

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
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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.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan GROUP RETIREMENT INCOME PLAN NO.16
1b	Three-digit plan number (PN) ▶ 334
1c	Effective date of plan 01/01/1994
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GROWMARK INC. 1705 TOWANDA AVENUE BLOOMINGTON, IL 61701
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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2025	JESSICA EHLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor GROUP RETIREMENT INCOME NO.16, ADMINISTRATIVE COMMITTEE HUMAN RESOURCES 1705 TOWANDA AVENUE, P.O. BOX 2500 BLOOMINGTON, IL 61702	3b Administrator's EIN 37-0815318 3c Administrator's telephone number 309-557-6125
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 7202
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 4082 6a(2) 4156 6b 1878 6c 1141 6d 7175 6e 270 6f 7445 6g(1) 6g(2) 6h 360
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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:

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information 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). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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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.	
A Name of plan GROUP RETIREMENT INCOME PLAN NO.16	B Three-digit plan number (PN) ▶ 334
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GROWMARK INC.	D Employer Identification Number (EIN) 37-0815318
E Type of plan: ☐ Single ☒ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	1012541478	
b	Actuarial value	2b	1100760368	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	2102	403466035	403466035
b	For terminated vested participants	1067	43177144	43177144
c	For active participants	4203	292439950	319514613
d	Total	7372	739083129	766157792
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
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	4b		
5	Effective interest rate	5	5.25 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	31699922	
b	Expected plan-related expenses	6b	0	
c	Target normal cost	6c	31699922	

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.

SIGN HERE	Signature of actuary GARY J. FABER Type or print name of actuary AON CONSULTING, INC. Firm name MSC#17755, AON, PO BOX 551343 ATLANTA, GA 30355 Address of the firm	09/30/2025 Date 23-05449 Most recent enrollment number 847-295-5000 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)		
10 Interest on line 9 using prior year's actual return of _____ %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
b(1) 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 _____ %		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages

14 Funding target attainment percentage	14	81.88 %
15 Adjusted funding target attainment percentage	15	%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(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
10/23/2024	1500000		01/29/2025	1650000	
10/29/2024	2150000		01/30/2025	500000	
10/31/2024	1575000		01/31/2025	2800000	
01/15/2025	300000		02/27/2025	500000	
01/24/2025	500000		04/04/2025	700000	
01/27/2025	700000		04/23/2025	650000	
Totals ▶			18(b)	39801076	18(c) 0

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

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

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)		
10 Interest on line 9 using prior year's actual return of _____ %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
b(1) 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 _____ %		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages

14 Funding target attainment percentage	14	%
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(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
04/28/2025	500000		07/09/2025	73565	
04/29/2025	3150000		07/14/2025	500000	
04/30/2025	2400000		07/15/2025	903973	
05/01/2025	500000		07/16/2025	250000	
05/30/2025	250000		07/23/2025	510689	
06/30/2025	1161166		07/28/2025	3177185	
Totals ►			18(b)		18(c)

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

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

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)		
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a Present value of excess contributions (line 38a from prior year)		
b(1) 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 _____%		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages

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

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(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
07/29/2025	2940000				
07/30/2025	6072694				
07/31/2025	3709329				
08/04/2025	177475				
Totals ►			18(b)		18(c)

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
4.96 %3rd segment:
5.59 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b****22** Weighted average retirement age**22**

61

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**

1

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**28** Unpaid minimum required contributions for all prior years**28****29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....**29****30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....**30****Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)**31a****b** Excess assets, if applicable, but not greater than line 31a**31b****32** Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment**b** Waiver amortization installment**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**

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement**36** Additional cash requirement (line 34 minus line 35)**36****37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37****38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a****b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b****39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39****40** Unpaid minimum required contributions for all years**40****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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan GROUP RETIREMENT INCOME PLAN NO.16	B Three-digit plan number (PN) ▶	334
C Plan sponsor's name as shown on line 2a of Form 5500 GROWMARK INC.	D Employer Identification Number (EIN) 37-0815318	

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	
(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)

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	366136	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	296137	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	287602	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	262959	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	252360	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	152392	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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	130727	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON TRUST COMPANY

04-2755549

(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	116233	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	34855	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan GROUP RETIREMENT INCOME PLAN NO.16		B Three-digit plan number (PN) ▶ 334
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GROWMARK INC.		D Employer Identification Number (EIN) 37-0815318
Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)	
a Name of MTIA, CCT, PSA, or 103-12 IE: SEGALL BRYANT & HAMILL INTL SM CAP		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 81-0835598-090	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29664142
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CTF EMERGING MARKETS RSRCH EQTY		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY		
c EIN-PN 27-1593162-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE EAFE INDEX FUND-NL		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-024	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 151971711
a Name of MTIA, CCT, PSA, or 103-12 IE: BARINGS INTL SMALL CAP EQUITY		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 30-6617568-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE RUSSELL 2000 IND FUND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-096	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54681799
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 400 INDEX FUND NL		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54284264
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 500 INDEX FUND NL		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 186799109
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

a Name of MTIA, CCT, PSA, or 103-12 IE: NTGI COLLECTIVE GOVERNMENT STIF REG**b** Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138589-068	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16160707
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

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

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

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

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

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan GROUP RETIREMENT INCOME PLAN NO.16		B Three-digit plan number (PN) ▶ 334
C Plan sponsor's name as shown on line 2a of Form 5500 GROWMARK INC.		D Employer Identification Number (EIN) 37-0815318

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	-3993	-572420
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	35205393	34576076
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	4054855	5085947
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	118253011	138254287
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	218436373	226146125
(6) Real estate (other than employer real property)	1c(6)	31847612	29654805
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	477442370	493561732
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	31085787	33360865
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	99908221	110613061

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1016229629	1070680478
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	3688151	4892970
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3688151	4892970
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1012541478	1065787508

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	39801076	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		39801076
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-40728	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	95	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		-40633
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1120071	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1120071
(3) Rents	2b(3)		1693624
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	376629877	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	379880836	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)	-3194046	
(B) Other	2b(5)(B)	-14863961	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		60933204
(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)		1156642
c Other income	2c		8754360
d Total income. Add all income amounts in column (b) and enter total	2d		92109378

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	36929622	
(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)		36929622
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	34855	
(5) Investment advisory and investment management fees	2i(5)	1528168	
(6) Bank or trust company trustee/custodial fees	2i(6)	152392	
(7) Actuarial fees	2i(7)	252360	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	-34049	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1933726
j Total expenses. Add all expense amounts in column (b) and enter total	2j		38863348

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		53246030
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

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

(1) Name: 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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 557429.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan GROUP RETIREMENT INCOME PLAN NO.16		B Three-digit plan number (PN) ▶ 334
C Plan sponsor's name as shown on line 2a of Form 5500 GROWMARK INC.		D Employer Identification Number (EIN) 37-0815318
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-3046063		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 47
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☒ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

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:

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 49.0 % Private Equity: 17.9 % Investment-Grade Debt and Interest Rate Hedging Assets: 13.3 %

High-Yield Debt: 4.2 % Real Assets: 14.2 % Cash or Cash Equivalents: 1.4 % 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_____.

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ► File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan GROUP RETIREMENT INCOME PLAN NO.16	B Three-digit Plan number (PN)..... ►	334
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF GROUP RETIREMENT INCOME NO.16, ADMINISTRATIVE COMMITTEE	D Administrator's EIN 37-0815318	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
--------	--

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

a ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)

b ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)

c ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)

d ☒ other multiple-employer pension plan (Describe) AFFILIATED AGRICULTURAL COOPERATIVE (Complete Part II)

Part II	Participating Employer Information.
---------	-------------------------------------

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer AG VIEW FS, INC.	2b EIN 36-0854770	2c Percentage of Total Contributions for the Plan Year 4.33	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer AG-LAND FS, INC.	2b EIN 37-1282343	2c Percentage of Total Contributions for the Plan Year 4.04	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AGRILAND FS, INC.	42-0385720	7.04	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CARROLL SERVICE COMPANY	36-0876420	1.26	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CENTRAL COMMODITY FS	37-0216270	1.95	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONSERV FS, INC.	36-1355570	5.03	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EVERGREEN FS, INC.	37-0410460	6.67	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FARMERS COOPERATIVE ASSOCIATION, VARNA	36-1059640	0.21	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FARMERS ELEVATOR COMPANY OF MANTENO	36-1059770	0.02	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FS GRAIN LLC	45-2773444	1.71	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GATEWAY FS, INC.	37-1263556	5.02	

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GOLD STAR FS, INC.	36-1817480	3.98	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GRAINCO FS, INC.	36-1315960	4.40	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HERITAGE FS, INC.	36-3818145	4.55	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JERSEY COUNTY GRAIN COMPANY	37-0352490	0.18	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
M & M SERVICE COMPANY	37-1370422	6.69	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MM RETAIL, LLC	82-2300796	0.06	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEDORA FS, INC.	37-0889797	0.13	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PIATT COUNTY SERVICE COMPANY	37-0634385	0.18	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRAIRIELAND FS, INC.	37-1410789	10.05	

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTH CENTRAL FS, INC.	37-0607422	5.03	
SOUTHERN FS, INC.	74-3044849	4.55	
ST. CLAIR SERVICE COMPANY	37-0497745	1.28	
STEPHENSON SERVICE COMPANY	36-1824365	1.88	
THREE RIVERS FS COMPANY	42-0212080	0.31	
TOTAL GRAIN MARKETING	20-5446305	3.14	
TRICOUNTY FS, INC.	37-1338377	2.40	
WABASH VALLEY SERVICE COMPANY	37-0567680	6.97	
WEST CENTRAL FS, INC.	37-0955394	5.02	

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer WESTERN GRAIN MARKETING, LLC	2b EIN 26-0746032	2c Percentage of Total Contributions for the Plan Year 1.92	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____

GROWMARK, INC.
GROUP RETIREMENT INCOME
PLAN NO. 16
FINANCIAL STATEMENTS
DECEMBER 31, 2024

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Supplemental Schedule

Attached: 5500 Supplemental Schedule

Independent Auditors' Report

Administrative Committee
GROWMARK, Inc. Group Retirement Income Plan No. 16
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. 16, 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 GRWOMARK Inc. Group Retirement Income Plan No. 16'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. 16 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. 16'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. 16'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. 16'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. 16

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2024	2023
Assets		
Investments at fair value (Note 4)	\$ 1,031,018,455	\$ 976,969,381
Contributions receivable	34,576,076	35,205,393
Due from broker	3,944,577	1,392,023
Accrued interest income	1,141,370	2,662,832
Total Assets	1,070,680,478	1,016,229,629
Liabilities		
Due to broker	4,892,970	3,688,151
Net Assets Available For Benefits	\$ 1,065,787,508	\$ 1,012,541,478

GROWMARK, INC.
GROUP RETIREMENT INCOME PLAN NO. 16

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

	For The Years Ended December 31,	
	2024	2023
Additions To Net Assets Attributed To:		
Company contributions	\$ 39,801,076	\$ 41,225,242
Deductions From Net Assets Attributed To:		
Benefits paid directly to participants	36,929,622	64,260,596
Administrative expenses	348,898	301,664
Total Deductions	37,278,520	64,562,260
Investment Activity		
Interest and dividend income	12,678,249	10,605,226
Net change in fair value of investments	39,630,053	67,951,523
Investment expenses	(1,584,828)	(1,381,123)
Net Investment Activity	50,723,474	77,175,626
Net Increase	53,246,030	53,838,608
Net Assets Available For Benefits - Beginning Of Year	1,012,541,478	958,702,870
Net Assets Available For Benefits - End Of Year	\$ 1,065,787,508	\$ 1,012,541,478

GROWMARK, INC.
GROUP RETIREMENT INCOME PLAN NO. 16

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. 16 (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 multiple employer, defined benefit plan. All of GROWMARK, Inc. (GROWMARK) supply, grain and special member companies and certain GROWMARK subsidiaries (the Companies) are eligible to participate in the Plan. The Plan covers all of the Companies' employees other than those who participate in other plans under collective bargaining agreements.

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 Companies) 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 \$30,000,000 in 2023.

While none of the Companies, except for those which have withdrawn from the Plan, have expressed any intent to terminate the Plan, they are 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

GROWMARK, INC.
GROUP RETIREMENT INCOME PLAN NO. 16

Notes To Financial Statements (*Continued*)

- (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.

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. 16

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. 16

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. 16

Notes To Financial Statements (*Continued*)

Contributions

The Companies contribute 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.

Contribution Receivable And Credit Loss Policy

Amounts due for contributions are stated at the amount that management expects to collect from outstanding balances less an allowance for expected credit losses. The expected credit losses amount reflects management's best estimate of amounts that will not be collected. This assessment considers historical experience, current conditions and, when appropriate, reasonable and supportable forecasts.

The Company has concluded that no allowance for current expected credit losses was necessary at December 31, 2024 or 2023.

GROWMARK, INC.
GROUP RETIREMENT INCOME PLAN NO. 16

Notes To Financial Statements (*Continued*)

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.

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 each 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.

GROWMARK, INC.
GROUP RETIREMENT INCOME PLAN NO. 16

Notes To Financial Statements (*Continued*)

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. 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	\$ 32,788,445	\$ —	\$ —	\$ 32,788,445
Bonds	—	138,256,904	—	138,256,904
Total investments in the fair value hierarchy	\$ 32,788,445	\$ 138,256,904	\$ —	171,045,349
Investments measured at net asset value (a)				859,973,106
Total Assets At Fair Value				\$ 1,031,018,455

Assets At Fair Value As Of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Mutual funds and exchange traded funds	\$ 31,081,794	\$ —	\$ —	\$ 31,081,794
Bonds	—	118,255,596	—	118,255,596
Total investments in the fair value hierarchy	\$ 31,081,794	\$ 118,255,596	\$ —	149,337,390
Investments measured at net asset value (a)				827,631,991
Total Assets At Fair Value				\$ 976,969,381

- (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.

GROWMARK, INC.
GROUP RETIREMENT INCOME PLAN NO. 16

Notes To Financial Statements (*Continued*)

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	\$ 160,001,452	\$ —	Not applicable
Closed-end interests	176,755,117	68,956,979	6-15 years
REIT (b)	29,654,805	—	Not applicable
Collective trust funds	493,561,732	—	Not applicable
Total	\$ 859,973,106	\$ 68,956,979	

	December 31, 2023		
	Fair Value	Unfunded Commitments	Remaining Life
Partnership interests (a)			
Open-ended interests	\$ 154,121,926	\$ —	Not applicable
Closed-end interests	164,220,083	54,092,945	7-16 years
REIT (b)	31,847,612	—	Not applicable
Collective trust funds	477,442,370	—	Not applicable
Total	\$ 827,631,991	\$ 54,092,945	

	December 31, 2024 And 2023		
	Redemption Frequency	Trade To Settlement Terms	Redemption Notice Period
Partnership interests (a)			
Open-ended interests	Quarterly & Semi-Annually	N/A	60-90 days
Closed-end interests	Capital returned upon realization	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.

GROWMARK, INC.
GROUP RETIREMENT INCOME PLAN NO. 16

Notes To Financial Statements (*Continued*)

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.

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	\$ 391,713,569	\$ 376,673,207
Other participants	321,620,964	303,657,974
	<u>713,334,533</u>	<u>680,331,181</u>
Nonvested benefits	24,830,454	24,592,681
	<u>\$ 738,164,987</u>	<u>\$ 704,923,862</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	\$ 704,923,862	\$ 677,723,222
Increase (decrease) during the year attributable to:		
Assumption changes	(6,761,297)	13,599,929
Increase for interest on liability	41,203,681	38,763,656
Benefits paid	(36,929,622)	(64,260,596)
Benefits accrued and plan experience	35,728,363	39,097,651
Net increase	<u>33,241,125</u>	<u>27,200,640</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 738,164,987</u>	<u>\$ 704,923,862</u>

GROWMARK, INC.
GROUP RETIREMENT INCOME PLAN NO. 16

Notes To Financial Statements (*Continued*)

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 – 64 For 2023 – 63
Minimum early retirement age	Age 55, with 20 years participation in the retirement plan
Mortality	Pri-2012 Base Rates Fully Generational Table with MP-2021 Projection Scale with separate rates for annuitants and nonannuitants

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 September 20, 2015, 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.

Supplemental Schedule

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

**Schedule SB, Line 26—Schedule of Active Participant Data
As of January 1, 2024**

**GROWMARK, Inc.
Group Retirement Income Plan No. 16
Active Employees**

EIN: 37-0815318 PN: 334

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	65 \$27,723	236 \$48,444								
25-29	27 \$37,629	288 \$59,685	113 \$68,992							
30-34	18 \$57,916	227 \$57,916	145 \$81,872	59 \$90,931						
35-39	13 \$68,900	187 \$68,900	106 \$70,051	84 \$98,607	46 \$96,962					
40-44	11 \$64,693	170 \$64,693	79 \$78,146	53 \$84,096	61 \$102,067	41 \$112,938				
45-49	11 \$65,479	134 \$65,479	74 \$67,195	42 \$96,271	49 \$89,877	43 \$105,426	45 \$120,409			
50-54	18 \$62,403	139 \$62,403	75 \$79,372	51 \$79,330	34 \$91,670	28 \$88,426	59 \$122,942	24 \$96,651		
55-59	18 \$54,681	153 \$54,681	82 \$63,860	44 \$69,070	53 \$78,378	37 \$91,142	32 \$118,252	58 \$147,492	11	
60-64	9 \$59,750	132 \$59,750	81 \$63,371	61 \$64,349	55 \$69,533	46 \$79,489	34 \$82,941	31 \$116,694	26 \$172,081	20 \$104,664
65-69	11 \$47,238	50 \$47,238	42 \$53,536	22 \$64,094	18	14	9	18	12	13
70+	22 \$12,593	44 \$31,276	27 \$34,239	16	6	12	4	4	5	16

N-4,203

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Schedule B, line 6—Statement of Actuarial Assumptions/Methods

Interest Rates	
Minimum Funding	7.81%
Current Liability	5.59% (reflecting interest rate stabilization)
Maximum Deductible	Based on segment rates with no lookback (as of January 2024), without regard to the interest rate stabilization corridor
1 st Segment Rate	4.37%
2 nd Segment Rate	4.96%
3 rd Segment Rate	4.95%
Stabilized Interest Rates	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
1 st Segment Rate	4.75%
2 nd Segment Rate	4.96%
3 rd Segment Rate	5.59%
Optional Payment Form Election Percentage	10% single life annuity 30% 10-year certain and life annuity 60% qualified 66.7% joint & survivor annuity Actives who terminate with an accrued monthly benefit less than \$300 are assumed to receive a lump sum
Optional Payment Form Conversion Interest Rate	5.00% for annuities Minimum funding and current liability: January IRC section 417(e) segment rates for lump sums Maximum deductible: Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	2018 417(e) table for annuities Current IRC section 417(e) table for lump sums
Salary Increases	See Table 1
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 63

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Mortality Rates

Accrued Liability (Minimum Funding) Fully Generational Aggregate Mortality Table for Employees and Healthy Annuitants with Pri-2012 Base Rates and Projection Scale MP-2021

Accrued Liability (Maximum Deductible) 2024 generational mortality tables for annuitants and non-annuitants per section 1.430(h)(3)-1(b)

Current Liability Prescribed optional combined mortality table for 2024 as described in IRS regulation section 1.412(1)(7)-1

Withdrawal Rates See Table 3

Disability Rates None

Surviving Spouse Benefit It is assumed that 60% of males and 60% of females have an eligible spouse, and that males are two years older than their spouses

Valuation Compensation 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

Benefit and Compensation Limits 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

Actuarial Value of Assets
Minimum Funding Five-year smoothed market value. The actuarial value of assets calculated in this manner is limited to not less than 80% nor more than 120% of fair market value

Maximum Deductible Market value, including accrued contributions discounted as prescribed by PPA (using the stabilized effective interest rate)

Actuarial Cost Method
Minimum Funding Entry age normal cost method

Maximum Deductible Standard unit credit cost method

Valuation Date January 1, 2024

Census Date The data is as of January 1, 2024

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Changes in ERISA Methods/Assumptions Since the Prior Year

The accrued liability funding valuation reflects the following assumption changes:

- A change in the interest rates and mortality table used in the lump sum methodology. The January segment rates and the mortality table for the current year under section 417(e)(3) were used to calculate the lump sum liability.
- The accrued liability interest rate assumption changed from 8.10% as of January 1, 2023 to 7.81% as of January 1, 2024.
- A change in the mortality assumption from the Fully Generational Aggregate Mortality Table for Employees and Healthy Annuitants with Blue Collar Adjustment with Pri-2012 Base Rates and Projection Scale MP-2021 to the Fully Generational Aggregate Mortality Table for Employees and Healthy Annuitants with Pri-2012 Base Rates and Projection Scale MP-2021.

The current liability funding valuation reflects the following assumption changes:

- A change in the interest rates and mortality table used in the lump sum methodology. The January segment rates and the mortality table for the current year under section 417(e)(3) were used to calculate the lump sum liability.
- The current liability interest rate assumption changed from 5.74% as of January 1, 2023 to 5.59% as of January 1, 2024. For plans exempt from PPA, the current liability interest rate is equal to the third stabilized segment rate.
- The current liability mortality table for both healthy and disabled lives was updated from the prescribed Optional Combined Mortality Table for 2023 to the prescribed Optional Combined Mortality Table for 2024 as described in IRS Regulation section 1.412(1)(7)-1.

The maximum deductible funding calculations reflect the following changes to be consistent with PPA:

- A change in the interest segment rate assumption from 2.13%, 3.62%, and 3.93% (no lookback as of January 2023) to segment rates of 4.37%, 4.96%, and 4.95% (no lookback as of January 2024).
- A change in the interest rates and mortality table used in the lump sum methodology. The current funding segment rates and the mortality table for the current year under section 417(e)(3) were used to calculate the lump sum liability.
- A change in the mortality assumption from the 2023 generational mortality tables for annuitants and non-annuitants per section 1.430(h)(3)-1(d) and IRS Notice 2022-22 to the 2024 generational mortality tables for annuitants and non-annuitants per section 1.430(h)(3)-1(b).

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Table 1

Salary Increase Rates

Age	Rate	Age	Rate
21	9.00%	51	3.50%
22	9.00%	52	3.50%
23	9.00%	53	3.50%
24	9.00%	54	3.50%
25	9.00%	55	3.50%
26	6.50%	56	3.50%
27	6.50%	57	3.50%
28	6.50%	58	3.50%
29	6.50%	59	3.50%
30	6.50%	60	3.50%
31	5.50%	61	2.50%
32	5.50%	62	2.50%
33	5.50%	63	2.50%
34	5.50%	64	2.50%
35	5.50%	65	2.50%
36	5.00%	66	2.50%
37	5.00%	67	2.50%
38	5.00%	68	2.50%
39	5.00%	69	2.50%
40	5.00%	70	2.50%
41	5.00%	71	2.50%
42	5.00%	72	2.50%
43	5.00%	73	2.50%
44	5.00%	74	2.50%
45	5.00%	75	2.50%
46	3.50%	76	2.50%
47	3.50%	77	2.50%
48	3.50%	78	2.50%
49	3.50%	79	2.50%
50	3.50%	80	2.50%

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Table 2

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	5%
56	7%
57	7%
58	7%
59	10%
60	10%
61	10%
62	20%
63	15%
64	20%
65	35%
66	35%
67	35%
68	35%
69	35%
70	35%
71	35%
72+	100%

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
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Table 3—Page 1 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
21	26.63%	26.63%	26.63%	26.63%	26.63%	28.40%
22	25.13%	25.13%	25.13%	25.13%	25.13%	26.80%
23	24.98%	23.78%	23.78%	23.78%	23.78%	25.36%
24	24.98%	22.43%	22.43%	22.43%	22.43%	23.92%
25	24.98%	22.20%	21.08%	21.08%	21.08%	22.48%
26	24.98%	22.20%	19.80%	19.80%	19.80%	21.12%
27	24.98%	22.20%	19.65%	18.60%	18.60%	19.84%
28	24.98%	22.20%	19.65%	17.40%	17.40%	18.56%
29	24.98%	22.20%	19.65%	17.25%	16.28%	17.36%
30	24.98%	22.20%	19.65%	17.25%	15.23%	16.24%
31	24.98%	22.20%	19.65%	17.25%	15.08%	15.12%
32	24.98%	22.20%	19.65%	17.25%	15.08%	14.00%
33	24.98%	22.20%	19.65%	17.25%	15.08%	13.04%
34	24.98%	22.20%	19.65%	17.25%	15.08%	12.08%
35	24.98%	22.20%	19.65%	17.25%	15.08%	11.12%
36	24.98%	22.20%	19.65%	17.25%	15.08%	10.24%
37	24.98%	22.20%	19.65%	17.25%	15.08%	9.44%
38	24.98%	22.20%	19.65%	17.25%	15.08%	8.64%
39	24.98%	22.20%	19.65%	17.25%	15.08%	7.92%
40	24.98%	22.20%	19.65%	17.25%	15.08%	7.20%
41	24.98%	22.20%	19.65%	17.25%	15.08%	6.56%
42	24.98%	22.20%	19.65%	17.25%	15.08%	6.00%
43	24.98%	22.20%	19.65%	17.25%	15.08%	5.44%
44	24.98%	22.20%	19.65%	17.25%	15.08%	4.96%
45	24.98%	22.20%	19.65%	17.25%	15.08%	4.48%
46	24.98%	22.20%	19.65%	17.25%	15.08%	4.08%
47	24.98%	22.20%	19.65%	17.25%	15.08%	3.76%
48	24.98%	22.20%	19.65%	17.25%	15.08%	3.44%
49	24.98%	22.20%	19.65%	17.25%	15.08%	3.20%
50	24.98%	22.20%	19.65%	17.25%	15.08%	2.96%
51	24.98%	22.20%	19.65%	17.25%	15.08%	2.80%
52	24.98%	22.20%	19.65%	17.25%	15.08%	2.72%
53	24.98%	22.20%	19.65%	17.25%	15.08%	2.64%
54	24.98%	22.20%	19.65%	17.25%	15.08%	2.64%

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Table 3—Page 2 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
55	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
56	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
57	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
58	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
59	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
60	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
61	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
62	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
63	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
64	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
65+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information 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). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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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.	
A Name of plan GROUP RETIREMENT INCOME PLAN NO. 16	B Three-digit plan number (PN) ► 334
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GROWMARK, INC.	D Employer Identification Number (EIN) 37-0815318
E Type of plan: ☐ Single ☒ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	1,012,541,478	
b	Actuarial value	2b	1,100,760,368	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	2,102	403,466,035	403,466,035
b	For terminated vested participants	1,067	43,177,144	43,177,144
c	For active participants	4,203	292,439,950	319,514,613
d	Total	7,372	739,083,129	766,157,792
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
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	4b		
5	Effective interest rate	5	5.25%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	31,699,922	
b	Expected plan-related expenses	6b	0	
c	Target normal cost	6c	31,699,922	

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.

SIGN HERE GARY J. FABER <i>G. J. Faber</i> Signature of actuary	09/30/2025 Date 2305449 Most recent enrollment number 847-295-5000 Telephone number (including area code)
GARY J. FABER Type or print name of actuary AON CONSULTING, INC. Firm name MSC#17755, Aon, PO Box 551343 Atlanta GA 30355 Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)		
10 Interest on line 9 using prior year's actual return of _____%		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
b(1) 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 _____%		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages

14 Funding target attainment percentage	14	81.88 %
15 Adjusted funding target attainment percentage	15	%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(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
10/23/2024	1,500,000		04/30/2025	2,400,000	
10/29/2024	2,150,000		05/01/2025	500,000	
10/31/2024	1,575,000		05/30/2025	250,000	
01/15/2025	300,000		06/30/2025	1,161,166	
01/24/2025	500,000		07/09/2025	73,565	
01/27/2025	700,000		07/14/2025	500,000	
01/29/2025	1,650,000		07/15/2025	903,973	
01/30/2025	500,000		07/16/2025	250,000	
01/31/2025	2,800,000		07/23/2025	510,689	
02/27/2025	500,000		07/28/2025	3,177,185	
04/04/2025	700,000		07/29/2025	2,940,000	
04/23/2025	650,000		07/30/2025	6,072,694	
04/28/2025	500,000		07/31/2025	3,709,329	
04/29/2025	3,150,000		08/04/2025	177,475	
Totals ▶			18(b)	39,801,076	18(c) 0

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b
22 Weighted average retirement age				22 61
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	1

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a		
b Excess assets, if applicable, but not greater than line 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment			
b Waiver amortization installment			
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		
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35).....	36		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a		
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39		
40 Unpaid minimum required contributions for all years	40		

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. 16
EIN: 37-0815318 PN: 334

Schedule SB—Information for Each Individual Employer

Group Retirement Income Plan Number 16 (GRIP 16) is exempt from PPA funding rules. GRIP 16 is a multiple-employer plan maintained by a rural cooperative as described in Section 104 of PPA.

Below is a list of all the member companies participating in GRIP 16 for the 2024 plan year:

Company Number and Name

004	AGRILAND FS, INC.
013	AG VIEW FS, INC.
018	CARROLL SERVICE COMPANY
025	CENTRAL COMMODITY FS
039	SOUTH CENTRAL FS, INC.
047	FARMERS COOPERATIVE ASSOCIATION OF VARNA
050	FARMERS ELEVATOR COMPANY OF MANTENO
055	HERITAGE FS, INC.
076	TRICOUNTY FS, INC.
077	JERSEY COUNTY GRAIN COMPANY
084	GRAINCO FS, INC.
090	CONSERV FS
104	M&M SERVICE COMPANY
116	EVERGREEN FS, INC.
117	MEDORA FS, INC.
138	PIATT COUNTY SERVICE COMPANY
143	GATEWAY FS, INC.
148	ST. CLAIR SERVICE COMPANY
152	PRAIRIELAND FS, INC.
159	WEST CENTRAL FS, INC.
163	STEPHENSON SERVICE COMPANY
166	AG-LAND FS, INC.
167	THREE RIVERS FS COMPANY
169	SOUTHERN FS, INC.
173	WABASH VALLEY SERVICE COMPANY
176	GOLD STAR FS, INC.
209	FULTON FS, INC.
225	WESTERN GRAIN MARKETING, LLC
228	FS GRAIN, LLC
229	MM RETAIL LLC
230	TOTAL GRAIN MARKETING, LLC
998	GROUP RETIREMENT INCOME PLAN NUMBER 16 (GRIP 16)

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Please note the following:

Due to software limitations with the electronic filing, certain data included in the electronic filing may not be able to reflect the correct values or data. In addition, data filed electronically cannot be controlled by the Enrolled Actuary. To the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB, the values on the signed Schedule SB will govern.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

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 beginning of year.

(1) Age at Retirement	(2) Percentage of Total Group Retiring	(3) Weighted Retirement Age (1)*(2)
55	5.00%	2.75
56	6.65%	3.72
57	6.18%	3.53
58	5.75%	3.34
59	7.64%	4.51
60	6.88%	4.13
61	6.19%	3.78
62	11.14%	6.91
63	6.68%	4.21
64	7.58%	4.85
65	10.61%	6.89
66	6.89%	4.55
67	4.48%	3.00
68	2.91%	1.98
69	1.89%	1.31
70	1.23%	0.86
71	0.80%	0.57
72	1.49%	<u>1.07</u>
		60.89
Adjustment for Mid-Year Decrement		<u>0.50</u>
Expected Retirement Age		61.39

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

**Schedule SB, Line 26—Schedule of Active Participant Data
As of January 1, 2024**

**GROWMARK, Inc.
Group Retirement Income Plan No. 16
Active Employees**

EIN: 37-0815318 PN: 334

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	65 \$27,723	236 \$48,444								
25-29	27 \$37,629	288 \$59,685	113 \$68,992							
30-34	18 \$57,916	227 \$81,872	145 \$90,931	59						
35-39	13 \$68,900	187 \$70,051	106 \$98,607	84 \$96,962	46					
40-44	11 \$64,693	170 \$78,146	79 \$84,096	53 \$102,067	61 \$112,938	41				
45-49	11 \$65,479	134 \$67,195	74 \$96,271	42 \$89,877	49 \$105,426	43 \$120,409	45			
50-54	18 \$62,403	139 \$79,372	75 \$79,330	51 \$91,670	34 \$88,426	28 \$122,942	59 \$96,651	24		
55-59	18 \$54,681	153 \$63,860	82 \$69,070	44 \$78,378	53 \$91,142	37 \$118,252	32 \$147,492	58 11		
60-64	9 \$59,750	132 \$63,371	81 \$64,349	61 \$69,533	55 \$79,489	46 \$82,941	34 \$116,694	31 \$172,081	26 \$104,664	20
65-69	11 \$47,238	50 \$53,536	42 \$64,094	22	18	14	9	18	12	13
70+	22 \$12,593	44 \$31,276	27 \$34,239	16	6	12	4	4	5	16

N-4,203

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

2024 Schedule SB, line 27—Actuarial Information for CSEC Plans

GRIP 16 is exempt from PPA funding rules. GRIP 16 is a multiple-employer plan maintained by a rural cooperative as described in Section 104 of PPA. This is “Code 1” under the Alternative Funding Rules in the 2024 Schedule SB instructions.

Following is 2024 plan year information summarized in a 2007 Schedule B format.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Schedule B, line 3—Schedule of Contributions

Page 1 of 2

Company	Name of Participating Employer	Date	Contribution
004	AGRILAND FS, Inc.	10/23/2024	\$ 700,000
		1/27/2025	\$ 700,000
		4/4/2025	\$ 700,000
		7/31/2025	\$ 700,000
013	Ag View FS, Inc.	7/28/2025	\$ 1,721,633
018	Carroll Service Company	5/30/2025	\$ 250,000
		7/30/2025	\$ 250,000
025	Central Commodity FS	10/31/2024	\$ 150,000
		1/31/2025	\$ 150,000
		4/30/2025	\$ 250,000
		7/15/2025	\$ 225,243
039	South Central FS, Inc.	1/31/2025	\$ 1,000,000
		4/30/2025	\$ 1,000,000
047	Farmers Cooperative Association of Varna	7/31/2025	\$ 82,989
050	Farmers Elevator Company of Manteno	7/31/2025	\$ 7,421
055	Heritage FS, Inc.	7/30/2025	\$ 1,812,704
076	TriCounty FS, Inc.	7/28/2025	\$ 955,552
077	Jersey County Grain Company	7/9/2025	\$ 73,565
084	GRAINCO FS, Inc.	10/29/2024	\$ 500,000
		1/29/2025	\$ 500,000
		4/28/2025	\$ 500,000
		7/16/2025	\$ 250,000
090	Conserv FS	10/31/2024	\$ 375,000
		7/29/2025	\$ 1,625,000
104	M&M Service Company	10/31/2024	\$ 550,000
		1/31/2025	\$ 650,000
		4/30/2025	\$ 650,000
		7/31/2025	\$ 811,361
116	Evergreen FS, Inc.	4/29/2025	\$ 1,500,000
		7/31/2025	\$ 1,155,465
117	Medora FS, Inc.	8/4/2025	\$ 52,475
138	Piatt County Service Company	7/31/2025	\$ 72,203
143	Gateway FS, Inc.	10/30/2024	\$ 500,000
		1/30/2025	\$ 500,000
		4/29/2025	\$ 500,000
		7/28/2025	\$ 500,000

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Schedule B, line 3—Schedule of Contributions
Page 2 of 2

148	St. Clair Service Company	7/23/2025	\$	510,689
152	Prairieland FS, Inc.	10/30/2024	\$	1,000,000
		1/29/2025	\$	1,000,000
		4/29/2025	\$	1,000,000
		7/29/2025	\$	1,000,000
159	West Central FS, Inc.	10/25/2024	\$	500,000
		1/24/2025	\$	500,000
		2/27/2025	\$	500,000
		7/14/2025	\$	500,000
163	Stephenson Service Company	10/31/2024	\$	200,000
		1/31/2025	\$	200,000
		4/30/2025	\$	200,000
		7/31/2025	\$	148,201
166	Ag-Land FS, Inc.	10/31/2024	\$	300,000
		1/31/2025	\$	300,000
		4/30/2025	\$	300,000
		7/31/2025	\$	707,946
167	Three Rivers FS Company	8/6/2025	\$	125,000
169	Southern FS, Inc.	10/25/2024	\$	300,000
		1/15/2025	\$	300,000
		4/23/2025	\$	300,000
		6/30/2025	\$	911,166
173	Wabash Valley Service Company	7/30/2025	\$	2,774,908
176	Gold Star FS, Inc.	4/23/2025	\$	350,000
		7/30/2025	\$	1,235,082
225	Western Grain Marketing, LLC	10/30/2024	\$	150,000
		1/29/2025	\$	150,000
		4/29/2025	\$	150,000
		7/29/2025	\$	315,000
228	FS GRAIN, LLC	7/15/2025	\$	678,730
229	MM Retail LLC	7/31/2025	\$	23,743
230	Total Grain Marketing, LLC	1/31/2025	\$	500,000
		5/1/2025	\$	500,000
		7/1/2025	\$	250,000
	Total GRIP 16 Contributions for 2024 Plan Year		\$	39,801,076

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Schedule B, line 6—Summary of Plan Provisions

Effective Date	Date of plan inception: December 1, 1970 Date of latest restatement: January 1, 2007
Plan Year	Calendar year
Date of Participation	The first day of the month after attaining age 21 and one year of service
Definitions	
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 10 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
Normal Retirement	
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. 16
EIN: 37-0815318 PN: 334

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. 16
EIN: 37-0815318 PN: 334

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 and plan reporting valuations reflect 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.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Schedule B, line 6—Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

In conducting the valuation, we have relied on personnel, plan design, and asset information supplied by GROWMARK, Inc., Northern Trust, and RubinBrown as of the funding valuation date. While we cannot verify the accuracy of all the information, the supplied information was reviewed for consistency and reasonableness. As a result of this review, we have no reason to doubt the substantial accuracy or completeness of the information and believe that it has produced appropriate results. We have relied on actual and expected contributions as summarized within this report.

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 B will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule B.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Schedule B, line 6—Statement of Actuarial Assumptions/Methods

Interest Rates

Minimum Funding 7.81%

Current Liability 5.59% (reflecting interest rate stabilization)

Maximum Deductible Based on segment rates with no lookback (as of January 2024), without regard to the interest rate stabilization corridor

1st Segment Rate 4.37%

2nd Segment Rate 4.96%

3rd Segment Rate 4.95%

Stabilized Interest Rates 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%

Optional Payment Form Election Percentage 10% single life annuity
30% 10-year certain and life annuity
60% qualified 66.7% joint & survivor annuity
Actives who terminate with an accrued monthly benefit less than \$300 are assumed to receive a lump sum

Optional Payment Form Conversion Interest Rate 5.00% for annuities
Minimum funding and current liability: January IRC section 417(e) segment rates for lump sums
Maximum deductible: Same as funding interest rates above for lump sums

Optional Payment Form Conversion Mortality 2018 417(e) table for annuities
Current IRC section 417(e) table for lump sums

Salary Increases See Table 1

Retirement Age

Active Participants See Table 2

Terminated Vested Participants Age 63

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Mortality Rates

Accrued Liability (Minimum Funding)

Fully Generational Aggregate Mortality Table for Employees and Healthy Annuitants with Pri-2012 Base Rates and Projection Scale MP-2021

Accrued Liability (Maximum Deductible)

2024 generational mortality tables for annuitants and non-annuitants per section 1.430(h)(3)-1(b)

Current Liability

Prescribed optional combined mortality table for 2024 as described in IRS regulation section 1.412(1)(7)-1

Withdrawal Rates

See Table 3

Disability Rates

None

Surviving Spouse Benefit

It is assumed that 60% of males and 60% of females have an eligible spouse, and that males are two years older than their spouses

Valuation Compensation

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

Benefit and Compensation Limits

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

Actuarial Value of Assets
Minimum Funding

Five-year smoothed market value. The actuarial value of assets calculated in this manner is limited to not less than 80% nor more than 120% of fair market value

Maximum Deductible

Market value, including accrued contributions discounted as prescribed by PPA (using the stabilized effective interest rate)

Actuarial Cost Method
Minimum Funding

Entry age normal cost method

Maximum Deductible

Standard unit credit cost method

Valuation Date

January 1, 2024

Census Date

The data is as of January 1, 2024

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Changes in ERISA Methods/Assumptions Since the Prior Year

The accrued liability funding valuation reflects the following assumption changes:

- A change in the interest rates and mortality table used in the lump sum methodology. The January segment rates and the mortality table for the current year under section 417(e)(3) were used to calculate the lump sum liability.
- The accrued liability interest rate assumption changed from 8.10% as of January 1, 2023 to 7.81% as of January 1, 2024.
- A change in the mortality assumption from the Fully Generational Aggregate Mortality Table for Employees and Healthy Annuitants with Blue Collar Adjustment with Pri-2012 Base Rates and Projection Scale MP-2021 to the Fully Generational Aggregate Mortality Table for Employees and Healthy Annuitants with Pri-2012 Base Rates and Projection Scale MP-2021.

The current liability funding valuation reflects the following assumption changes:

- A change in the interest rates and mortality table used in the lump sum methodology. The January segment rates and the mortality table for the current year under section 417(e)(3) were used to calculate the lump sum liability.
- The current liability interest rate assumption changed from 5.74% as of January 1, 2023 to 5.59% as of January 1, 2024. For plans exempt from PPA, the current liability interest rate is equal to the third stabilized segment rate.
- The current liability mortality table for both healthy and disabled lives was updated from the prescribed Optional Combined Mortality Table for 2023 to the prescribed Optional Combined Mortality Table for 2024 as described in IRS Regulation section 1.412(1)(7)-1.

The maximum deductible funding calculations reflect the following changes to be consistent with PPA:

- A change in the interest segment rate assumption from 2.13%, 3.62%, and 3.93% (no lookback as of January 2023) to segment rates of 4.37%, 4.96%, and 4.95% (no lookback as of January 2024).
- A change in the interest rates and mortality table used in the lump sum methodology. The current funding segment rates and the mortality table for the current year under section 417(e)(3) were used to calculate the lump sum liability.
- A change in the mortality assumption from the 2023 generational mortality tables for annuitants and non-annuitants per section 1.430(h)(3)-1(d) and IRS Notice 2022-22 to the 2024 generational mortality tables for annuitants and non-annuitants per section 1.430(h)(3)-1(b).

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Table 1

Salary Increase Rates

Age	Rate	Age	Rate
21	9.00%	51	3.50%
22	9.00%	52	3.50%
23	9.00%	53	3.50%
24	9.00%	54	3.50%
25	9.00%	55	3.50%
26	6.50%	56	3.50%
27	6.50%	57	3.50%
28	6.50%	58	3.50%
29	6.50%	59	3.50%
30	6.50%	60	3.50%
31	5.50%	61	2.50%
32	5.50%	62	2.50%
33	5.50%	63	2.50%
34	5.50%	64	2.50%
35	5.50%	65	2.50%
36	5.00%	66	2.50%
37	5.00%	67	2.50%
38	5.00%	68	2.50%
39	5.00%	69	2.50%
40	5.00%	70	2.50%
41	5.00%	71	2.50%
42	5.00%	72	2.50%
43	5.00%	73	2.50%
44	5.00%	74	2.50%
45	5.00%	75	2.50%
46	3.50%	76	2.50%
47	3.50%	77	2.50%
48	3.50%	78	2.50%
49	3.50%	79	2.50%
50	3.50%	80	2.50%

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Table 2

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	5%
56	7%
57	7%
58	7%
59	10%
60	10%
61	10%
62	20%
63	15%
64	20%
65	35%
66	35%
67	35%
68	35%
69	35%
70	35%
71	35%
72+	100%

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Table 3—Page 1 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
21	26.63%	26.63%	26.63%	26.63%	26.63%	28.40%
22	25.13%	25.13%	25.13%	25.13%	25.13%	26.80%
23	24.98%	23.78%	23.78%	23.78%	23.78%	25.36%
24	24.98%	22.43%	22.43%	22.43%	22.43%	23.92%
25	24.98%	22.20%	21.08%	21.08%	21.08%	22.48%
26	24.98%	22.20%	19.80%	19.80%	19.80%	21.12%
27	24.98%	22.20%	19.65%	18.60%	18.60%	19.84%
28	24.98%	22.20%	19.65%	17.40%	17.40%	18.56%
29	24.98%	22.20%	19.65%	17.25%	16.28%	17.36%
30	24.98%	22.20%	19.65%	17.25%	15.23%	16.24%
31	24.98%	22.20%	19.65%	17.25%	15.08%	15.12%
32	24.98%	22.20%	19.65%	17.25%	15.08%	14.00%
33	24.98%	22.20%	19.65%	17.25%	15.08%	13.04%
34	24.98%	22.20%	19.65%	17.25%	15.08%	12.08%
35	24.98%	22.20%	19.65%	17.25%	15.08%	11.12%
36	24.98%	22.20%	19.65%	17.25%	15.08%	10.24%
37	24.98%	22.20%	19.65%	17.25%	15.08%	9.44%
38	24.98%	22.20%	19.65%	17.25%	15.08%	8.64%
39	24.98%	22.20%	19.65%	17.25%	15.08%	7.92%
40	24.98%	22.20%	19.65%	17.25%	15.08%	7.20%
41	24.98%	22.20%	19.65%	17.25%	15.08%	6.56%
42	24.98%	22.20%	19.65%	17.25%	15.08%	6.00%
43	24.98%	22.20%	19.65%	17.25%	15.08%	5.44%
44	24.98%	22.20%	19.65%	17.25%	15.08%	4.96%
45	24.98%	22.20%	19.65%	17.25%	15.08%	4.48%
46	24.98%	22.20%	19.65%	17.25%	15.08%	4.08%
47	24.98%	22.20%	19.65%	17.25%	15.08%	3.76%
48	24.98%	22.20%	19.65%	17.25%	15.08%	3.44%
49	24.98%	22.20%	19.65%	17.25%	15.08%	3.20%
50	24.98%	22.20%	19.65%	17.25%	15.08%	2.96%
51	24.98%	22.20%	19.65%	17.25%	15.08%	2.80%
52	24.98%	22.20%	19.65%	17.25%	15.08%	2.72%
53	24.98%	22.20%	19.65%	17.25%	15.08%	2.64%
54	24.98%	22.20%	19.65%	17.25%	15.08%	2.64%

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Table 3—Page 2 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
55	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
56	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
57	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
58	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
59	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
60	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
61	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
62	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
63	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
64	15.00%	15.00%	15.00%	15.00%	15.00%	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. 16
EIN: 37-0815318 PN: 334

Schedule B, line 6b—Description of Weighted Average Retirement Age

The assumed retirement age [line 6(b)] is based on a probability by age. The estimated whole age of retirement is age 61. This was developed as follows:

(1) Age at Retirement	(2) Percentage of Total Group Retiring	(3) Weighted Retirement Age (1)*(2)
55	5.00%	2.75
56	6.65%	3.72
57	6.18%	3.53
58	5.75%	3.34
59	7.64%	4.51
60	6.88%	4.13
61	6.19%	3.78
62	11.14%	6.91
63	6.68%	4.21
64	7.58%	4.85
65	10.61%	6.89
66	6.89%	4.55
67	4.48%	3.00
68	2.91%	1.98
69	1.89%	1.31
70	1.23%	0.86
71	0.80%	0.57
72	1.49%	<u>1.07</u>
		60.89
Adjustment for Mid-Year Decrements		<u>0.50</u>
Expected Retirement Age		61.39

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Supporting Information—Group Retirement Income Plan No. 16 (998)
Minimum Required Contribution—Schedule of Amortization Payments as of January 1, 2024

Schedule B, lines 9c and 9j—Schedule of Funding Standard Account Bases
GRIP 16 Company Number 998

Source	Date Established	Original Amount	Years Remaining on 1/1/2024	Annual Amortization Payment	Outstanding Balance on 1/1/2024
Charges					
2023 Actuarial Loss	1/1/2024	\$ 385,186,967	5	\$ 89,036,218	\$ 385,186,967
Total Charges				\$ 89,036,218	\$ 385,186,967
Credits					
Total Credits				\$ 0	\$ 0
Determination of Unfunded Accrued Liability, January 1, 2024					
Total Charges Less Total Credits					\$ 385,186,967
Less: Funding Standard Account Credit Balance, January 1, 2024					385,186,967
Less: Accumulated Reconciliation Account Balance, January 1, 2024					<u>0</u>
Unfunded Accrued Liability (Limited to Zero), January 1, 2024					\$ 0

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
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Schedule B, line 11—Justification for Change in Actuarial Assumptions

The RPA current liability interest rate decreased from 5.74% as of January 1, 2023 to 5.59% as of January 1, 2024. For plans exempt from PPA, this is prescribed as the January 1, 2024 third segment rate, reflecting interest rate stabilization provisions. Because this change is mandated, it is not subject to the approval requirements of IRC Section 412(c)(5)(B).

Please refer to Schedule B, line 6 of these attachments for a complete list of all assumptions and assumption changes.

SCHEDULE B
(Form 5500)

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

- Attach to Form 5500 or 5500-EZ if applicable.
► See separate instructions.

Official Use Only

OMB No. 1210-0110

2007

This Form is Open to Public
Inspection (except when
attached to Form 5500-EZ).

For calendar plan year 2007 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.

A Name of plan GROUP RETIREMENT INCOME PLAN NO. 16 (998)	B Three-digit plan number ... ► 334
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ. GROWMARK, INC.	D Employer Identification Number 37-0815318
E Type of plan: (1) ☐ Multiemployer (2) ☐ Single-employer (3) ☒ Multiple-employer	F ☐ 100 or fewer participants in prior plan year

Part I Basic Information (To be completed by all plans)

1a Enter the actuarial valuation date: Month 1 Day 1 Year 2,024	
b Assets:	
(1) Current value of assets	b(1) 1,012,541,478
(2) Actuarial value of assets for funding standard account	b(2) 1,100,760,368
c (1) Accrued liability for plans using immediate gain methods	c(1) 683,442,871
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	c(2)(a)
(b) Accrued liability under entry age normal method	c(2)(b)
(c) Normal cost under entry age normal method	c(2)(c)

Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and accurate, and in my opinion each assumption, used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

SIGN HERE GARY J. FABER <i>G. F.</i>	09/30/2025
Signature of actuary	Date
GARY J. FABER	G 23-05449
Type or print name of actuary	Most recent enrollment number
AON CONSULTING, INC.	(847) 295-5000
Firm name	Telephone number (including area code)
MSC#17755, Aon, PO Box 551343 ATLANTA, GA 30355	
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. ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-EZ.

v10.1

Schedule B (Form 5500) 2007

0 8 0 7 3 5 0 1 0 0



1d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions) . . .	d(1)	0
(2) "RPA '94" information:		
(a) Current liability	d(2)(a)	734,986,086
(b) Expected increase in current liability due to benefits accruing during the plan year	d(2)(b)	30,531,765
(c) Current liability computed at highest allowable interest rate (see instructions)	d(2)(c)	734,986,086
(d) Expected release from "RPA '94" current liability for the plan year	d(2)(d)	
(3) Expected plan disbursements for the plan year	d(3)	38,058,153

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)		2a	1,012,541,478	
b	"RPA '94" current liability:	(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
	(1) For retired participants and beneficiaries receiving payments	2102	386,996,286	386,996,286
	(2) For terminated vested participants	1067	41,557,040	41,557,040
	(3) For active participants	4203	280,652,622	306,432,760
	(4) Total	7372	709,205,948	734,986,086
c If the percentage resulting from dividing line 2a by line 2b(4), column (3) is less than 70%, enter such percentage			2c	%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
10/31/2024	5,225,000				
01/31/2025	6,450,000				
02/27/2025	500,000				
04/30/2025	7,400,000				
05/30/2025	750,000				
06/30/2025	911,166				
07/31/2025	18,387,435				
08/04/2025	177,475				
3 Totals ▶ (b)				39,801,076	(c)

4 Quarterly contributions and liquidity shortfall(s):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions)	4a	%
b If line 4a is less than 100%, 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

0 8 0 7 3 5 0 2 0 P



5 Actuarial cost method used as the basis for this plan year's funding standard account computation:**a** ☐ Attained age normal **b** ☒ Entry age normal **c** ☐ Accrued benefit (unit credit)**d** ☐ Aggregate **e** ☐ Frozen initial liability **f** ☐ Individual level premium**g** ☐ Individual aggregate **h** ☐ Other (specify) ▶ _____**i** Has a change been made in funding method for this plan year? ☐ Yes ☒ No**j** If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40? ☐ Yes ☐ No**k** If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method _____ Month _____ Day _____ Year _____**6** Checklist of certain actuarial assumptions:**a** Interest rates for "RPA '94" current liability **6a** 5.59 % ☐ N/A**b** Weighted average retirement age **6b** 61 ☐ N/A**c** Rates specified in insurance or annuity contracts ☐ N/A **6c** ☐ Yes ☒ No ☐ Yes ☐ No ☐ N/A**d** Mortality table code for valuation purposes:(1) Males **d(1)** A A ☐ N/A
(2) Females **d(2)** A A ☐ N/A**e** Valuation liability interest rate ☐ N/A **6e** 7.81 % 7.81 % ☐ N/A**f** Expense loading ☐ N/A **6f** 0.00 % 0.00 % ☐ N/A**g** Annual withdrawal rates:(1) Age 25 **g(1)** S 26.63 % S 26.63 % ☐ N/A
(2) Age 40 **g(2)** S 15.08 % S 15.08 % ☐ N/A
(3) Age 55 **g(3)** U 15.00 % U 15.00 % ☐ N/A**h** Salary scale ☐ N/A **6h** 5.00 % 5.00 % ☐ N/A**i** Estimated investment return on actuarial value of assets for year ending on the valuation date **6i** 6.90 %**j** Estimated investment return on current value of assets for year ending on the valuation date **6j** 8.50 %**7** New amortization bases established in the current plan year:(1) Type of Base (2) Initial Balance (3) Amortization Charge/Credit
1 385,186,967 89,036,218**8** Miscellaneous information:**a** If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval _____ Month _____ Day _____ Year _____

0 8 0 7 3 5 0 3 0 Q



8b If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions ▶ _____

c Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule ☒ Yes ☐ No

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	11,792,489
c Amortization charges as of valuation date:	Outstanding Balance	
(1) All bases except funding waivers	▶ (\$ 322,921,769)	c(1) style="text-align: right;">89,036,218
(2) Funding waivers	▶ (\$ 0)	c(2) style="text-align: right;">0
d Interest as applicable on lines 9a, 9b, and 9c	9d	7,874,722
e Additional interest charge due to late quarterly contributions, if applicable	9e	
f Adjusted additional funding charge from Part II, line 12q, if applicable ☐ N/A	9f	
g Total charges. Add lines 9a through 9f	9g	108,703,429

Credits to funding standard account:

h Prior year credit balance, if any	9h	385,186,967
i Employer contributions. Total from column (b) of line 3	9i	39,801,076
	Outstanding Balance	
j Amortization credits as of valuation date	▶ (\$ _____)	9j style="text-align: right;">0
k Interest as applicable to end of plan year on lines 9h, 9i, and 9j	9k	30,151,907
l Full funding limitation (FFL) and credits		
(1) ERISA FFL (accrued liability FFL)	l(1)	
(2) "RPA '94" override (90% current liability FFL)	l(2)	
(3) FFL credit	l(3)	35,521,085
m (1) Waived funding deficiency	m(1)	0
(2) Other credits	m(2)	0.00
n Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)	9n	490,661,035
o Credit balance: If line 9n is greater than line 9g, enter the difference	9o	381,957,606
p Funding deficiency: If line 9g is greater than line 9n, enter the difference	9p	0

Reconciliation account:

q Current year's accumulated reconciliation account:		
(1) Due to additional funding charges as of the beginning of the plan year	q(1)	0
(2) Due to additional interest charges as of the beginning of the plan year	q(2)	0
(3) Due to waived funding deficiencies:		
(a) Reconciliation outstanding balance as of valuation date	q(3)(a)	0
(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)	q(3)(b)	0
(4) Total as of valuation date	q(4)	0

10 Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable **10** style="text-align: right;">0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☒ Yes ☐ No

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Part II Additional Information for Certain Plans Other Than Multiemployer PlansPlease see **Who Must File** in the Schedule B instructions to determine if you must complete Part II.**12** Additional required funding charge (see instructions):**a** Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100.

If line 12a is at least 90%, go to line 12q and enter -0-.

If line 12a is less than 80%, go to line 12b.

If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12q

and enter -0-. Otherwise, go to line 12b **12a** %**b** "RPA '94" current liability. Enter line 1d(2)(a) **12b****c** Adjusted value of assets (see instructions) **12c****d** Funded current liability percentage. Divide line 12c by 12b and multiply by 100 **12d** %**e** Unfunded current liability. Subtract line 12c from line 12b. **12e****f** Liability attributable to any unpredictable contingent event benefit **12f****g** Outstanding balance of unfunded old liability **12g****h** Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e. Enter -0- if negative **12h****i** Unfunded new liability amount (..... % of line 12h) **12i****j** Unfunded old liability amount **12j****k** Deficit reduction contribution. Add lines 12i, 12j and 1d(2)(b) **12k****l** Net charges in funding standard account used to offset the deficit reduction contribution. Enter a negative number if less than zero **12l****m** Unpredictable contingent event amount:**(1)** Benefits paid during year attributable to unpredictable contingent event ... **m(1)** 0**(2)** Unfunded current liability percentage. Subtract the percentage on line 12d from 100% **m(2)** 0.00 %**(3)** Enter the product of lines 12m(1) and 12m(2) **m(3)****(4)** Ammortization of all unpredictable contingent event liabilities **m(4)****(5)** "RPA '94" additional amount (see instructions) **m(5)****(6)** Enter the greatest of lines 12m(3), 12m(4), or 12m(5) **m(6)****n** Preliminary additional funding charge: Enter the excess of line 12k over line 12l (if any), plus line 12m(6), adjusted to end of year with interest **12n****o** Contributions needed to increase current liability percentage to 100% (see instructions) **12o****p** Additional funding charge prior to adjustment: Enter the lesser of line 12n or 12o **12p****q** Adjusted additional funding charge. (..... .0% of line 12p) **12q**

0 8 0 7 3 5 0 5 0 S



Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Schedule SB—Information for Each Individual Employer

Group Retirement Income Plan Number 16 (GRIP 16) is exempt from PPA funding rules. GRIP 16 is a multiple-employer plan maintained by a rural cooperative as described in Section 104 of PPA.

Below is a list of all the member companies participating in GRIP 16 for the 2024 plan year:

Company Number and Name

004	AGRILAND FS, INC.
013	AG VIEW FS, INC.
018	CARROLL SERVICE COMPANY
025	CENTRAL COMMODITY FS
039	SOUTH CENTRAL FS, INC.
047	FARMERS COOPERATIVE ASSOCIATION OF VARNA
050	FARMERS ELEVATOR COMPANY OF MANTENO
055	HERITAGE FS, INC.
076	TRICOUNTY FS, INC.
077	JERSEY COUNTY GRAIN COMPANY
084	GRAINCO FS, INC.
090	CONSERV FS
104	M&M SERVICE COMPANY
116	EVERGREEN FS, INC.
117	MEDORA FS, INC.
138	PIATT COUNTY SERVICE COMPANY
143	GATEWAY FS, INC.
148	ST. CLAIR SERVICE COMPANY
152	PRAIRIELAND FS, INC.
159	WEST CENTRAL FS, INC.
163	STEPHENSON SERVICE COMPANY
166	AG-LAND FS, INC.
167	THREE RIVERS FS COMPANY
169	SOUTHERN FS, INC.
173	WABASH VALLEY SERVICE COMPANY
176	GOLD STAR FS, INC.
209	FULTON FS, INC.
225	WESTERN GRAIN MARKETING, LLC
228	FS GRAIN, LLC
229	MM RETAIL LLC
230	TOTAL GRAIN MARKETING, LLC
998	GROUP RETIREMENT INCOME PLAN NUMBER 16 (GRIP 16)

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Please note the following:

Due to software limitations with the electronic filing, certain data included in the electronic filing may not be able to reflect the correct values or data. In addition, data filed electronically cannot be controlled by the Enrolled Actuary. To the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB, the values on the signed Schedule SB will govern.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

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 beginning of year.

(1) Age at Retirement	(2) Percentage of Total Group Retiring	(3) Weighted Retirement Age (1)*(2)
55	5.00%	2.75
56	6.65%	3.72
57	6.18%	3.53
58	5.75%	3.34
59	7.64%	4.51
60	6.88%	4.13
61	6.19%	3.78
62	11.14%	6.91
63	6.68%	4.21
64	7.58%	4.85
65	10.61%	6.89
66	6.89%	4.55
67	4.48%	3.00
68	2.91%	1.98
69	1.89%	1.31
70	1.23%	0.86
71	0.80%	0.57
72	1.49%	<u>1.07</u>
		60.89
Adjustment for Mid-Year Decrement		<u>0.50</u>
Expected Retirement Age		61.39

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Schedule B, line 6—Summary of Plan Provisions

Effective Date	Date of plan inception: December 1, 1970 Date of latest restatement: January 1, 2007
Plan Year	Calendar year
Date of Participation	The first day of the month after attaining age 21 and one year of service
Definitions	
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 10 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
Normal Retirement	
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. 16
EIN: 37-0815318 PN: 334

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. 16
EIN: 37-0815318 PN: 334

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 and plan reporting valuations reflect 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.

◆ 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>			
USD - United States dollar	-1,625.000	-1,625.00	-1,625.00
USD - United States dollar	0.000	-570,795.35	-570,795.35
Total - all currencies		-572,420.35	-572,420.35
Total Non-Interest Bearing Cash - USD		-572,420.35	-572,420.35
<i>Receivables - Other - USD</i>			
Pending trade sales: United States dollar	0.000	660,431.00	660,431.00
Total - all currencies		660,431.00	660,431.00
Pending trade sales: United States dollar	0.000	893,208.65	893,208.65
Other Receivables: United States dollar	0.000	2,390,937.35	2,390,937.35
Total - all currencies		3,284,146.00	3,284,146.00
Total Receivables - Other - USD		3,944,577.00	3,944,577.00
<i>U.S. Government Securities</i>			
United States - USD			
UNITED STATES OF AMER TREAS STRIP 02-15-2045 SEDOL: BYQQT7	3,110,000.000	1,220,347.23	1,173,813.43
UNITED STATES OF AMER TREAS STRIP TBOND 0.0% 05-15-2053 SEDOL: BQRHD39	19,910,000.000	5,876,733.60	5,264,377.81
UNITED STATES OF AMER TREAS STRIP 0% 02-15-2047 SEDOL: BF3CXQ4	2,565,000.000	925,888.75	871,771.86
UNITED STATES OF AMER TREAS STRIP 0% 02-15-2054 SEDOL: BM8NLD4	15,460,000.000	4,466,037.61	4,034,827.95
UNITED STATES OF AMER TREAS STRIP 0% DUE 11-15-2051 REG SEDOL: BMWK7G6	13,065,000.000	4,121,872.61	3,603,512.91
UNITED STATES OF AMER TREAS STRIP 0%02-15-2053 SEDOL: BNDTCM0	16,520,000.000	4,967,926.64	4,402,701.09

** 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 BD STRIPPED 08-15-2052 SEDOL: BPVH026	13,480,000.000	3,964,436.60	3,636,138.61
UNITED STATES TREAS BD STRIPPED DUE 08-15-2045 SEDOL: BD03YL8	530,000.000	210,198.00	195,291.00
UNITED STATES TREAS BD STRIPPED PRIN 0.0% 08-15-2047 SEDOL: BD2BTM6	9,050,000.000	3,296,753.36	3,004,196.64
UNITED STATES TREAS BD STRIPPED PRIN PMT 0% DUE 05-15-2049 SEDOL: BKDSSC8	12,920,000.000	4,288,519.58	3,946,079.37
UNITED STATES TREAS BD STRIPPED PRIN PMT00104 ZCPN DUE 11-15-2044 REG SEDOL: BD03YJ6	1,710,000.000	692,394.10	652,806.95
UNITED STATES TREAS BD STRIPPED PRIN PMT00110 02-15-2046 (UNDDATE) REG SEDOL: BD03YM9	2,145,000.000	812,034.97	769,401.48
UNITED STATES TREAS BD STRIPPED PRIN PMT00112 05-15-2046 (UNDDATE) REG SEDOL: BYQ76J3	8,270,000.000	3,106,920.26	2,925,676.74
UNITED STATES TREAS BD STRIPPED PRIN PMT00113 08-15-2046 (UNDDATE) REG SEDOL: BYMVCB3	2,595,000.000	969,294.23	906,588.60
UNITED STATES TREAS BD STRIPPED PRIN PMT00114 11-15-2046 (UNDDATE) REG SEDOL: BF52PW2	4,825,000.000	1,776,540.87	1,665,440.33
UNITED STATES TREAS BD STRIPPED PRIN PMT00117 05-15-2047 SEDOL: BF5BLR6	5,240,000.000	1,889,848.01	1,761,829.74
UNITED STATES TREAS BD STRIPPED PRIN PMT00122 05-15-2048 (UNDDATE) REG SEDOL: BG0GXM2	4,710,000.000	1,654,709.80	1,502,140.33
UNITED STATES TREAS BD STRIPPED PRIN PMT00123 08-15-2048 (UNDDATE) REG SEDOL: BFCBRB5	10,475,000.000	3,641,639.03	3,302,132.51
UNITED STATES TREAS BD STRIPPED PRIN PMT15/02/2052 02-15-2052 (UNDDATE) BEO SEDOL: BMX79G0	21,380,000.000	6,548,383.79	5,851,132.59
UNITED STATES TREAS SEC STRIP 02-15-2046 CUSIP: 912834PZ5	3,610,000.000	1,580,993.31	1,247,419.22
UNITED STATES TREAS SEC STRIP DISC NT 02-15-2049 SEDOL: BRJNTN4	2,365,000.000	926,465.00	705,303.40
UNITED STATES TREAS SEC STRIP 0% STRIP 02-15-2048 CUSIP: 912834TF5	2,835,000.000	1,051,166.34	890,122.98
UNITED STATES TREAS SEC STRIP 0% STRIP 11-15-2047 SEDOL: BPLP0R5	3,760,000.000	1,467,644.20	1,195,757.79
UNITED STATES TREAS SEC STRIPPED INT PMT 00124 05-15-2046 CUSIP: 912834QH4	3,645,000.000	1,590,011.59	1,244,036.06

** 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 STRIPPED INT PMT 00130 08-15-2046 SEDOL: BYQ76L5	2,280,000.000	1,061,913.76	768,757.45
UNITED STATES TREAS SEC STRIPPED 11-15-2048 SEDOL: BPSP3H9	1,840,000.000	598,743.45	557,441.14
UNITED STATES TREAS SEC STRIPPED INT PMT 11-15-2045 SEDOL: BPSP3C4	3,650,000.000	1,661,390.08	1,277,352.98
UNITED STATES TREAS SEC STRIPPED INT PMT 08-15-2045 (UNDDATE) REG CUSIP: 912834PM4	2,805,000.000	1,332,357.34	993,394.93
UNITED STATES TREAS SEC STRIPPED INT PMT 0.0% 05-15-2049 CUSIP: 912834UR7	2,170,000.000	803,512.34	641,684.34
UNITED STATES TREAS SEC STRIPPED INT PMTINT PMT ON 11-15-2046 (UNDDATE) REG SEDOL: BPSP3D5	3,575,000.000	1,501,598.37	1,192,822.45
UNITED STATES TREAS SEC STRIPPED INT PMTINT PMT 02-15-2045 (UNDDATE) REG SEDOL: BDCHQC3	4,230,000.000	2,152,011.68	1,536,856.50
UNITED STATES TREAS SEC STRIPPED INT PMTNT 218 05-15-2045 (UNDDATE) REG SEDOL: BPSP3G8	2,545,000.000	1,300,387.94	914,105.64
UNITED STATES TREAS SEC STRIPPED INT PMT0.0% 11-15-2049 SEDOL: BPSP3F7	565,000.000	189,239.91	163,053.33
UNITED STATES TREAS SEC STRIPPED INT PMT0% DUE 08-15-2051 REG SEDOL: BSSDG20	1,075,000.000	311,229.90	289,531.27
UNITED STATES TREAS SEC STRIPPED INT PMT0% STRIP 15/05/2048 USD 05-15-2048 CUSIP: 912834TP3	2,980,000.000	1,156,294.53	923,775.80
UNITED STATES TREAS SEC STRIPPED INT PMT0% STRIP 15/08/2049 USD 08-15-2049 CUSIP: 912834UY2	3,040,000.000	1,137,943.68	888,570.11
UNITED STATES TREAS SEC STRIPPED ZERO COUPON 08-15-2048 CUSIP: 912834TV0	1,730,000.000	692,718.74	529,225.23
UTD STATES TREAS BD STRIPPED PRIN DTD 05/16/2022 0% 05-15-2052 SEDOL: BMGSVW0	25,440,000.000	7,607,386.11	6,922,721.86
UTD STATES TREAS BD STRIPPED PRIN DTD 08/15/2024 0% 08-15-2054 SEDOL: BRT4T26	15,215,000.000	4,402,597.13	3,905,291.11
UTD STATES TREAS SEC STRIPPED INT GENERIC TINT PMT 0% 02-15-2050 SEDOL: BQ3SFP2	1,250,000.000	407,880.94	358,287.20
UTD STATES TREAS SEC STRIPPED INT GENERIC TINT PMT 0% 05-15-2050 CUSIP: 912834VV7	2,590,000.000	805,231.65	734,477.51
UTD STATES TREAS SEC STRIPPED INT ZERO CPN 0.0% 05-15-2052 SEDOL: BMXNPC6	660,000.000	205,243.50	174,526.66

** 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			
UTD STATES TREAS ZERO CPN 0% DUE CUSIP: 912834RB6	4,020,000.000	1,749,130.05	1,323,095.77
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BF165M8	7,895,000.000	2,830,694.69	2,549,382.03
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BHZ6584	13,420,000.000	4,394,397.85	4,144,422.24
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BKPNTX9	20,930,000.000	6,836,291.27	6,197,410.67
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BMDK9B4	17,710,000.000	5,589,383.14	5,031,829.66
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BSSDG08	220,000.000	70,007.20	60,221.92
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BSSDFY5	2,140,000.000	656,496.50	569,977.08
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BPLJR09	1,995,000.000	807,829.05	650,048.17
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BSSDG19	585,000.000	174,067.74	158,864.76
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BLF97G3	15,010,000.000	4,636,927.36	4,239,621.03
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BNG18Z8	23,905,000.000	6,735,487.71	6,209,067.49
UTD STATES TREAS ZERO CPN 0% DUE CUSIP: 912803HE6	1,120,000.000	467,468.80	436,709.58
UTD STATES TREAS ZERO CPN 0% DUE CUSIP: 912834RR1	1,855,000.000	755,873.28	596,903.50
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BJTH941	7,120,000.000	2,390,623.92	2,144,556.60
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BJL9M35	6,470,000.000	2,030,353.37	1,873,979.99
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BT3FLM3	2,515,000.000	799,111.01	704,174.25
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BMH1214	26,880,000.000	8,152,555.80	7,489,907.98
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BF5FZ32	7,255,000.000	2,582,720.79	2,381,555.32

** 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			
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BG47HY1	11-15-2048 10,330,000.000	3,401,432.94	3,225,066.18
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BKRQWR1	11-15-2049 8,970,000.000	2,992,113.19	2,680,581.17
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BPLJQX5	11-15-2050 885,000.000	284,171.85	244,796.48
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BM9CSQ2	11-15-2050 27,235,000.000	8,827,794.04	7,817,739.75
Total United States - USD		155,539,372.08	138,254,286.52
Total U.S. Government Securities		155,539,372.08	138,254,286.52
<i>Partnership/Joint Venture Interests</i>			
Global Region - USD			
H.I.G ADVANTAGE BUYOUT FUND LP CUSIP: 992V71995	5,336,642.280	5,336,642.28	6,068,160.00
PEG GLOBAL PRIVATE EQUITY IX L.P CUSIP: 993P24996	17,446,600.000	17,446,600.00	24,632,782.00
PEG GLOBAL PRIVATE EQUITY VIII L.P CUSIP: 9934JY999	22,013,807.000	22,013,807.00	29,702,742.00
Total Global Region - USD		44,797,049.28	60,403,684.00
North America Region - USD			
RCP MULTI-STRATEGY FUND, LP CUSIP: 9943XQ991	5,899,301.630	5,899,301.63	7,322,015.00
Total North America Region - USD		5,899,301.63	7,322,015.00
United States - USD			
CF CLARION LION PROPERTIES FUND CUSIP: 000744300	25,713.400	34,671,575.71	37,706,644.03
CF UBS TRUMBULL PROPERTY FUND CUSIP: 99089LWV7	3,534.600	38,543,469.23	30,663,397.27
GREENSPRING GLOBAL PARTNERS IX-B, L.P CUSIP: 9933ZG992	8,062,509.070	8,062,509.07	11,962,592.00

** 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>Partnership/Joint Venture Interests</i>			
United States - USD			
GREENSPRING GLOBAL PARTNERS X-B, LP CUSIP: 993TLS994	4,815,590.000	4,815,590.00	4,766,339.00
GREENSPRING SECONDARIES FUND IV, LP CUSIP: 993DP1994	7,559,636.780	7,559,636.78	10,373,235.00
H.I.G. MIDDLE MARKET LBO FUND III, LP CUSIP: 993DMV991	3,573,785.190	3,573,785.19	3,877,053.00
IFM GLOBAL INFRA USLP-CLSA HEDUC CUSIP: 994DM1996	19,000,000.000	19,000,000.00	22,765,538.00
LINDEN CAPITAL PARTNERS V LP CUSIP: 994JHR992	3,736,080.810	3,736,080.81	4,195,182.00
PEG GLOBAL PRIVATE EQUITY X L.P. CUSIP: 994HS1991	7,983,339.000	7,983,339.00	9,271,000.00
PEG GLOBAL PRIVATE EQUITY XI, L.P. CUSIP: 9959FL998	3,445,312.000	3,445,312.00	3,883,987.00
RCP FUND XIII, LP CUSIP: 992TV4997	5,090,513.420	5,090,513.42	6,348,318.00
RCP FUND XIV LP CUSIP: 9938VE990	4,220,228.790	4,220,228.79	4,813,310.00
RCP FUND XV LP CUSIP: 993M80995	4,317,807.080	4,317,807.08	4,993,700.00
RCP MULTI-STRATEGY FUND II, LP CUSIP: 994TLK990	2,700,000.000	2,700,000.00	2,800,131.00
Total United States - USD		147,719,847.08	158,420,426.30
Total Partnership/Joint Venture Interests		198,416,197.99	226,146,125.30
<i>Real Estate</i>			
United States - USD			
CF RREEF AMERICA REIT II CUSIP: 99089MEE3	236,330.930	29,920,847.21	29,654,805.10
Total United States - USD		29,920,847.21	29,654,805.10
Total Real Estate		29,920,847.21	29,654,805.10

** 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>Value of Interest in Common/Collective Trusts</i>			
Global Region - USD			
CF SEGALL BRYANT & HAMILL INTERNATIONAL SMALL CAP TRUST CUSIP: 17999DS41	1,882,242.490	26,600,000.00	29,664,141.64
Total Global Region - USD		26,600,000.00	29,664,141.64
International Region - USD			
MFB NT COLLECTIVE EAFE INDEX FUND-NON LENDING CUSIP: 658991526	344,089.750	111,575,126.83	151,971,711.25
Total International Region - USD		111,575,126.83	151,971,711.25
United States - USD			
MFB NT COLLECTIVE RUSSELL 2000 INDEX FUND - NON LENDING CUSIP: 003999315	887,720.370	38,698,538.60	54,681,799.35
MFB NT COLLECTIVE S&P400 INDEX FUND - NON LENDING CUSIP: 658991328	14,389.940	31,155,533.44	54,284,264.30
MFB NT COLLECTIVE S&P500 INDEX FUND-NON LENDING CUSIP: 658991310	8,240.760	88,496,696.44	186,799,108.42
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	16,160,707.300	16,160,707.30	16,160,707.30
Total United States - USD		174,511,475.78	311,925,879.37
Total Value of Interest in Common/Collective Trusts		312,686,602.61	493,561,732.26
<i>Value of Interest in Registered Investment Companies</i>			
Emerging Markets Region - USD			
MFO DFA INVT DIMENSIONS GROUP INC EMERGING MKTS CORE EQUITY PORT CUSIP: 233203421	1,433,026.830	29,799,693.08	33,360,864.60
Total Emerging Markets Region - USD		29,799,693.08	33,360,864.60
Total Value of Interest in Registered Investment Com		29,799,693.08	33,360,864.60

** 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>Other</i>			
Global Region - USD			
IIF ERISA HEDGE FUND LP CUSIP: 994988996	20,983,308.210	20,983,308.21	24,717,324.00
Total Global Region - USD		20,983,308.21	24,717,324.00
United States - USD			
CF JP MORGAN PEG GLOBAL PRIVATE EQUITY VII, LP CUSIP: 12999KL23	25,484.460	27,807,803.82	30,293,301.15
FUT MAR 25 CBT UL T-BONDS CUSIP: 999599GH0	10.000	1,239,299.36	1,189,062.50
FUT MAR 25 CBT UL T-BONDS CUSIP: 999599GH0	-10.000	-1,239,299.36	-1,189,062.50
FUT MAR 25 CBT ULT TNOTE CUSIP: 999599GH0	-24.000	-2,716,080.97	-2,671,500.00
FUT MAR 25 CBT ULT TNOTE CUSIP: 999599GH0	24.000	2,716,080.97	2,671,500.00
GREENSPRING SECONDARIES FUND III, LP CUSIP: 992TUW996	5,153,671.460	5,153,671.46	11,451,270.00
PIMCO TACTICAL OPPORTUNITIES OFFSHORE FUND LP CUSIP: 993B69992	37,934,129.530	37,934,129.53	44,148,549.00
TEXAS ST DEPT HSG & CMNTY AFFAIRS SINGLEFAMILY REV 3.18% 03-01-2039 BEO TAXABLE CUSIP: 88275FNX3	3,000.000	3,000.00	2,616.67
Total United States - USD		70,898,604.81	85,895,736.82
Total Other		91,881,913.02	110,613,060.82
<i>Other Liabilities</i>			
Pending trade purchases: United States dollar	0.000	-1,308,570.63	-1,308,570.63
Total - all currencies		-1,308,570.63	-1,308,570.63
Pending trade purchases: United States dollar	0.000	-1,030,861.65	-1,030,861.65

** 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>Other Liabilities</i>			
Other Payables: United States dollar	0.000	-2,553,537.35	-2,553,537.35
Total - all currencies		-3,584,399.00	-3,584,399.00
Total Other Liabilities		-4,892,969.63	-4,892,969.63
Total		816,723,813.01	1,030,070,061.62

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

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Schedule SB, line 27—Actuarial Information for CSEC Plans

GRIP 16 is exempt from PPA funding rules. GRIP 16 is a multiple-employer plan maintained by a rural cooperative as described in Section 104 of PPA. This is “Code 1” under the Alternative Funding Rules in the 2024 Schedule SB instructions.

Following is 2024 plan year information summarized in a 2007 Schedule B format.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Schedule B, line 3—Schedule of Contributions

Page 1 of 2

Company	Name of Participating Employer	Date	Contribution
004	AGRILAND FS, Inc.	10/23/2024	\$ 700,000
		1/27/2025	\$ 700,000
		4/4/2025	\$ 700,000
		7/31/2025	\$ 700,000
013	Ag View FS, Inc.	7/28/2025	\$ 1,721,633
018	Carroll Service Company	5/30/2025	\$ 250,000
		7/30/2025	\$ 250,000
025	Central Commodity FS	10/31/2024	\$ 150,000
		1/31/2025	\$ 150,000
		4/30/2025	\$ 250,000
		7/15/2025	\$ 225,243
039	South Central FS, Inc.	1/31/2025	\$ 1,000,000
		4/30/2025	\$ 1,000,000
047	Farmers Cooperative Association of Varna	7/31/2025	\$ 82,989
050	Farmers Elevator Company of Manteno	7/31/2025	\$ 7,421
055	Heritage FS, Inc.	7/30/2025	\$ 1,812,704
076	TriCounty FS, Inc.	7/28/2025	\$ 955,552
077	Jersey County Grain Company	7/9/2025	\$ 73,565
084	GRAINCO FS, Inc.	10/29/2024	\$ 500,000
		1/29/2025	\$ 500,000
		4/28/2025	\$ 500,000
		7/16/2025	\$ 250,000
090	Conserv FS	10/31/2024	\$ 375,000
		7/29/2025	\$ 1,625,000
104	M&M Service Company	10/31/2024	\$ 550,000
		1/31/2025	\$ 650,000
		4/30/2025	\$ 650,000
		7/31/2025	\$ 811,361
116	Evergreen FS, Inc.	4/29/2025	\$ 1,500,000
		7/31/2025	\$ 1,155,465
117	Medora FS, Inc.	8/4/2025	\$ 52,475
138	Piatt County Service Company	7/31/2025	\$ 72,203
143	Gateway FS, Inc.	10/30/2024	\$ 500,000
		1/30/2025	\$ 500,000
		4/29/2025	\$ 500,000
		7/28/2025	\$ 500,000

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
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Schedule B, line 3—Schedule of Contributions
Page 2 of 2

148	St. Clair Service Company	7/23/2025	\$	510,689
152	Prairieland FS, Inc.	10/30/2024	\$	1,000,000
		1/29/2025	\$	1,000,000
		4/29/2025	\$	1,000,000
		7/29/2025	\$	1,000,000
159	West Central FS, Inc.	10/25/2024	\$	500,000
		1/24/2025	\$	500,000
		2/27/2025	\$	500,000
		7/14/2025	\$	500,000
163	Stephenson Service Company	10/31/2024	\$	200,000
		1/31/2025	\$	200,000
		4/30/2025	\$	200,000
		7/31/2025	\$	148,201
166	Ag-Land FS, Inc.	10/31/2024	\$	300,000
		1/31/2025	\$	300,000
		4/30/2025	\$	300,000
		7/31/2025	\$	707,946
167	Three Rivers FS Company	8/6/2025	\$	125,000
169	Southern FS, Inc.	10/25/2024	\$	300,000
		1/15/2025	\$	300,000
		4/23/2025	\$	300,000
		6/30/2025	\$	911,166
173	Wabash Valley Service Company	7/30/2025	\$	2,774,908
176	Gold Star FS, Inc.	4/23/2025	\$	350,000
		7/30/2025	\$	1,235,082
225	Western Grain Marketing, LLC	10/30/2024	\$	150,000
		1/29/2025	\$	150,000
		4/29/2025	\$	150,000
		7/29/2025	\$	315,000
228	FS GRAIN, LLC	7/15/2025	\$	678,730
229	MM Retail LLC	7/31/2025	\$	23,743
230	Total Grain Marketing, LLC	1/31/2025	\$	500,000
		5/1/2025	\$	500,000
		7/1/2025	\$	250,000
	Total GRIP 16 Contributions for 2024 Plan Year		\$	39,801,076

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Schedule B, line 6—Summary of Plan Provisions

Effective Date	Date of plan inception: December 1, 1970 Date of latest restatement: January 1, 2007
Plan Year	Calendar year
Date of Participation	The first day of the month after attaining age 21 and one year of service
Definitions	
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 10 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
Normal Retirement	
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. 16
EIN: 37-0815318 PN: 334

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. 16
EIN: 37-0815318 PN: 334

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 and plan reporting valuations reflect 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.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Schedule B, line 6—Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

In conducting the valuation, we have relied on personnel, plan design, and asset information supplied by GROWMARK, Inc., Northern Trust, and RubinBrown as of the funding valuation date. While we cannot verify the accuracy of all the information, the supplied information was reviewed for consistency and reasonableness. As a result of this review, we have no reason to doubt the substantial accuracy or completeness of the information and believe that it has produced appropriate results. We have relied on actual and expected contributions as summarized within this report.

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 B will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule B.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Schedule B, line 6—Statement of Actuarial Assumptions/Methods

Interest Rates	
Minimum Funding	7.81%
Current Liability	5.59% (reflecting interest rate stabilization)
Maximum Deductible	Based on segment rates with no lookback (as of January 2024), without regard to the interest rate stabilization corridor
1 st Segment Rate	4.37%
2 nd Segment Rate	4.96%
3 rd Segment Rate	4.95%
Stabilized Interest Rates	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
1 st Segment Rate	4.75%
2 nd Segment Rate	4.96%
3 rd Segment Rate	5.59%
Optional Payment Form Election Percentage	10% single life annuity 30% 10-year certain and life annuity 60% qualified 66.7% joint & survivor annuity Actives who terminate with an accrued monthly benefit less than \$300 are assumed to receive a lump sum
Optional Payment Form Conversion Interest Rate	5.00% for annuities Minimum funding and current liability: January IRC section 417(e) segment rates for lump sums Maximum deductible: Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	2018 417(e) table for annuities Current IRC section 417(e) table for lump sums
Salary Increases	See Table 1
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 63

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
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Mortality Rates

Accrued Liability (Minimum Funding)	Fully Generational Aggregate Mortality Table for Employees and Healthy Annuitants with Pri-2012 Base Rates and Projection Scale MP-2021
Accrued Liability (Maximum Deductible)	2024 generational mortality tables for annuitants and non-annuitants per section 1.430(h)(3)-1(b)
Current Liability	Prescribed optional combined mortality table for 2024 as described in IRS regulation section 1.412(1)(7)-1

Withdrawal Rates

See Table 3

Disability Rates

None

Surviving Spouse Benefit

It is assumed that 60% of males and 60% of females have an eligible spouse, and that males are two years older than their spouses

Valuation Compensation

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

Benefit and Compensation Limits

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

Actuarial Value of Assets
Minimum Funding

Five-year smoothed market value. The actuarial value of assets calculated in this manner is limited to not less than 80% nor more than 120% of fair market value

Maximum Deductible

Market value, including accrued contributions discounted as prescribed by PPA (using the stabilized effective interest rate)

Actuarial Cost Method
Minimum Funding

Entry age normal cost method

Maximum Deductible

Standard unit credit cost method

Valuation Date

January 1, 2024

Census Date

The data is as of January 1, 2024

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
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Changes in ERISA Methods/Assumptions Since the Prior Year

The accrued liability funding valuation reflects the following assumption changes:

- A change in the interest rates and mortality table used in the lump sum methodology. The January segment rates and the mortality table for the current year under section 417(e)(3) were used to calculate the lump sum liability.
- The accrued liability interest rate assumption changed from 8.10% as of January 1, 2023 to 7.81% as of January 1, 2024.
- A change in the mortality assumption from the Fully Generational Aggregate Mortality Table for Employees and Healthy Annuitants with Blue Collar Adjustment with Pri-2012 Base Rates and Projection Scale MP-2021 to the Fully Generational Aggregate Mortality Table for Employees and Healthy Annuitants with Pri-2012 Base Rates and Projection Scale MP-2021.

The current liability funding valuation reflects the following assumption changes:

- A change in the interest rates and mortality table used in the lump sum methodology. The January segment rates and the mortality table for the current year under section 417(e)(3) were used to calculate the lump sum liability.
- The current liability interest rate assumption changed from 5.74% as of January 1, 2023 to 5.59% as of January 1, 2024. For plans exempt from PPA, the current liability interest rate is equal to the third stabilized segment rate.
- The current liability mortality table for both healthy and disabled lives was updated from the prescribed Optional Combined Mortality Table for 2023 to the prescribed Optional Combined Mortality Table for 2024 as described in IRS Regulation section 1.412(1)(7)-1.

The maximum deductible funding calculations reflect the following changes to be consistent with PPA:

- A change in the interest segment rate assumption from 2.13%, 3.62%, and 3.93% (no lookback as of January 2023) to segment rates of 4.37%, 4.96%, and 4.95% (no lookback as of January 2024).
- A change in the interest rates and mortality table used in the lump sum methodology. The current funding segment rates and the mortality table for the current year under section 417(e)(3) were used to calculate the lump sum liability.
- A change in the mortality assumption from the 2023 generational mortality tables for annuitants and non-annuitants per section 1.430(h)(3)-1(d) and IRS Notice 2022-22 to the 2024 generational mortality tables for annuitants and non-annuitants per section 1.430(h)(3)-1(b).

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Table 1

Salary Increase Rates

Age	Rate	Age	Rate
21	9.00%	51	3.50%
22	9.00%	52	3.50%
23	9.00%	53	3.50%
24	9.00%	54	3.50%
25	9.00%	55	3.50%
26	6.50%	56	3.50%
27	6.50%	57	3.50%
28	6.50%	58	3.50%
29	6.50%	59	3.50%
30	6.50%	60	3.50%
31	5.50%	61	2.50%
32	5.50%	62	2.50%
33	5.50%	63	2.50%
34	5.50%	64	2.50%
35	5.50%	65	2.50%
36	5.00%	66	2.50%
37	5.00%	67	2.50%
38	5.00%	68	2.50%
39	5.00%	69	2.50%
40	5.00%	70	2.50%
41	5.00%	71	2.50%
42	5.00%	72	2.50%
43	5.00%	73	2.50%
44	5.00%	74	2.50%
45	5.00%	75	2.50%
46	3.50%	76	2.50%
47	3.50%	77	2.50%
48	3.50%	78	2.50%
49	3.50%	79	2.50%
50	3.50%	80	2.50%

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Table 2

Retirement Rates

Age	Rate
55	5%
56	7%
57	7%
58	7%
59	10%
60	10%
61	10%
62	20%
63	15%
64	20%
65	35%
66	35%
67	35%
68	35%
69	35%
70	35%
71	35%
72+	100%

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Table 3—Page 1 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
21	26.63%	26.63%	26.63%	26.63%	26.63%	28.40%
22	25.13%	25.13%	25.13%	25.13%	25.13%	26.80%
23	24.98%	23.78%	23.78%	23.78%	23.78%	25.36%
24	24.98%	22.43%	22.43%	22.43%	22.43%	23.92%
25	24.98%	22.20%	21.08%	21.08%	21.08%	22.48%
26	24.98%	22.20%	19.80%	19.80%	19.80%	21.12%
27	24.98%	22.20%	19.65%	18.60%	18.60%	19.84%
28	24.98%	22.20%	19.65%	17.40%	17.40%	18.56%
29	24.98%	22.20%	19.65%	17.25%	16.28%	17.36%
30	24.98%	22.20%	19.65%	17.25%	15.23%	16.24%
31	24.98%	22.20%	19.65%	17.25%	15.08%	15.12%
32	24.98%	22.20%	19.65%	17.25%	15.08%	14.00%
33	24.98%	22.20%	19.65%	17.25%	15.08%	13.04%
34	24.98%	22.20%	19.65%	17.25%	15.08%	12.08%
35	24.98%	22.20%	19.65%	17.25%	15.08%	11.12%
36	24.98%	22.20%	19.65%	17.25%	15.08%	10.24%
37	24.98%	22.20%	19.65%	17.25%	15.08%	9.44%
38	24.98%	22.20%	19.65%	17.25%	15.08%	8.64%
39	24.98%	22.20%	19.65%	17.25%	15.08%	7.92%
40	24.98%	22.20%	19.65%	17.25%	15.08%	7.20%
41	24.98%	22.20%	19.65%	17.25%	15.08%	6.56%
42	24.98%	22.20%	19.65%	17.25%	15.08%	6.00%
43	24.98%	22.20%	19.65%	17.25%	15.08%	5.44%
44	24.98%	22.20%	19.65%	17.25%	15.08%	4.96%
45	24.98%	22.20%	19.65%	17.25%	15.08%	4.48%
46	24.98%	22.20%	19.65%	17.25%	15.08%	4.08%
47	24.98%	22.20%	19.65%	17.25%	15.08%	3.76%
48	24.98%	22.20%	19.65%	17.25%	15.08%	3.44%
49	24.98%	22.20%	19.65%	17.25%	15.08%	3.20%
50	24.98%	22.20%	19.65%	17.25%	15.08%	2.96%
51	24.98%	22.20%	19.65%	17.25%	15.08%	2.80%
52	24.98%	22.20%	19.65%	17.25%	15.08%	2.72%
53	24.98%	22.20%	19.65%	17.25%	15.08%	2.64%
54	24.98%	22.20%	19.65%	17.25%	15.08%	2.64%

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Table 3—Page 2 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
55	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
56	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
57	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
58	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
59	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
60	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
61	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
62	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
63	15.00%	15.00%	15.00%	15.00%	15.00%	2.64%
64	15.00%	15.00%	15.00%	15.00%	15.00%	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. 16
EIN: 37-0815318 PN: 334

Schedule B, line 6b—Description of Weighted Average Retirement Age

The assumed retirement age [line 6(b)] is based on a probability by age. The estimated whole age of retirement is age 61. This was developed as follows:

(1) Age at Retirement	(2) Percentage of Total Group Retiring	(3) Weighted Retirement Age (1)*(2)
55	5.00%	2.75
56	6.65%	3.72
57	6.18%	3.53
58	5.75%	3.34
59	7.64%	4.51
60	6.88%	4.13
61	6.19%	3.78
62	11.14%	6.91
63	6.68%	4.21
64	7.58%	4.85
65	10.61%	6.89
66	6.89%	4.55
67	4.48%	3.00
68	2.91%	1.98
69	1.89%	1.31
70	1.23%	0.86
71	0.80%	0.57
72	1.49%	<u>1.07</u>
		60.89
Adjustment for Mid-Year Decrements		<u>0.50</u>
Expected Retirement Age		61.39

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Supporting Information—Group Retirement Income Plan No. 16 (998)
Minimum Required Contribution—Schedule of Amortization Payments as of January 1, 2024

Schedule B, lines 9c and 9j—Schedule of Funding Standard Account Bases
GRIP 16 Company Number 998

Source	Date Established	Original Amount	Years Remaining on 1/1/2024	Annual Amortization Payment	Outstanding Balance on 1/1/2024
Charges					
2023 Actuarial Loss	1/1/2024	\$ 385,186,967	5	\$ 89,036,218	\$ 385,186,967
Total Charges				\$ 89,036,218	\$ 385,186,967
Credits					
Total Credits				\$ 0	\$ 0
Determination of Unfunded Accrued Liability, January 1, 2024					
Total Charges Less Total Credits					\$ 385,186,967
Less: Funding Standard Account Credit Balance, January 1, 2024					385,186,967
Less: Accumulated Reconciliation Account Balance, January 1, 2024					<u>0</u>
Unfunded Accrued Liability (Limited to Zero), January 1, 2024					\$ 0

Schedule SB Attachment (Form 5500)—2024 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Schedule B, line 11—Justification for Change in Actuarial Assumptions

The RPA current liability interest rate decreased from 5.74% as of January 1, 2023 to 5.59% as of January 1, 2024. For plans exempt from PPA, this is prescribed as the January 1, 2024 third segment rate, reflecting interest rate stabilization provisions. Because this change is mandated, it is not subject to the approval requirements of IRC Section 412(c)(5)(B).

Please refer to Schedule B, line 6 of these attachments for a complete list of all assumptions and assumption changes.

SCHEDULE B
(Form 5500)

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

- Attach to Form 5500 or 5500-EZ if applicable.
► See separate instructions.

Official Use Only

OMB No. 1210-0110

2007

This Form is Open to Public
Inspection (except when
attached to Form 5500-EZ).

For calendar plan year 2007 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.

A Name of plan GROUP RETIREMENT INCOME PLAN NO. 16 (998)	B Three-digit plan number ... ► 334
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ. GROWMARK, INC.	D Employer Identification Number 37-0815318
E Type of plan: (1) ☐ Multiemployer (2) ☐ Single-employer (3) ☒ Multiple-employer	F ☐ 100 or fewer participants in prior plan year

Part I Basic Information (To be completed by all plans)

1a Enter the actuarial valuation date: Month 1 Day 1 Year 2,024	
b Assets:	
(1) Current value of assets	b(1) 1,012,541,478
(2) Actuarial value of assets for funding standard account	b(2) 1,100,760,368
c (1) Accrued liability for plans using immediate gain methods	c(1) 683,442,871
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	c(2)(a)
(b) Accrued liability under entry age normal method	c(2)(b)
(c) Normal cost under entry age normal method	c(2)(c)

Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and accurate, and in my opinion each assumption, used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

SIGN HERE GARY J. FABER <i>G. F.</i>	09/30/2025
Signature of actuary	Date
GARY J. FABER	G 23-05449
Type or print name of actuary	Most recent enrollment number
AON CONSULTING, INC.	(847) 295-5000
Firm name	Telephone number (including area code)
MSC#17755, Aon, PO Box 551343 ATLANTA, GA 30355	
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. ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-EZ.

v10.1

Schedule B (Form 5500) 2007

0 8 0 7 3 5 0 1 0 0



1d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions) . . .	d(1)	0
(2) "RPA '94" information:		
(a) Current liability	d(2)(a)	734,986,086
(b) Expected increase in current liability due to benefits accruing during the plan year	d(2)(b)	30,531,765
(c) Current liability computed at highest allowable interest rate (see instructions)	d(2)(c)	734,986,086
(d) Expected release from "RPA '94" current liability for the plan year	d(2)(d)	
(3) Expected plan disbursements for the plan year	d(3)	38,058,153

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)		2a	1,012,541,478	
b	"RPA '94" current liability:	(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
	(1) For retired participants and beneficiaries receiving payments	2102	386,996,286	386,996,286
	(2) For terminated vested participants	1067	41,557,040	41,557,040
	(3) For active participants	4203	280,652,622	306,432,760
	(4) Total	7372	709,205,948	734,986,086
c If the percentage resulting from dividing line 2a by line 2b(4), column (3) is less than 70%, enter such percentage			2c	%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
10/31/2024	5,225,000				
01/31/2025	6,450,000				
02/27/2025	500,000				
04/30/2025	7,400,000				
05/30/2025	750,000				
06/30/2025	911,166				
07/31/2025	18,387,435				
08/04/2025	177,475				
3 Totals ▶ (b)				39,801,076	(c)

4 Quarterly contributions and liquidity shortfall(s):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions)	4a	%
b If line 4a is less than 100%, 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

0 8 0 7 3 5 0 2 0 P



5 Actuarial cost method used as the basis for this plan year's funding standard account computation:**a** ☐ Attained age normal **b** ☒ Entry age normal **c** ☐ Accrued benefit (unit credit)**d** ☐ Aggregate **e** ☐ Frozen initial liability **f** ☐ Individual level premium**g** ☐ Individual aggregate **h** ☐ Other (specify) ▶ _____**i** Has a change been made in funding method for this plan year? ☐ Yes ☒ No**j** If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40? ☐ Yes ☐ No**k** If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method _____ Month _____ Day _____ Year**6** Checklist of certain actuarial assumptions:**a** Interest rates for "RPA '94" current liability **6a** 5.59 % ☐ N/A**b** Weighted average retirement age **6b** 61 ☐ N/A**c** Rates specified in insurance or annuity contracts ☐ N/A **6c** ☐ Yes ☒ No ☐ Yes ☐ No ☐ N/A**d** Mortality table code for valuation purposes:
(1) Males **d(1)** A A ☐ N/A
(2) Females **d(2)** A A ☐ N/A**e** Valuation liability interest rate ☐ N/A **6e** 7.81 % 7.81 % ☐ N/A**f** Expense loading ☐ N/A **6f** 0.00 % 0.00 % ☐ N/A**g** Annual withdrawal rates:
(1) Age 25 **g(1)** S 26.63 % S 26.63 % ☐ N/A
(2) Age 40 **g(2)** S 15.08 % S 15.08 % ☐ N/A
(3) Age 55 **g(3)** U 15.00 % U 15.00 % ☐ N/A**h** Salary scale ☐ N/A **6h** 5.00 % 5.00 % ☐ N/A**i** Estimated investment return on actuarial value of assets for year ending on the valuation date **6i** 6.90 %**j** Estimated investment return on current value of assets for year ending on the valuation date **6j** 8.50 %**7** New amortization bases established in the current plan year:

(1) Type of Base	(2) Initial Balance	(3) Amortization Charge/Credit
1	385,186,967	89,036,218
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8 Miscellaneous information:**a** If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval _____ Month _____ Day _____ Year

0 8 0 7 3 5 0 3 0 Q



8b If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions ▶ _____

c Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule ☒ Yes ☐ No

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	11,792,489
c Amortization charges as of valuation date:	Outstanding Balance	
(1) All bases except funding waivers	▶ (\$ 322,921,769)	c(1) 89,036,218
(2) Funding waivers	▶ (\$ 0)	c(2) 0
d Interest as applicable on lines 9a, 9b, and 9c	9d	7,874,722
e Additional interest charge due to late quarterly contributions, if applicable	9e	
f Adjusted additional funding charge from Part II, line 12q, if applicable ☐ N/A	9f	
g Total charges. Add lines 9a through 9f	9g	108,703,429

Credits to funding standard account:

h Prior year credit balance, if any	9h	385,186,967
i Employer contributions. Total from column (b) of line 3	9i	39,801,076
j Amortization credits as of valuation date	Outstanding Balance	
▶ (\$)	9j	0
k Interest as applicable to end of plan year on lines 9h, 9i, and 9j	9k	30,151,907
l Full funding limitation (FFL) and credits		
(1) ERISA FFL (accrued liability FFL)	l(1)	
(2) "RPA '94" override (90% current liability FFL)	l(2)	
(3) FFL credit	l(3)	35,521,085
m (1) Waived funding deficiency	m(1)	0
(2) Other credits	m(2)	0.00
n Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)	9n	490,661,035
o Credit balance: If line 9n is greater than line 9g, enter the difference	9o	381,957,606
p Funding deficiency: If line 9g is greater than line 9n, enter the difference	9p	0

Reconciliation account:

q Current year's accumulated reconciliation account:		
(1) Due to additional funding charges as of the beginning of the plan year	q(1)	0
(2) Due to additional interest charges as of the beginning of the plan year	q(2)	0
(3) Due to waived funding deficiencies:		
(a) Reconciliation outstanding balance as of valuation date	q(3)(a)	0
(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)	q(3)(b)	0
(4) Total as of valuation date	q(4)	0

10 Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable **10** 0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☒ Yes ☐ No

0 8 0 7 3 5 0 4 0 R



Part II Additional Information for Certain Plans Other Than Multiemployer PlansPlease see **Who Must File** in the Schedule B instructions to determine if you must complete Part II.**12** Additional required funding charge (see instructions):**a** Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100.

If line 12a is at least 90%, go to line 12q and enter -0-.

If line 12a is less than 80%, go to line 12b.

If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12q

and enter -0-. Otherwise, go to line 12b **12a** %**b** "RPA '94" current liability. Enter line 1d(2)(a) **12b****c** Adjusted value of assets (see instructions) **12c****d** Funded current liability percentage. Divide line 12c by 12b and multiply by 100 **12d** %**e** Unfunded current liability. Subtract line 12c from line 12b. **12e****f** Liability attributable to any unpredictable contingent event benefit **12f****g** Outstanding balance of unfunded old liability **12g****h** Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e. Enter -0- if negative **12h****i** Unfunded new liability amount (..... % of line 12h) **12i****j** Unfunded old liability amount **12j****k** Deficit reduction contribution. Add lines 12i, 12j and 1d(2)(b) **12k****l** Net charges in funding standard account used to offset the deficit reduction contribution. Enter a negative number if less than zero **12l****m** Unpredictable contingent event amount:**(1)** Benefits paid during year attributable to unpredictable contingent event ... **m(1)** 0**(2)** Unfunded current liability percentage. Subtract the percentageon line 12d from 100% **m(2)** 0.00 %**(3)** Enter the product of lines 12m(1) and 12m(2) **m(3)****(4)** Ammortization of all unpredictable contingent event liabilities **m(4)****(5)** "RPA '94" additional amount (see instructions) **m(5)****(6)** Enter the greatest of lines 12m(3), 12m(4), or 12m(5) **m(6)****n** Preliminary additional funding charge: Enter the excess of line 12k over line 12l (if any), plus line 12m(6), adjusted to end of year with interest **12n****o** Contributions needed to increase current liability percentage to 100% (see instructions) **12o****p** Additional funding charge prior to adjustment: Enter the lesser of line 12n or 12o **12p****q** Adjusted additional funding charge. (..... .0% of line 12p) **12q**

0 8 0 7 3 5 0 5 0 S

