

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) _____ ☐ 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	1b Three-digit plan number (PN) ▶ 333
	GROUP RETIREMENT INCOME PLAN NO. 12	1c Effective date of plan 01/01/1988
	2a Plan sponsor's name (employer, if for a single-employer plan)	2b Employer Identification Number (EIN) 37-0809856
	Mailing address (include room, apt., suite no. and street, or P.O. Box)	2c Plan Sponsor's telephone number 309-557-2213
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2d Business code (see instructions) 813000
ILLINOIS AGRICULTURAL ASSOCIATION		
1701 TOWANDA AVENUE BLOOMINGTON, IL 61701		

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.	10/10/2025	ALAN DODDS
	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 PLAN NO. 12 ADMINISTRATIVE COMMITTEE 1701 TOWANDA AVENUE BLOOMINGTON, IL 61701	3b Administrator's EIN 37-0809856
	3c Administrator's telephone number 309-821-3480
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	5 300
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) 123
	6a(2) 117
	6b 116
	6c 47
	6d 280
	6e 17
	6f 297
	6g(1)
	6g(2)
6h 1	
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

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. 12	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ILLINOIS AGRICULTURAL ASSOCIATION	D Employer Identification Number (EIN) 37-0809856
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	52754187	
b	Actuarial value	2b	53103001	
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	131	19136296	19136296
b	For terminated vested participants	46	2343617	2343617
c	For active participants	123	13701798	14527085
d	Total	300	35181711	36006998
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	5.18 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	668037	
b	Expected plan-related expenses	6b	86701	
c	Target normal cost	6c	754738	

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 JOSEPH N. LAROCCA Type or print name of actuary AON CONSULTING, INC. Firm name MSC# 17755 PO BOX 551343 ATLANTA, GA 30355 Address of the firm	09/02/2025 Date 23-08503 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)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>17.35</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		814672
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 <u>5.32</u> %		43341
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		858013
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	147.47 %
15 Adjusted funding target attainment percentage	15	147.47 %
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	144.24 %
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
Totals ▶			18(b)	0	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	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

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: 4.87 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	754738	
b Excess assets, if applicable, but not greater than line 31a	31b	754738	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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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. 12	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 ILLINOIS AGRICULTURAL ASSOCIATION	D Employer Identification Number (EIN) 37-0809856	

Part I	Service Provider Information (see instructions)
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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	
AMERICAN FUNDS SERVICE COMPANY	P.O. BOX 6007 INDIANAPOLIS, IN 46206-6007

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
BLACKROCK INVESTMENTS, LLC	1 UNIVERSITY SQUARE DRIVE PRINCETON, NJ 08540

(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	
DODGE & COX	
94-1441976	

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

LAZARD ASSET MANAGEMENT

30 ROCKEFELLER MANAGEMENT
NEW YORK, NY 10112

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

NEUBERGER BERMAN MANAGEMENT LLC

26-3663778

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

OAKMARK INT'L FUNDS

HARRIS ASSOCIATES L.P.
111 SOUTH WACKER DRIVE
CHICAGO, IL 60606

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

PRINCIPAL GLOBAL INVESTORS

711 HIGH STREET
DES MOINES, IA 50392

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

SELECT SECTOR SPDR TRUST

ONE IRON STREET
BOSTON, MA 02210

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

T. ROWE PRICE ASSOCIATES, INC

52-0556948

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

THE VANGUARD GROUP, INC.

23-1945930

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

TWEEDY, BROWNE FUND INC

ONE STATION PLACE
STAMFORD, CT 06902

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

JANUS HENDERSON

151 DETROIT STREET
DENVER, CO 80206

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

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

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

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

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

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 28 50	NONE	164196	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON CONSULTING, INC.

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 16 50	NONE	45154	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MH CPA PLLC

37-1119790

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	14000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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. 12		B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 ILLINOIS AGRICULTURAL ASSOCIATION		D Employer Identification Number (EIN) 37-0809856

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	0	17412
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4517	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	152800	163692
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2380910	1246784
(2) U.S. Government securities	1c(2)	770307	755066
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	17258318	20438396
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	12240	47640
(B) Common	1c(4)(B)	17971029	20889395
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	14181067	13378330
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

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	52731188	56936715
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	17412
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	17412
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	52731188	56919303

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)	28866	
(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)		28866
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	84896	
(B) U.S. Government securities	2b(1)(B)	21495	
(C) Corporate debt instruments	2b(1)(C)	798924	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		905315
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	188299	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	595919	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		784218
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		4502273
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		6220672

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1886416	
(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)		1886416
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)	14000	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	45154	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	86987	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		146141
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2032557

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4188115
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: **MH CPA PLLC**

(2) EIN: **37-1119790**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
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 556075.

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. 12				B Three-digit plan number (PN) ▶ 333	
C Plan sponsor's name as shown on line 2a of Form 5500 ILLINOIS AGRICULTURAL ASSOCIATION				D Employer Identification Number (EIN) 37-0809856	
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): 37-0808781					
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 4	
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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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. 12	B Three-digit Plan number (PN)..... ►	333
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF GROUP RETIREMENT INCOME PLAN NO. 12 ADMINISTRATIVE COMMITTEE	D Administrator's EIN 37-0809856	

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) MULTIPLE-EMPLOYER PLAN (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 BOND COUNTY FARM BUREAU	2b EIN 37-0184970	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer BUREAU COUNTY FARM BUREAU	2b EIN 36-0854650	2c Percentage of Total Contributions for the Plan Year 0.00	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
CASS-MORGAN FARM BUREAU	37-0919211	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHAMPAIGN COUNTY FARM BUREAU	37-0212950	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLARK COUNTY FARM BUREAU	37-0218700	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLINTON COUNTY FARM BUREAU	37-0220750	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COOK COUNTY FARM BUREAU	36-0950710	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DEKALB COUNTY FARM BUREAU	36-0981690	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DUPAGE COUNTY FARM BUREAU	36-1011365	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EDGAR COUNTY FARM BUREAU	37-0258300	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EFFINGHAM COUNTY FARM BUREAU	37-0259480	0.00	

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
FAYETTE COUNTY FARM BUREAU	37-0664100	0.00	
FORD-IROQUOIS FARM BUREAU	37-0949884	0.00	
GREENE COUNTY FARM BUREAU	37-0303465	0.00	
KENDALL-GRUNDY COUNTY FARM BUREAU	36-1174110	0.00	
HANCOCK COUNTY FARM BUREAU	37-0667474	0.00	
HENRY COUNTY FARM BUREAU	36-1210330	0.00	
JACKSON COUNTY FARM BUREAU	37-0667476	0.00	
JERSEY COUNTY FARM BUREAU	37-0667479	0.00	
JO DAVIESS COUNTY FARM BUREAU	36-1284540	0.00	

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
KANE COUNTY FARM BUREAU	36-1303520	0.00	
KANKAKEE COUNTY FARM BUREAU	36-1304040	0.00	
KNOX COUNTY FARM BUREAU	36-0667480	0.00	
LEE COUNTY FARM BUREAU	36-1374085	0.00	
LIVINGSTON COUNTY FARM BUREAU	37-0389010	0.00	
LOGAN COUNTY FARM BUREAU	37-0667483	0.00	
MACON COUNTY FARM BUREAU	37-0395590	0.00	
MACOUPIN COUNTY FARM BUREAU	37-0395720	0.00	
MADISON COUNTY FARM BUREAU	37-0396163	0.00	

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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
MCDONOUGH COUNTY FARM BUREAU	37-0408280	0.00	
MCHENRY COUNTY FARM BUREAU	36-1456250	0.00	
MCLEAN COUNTY FARM BUREAU	37-0667490	0.00	
MONROE COUNTY FARM BUREAU	37-0664116	0.00	
MONTGOMERY COUNTY FARM BUREAU	37-0664118	0.00	
OGLE COUNTY FARM BUREAU	36-1575250	0.00	
ROCK ISLAND COUNTY FARM BUREAU	36-1694220	0.00	
ST.CLAIR COUNTY FARM BUREAU	37-0497585	0.00	
SANGAMON COUNTY FARM BUREAU	37-0500070	0.00	

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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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
SHELBY COUNTY FARM BUREAU	37-0512250	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STARK COUNTY FARM BUREAU	36-2200117	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STEPHENSON COUNTY FARM BUREAU	36-1824339	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TAZEWELL COUNTY FARM BUREAU	37-0546655	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UNION COUNTY FARM BUREAU	37-0558890	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VERMILION COUNTY FARM BUREAU	37-0664131	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WILL COUNTY FARM BUREAU	36-2192401	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WINNEBAGO-BOONE FARM BUREAU	36-1974850	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WOODFORD COUNTY FARM BUREAU	37-0593285	0.00	

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Part II Participating Employer Information (Continued).

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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
LAKE COUNTY FARM BUREAU	36-2178039	0.00	
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 COUNTY FARM BUREAU	36-2165031	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PEORIA COUNTY FARM BUREAU	37-0459420	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COLES COUNTY FARM BUREAU	37-0223410	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WILLIAMSON COUNTY FARM BUREAU	37-0587960	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SALINE COUNTY FARM BUREAU	37-0667347	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GALLATIN COUNTY FARM BUREAU	37-0664103	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MERCER COUNTY FARM BUREAU	36-1465820	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WABASH COUNTY FARM BUREAU	37-0567480	0.00	

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Part II Participating Employer Information (Continued).

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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
RANDOLPH COUNTY FARM BUREAU	37-0477550	0.00	
JEFFERSON COUNTY FARM BUREAU	37-0667477	0.00	
ADAMS COUNTY FARM BUREAU	37-0147880	0.00	
LASALLE COUNTY FARM BUREAU	36-1352250	0.00	
WASHINGTON COUNTY FARM BUREAU	37-0667511	0.00	
WARREN-HENDERSON FARM BUREAU	37-0572490	0.00	
MARSHALL-PUTNAM FARM BUREAU	36-1436670	0.00	
FULTON COUNTY FARM BUREAU	37-0284740	0.00	
INTERSTATE CENTER, INC.	37-1364640	0.00	

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Part II Participating Employer Information (Continued).

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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
JASPER COUNTY FARM BUREAU	37-0351420	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WHITESIDE COUNTY FARM BUREAU	36-1962390	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WAYNE COUNTY FARM BUREAU	37-0664133	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DOUGLAS COUNTY FARM BUREAU	37-0250530	0.00	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCHUYLER COUNTY FARM BUREAU	37-0506880	0.00	
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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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 _____

GROUP RETIREMENT INCOME PLAN NO. 12

Bloomington, Illinois

**Financial Statements
and Supplementary Information**

For the Years Ended

December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrative Committee
Group Retirement Income Plan No. 12
Bloomington, Illinois

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

We have performed audits of the accompanying financial statements of Group Retirement Income Plan No. 12, 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 statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Group Retirement Income Plan No. 12'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, COUNTRY Trust Bank, as of December 31, 2024 and 2023, 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 Auditor's Responsibilities for the Audits of the Financial Statements section:

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above 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 Auditor's Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of Group Retirement Income Plan No. 12 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 Group Retirement Income Plan No. 12's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audits of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audits section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Group Retirement Income Plan No. 12'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 Group Retirement Income Plan No. 12'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.

Supplemental Schedules Required by ERISA

The supplemental schedules (Schedule 1 and 2) are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).

MH CPA PLLC

October 7, 2025
Champaign, Illinois

GROUP RETIREMENT INCOME PLAN NO. 12
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

Assets	2024	2023
Cash	\$ 17,412	\$ -
Investments, at Fair Value:		
Common Stocks	20,889,395	17,971,029
Corporate Bonds	15,608,460	12,003,341
Exchange Traded Funds	4,195,291	5,026,358
Money Market Funds	1,246,784	2,380,910
Municipal Obligations	4,829,936	5,254,977
Mutual Funds	9,183,039	9,154,709
Preferred Stocks	47,640	12,240
US Govt. Obligations	755,066	770,307
Total Investments, at Fair Value	<u>56,755,611</u>	<u>52,573,871</u>
Other Assets:		
Employer Contribution Receivable	-	4,517
Accrued Interest and Dividends	163,692	152,800
Total Other Assets	<u>163,692</u>	<u>157,317</u>
Total Assets	56,936,715	52,731,188
Liabilities		
Due to Brokers	<u>17,412</u>	<u>-</u>
Net Assets Available for Benefits	<u><u>\$ 56,919,303</u></u>	<u><u>\$ 52,731,188</u></u>

See Accompanying Notes

GROUP RETIREMENT INCOME PLAN NO. 12
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2024 and 2023

	2024	2023
Additions		
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation in		
Fair Value of Investments	\$ 4,502,273	\$ 6,564,748
Interest and Dividends	1,689,533	1,282,071
Net Investment Income	<u>6,191,806</u>	<u>7,846,819</u>
Employer Contributions	<u>28,866</u>	<u>848,486</u>
Total Additions	<u>6,220,672</u>	<u>8,695,305</u>
Deductions		
Benefits Paid to Participants	1,886,416	1,860,906
Administrative Expenses	146,141	86,440
Total Deductions	<u>2,032,557</u>	<u>1,947,346</u>
Change in Net Assets	4,188,115	6,747,959
Net Assets Available for Benefits, Beginning of Year	<u>52,731,188</u>	<u>45,983,229</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 56,919,303</u></u>	<u><u>\$ 52,731,188</u></u>

See Accompanying Notes

GROUP RETIREMENT INCOME PLAN NO. 12
Notes to the Financial Statements
December 31, 2024 and 2023

1. Description of Plan

The following description of the Group Retirement Income Plan No. 12 (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan is a multiple-employer, defined benefit plan covering all employees of participating Illinois County Farm Bureaus (the Companies) which adopt the plan who have attained the age of 21 and have completed one year of service in which they have worked 1,000 hours except for collectively bargained employees, leased employees, contractual employees, co-employees, and other special class employees as defined by the Plan documents.

Employees are fully vested in accrued benefits after five years of vested service. Employees with less than five years of vested service have no vested accrued benefits.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits – Retirement benefits at age 65 are calculated based on a formula of 0.0165 times the average monthly earnings multiplied by the number of years of credited service up to a maximum of 32 years. Average monthly earnings are computed using the highest 5 consecutive calendar years out of the last 10. Annual compensation of each employee considered under the Plan in any year is limited by the provisions in the Plan and the Internal Revenue Code and Income Tax Regulations.

The Plan permits early retirement at ages 55-64. Retirement benefits are not paid to individuals who are still employed at age 70 until their actual retirement date. Employees, depending on marital status and other factors as described in the plan document, have several pension benefit payment options to select from as listed below:

- Qualified Joint and Survivor Annuity
- Single Life Annuity with 120 Months Certain
- Single Life Annuity
- Joint and Survivor Annuity
- Qualified ERISA Joint and 50 percent Survivor Annuity
- Qualified ERISA Joint and 75 percent Survivor Annuity

Certain other forms of payout are available in specific circumstances as defined by the Plan document. If an employee terminates employment prior to retirement and if the present value of any vested accrued benefit is less than \$1,000, it will be paid in a lump sum and, if the vested accrued benefit is less than \$600 per month, the benefit may be paid in the form of a lump sum at the participant's option. All other vested accrued benefits are subject to normal retirement provisions.

Death and Disability Benefits – If an employee dies prior to retirement, the Plan provides a death benefit of at least 100 times the accrued monthly retirement benefit. The death proceeds may be paid in one lump sum either as a death benefit to the beneficiary or as a Qualified Pre-retirement Survivor Annuity to the employee's spouse. The amount of benefits under this Plan, in the event of disability, is subject to a six-month waiting period and will depend upon the employee's age at the time the disability retirement commences.

2. Summary of Significant Accounting Policies

Basis of Accounting – The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition – The Plan's investments are stated 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 on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefit – Benefits are recorded when paid for financial statement purposes.

Investment Fees – The Plan's expenses are paid either by the Plan or the Companies as provided by the Plan document. Expenses that are paid directly by the Companies are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are netted in net appreciation (depreciation) in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Actuarial Present Value of Accumulated Plan Benefits – Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or beneficiaries, (b) beneficiaries of employees that have died, and (c) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

The actuarial cost method utilized in determining the January 1, 2025 and 2024 valuations was the standard unit credit cost method.

The significant actuarial assumptions used in the valuation as of January 1, 2025 were:

- Mortality Rates of Healthy, Disabled & Former Employees (Amounts-weighted aggregate rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021)
- Mortality Rates of Contingent Survivors (Amounts-weighted aggregate rates from the Pri-2012 mortality study projected generationally from 2012 with Scale Mp-2021)
- Retirement Age Assumptions (Normal retirement age of 65 years; participants may elect early retirement from ages 55 to 64 under certain conditions and age 63 for terminated vested participants)
- Investment Return (the assumed average rate of return was 6.75 percent)

The significant actuarial assumptions used in the valuation as of January 1, 2024 were:

- Mortality Rates of Healthy, Disabled & Former Employees (Amounts-weighted aggregate rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021)
- Mortality Rates of Contingent Survivors (Amounts-weighted aggregate rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021)
- Retirement Age Assumptions (Normal retirement age of 65 years; participants may elect early retirement from ages 55 to 64 under certain conditions and age 63 for terminated vested participants)
- Investment Return (the assumed average rate of return was 6.50 percent)

The interest rate used to discount the obligation for January 1, 2025 and 2024 was 6.00 percent. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

Subsequent Events – The Plan has evaluated subsequent events through October 7, 2025, the date on which the financial statements were available to be issued.

3. Information Certified by COUNTRY Trust Bank, the Trustee

Certain information, as noted below, related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments at fair value and net asset value, accrued interest and dividends, and due from brokers – securities sold, due to brokers – securities purchased (as applicable), as of December 31, 2024 and 2023, net appreciation (depreciation) in fair value of investments and interest and dividends for the years ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from the information certified as complete and accurate by COUNTRY Trust Bank, trustee of the Plan.

	2024	2023
Cash	\$ 17,412	\$ -
Investments, at Fair Value	\$ 56,755,611	\$ 52,573,871
Accrued Interest and Dividends	\$ 163,692	\$ 152,800
Due to Brokers	\$ 17,412	\$ -
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 4,502,273	\$ 6,564,748
Interest and Dividends	\$ 1,689,533	\$ 1,282,071

4. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820-10 establishes a framework for measuring fair value under generally accepted accounting principles. 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 under FASB ASC 820-10 are described below:

Level 1 – Inputs are based on 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 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 are unobservable and significant to the fair value measurement.

The following is a description of the valuation methodologies used for assets measured at fair value:

- *U.S. Government Obligations, Municipal Obligations, and Corporate Bonds:* Investments are valued using pricing models maximizing the use of observable inputs for similar securities.
- *Preferred Stock:* Preferred stock are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency (if any) are valued using investment manager's best estimates.
- *Common Stock:* Investments in common stock are valued at the closing price reported on the active market on which the individual securities are traded.
- *Mutual Funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded, but may be subject to certain restrictions as described in each fund's prospectus.
- *Exchange Traded Funds:* Valued at NAV of units held by the Plan at year-end in active markets.

- *Money Market Funds:* Valued at the total of deposits plus earnings thereon or at the daily closing price as reported by the fund, which approximates fair value.

The methods described above may produce a fair value calculation 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.

The following table sets forth by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
<i>Assets Included in the Fair Value Hierarchy</i>				
Common Stocks	\$ 20,889,395	\$ -	\$ -	\$ 20,889,395
Corporate Bonds	-	15,608,460	-	15,608,460
Exchange Traded Funds	4,195,291	-	-	4,195,291
Money Market Funds	1,246,784	-	-	1,246,784
Municipal Obligations	-	4,829,936	-	4,829,936
Mutual Funds	9,183,039	-	-	9,183,039
Preferred Stocks	47,640	-	-	47,640
US Govt. Obligations	-	755,066	-	755,066
Total	<u>\$ 35,562,149</u>	<u>\$ 21,193,462</u>	<u>\$ -</u>	<u>\$ 56,755,611</u>

The following table sets forth by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
<i>Assets Included in the Fair Value Hierarchy</i>				
Common Stocks	\$ 17,971,029	\$ -	\$ -	\$ 17,971,029
Corporate Bonds	-	12,003,341	-	12,003,341
Exchange Traded Funds	5,026,358	-	-	5,026,358
Money Market Funds	2,380,910	-	-	2,380,910
Municipal Obligations	-	5,254,977	-	5,254,977
Mutual Funds	9,154,709	-	-	9,154,709
Preferred Stocks	12,240	-	-	12,240
US Govt. Obligations	-	770,307	-	770,307
Total	<u>\$ 34,545,246</u>	<u>\$ 18,028,625</u>	<u>\$ -</u>	<u>\$ 52,573,871</u>

5. Actuarial Present Value of Accumulated Plan Benefits and Changes in Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits as of January 1, 2025 and 2024, respectively, for the most recent plan valuation dates are as follows:

	January 1,	
	2025	2024
Vested Benefits:		
Retirees Currently Receiving Payments	\$ 17,538,106	\$ 17,911,984
Other Participants	15,515,000	14,625,414
Total Vested Plan Benefits	33,053,106	32,537,398
Nonvested Benefits	745,995	755,977
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 33,799,101</u>	<u>\$ 33,293,375</u>

The following is an analysis of the change in accumulated plan benefits for the years ended:

	January 1,	
	2025	2024
Actuarial Present Value of Accumulated Plan Benefits		
Beginning of Year	\$ 33,293,375	\$ 32,606,887
Interest Accumulation	1,941,961	1,901,411
Benefit Payments to Participants	(1,886,416)	(1,886,416)
Other Changes	584,323	876,744
Assumption Changes	(134,142)	(205,251)
Actuarial Present Value of Accumulated Plan Benefits		
End of Year	<u>\$ 33,799,101</u>	<u>\$ 33,293,375</u>

The “Other Changes” component represents the normal operation of the pension plan. It consists primarily of the increase due to ongoing benefit accruals (if any) and those items of plan experience that are not associated with plan asset performance.

For January 1, 2025 and 2024, the change in assumptions were primarily related to changes in interest rate, return on assets, and mortality assumptions.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025 and 2024. Had the valuations been performed as of December 31, there would be no material differences.

6. Administrative Expenses and Party-In-Interest Transactions

A transaction with a plan service provider or a participant of the Plan qualifies as a party-in-interest transaction. Service provider fees, either directly or indirectly, are paid to the investment trustee, third-party administrator, record keeper and insurance provider. Of these fees, \$146,141 and \$86,440 are included in administrative expenses on Exhibit B for the years ended December 31, 2024 and 2023, respectively. Other investment fees are netted with investment earnings. Expenses incurred in the administration of the Plan were also paid by the plan sponsor.

The Plan investments are managed by COUNTRY Trust Bank, the trustee of the Plan. Therefore, the investment transactions qualify as party-in-interest transactions. These transactions with a party-in-interest are statutorily or administratively exempt from the prohibited transaction provisions of ERISA.

7. Funding Policy

The Plan is a noncontributory retirement plan. The Illinois County Farm Bureaus adopting the Plan make annual contributions to the Plan in amounts that are actuarially determined to maintain funding at a level sufficient to provide all benefits under the Plan as they come due. These contributions have met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

8. Plan Termination

The participating Illinois Country Farm Bureaus have the right under the Plan to discontinue their contributions at any time and to freeze their participating in the Plan subject to the provisions set forth in ERISA and Plan documents. The Illinois Agricultural Association has the right to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and related regulations, generally to provide the following benefits in the order indicated:

- There shall be set aside an amount which will provide benefits for participants and their respective spouses or beneficiaries who were eligible to receive benefits at least three years prior to termination of the Plan, which benefits shall be based on Plan provisions in effect during the five-year period prior to the date of the Plan's termination under which such benefit would have been least.
- There shall next be set aside an amount which will provide all other insured benefits as provided for under Title IV, Section 4044 of ERISA.
- There shall next be set aside an amount which will provide all other nonforfeitable benefits under the provisions of the Plan on the termination date, but which is not insured under ERISA.
- Finally, there shall be set aside an amount which will provide all other benefits for participants who did not have nonforfeitable interests as of the date of Plan termination.

Benefits to be provided via contracts under which the insurer is obligated to pay the benefits would be excluded for allocation purposes. If the assets of the Plan as of the termination date are not sufficient to provide in whole the amounts required within the classes described, such assets shall be allocated pro rata within the class in which the amounts first cannot be provided in full.

Allocation in any of the listed categories shall be adjusted for any allocation already made to the same participant under a prior category. Allocation of assets may be modified by the Internal Revenue Service (IRS) to meet nondiscriminatory requirements.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (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. Notwithstanding anything elsewhere contained in the Plan to the contrary, if the Plan terminates and the assets of the fund as allocated, as indicated previously, are insufficient to provide benefits guaranteed by the Plan as of March 31, 1985, then COUNTRY Life Insurance Company shall be liable for such deficiency and shall insure the payment of all such benefits so guaranteed. 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 those benefits and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

9. Tax Status

The Plan obtained its latest determination letter on September 8, 2013, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (Code). The Plan has been amended and restated since receiving the determination letter. However, the plan administrator and the Plan's legal counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. 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, as well as valuation assumptions based on earnings, cash flows, and other such techniques. Due to the level of risk associated with certain investment securities and the valuation techniques used for these investments, it is at least reasonably possible that changes in the value of investment securities will occur in the near-term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

11. Subsequent Event

In June 2025, the plan assets were transitioned from the Fidelity platform to the SEI platform in connection with a change in recordkeeping infrastructure by the trustee, COUNTRY Trust Bank. The recordkeeper remained unchanged during this transition, and all plan assets were moved to the SEI platform at the time of this transition.

Additionally, effective November 1, 2025, the Plan will recognize the corporate merger of Douglas County Farm Bureau (Douglas) and Moultrie County Farm Bureau (Moultrie), resulting in the formation of a new entity, Moultrie-Douglas Farm Bureau. As part of this transition:

- Douglas, currently an active participating employer in the Plan, will freeze as of the merger date.
- Moultrie has not previously adopted the Plan and will not assume Douglas' prior participation status
- The newly formed Moultrie-Douglas Farm Bureau will be treated as a successor employer and will formally adopt the Plan effective November 1, 2025
- The Plan's eligibility provisions will be amended to reflect the freeze in participation for employees of Douglas and the commencement of participation for eligible employees of Moultrie-Douglas Farm Bureau.
- This change was approved by the Board of Directors on August 18, 2025, and will be implemented in accordance with ERISA's requirements for plan amendments and employer adoption.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Group Retirement Income Plan No. 12
EIN: 37-0809856 PN: 333

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

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25			4							
25-29			5	4						
30-34		1	4	6	1					
35-39			3	1	3					
40-44			2	3	5	4	1			
45-49			3	2	2	2	6			
50-54			4	2		1	2	2	1	
55-59			3	2	3	4	1	1	5	
60-64			3	2	2	1	5	2	3	1
65-69			2		2	1	1			2
70+							1		1	

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Schedule SB Attachment (Form 5500) —2024 Plan Year
Group Retirement Income Plan No. 12
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Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor reflecting ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Salary Increases	
Minimum Funding Target Normal Cost	See Table 1
Maximum Tax Expected Benefit Increase	See Table 1
Optional Payment Form Election Percentage	If lump sum eligible, 100% lump sum first year after termination; deferred until retirement if after first year and eligible. If not lump sum eligible: 25% elect ten-year certain and life annuity 25% elect single life annuity 50% elect joint and 66.67% survivor annuity
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 63
Mortality Rates	
Healthy and Disabled	Generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Table 3

Schedule SB Attachment (Form 5500) —2024 Plan Year
Group Retirement Income Plan No. 12
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Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 50% of females have an eligible spouse, and that males are two years older than their spouses (male participants) and three years older (female participants).
Valuation Compensation	2023 Pensionable earnings 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.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2022 Plan Year	5.25%
2023 Plan Year	6.75%, limited to 5.74%
2024 Plan Year	6.50%, limited to 5.59%
Trust Expenses Included in Target Normal Cost	Prior year's expenses (\$86,701 for 2024)
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

Schedule SB Attachment (Form 5500) —2024 Plan Year
Group Retirement Income Plan No. 12
EIN: 37-0809856 PN: 333

Table 1

Salary Merit Increase Rates

Age	Rate	Age	Rate
20	7.00%	45	3.00%
21	7.00%	46	3.00%
22	7.00%	47	3.00%
23	7.00%	48	3.00%
24	7.00%	49	3.00%
25	7.00%	50	3.00%
26	7.00%	51	3.00%
27	7.00%	52	3.00%
28	7.00%	53	3.00%
29	7.00%	54	3.00%
30	4.00%	55	3.00%
31	4.00%	56	3.00%
32	4.00%	57	3.00%
33	4.00%	58	3.00%
34	4.00%	59	3.00%
35	3.00%	60	3.00%
36	3.00%	61	3.00%
37	3.00%	62	3.00%
38	3.00%	63	3.00%
39	3.00%	64	3.00%
40	3.00%	65+	3.00%
41	3.00%		
42	3.00%		
43	3.00%		
44	3.00%		

Schedule SB Attachment (Form 5500) —2024 Plan Year
Group Retirement Income Plan No. 12
EIN: 37-0809856 PN: 333

Table 2

Retirement Rates

Age	Years of Service		
	0-4	5-19	20+
55	10.00%	2.40%	2.50%
56	10.00%	2.90%	2.50%
57	10.00%	3.50%	2.50%
58	10.00%	4.00%	2.50%
59	10.00%	4.60%	2.50%
60	10.00%	5.10%	2.50%
61	10.00%	5.70%	5.00%
62	10.00%	6.20%	25.00%
63	10.00%	6.80%	10.00%
64	10.00%	7.30%	10.00%
65	10.00%	7.90%	30.00%
66	10.00%	8.40%	30.00%
67	10.00%	9.00%	30.00%
68	10.00%	9.50%	30.00%
69	10.00%	10.00%	30.00%
70+	100.00%	100.00%	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
Group Retirement Income Plan No. 12
EIN: 37-0809856 PN: 333

Table 3

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
18	24.50%	24.50%	24.50%	24.50%	24.50%	24.50%
19	24.50%	24.50%	24.50%	24.50%	24.50%	24.50%
20	24.50%	24.50%	24.50%	24.50%	24.50%	24.50%
21	24.50%	24.50%	24.50%	24.50%	24.50%	24.50%
22	23.40%	23.40%	23.40%	23.40%	23.40%	23.40%
23	22.10%	22.10%	22.10%	22.10%	22.10%	22.10%
24	21.10%	21.10%	21.10%	21.10%	21.10%	21.10%
25	20.00%	20.00%	20.00%	20.00%	20.00%	20.00%
26	19.00%	19.00%	19.00%	19.00%	19.00%	19.00%
27	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%
28	17.80%	16.90%	16.90%	16.90%	16.90%	16.90%
29	17.80%	16.70%	16.10%	16.10%	16.10%	16.10%
30	17.80%	16.70%	15.40%	15.10%	15.10%	15.10%
31	17.80%	16.70%	15.40%	14.30%	14.30%	14.30%
32	17.80%	16.70%	15.40%	14.30%	13.40%	13.40%
33	14.20%	13.30%	12.30%	11.40%	10.80%	9.00%
34	14.20%	13.30%	12.30%	11.40%	10.80%	8.50%
35	14.20%	13.30%	12.30%	11.40%	10.80%	7.90%
36	14.20%	13.30%	12.30%	11.40%	10.80%	7.40%
37	14.20%	13.30%	12.30%	11.40%	10.80%	6.90%
38	14.20%	13.30%	12.30%	11.40%	10.80%	6.50%
39	14.20%	13.30%	12.30%	11.40%	10.80%	6.00%
40	14.20%	13.30%	12.30%	11.40%	10.80%	5.00%
41	14.20%	13.30%	12.30%	11.40%	10.80%	4.20%
42	14.20%	13.30%	12.30%	11.40%	10.80%	3.90%
43	14.20%	13.30%	12.30%	11.40%	10.80%	3.60%
44	14.20%	13.30%	12.30%	11.40%	10.80%	3.40%

Schedule SB Attachment (Form 5500) —2024 Plan Year
Group Retirement Income Plan No. 12
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Table 3 (continued)

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
45	14.20%	13.30%	12.30%	11.40%	10.80%	3.10%
46	14.20%	13.30%	12.30%	11.40%	10.80%	2.90%
47	14.20%	13.30%	12.30%	11.40%	10.80%	2.70%
48	14.20%	13.30%	12.30%	11.40%	10.80%	2.50%
49	14.20%	13.30%	12.30%	11.40%	10.80%	2.30%
50	14.20%	13.30%	12.30%	11.40%	10.80%	2.20%
51	14.20%	13.30%	12.30%	11.40%	10.80%	2.10%
52	14.20%	13.30%	12.30%	11.40%	10.80%	1.90%
53	14.20%	13.30%	12.30%	11.40%	10.80%	1.80%
54	14.20%	13.30%	12.30%	11.40%	10.80%	1.80%
55	10.00%	10.00%	10.00%	10.00%	10.00%	2.40%
56	10.00%	10.00%	10.00%	10.00%	10.00%	2.90%
57	10.00%	10.00%	10.00%	10.00%	10.00%	3.50%
58	10.00%	10.00%	10.00%	10.00%	10.00%	4.00%
59	10.00%	10.00%	10.00%	10.00%	10.00%	4.60%
60	10.00%	10.00%	10.00%	10.00%	10.00%	5.10%
61	10.00%	10.00%	10.00%	10.00%	10.00%	5.70%
62	10.00%	10.00%	10.00%	10.00%	10.00%	6.20%
63	10.00%	10.00%	10.00%	10.00%	10.00%	6.80%
64	10.00%	10.00%	10.00%	10.00%	10.00%	7.30%
65	10.00%	10.00%	10.00%	10.00%	10.00%	7.90%
66	10.00%	10.00%	10.00%	10.00%	10.00%	8.40%
67	10.00%	10.00%	10.00%	10.00%	10.00%	9.00%
68	10.00%	10.00%	10.00%	10.00%	10.00%	9.50%
69	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
70+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

GROUP RETIREMENT INCOME PLAN NO. 12
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN# 37-0809856 Plan #333
For the Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expenses Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
FIDELITY GOVERNMENT PORTF FUND INSTL		\$ 8,971,180	\$ -	\$ -	\$ -	\$ 8,971,180	\$ 8,971,180	\$ -
FIDELITY GOVERNMENT PORT FUND INSTL		\$ -	\$ 8,713,905	\$ -	\$ -	\$ 8,713,905	\$ 8,713,905	\$ -

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. 12	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Illinois Agriculture Association	D Employer Identification Number (EIN) 37-0809856
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	52,754,187	
b Actuarial value	2b	53,103,001	
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	131	19,136,296	19,136,296
b For terminated vested participants	46	2,343,617	2,343,617
c For active participants	123	13,701,798	14,527,085
d Total	300	35,181,711	36,006,998
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	5.18%	
6 Target normal cost			
a Present value of current plan year accruals	6a	668,037	
b Expected plan-related expenses	6b	86,701	
c Target normal cost	6c	754,738	

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	JOSEPH N. LARocca <i>JNL</i>	09/02/2025
	Signature of actuary	Date
JOSEPH N. LARocca	Type or print name of actuary	2308503
AON CONSULTING, INC.	Firm name	Most recent enrollment number
		847-295-5000
		Telephone number (including area code)
MSC# 17755 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, see the Instructions for Form 5500 or 5500-SF.
Schedule SB (Form 5500) 2024 v. 240311

Part II	Beginning of Year Carryover and Prefunding Balances
----------------	--

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)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>17.35</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		814,672
	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 <u>5.32</u> %		43,341
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		858,013
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III	Funding Percentages
-----------------	----------------------------

14	Funding target attainment percentage.....	14	147.47 %
15	Adjusted funding target attainment percentage.....	15	147.47 %
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	144.24 %
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:

16 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
			Totals ▶	18(b)	0 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	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	0

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

Equity method 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:
4.87 %3rd segment:
5.59 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

22 Weighted average retirement age**22**

64

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....☐

Yes

☒

No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....☐

Yes

☒

No

26 Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....☒

Yes

☐

No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment☐

Yes

☒

No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

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

0

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

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c).....**31a**

754,738

b Excess assets, if applicable, but not greater than line 31a**31b**

754,738

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....**34**

0

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

0

0

36 Additional cash requirement (line 34 minus line 35).....**36**

0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....**37**

0

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36).....**38a**

0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

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

0

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

0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

Schedule SB Attachment (Form 5500) —2024 Plan Year
Group Retirement Income Plan No. 12
EIN: 37-0809856 PN: 333

Schedule SB, line 22 — Description of Weighted Average Retirement Age

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) ×
55.5	2.50%	1.0000	1.39
56.5	2.50%	0.9750	1.38
57.5	2.50%	0.9506	1.37
58.5	2.50%	0.9269	1.36
59.5	2.50%	0.9037	1.34
60.5	2.50%	0.8811	1.33
61.5	5.00%	0.8591	2.64
62.5	25.00%	0.8161	12.75
63.5	10.00%	0.6121	3.89
64.5	10.00%	0.5509	3.55
65.5	30.00%	0.4958	9.74
66.5	30.00%	0.3471	6.92
67.5	30.00%	0.2429	4.92
68.5	30.00%	0.1701	3.49
69.5	30.00%	0.1190	2.48
70	100.00%	0.0833	5.83
Weighted Average			64.38

Schedule SB Attachment (Form 5500) —2024 Plan Year
Group Retirement Income Plan No. 12
EIN: 37-0809856 PN: 333

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

Interest Rates for Minimum Funding Purposes

Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor reflecting ARPA

1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%

Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization

1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%

Salary Increases

Minimum Funding Target Normal Cost	See Table 1
Maximum Tax Expected Benefit Increase	See Table 1

Optional Payment Form Election Percentage

If lump sum eligible, 100% lump sum first year after termination; deferred until retirement if after first year and eligible.

If not lump sum eligible:
25% elect ten-year certain and life annuity
25% elect single life annuity
50% elect joint and 66.67% survivor annuity

Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
--	--

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

Retirement Age

Active Participants	See Table 2
Terminated Vested Participants	Age 63

Mortality Rates

Healthy and Disabled	Generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(b)
----------------------	--

Withdrawal Rates	See Table 3
------------------	-------------

Schedule SB Attachment (Form 5500) —2024 Plan Year
Group Retirement Income Plan No. 12
EIN: 37-0809856 PN: 333

Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 50% of females have an eligible spouse, and that males are two years older than their spouses (male participants) and three years older (female participants).
Valuation Compensation	2023 Pensionable earnings 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.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2022 Plan Year	5.25%
2023 Plan Year	6.75%, limited to 5.74%
2024 Plan Year	6.50%, limited to 5.59%
Trust Expenses Included in Target Normal Cost	Prior year's expenses (\$86,701 for 2024)
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

Schedule SB Attachment (Form 5500) —2024 Plan Year
Group Retirement Income Plan No. 12
EIN: 37-0809856 PN: 333

Table 1

Salary Merit Increase Rates

Age	Rate	Age	Rate
20	7.00%	45	3.00%
21	7.00%	46	3.00%
22	7.00%	47	3.00%
23	7.00%	48	3.00%
24	7.00%	49	3.00%
25	7.00%	50	3.00%
26	7.00%	51	3.00%
27	7.00%	52	3.00%
28	7.00%	53	3.00%
29	7.00%	54	3.00%
30	4.00%	55	3.00%
31	4.00%	56	3.00%
32	4.00%	57	3.00%
33	4.00%	58	3.00%
34	4.00%	59	3.00%
35	3.00%	60	3.00%
36	3.00%	61	3.00%
37	3.00%	62	3.00%
38	3.00%	63	3.00%
39	3.00%	64	3.00%
40	3.00%	65+	3.00%
41	3.00%		
42	3.00%		
43	3.00%		
44	3.00%		

Schedule SB Attachment (Form 5500) —2024 Plan Year
Group Retirement Income Plan No. 12
EIN: 37-0809856 PN: 333

Table 2

Retirement Rates

Age	Years of Service		
	0-4	5-19	20+
55	10.00%	2.40%	2.50%
56	10.00%	2.90%	2.50%
57	10.00%	3.50%	2.50%
58	10.00%	4.00%	2.50%
59	10.00%	4.60%	2.50%
60	10.00%	5.10%	2.50%
61	10.00%	5.70%	5.00%
62	10.00%	6.20%	25.00%
63	10.00%	6.80%	10.00%
64	10.00%	7.30%	10.00%
65	10.00%	7.90%	30.00%
66	10.00%	8.40%	30.00%
67	10.00%	9.00%	30.00%
68	10.00%	9.50%	30.00%
69	10.00%	10.00%	30.00%
70+	100.00%	100.00%	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
Group Retirement Income Plan No. 12
EIN: 37-0809856 PN: 333

Table 3

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
18	24.50%	24.50%	24.50%	24.50%	24.50%	24.50%
19	24.50%	24.50%	24.50%	24.50%	24.50%	24.50%
20	24.50%	24.50%	24.50%	24.50%	24.50%	24.50%
21	24.50%	24.50%	24.50%	24.50%	24.50%	24.50%
22	23.40%	23.40%	23.40%	23.40%	23.40%	23.40%
23	22.10%	22.10%	22.10%	22.10%	22.10%	22.10%
24	21.10%	21.10%	21.10%	21.10%	21.10%	21.10%
25	20.00%	20.00%	20.00%	20.00%	20.00%	20.00%
26	19.00%	19.00%	19.00%	19.00%	19.00%	19.00%
27	17.90%	17.90%	17.90%	17.90%	17.90%	17.90%
28	17.80%	16.90%	16.90%	16.90%	16.90%	16.90%
29	17.80%	16.70%	16.10%	16.10%	16.10%	16.10%
30	17.80%	16.70%	15.40%	15.10%	15.10%	15.10%
31	17.80%	16.70%	15.40%	14.30%	14.30%	14.30%
32	17.80%	16.70%	15.40%	14.30%	13.40%	13.40%
33	14.20%	13.30%	12.30%	11.40%	10.80%	9.00%
34	14.20%	13.30%	12.30%	11.40%	10.80%	8.50%
35	14.20%	13.30%	12.30%	11.40%	10.80%	7.90%
36	14.20%	13.30%	12.30%	11.40%	10.80%	7.40%
37	14.20%	13.30%	12.30%	11.40%	10.80%	6.90%
38	14.20%	13.30%	12.30%	11.40%	10.80%	6.50%
39	14.20%	13.30%	12.30%	11.40%	10.80%	6.00%
40	14.20%	13.30%	12.30%	11.40%	10.80%	5.00%
41	14.20%	13.30%	12.30%	11.40%	10.80%	4.20%
42	14.20%	13.30%	12.30%	11.40%	10.80%	3.90%
43	14.20%	13.30%	12.30%	11.40%	10.80%	3.60%
44	14.20%	13.30%	12.30%	11.40%	10.80%	3.40%

Schedule SB Attachment (Form 5500) —2024 Plan Year
Group Retirement Income Plan No. 12
EIN: 37-0809856 PN: 333

Table 3 (continued)

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
45	14.20%	13.30%	12.30%	11.40%	10.80%	3.10%
46	14.20%	13.30%	12.30%	11.40%	10.80%	2.90%
47	14.20%	13.30%	12.30%	11.40%	10.80%	2.70%
48	14.20%	13.30%	12.30%	11.40%	10.80%	2.50%
49	14.20%	13.30%	12.30%	11.40%	10.80%	2.30%
50	14.20%	13.30%	12.30%	11.40%	10.80%	2.20%
51	14.20%	13.30%	12.30%	11.40%	10.80%	2.10%
52	14.20%	13.30%	12.30%	11.40%	10.80%	1.90%
53	14.20%	13.30%	12.30%	11.40%	10.80%	1.80%
54	14.20%	13.30%	12.30%	11.40%	10.80%	1.80%
55	10.00%	10.00%	10.00%	10.00%	10.00%	2.40%
56	10.00%	10.00%	10.00%	10.00%	10.00%	2.90%
57	10.00%	10.00%	10.00%	10.00%	10.00%	3.50%
58	10.00%	10.00%	10.00%	10.00%	10.00%	4.00%
59	10.00%	10.00%	10.00%	10.00%	10.00%	4.60%
60	10.00%	10.00%	10.00%	10.00%	10.00%	5.10%
61	10.00%	10.00%	10.00%	10.00%	10.00%	5.70%
62	10.00%	10.00%	10.00%	10.00%	10.00%	6.20%
63	10.00%	10.00%	10.00%	10.00%	10.00%	6.80%
64	10.00%	10.00%	10.00%	10.00%	10.00%	7.30%
65	10.00%	10.00%	10.00%	10.00%	10.00%	7.90%
66	10.00%	10.00%	10.00%	10.00%	10.00%	8.40%
67	10.00%	10.00%	10.00%	10.00%	10.00%	9.00%
68	10.00%	10.00%	10.00%	10.00%	10.00%	9.50%
69	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
70+	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. 12
EIN: 37-0809856 PN: 333

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	Restated January 2014 and amended as of January 1, 2023.
Eligibility for Participation	Employees who have completed one year of service and attained age 21.
Normal Retirement	
Eligibility	Attainment of age 65.
Monthly Benefit	Years of credited service (limited to 32 years) x 1.65% x final average earnings. Earnings and credited service after the effective date are excluded for the following frozen counties: Gallatin County Farm Bureau — effective January 15, 2009 McLean County Farm Bureau — effective March 1, 2011 Mercer County Farm Bureau — effective March 1, 2011 Interstate Center — effective March 1, 2011 Ford Iroquois Farm Bureau — effective January 1, 2012 Livingston County Farm Bureau — effective January 1, 2014 Woodford County Farm Bureau — effective January 1, 2015 Edgar County Farm Bureau — effective December 31, 2016 Grundy County Farm Bureau — effective December 31, 2016 Henry County Farm Bureau — effective December 31, 2016 Knox County Farm Bureau — effective December 31, 2016 Stark County Farm Bureau — effective December 31, 2016 Wabash County Farm Bureau — effective December 31, 2016 Saline County Farm Bureau — effective January 1, 2018 Warren-Henderson Farm Bureau — effective April 1, 2018 Macon County Farm Bureau — effective January 1, 2019 Rock Island County Farm Bureau — effective February 1, 2019 Kendall County Farm Bureau — effective March 1, 2019 Stephenson County Farm Bureau — effective April 1, 2019 Jackson County Farm Bureau — effective December 31, 2020

Schedule SB Attachment (Form 5500) —2024 Plan Year
Group Retirement Income Plan No. 12
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Dekalb County Farm Bureau — effective
December 31, 2021
Champaign County Farm Bureau — effective December
31, 2021
McDonough County Farm Bureau — effective
February 1, 2022
Jersey County Farm Bureau — effective March 1, 2023
Carroll County Farm Bureau — effective August 1, 2023
Clark County Farm Bureau — effective
December 31, 2023
Kankakee County Farm Bureau — effective
December 31, 2023

Early Retirement

Eligibility

- (1) Option A: Age 55 and five years of vesting service.
- (2) Option B: Age 55 and 20 years of credited service
(must terminate after attaining age 55).

Monthly Benefit

Accrued benefit reduced per tables below for each year
by which payments precede age 65.

- (1) Option A early retirement benefit:

Age	Reduction Factors
55	44%
56	47%
57	51%
58	56%
59	61%
60	66%
61	71%
62	78%
63	85%
64	92%
65+	100%

Schedule SB Attachment (Form 5500) —2024 Plan Year
Group Retirement Income Plan No. 12
EIN: 37-0809856 PN: 333

(2) Option B early retirement benefit:

Age	Reduction Factors
55	86%
56	88%
57	90%
58	92%
59	94%
60	96%
61	98%
62+	100%

Disability Retirement

Eligibility

Disability prior to commencement of retirement benefits, with five years of service, for the extent of the disability.

Benefit

If eligible for option B early retirement within seven months of disability, an amount equal to the option B early retirement benefit.

Otherwise, the accrued benefit, reduced for early commencement.

Six month waiting period.

Preretirement Surviving Spouse Benefit

Eligibility

For the qualified survivor pension: All vested participants with a spouse at the time of death.

For the death benefit: All vested participants, regardless of marital status.

Benefit

Qualified survivor pension: $66\frac{2}{3}\%$ of participant's accrued benefit, reduced for early retirement and the $66\frac{2}{3}\%$ joint and survivor option, payable to a surviving spouse commencing on the later of (a) the date the participant would have attained age 55, or (b) the date of death.

Death benefit (if larger): 100 times the participant's accrued benefit.

Vested Termination Benefits

Eligibility

Five years of vesting service.

Benefit

Accrued benefit payable at normal retirement age, or payable at early retirement age with reductions as for early retirement.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Group Retirement Income Plan No. 12
EIN: 37-0809856 PN: 333

Definitions

Vesting Service	One year of vesting service is earned for each plan year in which 1,000 hours are worked.
Credited Service	One year of credited service is earned for each plan year in which 1,000 hours are worked.
Earnings Covered	Total taxable earnings, including eligible deferrals.
Final Average Earnings	The average monthly earnings for the highest five consecutive calendar years of such earnings out of the last 10 years.
Normal Form of Benefit	Life annuity with a 120-month payment guarantee, or an actuarially equivalent 66 $\frac{2}{3}$ % joint and survivor annuity if the participant is married.
Small Lump Sum Benefits	A lump sum is available to vested participants with an accrued benefit less than \$600.00 per month.

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- A change to the mortality and interest rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.

The funding valuation and plan reporting valuation also reflect the following additional plan changes.

- Peoria County Farm Bureau has frozen benefit accruals effective June 1, 2023.
- Carroll County Farm Bureau has frozen benefit accruals effective August 1, 2023.
- Clark County Farm Bureau has frozen benefit accruals effective December 31, 2023.
- Kankakee County Farm Bureau has frozen benefit accruals effective December 31, 2023.

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

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

Schedule SB Attachment (Form 5500) —2024 Plan Year
Group Retirement Income Plan No. 12
EIN: 37-0809856 PN: 333

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

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25			4							
25-29			5	4						
30-34		1	4	6	1					
35-39			3	1	3					
40-44			2	3	5	4	1			
45-49			3	2	2	2	6			
50-54			4	2		1	2	2	1	
55-59			3	2	3	4	1	1	5	
60-64			3	2	2	1	5	2	3	1
65-69			2		2	1	1			2
70+							1		1	

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Schedule SB Attachment (Form 5500) —2024 Plan Year
Group Retirement Income Plan No. 12
EIN: 37-0809856 PN: 333

Schedule SB, line 22 — Description of Weighted Average Retirement Age

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) ×
55.5	2.50%	1.0000	1.39
56.5	2.50%	0.9750	1.38
57.5	2.50%	0.9506	1.37
58.5	2.50%	0.9269	1.36
59.5	2.50%	0.9037	1.34
60.5	2.50%	0.8811	1.33
61.5	5.00%	0.8591	2.64
62.5	25.00%	0.8161	12.75
63.5	10.00%	0.6121	3.89
64.5	10.00%	0.5509	3.55
65.5	30.00%	0.4958	9.74
66.5	30.00%	0.3471	6.92
67.5	30.00%	0.2429	4.92
68.5	30.00%	0.1701	3.49
69.5	30.00%	0.1190	2.48
70	100.00%	0.0833	5.83
Weighted Average			64.38

Schedule SB Attachment (Form 5500) —2024 Plan Year
Group Retirement Income Plan No. 12
EIN: 37-0809856 PN: 333

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	Restated January 2014 and amended as of January 1, 2023.
Eligibility for Participation	Employees who have completed one year of service and attained age 21.
Normal Retirement	
Eligibility	Attainment of age 65.
Monthly Benefit	Years of credited service (limited to 32 years) x 1.65% x final average earnings. Earnings and credited service after the effective date are excluded for the following frozen counties: Gallatin County Farm Bureau — effective January 15, 2009 McLean County Farm Bureau — effective March 1, 2011 Mercer County Farm Bureau — effective March 1, 2011 Interstate Center — effective March 1, 2011 Ford Iroquois Farm Bureau — effective January 1, 2012 Livingston County Farm Bureau — effective January 1, 2014 Woodford County Farm Bureau — effective January 1, 2015 Edgar County Farm Bureau — effective December 31, 2016 Grundy County Farm Bureau — effective December 31, 2016 Henry County Farm Bureau — effective December 31, 2016 Knox County Farm Bureau — effective December 31, 2016 Stark County Farm Bureau — effective December 31, 2016 Wabash County Farm Bureau — effective December 31, 2016 Saline County Farm Bureau — effective January 1, 2018 Warren-Henderson Farm Bureau — effective April 1, 2018 Macon County Farm Bureau — effective January 1, 2019 Rock Island County Farm Bureau — effective February 1, 2019 Kendall County Farm Bureau — effective March 1, 2019 Stephenson County Farm Bureau — effective April 1, 2019 Jackson County Farm Bureau — effective December 31, 2020

Schedule SB Attachment (Form 5500) —2024 Plan Year
Group Retirement Income Plan No. 12
EIN: 37-0809856 PN: 333

Dekalb County Farm Bureau — effective
December 31, 2021
Champaign County Farm Bureau — effective December
31, 2021
McDonough County Farm Bureau — effective
February 1, 2022
Jersey County Farm Bureau — effective March 1, 2023
Carroll County Farm Bureau — effective August 1, 2023
Clark County Farm Bureau — effective
December 31, 2023
Kankakee County Farm Bureau — effective
December 31, 2023

Early Retirement

Eligibility

- (1) Option A: Age 55 and five years of vesting service.
- (2) Option B: Age 55 and 20 years of credited service
(must terminate after attaining age 55).

Monthly Benefit

Accrued benefit reduced per tables below for each year
by which payments precede age 65.

- (1) Option A early retirement benefit:

Age	Reduction Factors
55	44%
56	47%
57	51%
58	56%
59	61%
60	66%
61	71%
62	78%
63	85%
64	92%
65+	100%

Schedule SB Attachment (Form 5500) —2024 Plan Year
Group Retirement Income Plan No. 12
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(2) Option B early retirement benefit:

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62+	100%

Disability Retirement

Eligibility

Disability prior to commencement of retirement benefits, with five years of service, for the extent of the disability.

Benefit

If eligible for option B early retirement within seven months of disability, an amount equal to the option B early retirement benefit.

Otherwise, the accrued benefit, reduced for early commencement.

Six month waiting period.

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Eligibility

For the qualified survivor pension: All vested participants with a spouse at the time of death.

For the death benefit: All vested participants, regardless of marital status.

Benefit

Qualified survivor pension: $66\frac{2}{3}\%$ of participant's accrued benefit, reduced for early retirement and the $66\frac{2}{3}\%$ joint and survivor option, payable to a surviving spouse commencing on the later of (a) the date the participant would have attained age 55, or (b) the date of death.

Death benefit (if larger): 100 times the participant's accrued benefit.

Vested Termination Benefits

Eligibility

Five years of vesting service.

Benefit

Accrued benefit payable at normal retirement age, or payable at early retirement age with reductions as for early retirement.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Group Retirement Income Plan No. 12
EIN: 37-0809856 PN: 333

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GROUP RETIREMENT INCOME PLAN NO. 12
Schedule H, Line 4i - Schedule of Assets Held at End of Year
EIN# 37-0809856 Plan #333
December 31, 2024

(a)	(b) & (c)	(d)	(e)
Party-In- Interest	Identity of Party Involved and Description of Investment	Cost	Current Value
	<u>Common Stock</u>		
	ADOBE SYSTEMS INCORPORATEDCOMMON	\$ 350,365	\$ 346,406
	ALIGN TECHNOLOGY INC COMMON	224,606	175,565
	ALPHABET INC CLASS C COMMON	88,854	464,864
	ALPHABET INC CLASS A COMMON	80,307	617,686
	AMAZON.COM INC. COMMON	408,235	1,091,246
	AMERICAN EXPRESS COMMON	21,099	209,534
	AMERICAN WATER WORKS COMPANYCOMMON	276,840	273,256
	AMPHENOL CORP COMMON CLASS A	245,761	464,134
	APPLE COMPUTER COMMON	93,046	1,578,147
	AVANTOR INC COMMON	233,788	322,792
	BLACKSTONE INC COMMON	217,304	285,872
	BLACKROCK INC COMMON	131,375	296,257
	BOOKING HOLDINGS INC COMMON	110,574	293,137
	CATERPILLAR INC. COMMON	135,924	258,648
	CHEVRON CORPORATION COMMON	164,320	259,988
	CONOCOPHILLIPS COMMON	59,187	201,216
	DATADOG INC CLASS A COMMON	178,916	322,789
	DOMINOS PIZZA INC COMMON	242,242	243,461
	EQUINIX INC COMMON	172,804	280,038
	META PLATFORMS INC COMMON	313,822	699,684
	FISERV INC. COMMON	268,159	488,283
	FIVE BELOW INC COMMON	271,054	258,936
	FORTINET INC COMMON	65,513	240,168
	HONEYWELL INTERNATIONAL, INC.COMMON	303,717	347,645
	INSIGHT ENTERPRISES INC COMMON	284,316	242,295
	IQVIA HOLDINGS INC COMMON	367,778	358,631
	JP MORGAN CHASE & CO. COMMON	41,160	396,480
	JOHNSON & JOHNSON COMMON	39,098	120,324
	KNIGHT-SWIFT TRANSPORTATIONHOLDINGS INC CL A COMMON	220,932	263,609
	ELI LILLY & CO. COMMON	140,838	592,896
	LOWE'S COMPANIES COMMON	110,743	224,835
	MARKEL GROUP INC COMMON	168,767	305,543
	MASTEC INC. COMMON	198,662	304,817
	MICROSOFT CORPORATION COMMON	244,554	1,481,573
	NORTHROP GRUMMAN CORP. COMMON	287,678	350,560
	NVIDIA CORP COMMON	313,434	1,718,105
	PEPSICO, INC. COMMON	120,704	163,921
	PROCTER & GAMBLE COMMON	173,656	353,239
	SYSCO CORPORATION COMMON	280,089	306,069
	T MOBILE US INC COMMON	215,906	380,980
	UNITED HEALTH GROUP	572,445	498,778
	VALERO ENERGY CORP. COMMON	89,460	195,654
	VERTEX PHARMACEUTICALS INCCOMMON	127,592	268,198
	VISA INC COMMON	350,550	723,732
	WEC ENERGY GROUP COMMON	265,369	281,556
	WAL-MART STORES COMMON	98,387	339,806
	LINDE PLC NEW COMMON	131,372	193,844
	CHUBB LIMITED COMMON	130,821	303,101
	ASML HOLDING NV ADR	488,374	501,097
	Total	10,120,497	20,889,395
	<u>Corporate Bonds</u>		
	TEXAS ST DEPT HSG & CMNTY SER BREV BOND 3.18% 03/01/2039-2025	15,000	13,083
	ABPCI DIRECT LENDING FUND 2024-1AA1 MTGE 7.9768%05/01/2034	100,000	99,795
	AGATE BAY MORTGAGE LOAN TRUST2015-4 B4 MTGE 3.48805%06/25/2045	91,598	85,326
	ALLO ISSUER, LLC 2023-1A A2 MTGE6.2% 06/20/2053	94,688	101,417
	AMAZON.COM INC. SR UNSEC NOTE3.45% 04/13/2029	99,784	95,899
	ANGEL OAK MORTGAGE TRUST 2022-2A1 MTGE 3.353% 01/25/2067	73,395	67,691
	ANGEL OAK MORTGAGE TRUST 2020-5B1 MTGE 4.25% 05/25/2065	82,770	83,519
	ANTARES CLO 2019-2A A1A 7.32741%01/23/2032	100,000	101,245
	AQUA FINANCE TRUST 2019-A A MTGE3.14% 07/16/2040	7,798	7,553

GROUP RETIREMENT INCOME PLAN NO. 12
Schedule H, Line 4i - Schedule of Assets Held at End of Year
EIN# 37-0809856 Plan #333
December 31, 2024

(a)	(b) & (c)	(d)	(e)
Party-In-Interest	Identity of Party Involved and Description of Investment	Cost	Current Value
	BMW US CAPITAL SR UNSEC NOTES 4.15% 04/09/2030	99,854	95,569
	BNSF RAILWAY CO 2015-1 NOTES 3.442% 06/16/2028	32,134	30,546
	BANK OF AMERICA SR UNSEC NOTES 3.5% 04/19/2026	47,802	49,253
	BANK 2022-BNK40 A4 MTGE 3.39338% 03/15/2064	51,417	44,518
	BANK 2017-BNK7 ASB 3.265% 09/15/2060	49,906	47,700
	BAXTER INTERNATIONAL INC. SRUNSEC NOTES 2.6% 08/15/2026	31,997	33,833
	BAYVIEW OPPORTUNITY MASTER 2023-1A A MTGE 6.93% 10/28/2060	45,915	45,948
	BAYVIEW MSR OPP MASTER 2022-2A8 MTGE 2.5% 12/25/2051	94,813	63,994
	BAYVIEW OPPORTUNITY MASTER FUND 2022-5 A4 MTGE 3% 02/25/2052	73,759	67,453
	BENCHMARK MORTGAGE TRUST 2019-B14 A4 2.7946% 12/15/2062	47,303	44,961
	CIM TRUST 2019-INV3 A3 MTGE 3.5% 08/25/2049	14,297	12,525
	CIM TRUST 2021-J2 A4 MTGE 2.5% 04/25/2051	71,427	64,044
	CLOUD CAPITAL 2024-1A A2 MTGE 5.781% 11/22/2049	100,000	99,653
	CLI FUNDING LLC 2021-1A A MTGE 1.64% 02/18/2046	57,718	58,793
	CIM TRUST 2021-INV1 A11 MTGE 2.5% 07/01/2051	90,949	65,265
	CREDIT SUISSE MORTGAGE TRUST 2020-SPT1 M1 MTGE 3.388% 04/25/2065	88,625	93,635
	COUNTRYWIDE 2002-S3 A5 4.931% 05/25/2032	28	24
	COUNTRYWIDE MTG 2005-18CB 5A16.25% 09/25/2034	91,383	92,387
	CALEDONIA GENERA SEC NOTES 1.95% 02/28/2034	74,013	61,135
	CANADIAN NATIONAL RAILWAY SRUNSEC NOTES 2.75% 03/01/2026	49,809	48,997
	CFCRE COMMERCIAL MTG TRUST 2016-C4 A4 3.283% 05/10/2058	18,400	19,638
	CHASE FUNDING 2003-3 2A25.97936% 04/25/2033	17,903	20,171
	CHASE MORTGAGE FINANCE CORP 2024-44 A5 MTGE 6% 03/25/2055	98,698	99,246
	CHEVRON CORPORATION SR UNSEC NOTES 3.326% 11/17/2025	100,230	99,081
	CINTAS CORP SR UNSEC NOTES 4% 05/01/2032	99,943	93,577
	CITIGROUP COMM MTG TR 2016-P6 A53.72% 12/10/2049	102,993	96,215
	CITIGROUP MTG LOAN TRUST INC 2015-RP2 B3 MTG 4.25% 01/25/2053	66,911	64,650
	COLOGIX DATA CENTERS ISSUER LLC 2021-1A A2 MTGE 3.3% 12/26/2051	99,994	94,919
	COMCAST CORP SR UNSECURED NOTES 5.65% 06/15/2035	109,476	102,077
	COMMONWEALTH BANK AUSTRALIA SRUNSEC NOTES 3.9% 07/12/2047	47,887	39,338
	COMPASS DATA CENTERS ISSUER II 2024-1 A MTGE 5.25% 02/25/2049	97,174	99,459
	CONOCOPHILLIPS GTD NOTE 6.5% 02/01/2039	46,440	54,653
	CYRUSONE DATA CENTERS 2023-2A A2 MTGE 5.56% 11/20/2048	92,728	99,970
	DAIMLER FINANCE SR UNSEC NOTES 3.5% 08/03/2025	248,853	248,043
	DEUTSCHE ALT-A SECURITIES INCALT-A SEC MTG LN 2005-1 M5.40863% 02/25/2035	25,334	21,226
	DEUTSCHE ALT-A SECURITIES INCALT-B SEC MTG LN 2006-1 A36.365% 02/25/2036	12,684	11,520
	DUKE ENERGY PROGRESS NC SEC A-2 NOTE 2.387% 07/01/2037	99,998	80,004
	DUKE ENERGY PROG SEC NOTES 5.404% 03/01/2044	99,999	97,716
	ELLINGTON FINANCIAL MORTGAGE 2020-1 B1 MTGE 5.09681% 05/25/2065	90,620	96,034
	EVERGY MISSOURI W STORM SEC NOTES 5.104% 12/01/2038	96,514	95,807
	EXXON MOBIL CORP. SR UNSEC NOTES 2.709% 03/06/2025	49,077	49,841
	FRESB MULTIFAMILY MTG PASS-THRU 2015-SB6 A10 3.22% 08/25/2035	13,540	13,366
	FRESB MULTIFAMILY MTG 2017-SB37A10F 2.75% 07/25/2027	29,102	27,515
	FRESB MULTIFAMILY MTG 2017-SB39A10F 2.97% 09/25/2027	9,204	8,800
	FARMER MAC AGRICULTURAL REALESTATE 2022-1 A MTGE 2.54% 07/25/2051	81,220	72,792
	FARMER MAC AGRICULTURAL REALESTATE 2024-1 A1 MTGE 4.71318% 10/01/2053	92,776	91,249
	FARMER MAC AGRICULTURAL REAS ES 2023-1 A MTGE 2.631% 01/25/2052	77,032	76,256
	FARM 2021-1 A MTGE 2.18% 01/25/2051	203,497	159,898
	FEDERAL HOME LOAN MTG POOL #1G1496 2.358% 02/01/2037	735	749
	FANNIE MAE 2018-M1 A2 3.09% 12/25/2027	62,067	61,538
	FANNIE MAE 2018-M2 A2 3.002% 01/25/2028	84,497	84,457
	FANNIE MAE 2022-2 ZT MTGE 3% 02/25/2052	84,355	57,478
	FANNIE MAE 2022-9 Z MTGE 3% 03/25/2052	210,266	136,153
	FANNIE MAE 2022-12 EM MTGE 3% 06/25/2048	204,936	165,076
	FANNIE MAE 2023-7 EY MTGE 5% 03/25/2053	98,969	95,840
	FANNIE MAE 2024-64 AL MTGE 5% 09/25/2054	99,406	93,747
	FREDDIE MAC WHOLE 2016-SC01 1A3% 07/25/2046	15,352	13,077
	FREDDIE MAC WHOLE 2016 - SC012A 3.5% 07/25/2046	15,583	13,663
	FREDDIE MAC WHOLE LOAN SECTRUST 2016-SC02 2A 3.5% 10/25/2046	3,649	3,205
	FREDDIE MAC WHOLE 2017-SC01 2A3.5% 12/25/2046	4,893	4,082
	FREDDIE MAC 5451 ZP MTGE 5% 09/25/2054	78,972	68,462
	FANNIE MAE POOL AS7173 3.5% 05/01/2046	11,043	9,392

GROUP RETIREMENT INCOME PLAN NO. 12
Schedule H, Line 4i - Schedule of Assets Held at End of Year
EIN# 37-0809856 Plan #333
December 31, 2024

(a) Party-In- Interest	(b) & (c) Identity of Party Involved and Description of Investment	(d) Cost	(e) Current Value
	FANNIE MAE POOL AS7492 4%07/01/2046	8,132	6,968
	FNMA ASSOCIATION PASS THROUGH SECURITIES 6.5% 05/25/2044	6,778	6,503
	FREDDIE MAC 3096, ZN 5.5%01/15/2036	6,284	6,798
	FNMA 5.5% 12/01/2035	362	370
	FANNIE MAE BO1444 MTGE 3%10/01/2049	33,515	28,465
	FANNIE MAE POOL FS3778 MTGE 5%01/01/2038	73,267	72,163
	AAA TRUST 2005-2 A3 5.74226%11/26/2035	31,126	29,301
	FIVE GUYS FUNDING LLC 2023-1A A2 MTGE 7.549% 01/26/2054	100,000	103,392
	FLAGSTAR MORTGAGE TRUST 2021-SINV A12 MTGE 2.5%07/25/2051	73,744	74,546
	FLEXENTIAL ISSUER, LLC 2021-1AA2 MTGE 3.25% 11/27/2051	99,279	94,165
	FORD CREDIT FLOORPLAN MASTER 2018-4 A MTGE 4.06% 11/15/2030	34,118	29,310
	FORTIFI 2023-1A A MTGE 6.23%09/20/2059	81,236	82,756
	FORTFI 2024-1A A MTGE 7.04%09/20/2060	47,072	46,758
	GINNIE MAE GNAM2789 3.5%04/15/2045	11,423	9,893
	GN 783414 4% 09/15/2041	14,433	12,886
	GS MORTGAGE-BACKED SECURITIES 2014-EB11A B2 MTGE 6.37814%07/25/2044	20,556	20,464
	GS MORTGAGE-BACKED SECURITIES TR2020-PJ1 A1 MTGE 3.5% 05/01/2050	13,057	11,238
	GS MORTGAGE-BACKED SEC TRUST 2020-PJ2 AT MTG 3.5% 07/25/2050	16,246	13,922
	GS MORTGAGE-BACKED SECURITIES 2021-GR2 A8 MTGE 2.5%02/25/2052	68,965	65,364
	GS MORTGAGE-BACKED SECURITIES 2021-MM1 A8 MTGE 2.5% 04/25/2052	98,179	64,611
	GENERAL DYNAMICS SR UNSEC NOTES 2.125% 08/15/2026	98,956	96,384
	GODDARD FUNDING 2022-1 A2 MTGE 6.864% 10/30/2052	98,500	99,503
	GOLUB CAPITAL PARTNERS CLO LTD 2019 46A A1R MTGE 7.12707%04/20/2037	100,000	100,498
	GOODGREEN TRUST 2021-1A A MTGE 2.66% 10/15/2056	56,346	45,761
	GOODGREEN TRUST 2022-1A A MTGE 3.84% 10/15/2056	69,234	58,867
	GOVERNMENT NATIONAL MORTGAGE 2024-15 BD MTGE 4.99994%10/16/2065	100,264	97,652
	GOVERNMENT NATIONAL MORTGAGE 2023-177 B MTGE 3% 06/16/2065	70,406	73,393
	GOVERNMENT NATIONAL MORTGAGE 2023-91 AL MTGE 3.5% 04/16/2065	84,978	80,208
	GOVERNMENT NATIONAL MORTGAGE 2023-88 AT MTGE 3.5% 10/16/2065	84,742	81,625
	GOVERNMENT NATIONAL MORTGAGE 2024-17 AE MTGE 5.00004%06/16/2065	100,009	99,346
	GOVERNMENT NATIONAL MORTGAGE 2024-135 AL MTGE 4.5%02/16/2066	95,555	90,168
	GOVERNMENT NATIONAL MORTGAGE 2024-152 AF MTGE 5% 06/01/2065	99,434	92,772
	GOVERNMENT NATIONAL MORTGAGE 2023-7 AY MTGE 4.75% 01/20/2053	92,391	92,529
	GOVERNMENT NATIONAL MORTGAGE 2023-58 Z MTGE 5.5% 06/20/2048	111,218	109,640
	GOVERNMENT NATIONAL MORTGAGE 2023-83 GL MTGE 5.5% 06/20/2053	67,449	66,563
	GOVERNMENT NATIONAL MORTGAGE 2023-83 LY MTGE 6% 06/20/2053	85,223	84,228
	GOVERNMENT NATIONAL MORTGAGE 2023-112 BA MTGE 6.5%12/20/2062	54,510	54,248
	GOVERNMENT NATIONAL MORTGAGE 2023-152 DY MTGE 6% 10/20/2053	99,250	100,022
	GOVERNMENT NATIONAL MORTGAGE 2023-173 KB MTGE 6.5%11/20/2053	103,027	102,655
	GOVERNMENT NATIONAL MORTGAGE 2024-4 AM MTGE 5% 12/20/2053	96,094	94,916
	GOVERNMENT NATIONAL MORTGAGE 2024-4 BY MTGE 6% 01/20/2054	111,702	107,896
	GOVERNMENT NATIONAL MORTGAGE 2024-64 PL MTGE 5% 04/20/2053	82,147	81,056
	GOVERNMENT NATIONAL MORTGAGE 2024-64 NY MTGE 5% 04/20/2054	79,079	76,208
	GOVERNMENT NATIONAL MORTGAGE 2024-64 QB MTGE 5.5% 04/20/2054	100,035	96,639
	GOVERNMENT NATIONAL MORTGAGE 2024-79 JB MTGE 4% 05/20/2054	86,371	84,492
	GOVERNMENT NATIONAL MORTGAGE 2024-126 ML MTGE 5% 08/20/2054	99,387	93,697
	GOVERNMENT NATIONAL MORTGAGE 2024-157 BY MTGE 4.5%09/20/2054	89,313	87,125
	HERO FUNDING TRUST 2016-4A A13.57% 09/20/2047	45,468	39,986
	HARVEST COMMERCIAL CAPITAL LOAN TRUST 2019-1 A NOTE 3.29%11/25/2031	936	932
	HERO FUNDING TRUST 2016-1A A4.05% 09/20/2041	65,313	64,304
	HERO FUNDING 2017-3A A1 MTGE 3.19% 09/20/2048	39,435	36,260
	HWIRE 2021-1 A2 MTGE 2.311%11/20/2051	100,000	94,519
	321 HENDERSON RECEIVABLES LLC 2023-D A MTGE 6.53% 12/31/2077	103,263	104,195
	IBM CORP SR UNSEC NOTES 4.25%05/15/2049	80,385	56,200
	JPMDB COMMERCIAL MTG SEC TR 2016-C2 A4 3.1439% 06/15/2049	41,175	43,642
	JP MORGAN MORTGAGE TRUST 2019-INV1 A3 MTG 4% 10/25/2049	5,314	4,834
	JP MORGAN MORTGAGE TRUST 2020-7A3 3% 01/25/2051	27,226	22,248
	JP MORGAN MORTGAGE TRUST 2021-3A3 MTGE 2.5% 07/01/2051	64,795	53,589
	JP MORGAN MORTGAGE TRUST 2021-12A7 MTGE 2.5% 02/25/2052	138,438	140,688
	JP MORGAN MORTGAGE TRUST 2024-7A5 MTGE 3% 04/25/2053	108,103	102,804
	JP MORGAN MORTGAGE TRUST 2022-LTV1 A1 MTGE 3.25%07/25/2052	70,624	67,938
	JP MORGAN MORTGAGE TRUST 2018-5B1 MTGE 3.71764% 10/25/2048	101,892	98,140

GROUP RETIREMENT INCOME PLAN NO. 12
Schedule H, Line 4i - Schedule of Assets Held at End of Year
EIN# 37-0809856 Plan #333
December 31, 2024

(a) Party-In- Interest	(b) & (c)	(d)	(e)
	Identity of Party Involved and Description of Investment	Cost	Current Value
	JP MORGAN MORTGAGE TRUST 2019-1A5 MTG 4% 05/25/2049	11,729	11,040
	JP MORGAN MTG TRUST 2018-6 1A7MTG 3.5% 12/25/2048	22,146	21,469
	JP MORGAN MTG TRUST 2018-8 A3 4%01/25/2049	3,341	3,049
	JP MORGAN MTG TRUST 2018-8 B4MTGE 4.04957% 01/25/2049	73,560	69,858
	JP MORGAN MORTGAGE TRUST 2019-6A3 MTGE 3.5% 12/25/2049	3,693	3,249
	JP MORGAN MORTGAGE TRUST 2020-LTV2 B1 MTGE 4.00276%11/25/2050	83,050	80,639
	JP MORGAN MORTGAGE TRUST 2020-LTV2 B2 MTGE 4.00276%11/25/2050	88,413	83,180
	JP MORGAN MTGE TRUST 2021-6 A3MTGE 2.5% 10/25/2051	75,473	59,637
	JP MORGAN MORTGAGE TRUST 2021-15A5 MTGE 2.5% 06/25/2052	90,750	65,054
	JP MORGAN MORTGAGE TRUST2021-LTV2 A2 MTGE 2.774%05/25/2052	58,361	60,208
	JP MORGAN MORTGAGE TRUST 2022-1A5 MTGE 2.5% 07/25/2052	93,928	64,265
	JP MORGAN MORTGAGE TRUST 2022-2A5A MTGE 2.5% 08/25/2052	109,130	80,184
	JP MORGAN MORTGAGE TRUST 2022-LTV2 A3 MTGE 3.5%09/25/2052	78,186	72,149
	JP MORGAN MORTGAGE TRUST 3%12/25/2052	112,793	103,487
	JP MORGAN MORTGAGE TRUST 2023-2A15A MTGE 5% 07/25/2053	63,590	64,122
	JP MORGAN MORTGAGE TRUST 2024-6A5 6% 12/25/2054	99,441	99,328
	JP MORGAN MORTGAGE TRUST2024-INV1 A5A MTGE 5.5%04/25/2055	97,060	96,506
	LOCKHEED MARTIN CORPORATION SRUNSEC NOTES 3.55% 01/15/2026	23,815	23,774
	MASTR ASSET SECURITIZATION TRUST2003-11 6A16 5.25% 12/25/2033	3,551	3,416
	MARLIN LEASING RECEIVABLES 2022-1A A3 MTGE 5.02%09/20/2029	9,197	9,198
	MELLO MTGE CAPITAL ACCEPTANCE TR2021 MTG2 A1 MTGE 2.5%06/01/2051	75,320	59,134
	METRONET INFRASTRUCTURE ISSUER LLC 2022-1A A2 MTGE 6.35%10/20/2052	93,782	101,761
	MITSUBISHI UFJ FINANCIAL GROUPSR UNSEC NOTES 3.777%03/02/2025	100,000	99,790
	MONROE CAPITAL ABS FUNDING LTD2023-1A A1R MTGE 6.77%07/22/2034	99,976	99,936
	MORGAN STANLEY RESIDENTIAL MTGE 2024-2 A13 MTGE 6.5% 03/25/2054	100,878	99,790
	JP MORGAN SEASONED MORTGAGE 2024-1 A3 MTGE 4.46357%10/25/2054	95,771	93,303
	MOSAIC COMPANY SR UNSEC NOTES 5.45% 11/15/2033	103,761	99,013
	NEW CENTURY 2003-5 A16 4.85239%11/25/2033	13,957	13,040
	O'REILLY AUTOMOTIVE SR UNSECNOTES 4.7% 06/15/2032	99,684	96,603
	ONSLow BAY FINANCIAL LLC 2021-J1A1 MTGE 2.5% 05/25/2051	74,821	59,230
	ONSLow BAY FINANCIAL LLC2022-NQ4 A1B MTGE 3.9%04/25/2062	97,254	91,788
	PUBLIC SERVICE NEW HAMPSHIRE2018-1 A2 3.506% 08/01/2028	70,893	70,219
	PENNANTPARK CLO 2022-5A A1F MTGE6.6764% 10/15/2033	100,000	99,616
	PFIZER SR UNSEC NOTES 5.34%05/19/2063	93,728	91,794
	PG & E WILDFIRE RECOVERY SECNOTES 5.081% 06/01/2041	100,492	97,479
	PG & E ENERGY RECOVERY FUND SECNOTE 2.28% 01/15/2036	49,998	39,347
	PG & E ENERGY RECOVERY FND SECNOTE 2.822% 07/15/2046	49,998	35,047
	PG & E ENERGY SEC NOTES 5.256%01/15/2038	99,999	99,410
	PHILLIPS 66 SR UNSEC NOTES 3.9%03/15/2028	99,900	96,957
	PROVIDENT FUNDING MTGE TRUST2021-J1 A1 MTGE 2.5% 10/25/2051	82,318	65,242
	PUREWEST FUNDING LLC 2022-1 A1MTGE 5.813% 12/05/2037	43,401	43,232
	WOODWARD CAPITAL MANAGEMENT2022-3 A5 MTGE 3% 05/25/2052	74,583	70,122
	WOODWARD CAPITAL MGMT 2021-6 A1MTGE 2.5% 12/25/2051	82,011	65,657
	RADIAN MORTGAGE CAPITAL TRUST 2024-J2 A22 MTGE 5.5%03/25/2055	98,113	96,593
	RATE MORTGAGE TRUST 2024-J4 A2MTGE 5.5% 12/25/2054	96,299	96,067
	RENAISSANCE 2004-3 AF5 5.472%11/25/2034	62,071	62,197
	RETAINED VANTAGE DATA CENTERS2023-2A A2 MTGE 5.05% 09/15/2048	44,038	47,749
	SEB FUNDING LLC 2021-1A A24.969% 01/30/2052	99,750	97,254
	SCE RECOVERY FUNDING LLC SECNOTES 5.112% 12/15/2047	49,995	47,077
	SVC ABS LLC 2023-1A A MTGE 5.15% 02/20/2053	95,764	96,827
	LEIDOS INC NOTES 5.5% 07/01/2033	93,039	98,360
	SEQUOIA MORTGAGE TRUST 2024-5 A8MTGE 6% 06/25/2054	99,646	99,400
	SEQUOIA MORTGAGE TRUST 2024-6A8 MTGE 6% 07/27/2054	98,435	99,290
	SEQUOIA MORTGAGE TRUST 2023-4A19 MTGE 6% 11/25/2053	72,398	76,118
	SEQUOIA MTG TR 2017-4 A7 MTGE3.5% 07/25/2047	23,368	22,785
	SEQUOIA MORTGAGE TRUST 2016-2 A73.5% 08/25/2046	38,133	37,367
	SEQUOIA MORTGAGE TRUST 2022-1A1 MTGE 2.5% 02/25/2052	80,491	65,849
	SERVPRO MASTER ISSUE LLC 2019-1AA2 MTGE 3.882% 10/25/2049	93,270	87,563
	SHELL INTERNATIONAL FINANCE SRUNSEC NOTES 3.25% 05/11/2025	48,584	49,782
	SHELL INTERNATIONAL FINANCE SRUNSEC NOTES 3.875% 11/13/2028	101,989	97,142
	SHELLPOINT CO-ORIGINATOR TRUST 2017-1 B3 MTGE 3.6% 04/25/2047	83,160	84,409
	SMALL BUSINESS ADMINISTRATIONPARTICIPATION CERTS 2006-20CCLASS 1 5.57% 0	659	658

GROUP RETIREMENT INCOME PLAN NO. 12
Schedule H, Line 4i - Schedule of Assets Held at End of Year
EIN# 37-0809856 Plan #333
December 31, 2024

(a)	(b) & (c)	(d)	(e)
Party-In-Interest	Identity of Party Involved and Description of Investment	Cost	Current Value
	STARBUCKS CORPORATION SR UNSECNOTES 3.5% 03/01/2028	99,757	96,453
	STRUCTURED ASSET SECURITIES2004-11XS 1A5A MTGE 6.75%06/25/2034	36,084	36,210
	SUBWAY FUNDING LLC 2024-1A A2IIIMTGE 6.505% 07/30/2054	101,926	102,637
	SUNNOVA SOL ISSUER, LLC 2020-1AA 3.35% 02/01/2055	71,419	71,150
	SUNRUN CALLISTO ISSUER LLC2024-2A A1 MTGE 6.25%07/30/2031	49,231	48,330
	SUNRUN CALLISTO ISSUER LLC2019-2 A MTGE 3.61% 01/30/2055	84,443	78,554
	SUNRUN JUPITER ISSUER 2022-1A AMTGE 4.75% 07/30/2057	90,323	85,266
	SWITCH ABS ISSUER LLC 2024-2A A2MTGE 5.436% 06/25/2054	96,240	99,739
	TACO BELL FUNDING 2021-1A A23MTGE 2.542% 08/25/2051	122,813	101,561
	TENNESSEE VALLEY AUTHORITY SRUNSEC NOTES 4.7% 07/15/2033	255,165	250,373
	TEXAS ELECTRIC MRKT SEC NOTES 4.26% 08/01/2034	90,465	87,502
	TEXTAINER MARINE CONTAINERS 2024-1A A MTGE 5.25% 08/20/2049	96,799	95,056
	TIAA BANK MORTGAGE LOAN TRUST2018-3 A13 4% 11/25/2048	12,713	12,143
	TOWD POINT MTGE TRUST 2015-1 A5MTGE 4.60847% 10/25/2053	62,315	59,975
	TRIBUTE RAIL LLC 2022-1 A MTGE 4.76% 05/17/2052	86,464	85,669
	TRINITY RAIL LEASING L.P.2024-1A A MTGE 5.78% 05/19/2054	98,141	98,780
	UNION PACIFIC RR PTC 5.866%07/02/2030	6,439	6,476
	VB-S1 ISSUER LLC 2022-1A C2IMTGE 3.156% 02/15/2052	50,000	47,245
	VB-S1 ISSUER LLC 2022-1A C2IIMTGE 3.706% 02/15/2052	50,000	43,544
	VANTAGE DATA CENTERS 2023-1A A2MTGE 6.316% 03/15/2048	99,984	101,518
	VELOCITY COMMERICAL CAPITAL 2022-3 A MTGE 5.22% 06/25/2052	74,180	70,805
	VELOCITY COMMERICAL CAPITAL2022-4 A MTGE 5.63% 08/25/2052	72,450	70,112
	VELOCITY COMMERICAL CAPITAL2020-1 AFX 2.61% 02/25/2050	33,346	30,876
	VELOCITY COMMERICAL CAPITALLOAN TRUST 2022-2 A MTGE 4.67%04/25/2052	76,994	72,264
	VERUS SECURITIZATION TRUST2022-5 A1 MTGE 3.8% 04/25/2067	80,451	76,835
	VERUS SECURITIZATION TRUST2020-1 M1 MTGE 3.021% 01/25/2060	110,550	100,987
	VERUS SECURITIZATION TRUST2019-INV3 M1 MTGE 3.279%11/25/2059	89,313	93,875
	VIRGINIA POWER FUEL SEC NOTES 4.877% 05/01/2031	99,997	99,930
	WELLS FARGO COMPANY JR SUB NOTES5.95% 12/01/2086	45,509	50,130
	WELLS FARGO MTG BACKED SEC TR2021-2 A1 MTGE 2.5% 06/25/2051	80,764	63,255
	WELLS FARGO HOME EQUITY TRUST2004-2 A18 MTGE 5% 10/25/2034	74,742	73,857
	WELLS FARGO MTG BACKED 2019-3 A1MTGE 3.5% 10/25/2049	5,339	4,676
	WELLS FARGO MTG BACK SEC TR2018-1 A5 MTG 3.5% 07/25/2047	37,114	36,270
	WELLS FARGO COMM MTG TRUST2018-C43 A3 3.746% 03/15/2051	15,750	15,102
	WELLS FARGO MORTGAGE BCK SEC TR2019-1 A5 MTG 3.93299%11/25/2048	3,380	3,261
	WELLS FARGO MTGE BACKED SEC2022-1 A5 MTGE 2.5% 08/25/2051	95,238	64,431
	ZAXBY'S FUNDING LLC 2021-1A A2MTGE 3.238% 07/30/2051	65,219	73,820
	Total	16,530,882	15,608,460
<u>Exchange Traded Funds</u>			
	ISHARES CORE TOTAL US BONDMARKET ETF	311,515	259,498
	SPDR MATERIALS SELECT SECTOR ETF	99,077	129,323
	CPRD CONSUMER DISCRETIONARY ETF	114,411	132,815
	SPDR INDUSTRIAL SELECT SECT ETF	187,978	224,914
	SPDR REAL ESTATE SELECT SECTORETF ETF	203,145	182,649
	VANGUARD MSCI EAFE ETF	1,078,291	1,208,891
	VANGUARD EMERGING MARKETS ETF	295,822	314,093
	VANGUARD S&P 500 INDEX ETF	851,070	1,111,026
	VANGUARD MID CAP ETF	174,315	211,832
	VANGUARD SMALL CAP ETF	357,248	420,250
	Total	3,672,872	4,195,291
<u>Money Market Funds</u>			
	FIDELITY GOVERNMENT PORTF FUNDINSTL	1,242,165	1,242,165
	FEDERATED HERMES INSTIT PRIMEVALUE OBLIG MONEY MARKET CL IS	4,618	4,619
	Total	1,246,783	1,246,784

GROUP RETIREMENT INCOME PLAN NO. 12
Schedule H, Line 4i - Schedule of Assets Held at End of Year
EIN# 37-0809856 Plan #333
December 31, 2024

(a)	(b) & (c)	(d)	(e)
Party-In-Interest	Identity of Party Involved and Description of Investment	Cost	Current Value
	<u>Mutual Funds</u>		
	BAIRD MID CAP GROWTH FUND CLASSINSTITUTIONAL	527,868	502,609
	DFA US MICROCAP PORTFOLIO	85,907	188,920
	DODGE & COX INTERNATIONAL STOCKFUND	768,276	929,158
	AMERICAN FUNDS EUROPACIFICGROWTH FUND CL F-3	615,614	611,182
	OAKMARK INTERNATIONAL FUND CL R6	467,839	673,786
	JANUS HENDERSON SMALL CAP VALUEFUND N	304,865	268,520
	JANUS HENDERSON MIDCAP VALUEFUND N	524,206	472,993
	LAZARD GLOBAL LISTEDINFRASTRUCTURE PORTF FD INSTITSHARES	1,058,514	1,052,442
	LAZARD EMERGING MARKETS EQUITYPORT-IN	268,532	310,823
	MFS MID CAP VALUE FUND CLASS R6	386,943	550,836
	NEUBERGER BERMAN GENESIS FUNDCCLASS R6	192,237	274,882
	PRINCIPAL GLOBAL REAL ESTATESECURITIES FD CL R6	760,827	681,829
	T. ROWE PRICE NEW HORIZONS FUNDSINSTIT CL	487,588	557,196
	T. ROWE PRICE INTERNATIONALDISCOVERY FD INST	935,633	809,878
	TWEEDY BROWNE GLOBAL VALUE FUND	463,613	479,013
	VANGUARD INTERNATIONAL GROWTH FD#581 ADMIRAL CLASS	618,825	693,308
	WILLIAM BLAIR EMERGING MARKETSGROWTH FUND	125,858	125,664
	Total	8,593,145	9,183,039
	<u>Preferred Stock</u>		
	FEDERAL HOME LOAN MORTGAGE CORP.PFDS SER Z 8.375%12/31/2049-2012	50,900	23,780
	FEDERAL NATIONAL MORTGAGE ASSOC.PREFERRED STOCK	50,000	23,860
	Total	100,900	47,640
	<u>Municipal Obligations</u>		
	FREDDIE MAC MILITARY HOUSING2015-R1 B1 4.635% 11/25/2055	214,714	152,630
	MARQUETTE UNIVERSITY UNSEC NOTES3.21% 10/01/2033	200,000	166,102
	UNIV OF HOUSTON TX SER A REV BOND 3% 02/15/2030	97,750	97,391
	BALTIMORE MD WATER PROJ SER B TAXABLE REV 2.225%07/01/2034-2030	200,000	157,216
	CALIFORNIA ST TAXABLE UNLTD GO3.5% 04/01/2028	99,856	97,061
	CALIFORNIA ST DEPT OF WTR SER B TAXABLE REV 1.882% 12/01/2030	241,693	213,155
	CHICAGO IL SERIES A UNLTD GO6.314% 01/01/2044-2037	250,000	242,695
	COLORADO ST HSG&FIN AUTH SER K-1 TAXABLE REV 5.539%11/01/2038-2032	248,185	245,708
	COOK COUNTY IL SSER D UNLTD GO6.229% 11/15/2034-2031	100,000	103,948
	HILLSBOROUGH CO. FL AVIAT. AUTH. AVIATION AUTH SER A TAXABLE REV 3.858% 1	375,792	374,509
	HOMEWOOD AL SER B TAXABLE UNLTDGO 2.241% 09/01/2035-2031	250,000	190,695
	IPS MULTI SCH BLDG CORP IND REV 5% 07/15/2025-2019	9,000	9,005
	JOURDANTON TX INDEP SCH DIST TAXABLE UNLTD GO 2.5%02/15/2041-2030	355,445	356,455
	LEXINGTON-FAYETTE KY URBAN CNTY GOVT PUB FACS TXBL BD 2.6%09/01/2053-20	229,173	138,548
	MARTINEZ CA TAXABLE UNTLD GO2.65% 08/01/2039-2031	494,678	360,733
	NEW YORK NY UNLTD GO 5.646%06/01/2027-2024	75,000	75,338
	OKLAHOMA CITY OK DEV TRUST TAXABLE REV 3.313% 08/01/2027	125,000	121,308
	ONTARIO CA TAXABLE REV BOND3.329% 06/01/2031-2030	200,000	181,704
	PORT SAINT LUCIE FL SPL OBLIG TAXABLE REV BOND 3.748%07/01/2028-2026	125,000	121,518
	REDONDO BEACH CA FIN AUTH SER A TAXABLE3 REV BOND 2.351%05/01/2032-2031	245,000	205,741
	RIVERSIDE CNTY CA INFRASTRUCTURESER B TAXABLE REV 2.65%11/01/2033-2031	250,000	206,130
	SAN FRANCISCO CITY & CNTY CACITY & CNTY SER B TAXABLE 3.322% 09/01/2040-2	200,000	156,796
	SAN JOSE CA REDEV AGY SER A-TTAXABLE 3.125% 08/01/2028-2027	48,975	47,342
	ST PUB SCH BLDG AUTH SER A REV5.426% 09/15/2026	100,000	101,540
	TEXAS ST A & M UNIV SER B TAXABLE REV BOND 4.113%05/15/2045-2026	257,106	261,096
	TUCSON AZ COPS TAXABLE 4.306%07/01/2027	250,000	249,283
	UNIV OF CALIFORNIA SER N TAXABLE REV BOND 3.039% 05/15/2027	100,000	96,759
	VIRGINIA ST PUB SCH REV 4.5%06/15/2027	100,000	99,530
	Total	5,442,367	4,829,936

GROUP RETIREMENT INCOME PLAN NO. 12
Schedule H, Line 4i - Schedule of Assets Held at End of Year
EIN# 37-0809856 Plan #333
December 31, 2024

(a)	(b) & (c)	(d)	(e)
Party-In-Interest	Identity of Party Involved and Description of Investment	Cost	Current Value
	<u>US Government Obligations</u>		
	US TREASURY INFLATION INDEXBONDS 2.375% 01/15/2025	224,113	251,038
	US TREASURY NOTE 4.5% 4.5%02/15/2036	49,755	49,928
	US TREASURY NOTE 3% 05/15/2045	240,381	188,890
	US TREASURY NOTE 2.875%08/15/2045	97,002	73,756
	US TREASURY NOTE 1.5% 08/15/2026	191,828	191,454
	Total	<u>803,079</u>	<u>755,066</u>
	Assets Held at End of Year	<u>\$ 46,510,525</u>	<u>\$ 56,755,611</u>

* Represents a Party-In-Interest to the Plan. Note that all Plan investments are managed by COUNTRY Trust Bank, the Trustee of the Plan.