,370,000.000	498,903.74	465,624.74
UNITED STATES OF AMER TREAS STRIP 0% 02-15-2054 SEDOL: BM8NLD4	12,850,000.000	3,763,254.30	3,353,657.12
UNITED STATES OF AMER TREAS STRIP 0% DUE 11-15-2051 REG SEDOL: BMWK7G6	11,465,000.000	3,642,496.11	3,162,210.15
UNITED STATES OF AMER TREAS STRIP 0%02-15-2053 SEDOL: BNDTCM0	13,745,000.000	4,154,961.86	3,663,143.25
UNITED STATES TREAS BD STRIPPED 08-15-2052 SEDOL: BPVH026	11,210,000.000	3,311,793.96	3,023,821.50
UNITED STATES TREAS BD STRIPPED DUE 08-15-2045 SEDOL: BD03YL8	510,000.000	202,266.00	187,921.53
UNITED STATES TREAS BD STRIPPED PRIN 0.0% 08-15-2047 SEDOL: BD2BTM6	7,500,000.000	2,749,765.69	2,489,665.73
UNITED STATES TREAS BD STRIPPED PRIN PMT 0% DUE 05-15-2049 SEDOL: BKDSSC8	10,200,000.000	3,424,110.98	3,115,325.82
UNITED STATES TREAS BD STRIPPED PRIN PMT00104 ZCPN DUE 11-15-2044 REG SEDOL: BD03YJ6	1,375,000.000	560,753.60	524,917.87
UNITED STATES TREAS BD STRIPPED PRIN PMT00110 02-15-2046 (UNDDATE) REG SEDOL: BD03YM9	1,720,000.000	651,784.09	616,955.97
UNITED STATES TREAS BD STRIPPED PRIN PMT00112 05-15-2046 (UNDDATE) REG SEDOL: BYQ76J3	7,290,000.000	2,761,074.32	2,578,982.28
UNITED STATES TREAS BD STRIPPED PRIN PMT00113 08-15-2046 (UNDDATE) REG SEDOL: BYMVCB3	1,870,000.000	717,058.84	653,302.77
UNITED STATES TREAS BD STRIPPED PRIN PMT00114 11-15-2046 (UNDDATE) REG SEDOL: BF52PW2	3,920,000.000	1,439,722.74	1,353,062.40
UNITED STATES TREAS BD STRIPPED PRIN PMT00117 05-15-2047 SEDOL: BF5BLR6	4,275,000.000	1,560,384.17	1,437,370.64
UNITED STATES TREAS BD STRIPPED PRIN PMT00122 05-15-2048 (UNDDATE) REG SEDOL: BG0GXM2	3,865,000.000	1,354,952.24	1,232,648.06
UNITED STATES TREAS BD STRIPPED PRIN PMT00123 08-15-2048 (UNDDATE) REG SEDOL: BFCBRB5	8,295,000.000	2,907,968.21	2,614,910.66
UNITED STATES TREAS BD STRIPPED PRIN PMT15/02/2052 02-15-2052 (UNDDATE) BEO SEDOL: BMX79G0	18,270,000.000	5,652,287.89	5,000,009.00
UNITED STATES TREAS SEC STRIP 02-15-2046 CUSIP: 912834PZ5	3,085,000.000	1,302,737.12	1,066,007.84

\*\* All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>U.S. Government Securities</i>			
United States - USD			
UNITED STATES TREAS SEC STRIP DISC NT 02-15-2049 SEDOL: BRJNTN4	2,210,000.000	871,072.80	659,078.44
UNITED STATES TREAS SEC STRIP 0% STRIP 02-15-2048 CUSIP: 912834TF5	2,355,000.000	837,585.12	739,414.33
UNITED STATES TREAS SEC STRIP 0% STRIP 11-15-2047 SEDOL: BPLP0R5	2,230,000.000	897,358.27	709,186.14
UNITED STATES TREAS SEC STRIPPED INT PMT 00124 05-15-2046 CUSIP: 912834QH4	2,555,000.000	1,102,844.48	872,019.79
UNITED STATES TREAS SEC STRIPPED INT PMT 00130 08-15-2046 SEDOL: BYQ76L5	2,695,000.000	1,134,752.86	908,684.79
UNITED STATES TREAS SEC STRIPPED 11-15-2048 SEDOL: BPSP3H9	985,000.000	319,316.38	298,412.78
UNITED STATES TREAS SEC STRIPPED INT PMT 11-15-2045 SEDOL: BPSP3C4	2,905,000.000	1,353,349.47	1,016,632.99
UNITED STATES TREAS SEC STRIPPED INT PMT 08-15-2045 (UNDDATE) REG CUSIP: 912834PM4	2,455,000.000	1,133,213.42	869,441.91
UNITED STATES TREAS SEC STRIPPED INT PMT 0.0% 05-15-2049 CUSIP: 912834UR7	2,165,000.000	777,528.59	640,205.81
UNITED STATES TREAS SEC STRIPPED INT PMTINT PMT ON 11-15-2046 (UNDDATE) REG SEDOL: BPSP3D5	2,565,000.000	1,117,955.50	855,829.26
UNITED STATES TREAS SEC STRIPPED INT PMTINT PMT 02-15-2045 (UNDDATE) REG SEDOL: BDCHQC3	3,635,000.000	1,801,505.07	1,320,679.29
UNITED STATES TREAS SEC STRIPPED INT PMTNT 218 05-15-2045 (UNDDATE) REG SEDOL: BPSP3G8	2,015,000.000	1,025,879.68	723,741.80
UNITED STATES TREAS SEC STRIPPED INT PMT0.0% 11-15-2049 SEDOL: BPSP3F7	500,000.000	166,298.87	144,294.99
UNITED STATES TREAS SEC STRIPPED INT PMT0% DUE 08-15-2051 REG SEDOL: BSSDG20	310,000.000	95,883.00	83,492.74
UNITED STATES TREAS SEC STRIPPED INT PMT0% STRIP 15/05/2048 USD 05-15-2048 CUSIP: 912834TP3	2,530,000.000	999,560.66	784,279.46
UNITED STATES TREAS SEC STRIPPED INT PMT0% STRIP 15/08/2049 USD 08-15-2049 CUSIP: 912834UY2	1,895,000.000	704,293.94	553,894.86
UNITED STATES TREAS SEC STRIPPED ZERO COUPON 08-15-2048 CUSIP: 912834TV0	1,935,000.000	752,174.69	591,936.89
UTD STATES TREAS BD STRIPPED PRIN DTD 05/16/2022 0% 05-15-2052 SEDOL: BMGSVW0	21,080,000.000	6,371,678.89	5,736,280.54

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>U.S. Government Securities</i>			
United States - USD			
UTD STATES TREAS BD STRIPPED PRIN DTD 08/15/2024 0% 08-15-2054 SEDOL: BRT4T26	12,645,000.000	3,672,942.49	3,245,639.57
UTD STATES TREAS SEC STRIPPED INT GENERIC TINT PMT 0% 02-15-2050 SEDOL: BQ3SFP2	1,845,000.000	604,445.63	528,831.91
UTD STATES TREAS SEC STRIPPED INT GENERIC TINT PMT 0% 05-15-2050 CUSIP: 912834VV7	1,315,000.000	413,326.30	372,910.40
UTD STATES TREAS SEC STRIPPED INT ZERO CPN 0.0% 05-15-2052 SEDOL: BMXNPC6	450,000.000	139,475.00	118,995.45
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2047 CUSIP: 912834RB6	4,130,000.000	1,769,577.27	1,359,299.88
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2048 SEDOL: BF165M8	6,570,000.000	2,375,212.91	2,121,525.01
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2049 SEDOL: BHZ6584	10,930,000.000	3,599,947.27	3,375,449.71
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2050 SEDOL: BKPNTX9	17,440,000.000	5,728,963.11	5,164,015.39
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2051 SEDOL: BMDK9B4	13,730,000.000	4,341,223.46	3,901,017.58
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2051 SEDOL: BSSDG08	1,215,000.000	389,051.75	332,589.23
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2052 SEDOL: BSSDFY5	1,275,000.000	397,344.80	339,589.15
UTD STATES TREAS ZERO CPN 0% DUE 05-15-2047 SEDOL: BPLJR09	1,745,000.000	699,565.82	568,588.50
UTD STATES TREAS ZERO CPN 0% DUE 05-15-2051 SEDOL: BSSDG19	395,000.000	119,956.40	107,267.66
UTD STATES TREAS ZERO CPN 0% DUE 05-15-2051 SEDOL: BLF97G3	12,575,000.000	3,925,421.10	3,551,847.73
UTD STATES TREAS ZERO CPN 0% DUE 05-15-2054 SEDOL: BNG18Z8	20,095,000.000	5,664,677.59	5,219,460.83
UTD STATES TREAS ZERO CPN 0% DUE 08-15-2044 CUSIP: 912803HE6	860,000.000	358,949.26	335,330.57
UTD STATES TREAS ZERO CPN 0% DUE 08-15-2047 CUSIP: 912834RR1	1,570,000.000	646,110.93	505,195.95
UTD STATES TREAS ZERO CPN 0% DUE 08-15-2049 SEDOL: BJTH941	6,530,000.000	2,176,926.58	1,966,847.56

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## ◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>U.S. Government Securities</i>			
United States - USD			
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BJL9M35 08-15-2050	4,995,000.000	1,572,372.51	1,446,758.89
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BT3FLM3 08-15-2050	2,495,000.000	804,591.84	698,574.45
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BMH1214 08-15-2051	22,315,000.000	6,837,768.16	6,217,905.38
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BF5FZ32 11-15-2047	6,905,000.000	2,464,358.24	2,266,662.92
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BG47HY1 11-15-2048	9,125,000.000	3,019,951.58	2,848,860.50
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BKRQWR1 11-15-2049	7,630,000.000	2,550,028.46	2,280,137.60
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BPLJQX5 11-15-2050	370,000.000	117,275.60	102,344.29
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BM9CSQ2 11-15-2050	23,000,000.000	7,480,354.93	6,602,093.42
Total United States - USD		129,956,406.75	114,979,619.00
Total U.S. Government Securities		129,956,406.75	114,979,619.00
<i>Partnership/Joint Venture Interests</i>			
Global Region - USD			
H.I.G ADVANTAGE BUYOUT FUND LP CUSIP: 992V70997	4,025,888.000	4,025,888.00	4,577,732.00
PEG GLOBAL PRIVATE EQUITY IX L.P CUSIP: 993P25993	13,161,469.000	13,161,469.00	19,124,259.00
PEG GLOBAL PRIVATE EQUITY VIII L.P CUSIP: 9934JX991	16,284,960.000	16,284,960.00	23,110,217.00
Total Global Region - USD		33,472,317.00	46,812,208.00
North America Region - USD			
RCP MULTI-STRATEGY FUND, LP CUSIP: 9943XP993	4,099,514.700	4,099,514.70	5,088,180.00
Total North America Region - USD		4,099,514.70	5,088,180.00

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## ◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Partnership/Joint Venture Interests</i>			
United States - USD			
CF CLARION LION PROPERTIES FUND CUSIP: 000744300	18,721.830	25,244,960.67	27,454,065.95
CF UBS TRUMBULL PROPERTY FUND CUSIP: 99089LWV7	2,664.910	29,102,595.28	23,118,653.88
GREENSPRING GLOBAL PARTNERS IX-B, L.P. CUSIP: 9933ZF994	6,082,241.200	6,082,241.20	9,024,366.00
GREENSPRING SECONDARIES FUND IV, LP CUSIP: 993DP0996	5,661,122.360	5,661,122.36	7,825,375.00
H.I.G. MIDDLE MARKET LBO FUND III, LP CUSIP: 993DMR990	3,016,757.480	3,016,757.48	3,722,050.00
IFM GLOBAL INFRA USLP-CLSA HEDUC CUSIP: 994DL9990	14,000,000.000	14,000,000.00	16,774,606.00
LINDEN CAPITAL PARTNERS V LP CUSIP: 994JHQ994	2,705,437.760	2,705,437.76	3,037,891.00
PEG GLOBAL PRIVATE EQUITY X L.P. CUSIP: 994HT7997	5,781,040.000	5,781,040.00	6,713,484.00
PEG GLOBAL PRIVATE EQUITY XI, L.P. CUSIP: 9959FM996	2,460,937.000	2,460,937.00	2,774,276.00
RCP FUND XIII, LP CUSIP: 992TV5994	3,840,211.920	3,840,211.92	4,789,082.00
RCP FUND XIV LP CUSIP: 9938VD992	3,183,681.340	3,183,681.34	3,631,094.00
RCP FUND XV LP CUSIP: 993M81993	3,257,293.070	3,257,293.07	3,767,177.00
RCP MULTI-STRATEGY FUND II, LP CUSIP: 994TLJ993	1,800,000.000	1,800,000.00	1,896,315.00
StepStone VC Global Partners X CUSIP: 993TLT992	3,487,151.000	3,487,151.00	3,451,489.00
Total United States - USD		109,623,429.08	117,979,924.83
Total Partnership/Joint Venture Interests		147,195,260.78	169,880,312.83

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Real Estate</i>			
United States - USD			
CF RREEF AMERICA REIT II CUSIP: 99089MEE3	172,024.260	21,930,838.37	21,585,604.14
Total United States - USD		21,930,838.37	21,585,604.14
Total Real Estate		21,930,838.37	21,585,604.14
<i>Value of Interest in Common/Collective Trusts</i>			
International Region - USD			
MFB NT COLLECTIVE ALL COUNTRY WORLD EX-US IMI FUND - NON LENDING CUSIP: 786993543	409,829.700	78,086,819.70	85,954,402.64
Total International Region - USD		78,086,819.70	85,954,402.64
United States - USD			
MFB NT COLLECTIVE RUSSELL 2000 INDEX FUND - NON LENDING CUSIP: 003999315	338,458.500	14,459,847.96	20,848,366.68
MFB NT COLLECTIVE S&P400 INDEX FUND - NON LENDING CUSIP: 658991328	8,356.440	18,145,874.30	31,523,633.70
MFB NT COLLECTIVE S&P500 INDEX FUND-NON LENDING CUSIP: 658991310	4,843.420	47,772,936.51	109,789,210.91
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	7,782,174.030	7,782,174.03	7,782,174.03
Total United States - USD		88,160,832.80	169,943,385.32
Total Value of Interest in Common/Collective Trusts		166,247,652.50	255,897,787.96

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## ◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Value of Interest in Registered Investment Companies</i>			
<b>United States - USD</b>			
MFO PIMCO LONG DURATION CREDIT BOND PORT CUSIP: 72201P878	5,850,229.420	55,180,135.06	53,880,612.96
MFO PIMCO SHORT TERM FLOATING NAV II CUSIP: 72201P613	3,644.890	36,517.76	36,510.86
<b>Total United States - USD</b>		<b>55,216,652.82</b>	<b>53,917,123.82</b>
Total Value of Interest in Registered Investment Com		55,216,652.82	53,917,123.82
<i>Other</i>			
<b>Germany - EUR</b>			
FUT 06 MAR 25 EURX EUR-BUND CUSIP: 999599GH0	1.000	143,465.83	138,177.13
FUT 06 MAR 25 EURX EUR-BUND CUSIP: 999599GH0	-1.000	-143,465.83	-138,177.13
<b>Total Germany - EUR</b>		<b>0.00</b>	<b>0.00</b>
<b>Global Region - USD</b>			
IIF ERISA HEDGE FUND LP CUSIP: 994989994	15,461,385.140	15,461,385.14	18,212,765.00
<b>Total Global Region - USD</b>		<b>15,461,385.14</b>	<b>18,212,765.00</b>
<b>United States - USD</b>			
CF JP MORGAN PEG GLOBAL PRIVATE EQUITY VII, LP CUSIP: 12999KL23	19,225.140	20,977,820.77	22,852,866.24
FUT MAR 25 CBT UL T-BONDS CUSIP: 999599GH0	3.000	367,033.39	356,718.75
FUT MAR 25 CBT UL T-BONDS CUSIP: 999599GH0	-3.000	-367,033.39	-356,718.75
FUT MAR 25 CBT ULT TNOTE CUSIP: 999599GH0	-46.000	-5,195,813.16	-5,120,375.00
FUT MAR 25 CBT ULT TNOTE CUSIP: 999599GH0	46.000	5,195,813.16	5,120,375.00
FUT MAR 25 CBT 5Y T-NOTE CUSIP: 999599GH0	-48.000	-5,122,500.00	-5,102,625.00

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
United States - USD			
FUT MAR 25 CBT 5Y T-NOTE CUSIP: 999599GH0	48.000	5,122,500.00	5,102,625.00
FUT MAR 25 U.S. T-BONDS CUSIP: 999599GH0	-7.000	-815,281.25	-796,906.25
FUT MAR 25 U.S. T-BONDS CUSIP: 999599GH0	7.000	815,281.25	796,906.25
FUT MAR 25 10 YR T-NOTES CUSIP: 999599GH0	22.000	2,416,851.53	2,392,500.00
FUT MAR 25 10 YR T-NOTES CUSIP: 999599GH0	-22.000	-2,416,851.53	-2,392,500.00
GREENSPRING SECONDARIES FUND III, LP CUSIP: 992TUX994	3,940,866.040	3,940,866.04	8,756,463.00
PIMCO TACTICAL OPPORTUNITIES OFFSHORE FUND LP CUSIP: 993B71998	7,160,379.020	7,160,379.02	10,774,623.00
Total United States - USD		32,079,065.83	42,383,952.24
Total Other		47,540,450.97	60,596,717.24

*Other Liabilities*

Pending foreign exchange sales: Euro	0.000	-9,470.20	-9,324.15
Total - all currencies		-9,470.20	-9,324.15
Pending trade purchases: United States dollar	0.000	-978,018.41	-978,018.41
Total - all currencies		-978,018.41	-978,018.41
Pending trade purchases: United States dollar	0.000	-845,354.90	-845,354.90

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◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other Liabilities</i>			
Other Payables: United States dollar	0.000	-1,909,087.55	-1,909,087.55
Total - all currencies		-2,754,442.45	-2,754,442.45
Total Other Liabilities		-3,741,931.06	-3,741,785.01
<b>Total</b>		<b>567,091,549.11</b>	<b>675,861,597.96</b>

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