Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
ASSOCIATED BENEFITS CORPORATION SECTION 125 PLAN

1b Three-digit plan number (PN) ▶ 502

1c Effective date of plan
01/01/1987

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES OF THE COOPERATIVE WELFARE BENEFITS FUND

1415 28TH STREET, SUITE 100
WEST DES MOINES, IA 50266-1450

2b Employer Identification Number (EIN)
42-1294150

2c Plan Sponsor's telephone number
515-226-0303

2d Business code (see instructions)
524140

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.	10/15/2025	KELLY HAYERTZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	RICHARD SMITHPETER
	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 ASSOCIATED BENEFITS CORPORATION 1415 28TH STREET, SUITE 100 WEST DES MOINES, IA 50266-1450	**3b** Administrator's EIN 42-1279416 **3c** Administrator's telephone number 515-226-0303	
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**	1864
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	1864
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1890
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1890
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4Q 4T 4B 4E 4H 4L

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

(1) ☐ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) ☐ **DCG** (Individual Plan Information) – Number Attached ______

(5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) ☒ **H** (Financial Information)

(2) ☐ **I** (Financial Information – Small Plan)

(3) ☒ **A** (Insurance Information) – Number Attached 5

(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 A (Form 5500)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**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
ASSOCIATED BENEFITS CORPORATION SECTION 125 PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE COOPERATIVE WELFARE BENEFITS FUND

D Employer Identification Number (EIN)
42-1294150

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
CONNECTIONS, INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	Policy or contract year **(g)** To
42-1318079	00000	NONE	835	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	Fees and other commissions paid **(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	Fees and other commissions paid **(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
(2) Dividends and credits	7c(2)			
(3) Interest credited during the year	7c(3)			
(4) Transferred from separate account	7c(4)			
(5) Other (specify below) ▶	7c(5)			
(6) Total additions			7c(6)	
d Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e Deductions:				
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
(2) Administration charge made by carrier	7e(2)			
(3) Transferred to separate account	7e(3)			
(4) Other (specify below) ▶	7e(4)			
(5) Total deductions			7e(5)	
f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☒ Other (specify) ▶ EMPLOYEE ASSISTANCE PROGRAM

9 Experience-rated contracts:

a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	**10a**	27546
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
ASSOCIATED BENEFITS CORPORATION SECTION 125 PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE COOPERATIVE WELFARE BENEFITS FUND

D Employer Identification Number (EIN)
42-1294150

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
ACE AMERICAN INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
95-2371728	22667	ADD N01172669	934	06/01/2023	05/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
1380	1840

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HOLMES MURPHY & ASSOCIATES
1828 WALNUT ST., STE. 701
KANSAS CITY, MO 64108

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
1380			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

REUBEN WARNER ASSOCIATES
1655 RICHMOND AVE
STATEN ISLAND, NY 10314

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
0	1840	SERVICES	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid			

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid			

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid			

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid			

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid			

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☒ Other (specify) ▶ TRAVEL ACCIDENT

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	8200
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
ASSOCIATED BENEFITS CORPORATION SECTION 125 PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE COOPERATIVE WELFARE BENEFITS FUND

D Employer Identification Number (EIN)
42-1294150

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
STANDARD LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	Policy or contract year **(g)** To
93-0242990	69019	VARIOUS	854	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
18529	6181

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HOLMES MURPHY & ASSOCIATES LLC
PO BOX 441
DES MOINES, IA 50302

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	Fees and other commissions paid **(d)** Purpose	**(e)** Organization code
15135	901	CONTINGENT COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

AVANT SPECIALTY BENEFITS LLC
PO BOX 441
DES MOINES, IA 50302

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	Fees and other commissions paid **(d)** Purpose	**(e)** Organization code
3394			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HOLMES MURPHY & ASSOCIATES LLC 2727 GRAND PRAIRIE PKWY WAUKEE, IA 50263

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	5280	ADMINISTRATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☒ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☒ Other (specify) ▶ AD&D

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	176382		
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	176382
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	0
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)	19429		
(B) Administrative service or other fees	9c(1)(B)	5280		
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)	17528		
(E) Taxes	9c(1)(E)	1764		
(F) Charges for risks or other contingencies	9c(1)(F)	13954		
(G) Other retention charges	9c(1)(G)	40409		
(H) Total retention			9c(1)(H)	98364
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	5811
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
ASSOCIATED BENEFITS CORPORATION SECTION 125 PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE COOPERATIVE WELFARE BENEFITS FUND

D Employer Identification Number (EIN)
42-1294150

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions
Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	Policy or contract year **(g)** To
93-0242990	69019	648216/648219	639	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
8298	5120

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

HOLMES MURPHY & ASSOCIATES LLC
PO BOX 441
DES MOINES, IA 50302

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
5650	986	CONTINGENT COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

AVANT SPECIALTY BENEFITS LLC
PO BOX 441
DES MOINES, IA 50302

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
2648			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
HOLMES MURPHY & ASSOCIATES LLC	2727 GRAND PRAIRIE PKWY WAUKEE, IA 50263

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	4134	ADMINISTRATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	**4**	
5 Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	**6b**	
c Premiums due but unpaid at the end of the year	**6c**	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year			**7b**	
c Additions: (1) Contributions deposited during the year	**7c(1)**			
(2) Dividends and credits	**7c(2)**			
(3) Interest credited during the year	**7c(3)**			
(4) Transferred from separate account	**7c(4)**			
(5) Other (specify below) ▶	**7c(5)**			
(6) Total additions			**7c(6)**	
d Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e Deductions:				
(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
(2) Administration charge made by carrier	**7e(2)**			
(3) Transferred to separate account	**7e(3)**			
(4) Other (specify below) ▶	**7e(4)**			
(5) Total deductions			**7e(5)**	
f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☒ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**	137799		
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	137799
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	9283		
(B) Administrative service or other fees	**9c(1)(B)**	4134		
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**	23919		
(E) Taxes	**9c(1)(E)**	1378		
(F) Charges for risks or other contingencies	**9c(1)(F)**	15611		
(G) Other retention charges	**9c(1)(G)**	2728		
(H) Total retention			**9c(1)(H)**	57053
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service; Department of Labor Employee Benefits Security Administration; Pension Benefit Guaranty Corporation	Insurance Information	OMB No. 1210-0110
	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.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**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 ASSOCIATED BENEFITS CORPORATION SECTION 125 PLAN	**B** Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE COOPERATIVE WELFARE BENEFITS FUND	**D** Employer Identification Number (EIN) 42-1294150

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

VISION SERVICE PLAN

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	**(g)** To
06-1227840	39616	12082122	160	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	**4**	
5 Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	**6b**	
c Premiums due but unpaid at the end of the year	**6c**	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year			**7b**	
c Additions: (1) Contributions deposited during the year	**7c(1)**			
(2) Dividends and credits	**7c(2)**			
(3) Interest credited during the year	**7c(3)**			
(4) Transferred from separate account	**7c(4)**			
(5) Other (specify below) ▶	**7c(5)**			
(6)Total additions			**7c(6)**	
d Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e Deductions:				
(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
(2) Administration charge made by carrier	**7e(2)**			
(3) Transferred to separate account	**7e(3)**			
(4) Other (specify below) ▶	**7e(4)**			
(5) Total deductions			**7e(5)**	
f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision)	**b** ☐ Dental	**c** ☒ Vision	**d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness)	**f** ☐ Long-term disability	**g** ☐ Supplemental unemployment	**h** ☐ Prescription drug
i ☐ Stop loss (large deductible)	**j** ☐ HMO contract	**k** ☐ PPO contract	**l** ☐ Indemnity contract
m ☐ Other (specify) ▶			

9 Experience-rated contracts:

a Premiums: (1) Amount received	**9a(1)**	29687		
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	29687
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**	4066		
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	4066
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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 ASSOCIATED BENEFITS CORPORATION SECTION 125 PLAN	**B** Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE COOPERATIVE WELFARE BENEFITS FUND	**D** Employer Identification Number (EIN) 42-1294150

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

CBIZ CPAS P.C.

43-1947695

(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	18025	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO BANK, N.A.

94-1347393

(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 24 28 50	TRUSTEE BANK	9392	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASSOCIATED BENEFITS CORPORATION

42-1279416

(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?
14 50	PLAN ADMIN	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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

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(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)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**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
ASSOCIATED BENEFITS CORPORATION SECTION 125 PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE COOPERATIVE WELFARE BENEFITS FUND

D Employer Identification Number (EIN)
42-1294150

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	10801	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	414438	588264
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	425239	588264
	Liabilities			
g	Benefit claims payable	1g	206609	171583
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	49046
k	Total liabilities (add all amounts in lines 1g through1j)	1k	206609	220629
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	218630	367635

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)		
	(B) Participants	2a(1)(B)	2405393	
	(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)		2405393
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12915	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12915
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2418308

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1093615	
(2) To insurance carriers for the provision of benefits	2e(2)	1144961	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2238576
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)	21335	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	9392	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		30727
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2269303

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		149005
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CBIZ CPAS P.C. **(2)** EIN: 43-1947695

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

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

Part IV Compliance Questions

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

During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

Associated Benefits Corporation Section 125 Plan
Administered by Associated Benefits Corporation

FINANCIAL STATEMENTS

Years Ended December 31, 2024 and 2023

CBIZ CPAs P.C.

700 W 47th St., Ste. 1100
Kansas City, MO 64112

P: 816.945.5600 | F: 816.897.1280

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Associated Benefits Corporation
Plan Administrator for Associated Benefits Corporation Section 125 Plan

Opinion

We have audited the financial statements of the Associated Benefits Corporation Section 125 Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS 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 these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matter - Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, and Form 5500, Schedule H, Part IV, line 4j – Schedule of Reportable Transactions for the year ended December 31, 2024, 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 has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

CBIZ CPAs P.C.

Kansas City, Missouri
October 15, 2025

Associated Benefits Corporation Section 125 Plan
Administered by Associated Benefits Corporation

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	2024	2023
Assets:		
Cash	$ -	$ 10,801
Interest-bearing cash	588,264	414,438
Total assets	588,264	425,239
Liabilities:		
Cash overdraft	49,046	-
Reimbursements due to participants and credits due to cooperatives	171,583	206,609
Total liabilities	220,629	206,609
NET ASSETS AVAILABLE FOR BENEFITS	$ 367,635	$ 218,630

See Notes to Financial Statements

Associated Benefits Corporation Section 125 Plan
Administered by Associated Benefits Corporation

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2024 and 2023

	2024	2023
ADDITIONS:		
Contributions from participants	$ 2,405,393	$ 2,520,100
Interest Income	12,915	8,950
Total additions	2,418,308	2,529,050
DEDUCTIONS:		
Benefits paid to participants	1,093,615	1,386,790
Premium payments	1,144,961	1,086,535
Administrative expenses	30,727	36,545
Total deductions	2,269,303	2,509,870
Net change	149,005	19,180
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	218,630	199,450
End of year	$ 367,635	$ 218,630

See Notes to Financial Statements

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan

Associated Benefits Corporation Section 125 Plan (the "Plan") is administered by Associated Benefits Corporation ("Plan Administrator"). The following description of the Plan is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan is a Section 125 benefit plan which provides for the payment of eligible expenses with pre-tax dollars. Separate bookkeeping accounts are maintained to account for the benefit dollars available for reimbursement of covered expenses. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Change in service provider - Effective January 1, 2024, UMB Bank n.a. began administering all claims for covered expenses.

Employee contributions and eligibility - Generally, all full-time employees of participating employers are eligible to contribute to the Plan. Employees contribute through payroll deductions to reimbursement accounts which permit employees to be reimbursed without tax consequences for certain eligible expenses. Employees elect the dollar amount they want taken from their pay annually, subject to applicable limitations. All contributions are remitted to The Cooperative Welfare Benefits Fund (the "Trust") and used for benefit payments.

Benefits paid to participants - Benefits may be paid only for eligible expenses which were incurred during the Plan year and reimbursed from funds deposited to the account during the same Plan year. If a participant does not incur sufficient expenses to use all of the funds deposited to the account during a plan year, the remaining amounts must be forfeited if greater than the Plan prescribed allowable rollover threshold of $640.

Forfeitures - Forfeited amounts remain in the Plan and are used to pay Plan administrative expenses. Substantially all net assets are the result of forfeitures. Reimbursements due to participants and credits due to cooperatives are amounts determined for claims received subsequent to the end of the Plan year.

Premiums paid to insurance companies - Employee contributions for premiums for short-term and long-term disability and outside health insurance carriers are remitted to the Plan and subsequently transferred to the appropriate insurance carrier.

(2) Summary of significant accounting policies

Basis of accounting - The accompanying financial statements have been prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United Stated of America ("GAAP").

Use of estimates - The preparation of financial statements in conformity with the modified cash basis of accounting, which is a basis of accounting other than GAAP, requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

NOTES TO FINANCIAL STATEMENTS

(2) Summary of significant accounting policies (continued)

Investment valuation and income recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Dividend and interest income is recorded as received.

Reimbursements and credits due - Reimbursement due to participants and credits due to cooperatives consists primarily of claims incurred but not reported. Participants are required to submit claims by March 31st following the plan year end.

Administrative expenses - The Plan Administrator provides accounting and other administrative services to the Plan. These fees are paid directly by the participating employers. Fees of the Plan Administrator paid by the participating employers are not included in the financial statements of the Plan. All other administrative expenses are paid by the Plan.

(3) Fair value measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 820 are described below:

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

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

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

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

(3) Fair value measurements (continued)

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

Interest-bearing cash accounts: Stated at cost, which approximates fair value.

The following tables set forth by level, within the fair value hierarchy, a summary of the Plans' investments at fair value on a recurring basis as of December 31, 2024 and 2023:

	Investments at Fair Value as of December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Interest-bearing cash	$ 588,264	$ -	$ -	$ 588,264

	Investments at Fair Value as of December 31, 2023			
	Level 1	**Level 2**	**Level 3**	**Total**
Interest-bearing cash	$ 414,438	$ -	$ -	$ 414,438

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

Plan investments are shares of an interest-bearing cash account managed by Principal. Principal is the trustee as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for the investment management services are deducted from interest income.

(5) Plan termination

Although it has not expressed any intention to do so, the Plan Administrator has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA. Although they have not expressed any intent to do so, the participating employers have the right under their plans to terminate their participation in the Plan subject to the provisions of ERISA. In the event of termination of the Plan, participants will be reimbursed from their accounts for covered expenses incurred during the remainder of the Plan year based on applications for payment filed after the Plan is terminated.

(6) Tax status

The Internal Revenue Service has determined and informed the Plan by a letter dated September 15, 1993, that the Plan and related Trust were designed in accordance with the applicable regulations of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTES TO FINANCIAL STATEMENTS

(7) Risks, uncertainties, and concentrations

The Plan utilizes investment securities, currently an interest-bearing cash account. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

The Plan maintains an interest-bearing cash account, which may at times exceed the $250,000 coverage by the US Federal Deposit Insurance Corporation.

(8) Subsequent events

The Plan has evaluated subsequent events through October 15, 2025, which is the date the financial statements were available to be issued. The following item was identified for disclosure during this evaluation.

Effective January 1, 2025, the Plan has been amended and restated.

SUPPLEMENTAL SCHEDULES

ASSET DETAIL REVALUED COST
AS OF DECEMBER 31, 2024

ABC H&W CAFETERIA - IA & NE
ACCOUNT NUMBER 15135001

		REVALUED COST		MARKET VALUE		
PAR VALUE/SHARES	DESCRIPTION	UNIT COST	TOTAL COST	UNIT PRICE/ PRICING DATE	TOTAL MARKET	UNREALIZED GAIN/LOSS ON REVALUED COST
	CASH EQUIVALENTS					
	FUNDS OR BANK DEPOSITS					
431,337.520	PRINCIPAL DEPOSIT SWEEP PROGRAM CUSIP VP7000251	100.0000	431,337.52	100.0000 12/31/24	431,337.52	0.00
	TOTAL FUNDS OR BANK DEPOSITS		431,337.52		431,337.52	0.00
	TOTAL CASH EQUIVALENTS		**431,337.52**		**431,337.52**	**0.00**
	TOTAL ASSETS AND LIABILITIES		**431,337.52**		**431,337.52**	**0.00**

ASSET DETAIL REVALUED COST
AS OF DECEMBER 31, 2024

ABC H&W CAFETERIA- TX, OK & CO
ACCOUNT NUMBER 22233001

		REVALUED COST		MARKET VALUE		
PAR VALUE/SHARES	DESCRIPTION	UNIT COST	TOTAL COST	UNIT PRICE/ PRICING DATE	TOTAL MARKET	UNREALIZED GAIN/LOSS ON REVALUED COST
	CASH EQUIVALENTS					
	FUNDS OR BANK DEPOSITS					
25,166.710	PRINCIPAL DEPOSIT SWEEP PROGRAM CUSIP VP7000251	100.0000	25,166.71	100.0000 12/31/24	25,166.71	0.00
	TOTAL FUNDS OR BANK DEPOSITS		25,166.71		25,166.71	0.00
	TOTAL CASH EQUIVALENTS		**25,166.71**		**25,166.71**	**0.00**
	TOTAL ASSETS AND LIABILITIES		**25,166.71**		**25,166.71**	**0.00**

		Revalued Cost		Market Value		
PAR VALUE/SHARES	DESCRIPTION	UNIT COST	TOTAL COST	UNIT PRICE/ PRICING DATE	TOTAL MARKET	UNREALIZED GAIN/LOSS ON REVALUED COST
	CASH EQUIVALENTS					
	FUNDS OR BANK DEPOSITS					
122,319.510	PRINCIPAL DEPOSIT SWEEP PROGRAM CUSIP VP7000251	100.0000	122,319.51	100.0000 12/31/24	122,319.51	0.00
	TOTAL FUNDS OR BANK DEPOSITS		122,319.51		122,319.51	0.00
	TOTAL CASH EQUIVALENTS		**122,319.51**		**122,319.51**	**0.00**
	TOTAL ASSETS AND LIABILITIES		**122,319.51**		**122,319.51**	**0.00**

ASSET DETAIL REVALUED COST
AS OF DECEMBER 31, 2024

ABC H&W CAFETERIA- IN, OH, MI
ACCOUNT NUMBER 22232901

		REVALUED COST		MARKET VALUE		
PAR VALUE/SHARES	DESCRIPTION	UNIT COST	TOTAL COST	UNIT PRICE/ PRICING DATE	TOTAL MARKET	UNREALIZED GAIN/LOSS ON REVALUED COST
	CASH EQUIVALENTS					
	FUNDS OR BANK DEPOSITS					
4,260.910	PRINCIPAL DEPOSIT SWEEP PROGRAM CUSIP VP7000251	100.0000	4,260.91	100.0000 12/31/24	4,260.91	0.00
	TOTAL FUNDS OR BANK DEPOSITS		4,260.91		4,260.91	0.00
	TOTAL CASH EQUIVALENTS		**4,260.91**		**4,260.91**	**0.00**
	TOTAL ASSETS AND LIABILITIES		**4,260.91**		**4,260.91**	**0.00**

ASSET DETAIL REVALUED COST
AS OF DECEMBER 31, 2024

ABC H&W CAFETERIA - SD, MN, WI
ACCOUNT NUMBER 17326701

		REVALUED COST		MARKET VALUE		
PAR VALUE/SHARES	DESCRIPTION	UNIT COST	TOTAL COST	UNIT PRICE/ PRICING DATE	TOTAL MARKET	UNREALIZED GAIN/LOSS ON REVALUED COST
	CASH EQUIVALENTS					
	FUNDS OR BANK DEPOSITS					
5,179.070	PRINCIPAL DEPOSIT SWEEP PROGRAM CUSIP VP7000251	100.0000	5,179.07	100.0000 12/31/24	5,179.07	0.00
	TOTAL FUNDS OR BANK DEPOSITS		5,179.07		5,179.07	0.00
	TOTAL CASH EQUIVALENTS		**5,179.07**		**5,179.07**	**0.00**
	TOTAL ASSETS AND LIABILITIES		**5,179.07**		**5,179.07**	**0.00**

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE **ABC H&W CAFETERIA - KS, MO, IL**
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024 **ACCOUNT NUMBER 17326601**

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE			94,270.75			
COMPARATIVE VALUE (5%)			4,713.54			
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/09/24 B	17,646	1.000	0	17,646-*	17,646	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/24/24 S	14,953	1.000	0	14,953 *	14,953	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/29/24 B	8,953	1.000	0	8,953-*	8,953	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/01/24 B	17,643	1.000	0	17,643-*	17,643	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/06/24 S	9,353	1.000	0	9,353 *	9,353	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/08/24 S	17,546	1.000	0	17,546 *	17,546	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/13/24 B	8,292	1.000	0	8,292-*	8,292	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/16/24 S	8,242	1.000	0	8,242 *	8,242	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
03/01/24 B	19,305	1.000	0	19,305-*	19,305	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/01/24 B	17,952	1.000	0	17,952-*	17,952	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/08/24 S	16,904	1.000	0	16,904 *	16,904	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/11/24 B	8,323	1.000	0	8,323-*	8,323	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/18/24 S	8,084	1.000	0	8,084 *	8,084	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/01/24 B	16,765	1.000	0	16,765-*	16,765	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/15/24 S	12,320	1.000	0	12,320 *	12,320	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/28/24 B	8,413	1.000	0	8,413-*	8,413	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/03/24 B	8,393	1.000	0	8,393-*	8,393	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/07/24 S	15,532	1.000	0	15,532 *	15,532	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/12/24 B	5,646	1.000	0	5,646-*	5,646	

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ABC H&W CAFETERIA - KS, MO, IL
ACCOUNT NUMBER 17326601

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/18/24 S	5,171	1.000	0	5,171 *	5,171	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/01/24 B	17,018	1.000	0	17,018-*	17,018	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/08/24 B	6,707	1.000	0	6,707-*	6,707	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/15/24 S	22,501	1.000	0	22,501 *	22,501	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/31/24 B	6,730	1.000	0	6,730-*	6,730	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
08/01/24 B	14,522	1.000	0	14,522-*	14,522	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
08/13/24 S	20,028	1.000	0	20,028 *	20,028	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
09/03/24 B	15,780	1.000	0	15,780-*	15,780	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
09/06/24 B	6,695	1.000	0	6,695-*	6,695	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/01/24 B	14,714	1.000	0	14,714-*	14,714	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/07/24 B	6,707	1.000	0	6,707-*	6,707	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/15/24 S	20,339	1.000	0	20,339 *	20,339	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/29/24 S	18,025	1.000	0	18,025 *	18,025	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
11/01/24 B	15,219	1.000	0	15,219-*	15,219	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
11/04/24 B	8,672	1.000	0	8,672-*	8,672	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
11/12/24 S	20,821	1.000	0	20,821 *	20,821	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
12/02/24 B	19,869	1.000	0	19,869-*	19,869	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
12/19/24 S	27,911	1.000	0	27,911 *	27,911	0
GRAND TOTAL			0	507,694	507,694	0

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE **ABC H&W CAFETERIA - KS, MO, IL**
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024 **ACCOUNT NUMBER 17326601**

SERIES / BY ISSUE

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS

BEGINNING MARKET VALUE 94,270.75
COMPARATIVE VALUE (5%) 4,713.54

ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/02/24 B	263	1.000	0	263-	263	
01/09/24 B	17,646	1.000	0	17,646-*	17,646	
01/16/24 B	1,914	1.000	0	1,914-	1,914	
01/29/24 B	8,953	1.000	0	8,953-*	8,953	
02/01/24 B	269	1.000	0	269-	269	
02/01/24 B	17,643	1.000	0	17,643-*	17,643	
02/05/24 B	1,914	1.000	0	1,914-	1,914	
02/13/24 B	8,292	1.000	0	8,292-*	8,292	
03/01/24 B	253	1.000	0	253-	253	
03/01/24 B	19,305	1.000	0	19,305-*	19,305	
03/19/24 B	1,825	1.000	0	1,825-	1,825	
04/01/24 B	301	1.000	0	301-	301	
04/01/24 B	17,952	1.000	0	17,952-*	17,952	
04/11/24 B	8,323	1.000	0	8,323-*	8,323	
05/01/24 B	307	1.000	0	307-	307	
05/01/24 B	16,765	1.000	0	16,765-*	16,765	
05/28/24 B	8,413	1.000	0	8,413-*	8,413	
06/03/24 B	331	1.000	0	331-	331	
06/03/24 B	8,393	1.000	0	8,393-*	8,393	
06/12/24 B	5,646	1.000	0	5,646-*	5,646	
06/28/24 B	1,914	1.000	0	1,914-	1,914	
07/01/24 B	315	1.000	0	315-	315	
07/01/24 B	17,018	1.000	0	17,018-*	17,018	
07/08/24 B	6,707	1.000	0	6,707-*	6,707	
07/31/24 B	6,730	1.000	0	6,730-*	6,730	
08/01/24 B	340	1.000	0	340-	340	
08/01/24 B	14,522	1.000	0	14,522-*	14,522	
08/02/24 B	2,118	1.000	0	2,118-	2,118	
08/29/24 B	1,962	1.000	0	1,962-	1,962	
09/03/24 B	336	1.000	0	336-	336	
09/03/24 B	15,780	1.000	0	15,780-*	15,780	
09/06/24 B	6,695	1.000	0	6,695-*	6,695	
09/27/24 B	1,989	1.000	0	1,989-	1,989	
10/01/24 B	344	1.000	0	344-	344	
10/01/24 B	14,714	1.000	0	14,714-*	14,714	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE **ABC H&W CAFETERIA - KS, MO, IL**
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024 **ACCOUNT NUMBER 17326601**

SERIES / BY ISSUE

DATE BOUGHT/SOLD	SHARES/ PAR VALUE		UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/07/24 B	6,707		1.000	0	6,707-*	6,707	
11/01/24 B	350		1.000	0	350-	350	
11/01/24 B	15,219		1.000	0	15,219-*	15,219	
11/04/24 B	8,672		1.000	0	8,672-*	8,672	
11/29/24 B	4,418		1.000	0	4,418-	4,418	
12/02/24 B	292		1.000	0	292-	292	
12/02/24 B	19,869		1.000	0	19,869-*	19,869	
12/09/24 B	1,801		1.000	0	1,801-	1,801	
	SUB-TOTAL OF BUYS	# 43		0	293,520	293,520	
01/03/24 S	2,278		1.000	0	2,278	2,278	0
01/17/24 S	1,000		1.000	0	1,000	1,000	0
01/24/24 S	14,953		1.000	0	14,953 *	14,953	0
01/31/24 S	632		1.000	0	632	632	0
02/06/24 S	9,353		1.000	0	9,353 *	9,353	0
02/08/24 S	17,546		1.000	0	17,546 *	17,546	0
02/16/24 S	8,242		1.000	0	8,242 *	8,242	0
02/21/24 S	651		1.000	0	651	651	0
02/28/24 S	155		1.000	0	155	155	0
03/06/24 S	2,182		1.000	0	2,182	2,182	0
03/12/24 S	30		1.000	0	30	30	0
03/20/24 S	30		1.000	0	30	30	0
04/03/24 S	1,757		1.000	0	1,757	1,757	0
04/08/24 S	16,904		1.000	0	16,904 *	16,904	0
04/18/24 S	8,084		1.000	0	8,084 *	8,084	0
05/06/24 S	437		1.000	0	437	437	0
05/15/24 S	12,320		1.000	0	12,320 *	12,320	0
06/04/24 S	1,226		1.000	0	1,226	1,226	0
06/07/24 S	15,532		1.000	0	15,532 *	15,532	0
06/18/24 S	5,171		1.000	0	5,171 *	5,171	0
07/03/24 S	3,475		1.000	0	3,475	3,475	0
07/15/24 S	22,501		1.000	0	22,501 *	22,501	0
08/09/24 S	3,310		1.000	0	3,310	3,310	0
08/13/24 S	20,028		1.000	0	20,028 *	20,028	0
08/14/24 S	2,128		1.000	0	2,128	2,128	0
09/04/24 S	1,602		1.000	0	1,602	1,602	0
09/13/24 S	2,238		1.000	0	2,238	2,238	0
10/04/24 S	1,441		1.000	0	1,441	1,441	0
10/15/24 S	20,339		1.000	0	20,339 *	20,339	0
10/29/24 S	18,025		1.000	0	18,025 *	18,025	0
11/05/24 S	2,908		1.000	0	2,908	2,908	0
11/12/24 S	20,821		1.000	0	20,821 *	20,821	0
12/19/24 S	27,911		1.000	0	27,911 *	27,911	0

SERIES / BY ISSUE

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	SUB-TOTAL OF SALES # 33		0	265,210	265,210	0
	SUB-TOTAL		0	558,730	558,730	0
	GRAND TOTAL		0	558,730	558,730	0

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ABC H&W CAFETERIA - IA & NE
ACCOUNT NUMBER 15135001

BEGINNING MARKET VALUE	287,778.56
COMPARATIVE VALUE (5%)	14,388.93

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/03/24 S	98,717	1.000	0	98,717 *	98,717	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/09/24 B	72,137	1.000	0	72,137-*	72,137	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/11/24 S	41,432	1.000	0	41,432 *	41,432	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/16/24 B	60,786	1.000	0	60,786-*	60,786	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/17/24 S	15,543	1.000	0	15,543 *	15,543	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/22/24 B	15,405	1.000	0	15,405-*	15,405	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/24/24 S	60,885	1.000	0	60,885 *	60,885	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/31/24 S	17,796	1.000	0	17,796 *	17,796	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/01/24 B	20,427	1.000	0	20,427-*	20,427	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/05/24 B	32,627	1.000	0	32,627-*	32,627	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/06/24 S	50,140	1.000	0	50,140 *	50,140	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/08/24 S	21,835	1.000	0	21,835 *	21,835	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/09/24 B	45,989	1.000	0	45,989-*	45,989	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/16/24 S	41,466	1.000	0	41,466 *	41,466	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/22/24 S	25,000	1.000	0	25,000 *	25,000	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
03/01/24 B	15,833	1.000	0	15,833-*	15,833	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
03/04/24 B	28,804	1.000	0	28,804-*	28,804	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
03/06/24 S	48,447	1.000	0	48,447 *	48,447	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
03/11/24 B	44,983	1.000	0	44,983-*	44,983	

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ABC H&W CAFETERIA - IA & NE
ACCOUNT NUMBER 15135001

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
03/12/24 S	25,710	1.000	0	25,710 *	25,710	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
03/19/24 S	40,460	1.000	0	40,460 *	40,460	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
03/27/24 S	32,601	1.000	0	32,601 *	32,601	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/01/24 B	77,505	1.000	0	77,505-*	77,505	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/03/24 S	49,035	1.000	0	49,035 *	49,035	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/04/24 B	31,275	1.000	0	31,275-*	31,275	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/08/24 S	23,970	1.000	0	23,970 *	23,970	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/11/24 B	22,755	1.000	0	22,755-*	22,755	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/16/24 S	25,000	1.000	0	25,000 *	25,000	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/18/24 B	21,283	1.000	0	21,283-*	21,283	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/25/24 S	29,457	1.000	0	29,457 *	29,457	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/30/24 S	25,000	1.000	0	25,000 *	25,000	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/01/24 B	72,166	1.000	0	72,166-*	72,166	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/06/24 S	28,497	1.000	0	28,497 *	28,497	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/13/24 B	43,613	1.000	0	43,613-*	43,613	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/15/24 S	83,072	1.000	0	83,072 *	83,072	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/29/24 S	25,000	1.000	0	25,000 *	25,000	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/03/24 B	80,341	1.000	0	80,341-*	80,341	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/04/24 S	29,274	1.000	0	29,274 *	29,274	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/10/24 B	19,550	1.000	0	19,550-*	19,550	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/13/24 B	31,271	1.000	0	31,271-*	31,271	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/18/24 S	54,224	1.000	0	54,224 *	54,224	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/01/24 B	76,238	1.000	0	76,238-*	76,238	

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/02/24 S	25,000	1.000	0	25,000 *	25,000	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/08/24 B	62,270	1.000	0	62,270-*	62,270	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/15/24 S	97,817	1.000	0	97,817 *	97,817	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/29/24 B	17,532	1.000	0	17,532-*	17,532	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
08/01/24 B	93,814	1.000	0	93,814-*	93,814	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
08/13/24 S	70,101	1.000	0	70,101 *	70,101	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
08/14/24 S	33,740	1.000	0	33,740 *	33,740	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
08/26/24 B	14,929	1.000	0	14,929-*	14,929	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
09/03/24 B	110,600	1.000	0	110,600-*	110,600	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
09/04/24 S	29,118	1.000	0	29,118 *	29,118	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
09/05/24 B	30,320	1.000	0	30,320-*	30,320	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
09/13/24 S	76,595	1.000	0	76,595 *	76,595	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
09/24/24 S	25,000	1.000	0	25,000 *	25,000	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
09/30/24 B	16,674	1.000	0	16,674-*	16,674	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/01/24 B	89,645	1.000	0	89,645-*	89,645	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/02/24 S	23,205	1.000	0	23,205 *	23,205	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/10/24 B	40,670	1.000	0	40,670-*	40,670	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/15/24 S	64,995	1.000	0	64,995 *	64,995	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/23/24 S	25,000	1.000	0	25,000 *	25,000	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
11/01/24 B	105,942	1.000	0	105,942-*	105,942	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
11/05/24 S	25,378	1.000	0	25,378 *	25,378	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
11/12/24 S	38,355	1.000	0	38,355 *	38,355	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
12/02/24 B	106,824	1.000	0	106,824-*	106,824	

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ABC H&W CAFETERIA - IA & NE
ACCOUNT NUMBER 15135001

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
12/09/24 S	48,366	1.000	0	48,366 *	48,366	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
12/19/24 S	75,036	1.000	0	75,036 *	75,036	0
GRAND TOTAL			0	3,052,475	3,052,475	0

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE **ABC H&W CAFETERIA - IA & NE**
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024 **ACCOUNT NUMBER 15135001**

SERIES / BY ISSUE

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS

BEGINNING MARKET VALUE 287,778.56
COMPARATIVE VALUE (5%) 14,388.93

ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/02/24 B	890	1.000	0	890-	890	
01/09/24 B	72,137	1.000	0	72,137-*	72,137	
01/16/24 B	60,786	1.000	0	60,786-*	60,786	
01/18/24 B	12,005	1.000	0	12,005-	12,005	
01/22/24 B	15,405	1.000	0	15,405-*	15,405	
01/29/24 B	8,260	1.000	0	8,260-	8,260	
02/01/24 B	628	1.000	0	628-	628	
02/01/24 B	20,427	1.000	0	20,427-*	20,427	
02/02/24 B	3,265	1.000	0	3,265-	3,265	
02/05/24 B	32,627	1.000	0	32,627-*	32,627	
02/07/24 B	1,688	1.000	0	1,688-	1,688	
02/09/24 B	45,989	1.000	0	45,989-*	45,989	
02/12/24 B	118	1.000	0	118-	118	
02/15/24 B	40	1.000	0	40-	40	
02/27/24 B	6,912	1.000	0	6,912-	6,912	
02/28/24 B	3,353	1.000	0	3,353-	3,353	
02/29/24 B	9,610	1.000	0	9,610-	9,610	
03/01/24 B	545	1.000	0	545-	545	
03/01/24 B	15,833	1.000	0	15,833-*	15,833	
03/04/24 B	28,804	1.000	0	28,804-*	28,804	
03/07/24 B	200	1.000	0	200-	200	
03/08/24 B	1,200	1.000	0	1,200-	1,200	
03/11/24 B	44,983	1.000	0	44,983-*	44,983	
03/21/24 B	40	1.000	0	40-	40	
04/01/24 B	498	1.000	0	498-	498	
04/01/24 B	77,505	1.000	0	77,505-*	77,505	
04/04/24 B	31,275	1.000	0	31,275-*	31,275	
04/09/24 B	1,660	1.000	0	1,660-	1,660	
04/11/24 B	22,755	1.000	0	22,755-*	22,755	
04/18/24 B	21,283	1.000	0	21,283-*	21,283	
04/24/24 B	40	1.000	0	40-	40	
05/01/24 B	3,996	1.000	0	3,996-	3,996	
05/01/24 B	72,166	1.000	0	72,166-*	72,166	
05/02/24 B	6,912	1.000	0	6,912-	6,912	
05/07/24 B	13,384	1.000	0	13,384-	13,384	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE **ABC H&W CAFETERIA - IA & NE**
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024 **ACCOUNT NUMBER 15135001**

SERIES / BY ISSUE

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/09/24 B	2,308	1.000	0	2,308-	2,308	
05/13/24 B	43,613	1.000	0	43,613-*	43,613	
05/17/24 B	4,184	1.000	0	4,184-	4,184	
05/20/24 B	9,072	1.000	0	9,072-	9,072	
06/03/24 B	473	1.000	0	473-	473	
06/03/24 B	80,341	1.000	0	80,341-*	80,341	
06/05/24 B	1,996	1.000	0	1,996-	1,996	
06/10/24 B	19,550	1.000	0	19,550-*	19,550	
06/11/24 B	10,031	1.000	0	10,031-	10,031	
06/13/24 B	31,271	1.000	0	31,271-*	31,271	
06/25/24 B	1,996	1.000	0	1,996-	1,996	
06/27/24 B	5,104	1.000	0	5,104-	5,104	
06/28/24 B	13,272	1.000	0	13,272-	13,272	
07/01/24 B	507	1.000	0	507-	507	
07/01/24 B	76,238	1.000	0	76,238-*	76,238	
07/05/24 B	1,200	1.000	0	1,200-	1,200	
07/08/24 B	62,270	1.000	0	62,270-*	62,270	
07/10/24 B	4,974	1.000	0	4,974-	4,974	
07/11/24 B	12,249	1.000	0	12,249-	12,249	
07/29/24 B	17,532	1.000	0	17,532-*	17,532	
07/31/24 B	7,072	1.000	0	7,072-	7,072	
08/01/24 B	675	1.000	0	675-	675	
08/01/24 B	93,814	1.000	0	93,814-*	93,814	
08/05/24 B	8,620	1.000	0	8,620-	8,620	
08/09/24 B	10,183	1.000	0	10,183-	10,183	
08/19/24 B	159	1.000	0	159-	159	
08/26/24 B	14,929	1.000	0	14,929-*	14,929	
08/29/24 B	1,795	1.000	0	1,795-	1,795	
09/03/24 B	793	1.000	0	793-	793	
09/03/24 B	110,600	1.000	0	110,600-*	110,600	
09/05/24 B	30,320	1.000	0	30,320-*	30,320	
09/06/24 B	1,200	1.000	0	1,200-	1,200	
09/09/24 B	13,963	1.000	0	13,963-	13,963	
09/18/24 B	119	1.000	0	119-	119	
09/26/24 B	40	1.000	0	40-	40	
09/30/24 B	16,674	1.000	0	16,674-*	16,674	
10/01/24 B	852	1.000	0	852-	852	
10/01/24 B	89,645	1.000	0	89,645-*	89,645	
10/07/24 B	1,207	1.000	0	1,207-	1,207	
10/10/24 B	40,670	1.000	0	40,670-*	40,670	
10/18/24 B	13,963	1.000	0	13,963-	13,963	
10/21/24 B	119	1.000	0	119-	119	
10/29/24 B	9,375	1.000	0	9,375-	9,375	
10/31/24 B	1,332	1.000	0	1,332-	1,332	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE **ABC H&W CAFETERIA - IA & NE**
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024 **ACCOUNT NUMBER 15135001**

SERIES / BY ISSUE

DATE BOUGHT/SOLD	SHARES/ PAR VALUE		UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/01/24 B	884		1.000	0	884-	884	
11/01/24 B	105,942		1.000	0	105,942-*	105,942	
11/04/24 B	1,108		1.000	0	1,108-	1,108	
11/07/24 B	1,033		1.000	0	1,033-	1,033	
11/18/24 B	10,348		1.000	0	10,348-	10,348	
11/19/24 B	7,252		1.000	0	7,252-	7,252	
11/25/24 B	40		1.000	0	40-	40	
11/27/24 B	11,170		1.000	0	11,170-	11,170	
12/02/24 B	942		1.000	0	942-	942	
12/02/24 B	106,824		1.000	0	106,824-*	106,824	
12/05/24 B	1,033		1.000	0	1,033-	1,033	
12/10/24 B	9,881		1.000	0	9,881-	9,881	
12/13/24 B	1,332		1.000	0	1,332-	1,332	
12/27/24 B	7,282		1.000	0	7,282-	7,282	
	SUB-TOTAL OF BUYS	# 93		0	1,768,590	1,768,590	
01/03/24 S	98,717		1.000	0	98,717 *	98,717	0
01/11/24 S	41,432		1.000	0	41,432 *	41,432	0
01/17/24 S	15,543		1.000	0	15,543 *	15,543	0
01/24/24 S	60,885		1.000	0	60,885 *	60,885	0
01/31/24 S	17,796		1.000	0	17,796 *	17,796	0
02/06/24 S	50,140		1.000	0	50,140 *	50,140	0
02/08/24 S	21,835		1.000	0	21,835 *	21,835	0
02/16/24 S	41,466		1.000	0	41,466 *	41,466	0
02/21/24 S	11,110		1.000	0	11,110	11,110	0
02/22/24 S	25,000		1.000	0	25,000 *	25,000	0
03/06/24 S	48,447		1.000	0	48,447 *	48,447	0
03/12/24 S	25,710		1.000	0	25,710 *	25,710	0
03/19/24 S	40,460		1.000	0	40,460 *	40,460	0
03/20/24 S	4,810		1.000	0	4,810	4,810	0
03/27/24 S	32,601		1.000	0	32,601 *	32,601	0
04/03/24 S	49,035		1.000	0	49,035 *	49,035	0
04/08/24 S	23,970		1.000	0	23,970 *	23,970	0
04/16/24 S	25,000		1.000	0	25,000 *	25,000	0
04/17/24 S	7,959		1.000	0	7,959	7,959	0
04/25/24 S	29,457		1.000	0	29,457 *	29,457	0
04/30/24 S	25,000		1.000	0	25,000 *	25,000	0
05/03/24 S	2,487		1.000	0	2,487	2,487	0
05/06/24 S	28,497		1.000	0	28,497 *	28,497	0
05/10/24 S	6,457		1.000	0	6,457	6,457	0
05/15/24 S	83,072		1.000	0	83,072 *	83,072	0
05/29/24 S	25,000		1.000	0	25,000 *	25,000	0
06/04/24 S	29,274		1.000	0	29,274 *	29,274	0

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE **ABC H&W CAFETERIA - IA & NE**
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024 **ACCOUNT NUMBER 15135001**

SERIES / BY ISSUE

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/07/24 S	13,502	1.000	0	13,502	13,502	0
06/18/24 S	54,224	1.000	0	54,224 *	54,224	0
07/02/24 S	25,000	1.000	0	25,000 *	25,000	0
07/03/24 S	14,053	1.000	0	14,053	14,053	0
07/15/24 S	97,817	1.000	0	97,817 *	97,817	0
08/06/24 S	2,000	1.000	0	2,000	2,000	0
08/13/24 S	70,101	1.000	0	70,101 *	70,101	0
08/14/24 S	33,740	1.000	0	33,740 *	33,740	0
09/04/24 S	29,118	1.000	0	29,118 *	29,118	0
09/13/24 S	76,595	1.000	0	76,595 *	76,595	0
09/24/24 S	25,000	1.000	0	25,000 *	25,000	0
10/02/24 S	23,205	1.000	0	23,205 *	23,205	0
10/04/24 S	11,495	1.000	0	11,495	11,495	0
10/15/24 S	64,995	1.000	0	64,995 *	64,995	0
10/23/24 S	25,000	1.000	0	25,000 *	25,000	0
11/05/24 S	25,378	1.000	0	25,378 *	25,378	0
11/12/24 S	38,355	1.000	0	38,355 *	38,355	0
12/09/24 S	48,366	1.000	0	48,366 *	48,366	0
12/19/24 S	75,036	1.000	0	75,036 *	75,036	0
SUB-TOTAL OF SALES # 46			0	1,624,140	1,624,140	0
SUB-TOTAL			0	3,392,730	3,392,730	0
GRAND TOTAL			0	3,392,730	3,392,730	0

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ABC H&W CAFETERIA - SD, MN, WI
ACCOUNT NUMBER 17326701

BEGINNING MARKET VALUE	5,005.78
COMPARATIVE VALUE (5%)	250.29

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/09/24 B	2,954	1.000	0	2,954-*	2,954	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/22/24 B	423	1.000	0	423-*	423	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
01/24/24 S	2,954	1.000	0	2,954 *	2,954	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/01/24 B	2,954	1.000	0	2,954-*	2,954	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/06/24 S	423	1.000	0	423 *	423	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/08/24 S	2,954	1.000	0	2,954 *	2,954	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/15/24 B	423	1.000	0	423-*	423	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/16/24 S	423	1.000	0	423 *	423	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
02/29/24 B	423	1.000	0	423-*	423	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
03/01/24 B	2,954	1.000	0	2,954-*	2,954	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
03/06/24 S	3,377	1.000	0	3,377 *	3,377	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/01/24 B	3,377	1.000	0	3,377-*	3,377	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
04/08/24 S	3,377	1.000	0	3,377 *	3,377	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/01/24 B	2,954	1.000	0	2,954-*	2,954	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/07/24 B	423	1.000	0	423-*	423	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
05/15/24 S	3,377	1.000	0	3,377 *	3,377	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/03/24 B	2,954	1.000	0	2,954-*	2,954	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/07/24 S	2,954	1.000	0	2,954 *	2,954	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/17/24 B	423	1.000	0	423-*	423	

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

ABC H&W CAFETERIA - SD, MN, WI
ACCOUNT NUMBER 17326701

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/18/24 S	423	1.000	0	423 *	423	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
06/28/24 B	423	1.000	0	423-*	423	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/01/24 B	2,954	1.000	0	2,954-*	2,954	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
07/15/24 S	3,377	1.000	0	3,377 *	3,377	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
08/01/24 B	3,377	1.000	0	3,377-*	3,377	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
08/13/24 S	3,377	1.000	0	3,377 *	3,377	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
08/29/24 B	635	1.000	0	635-*	635	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
09/03/24 B	2,954	1.000	0	2,954-*	2,954	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
09/13/24 S	3,589	1.000	0	3,589 *	3,589	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
09/30/24 B	635	1.000	0	635-*	635	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/01/24 B	2,954	1.000	0	2,954-*	2,954	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/15/24 S	3,589	1.000	0	3,589 *	3,589	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
10/29/24 B	665	1.000	0	665-*	665	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
11/01/24 B	2,954	1.000	0	2,954-*	2,954	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
11/12/24 S	3,619	1.000	0	3,619 *	3,619	0
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
12/02/24 B	3,619	1.000	0	3,619-*	3,619	
ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM						
12/19/24 S	3,619	1.000	0	3,619 *	3,619	0
GRAND TOTAL			0	82,864	82,864	0

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE **ABC H&W CAFETERIA - SD, MN, WI**
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024 **ACCOUNT NUMBER 17326701**

SERIES / BY ISSUE

BEGINNING MARKET VALUE	5,005.78
COMPARATIVE VALUE (5%)	250.29

ISSUE: VP7000251 - PRINCIPAL DEPOSIT SWEEP PROGRAM

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/02/24 B	15	1.000	0	15-	15	
01/09/24 B	2,954	1.000	0	2,954-*	2,954	
01/22/24 B	423	1.000	0	423-*	423	
02/01/24 B	17	1.000	0	17-	17	
02/01/24 B	2,954	1.000	0	2,954-*	2,954	
02/15/24 B	423	1.000	0	423-*	423	
02/29/24 B	423	1.000	0	423-*	423	
03/01/24 B	14	1.000	0	14-	14	
03/01/24 B	2,954	1.000	0	2,954-*	2,954	
04/01/24 B	15	1.000	0	15-	15	
04/01/24 B	3,377	1.000	0	3,377-*	3,377	
05/01/24 B	15	1.000	0	15-	15	
05/01/24 B	2,954	1.000	0	2,954-*	2,954	
05/07/24 B	423	1.000	0	423-*	423	
06/03/24 B	17	1.000	0	17-	17	
06/03/24 B	2,954	1.000	0	2,954-*	2,954	
06/17/24 B	423	1.000	0	423-*	423	
06/28/24 B	423	1.000	0	423-*	423	
07/01/24 B	14	1.000	0	14-	14	
07/01/24 B	2,954	1.000	0	2,954-*	2,954	
08/01/24 B	17	1.000	0	17-	17	
08/01/24 B	3,377	1.000	0	3,377-*	3,377	
08/29/24 B	635	1.000	0	635-*	635	
09/03/24 B	17	1.000	0	17-	17	
09/03/24 B	2,954	1.000	0	2,954-*	2,954	
09/30/24 B	635	1.000	0	635-*	635	
10/01/24 B	16	1.000	0	16-	16	
10/01/24 B	2,954	1.000	0	2,954-*	2,954	
10/29/24 B	665	1.000	0	665-*	665	
11/01/24 B	16	1.000	0	16-	16	
11/01/24 B	2,954	1.000	0	2,954-*	2,954	
12/02/24 B	15	1.000	0	15-	15	
12/02/24 B	3,619	1.000	0	3,619-*	3,619	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE **ABC H&W CAFETERIA - SD, MN, WI**
FOR THE PERIOD JANUARY 1, 2024 THROUGH DECEMBER 31, 2024 **ACCOUNT NUMBER 17326701**

SERIES / BY ISSUE

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
SUB-TOTAL OF BUYS # 33			0	41,620	41,620	
01/24/24 S	2,954	1.000	0	2,954 *	2,954	0
02/06/24 S	423	1.000	0	423 *	423	0
02/08/24 S	2,954	1.000	0	2,954 *	2,954	0
02/16/24 S	423	1.000	0	423 *	423	0
03/06/24 S	3,377	1.000	0	3,377 *	3,377	0
04/08/24 S	3,377	1.000	0	3,377 *	3,377	0
05/15/24 S	3,377	1.000	0	3,377 *	3,377	0
06/07/24 S	2,954	1.000	0	2,954 *	2,954	0
06/18/24 S	423	1.000	0	423 *	423	0
07/15/24 S	3,377	1.000	0	3,377 *	3,377	0
08/13/24 S	3,377	1.000	0	3,377 *	3,377	0
09/13/24 S	3,589	1.000	0	3,589 *	3,589	0
10/15/24 S	3,589	1.000	0	3,589 *	3,589	0
11/12/24 S	3,619	1.000	0	3,619 *	3,619	0
12/19/24 S	3,619	1.000	0	3,619 *	3,619	0
SUB-TOTAL OF SALES # 15			0	41,432	41,432	0
SUB-TOTAL			0	83,052	83,052	0
GRAND TOTAL			0	83,052	83,052	0

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

Plan Name: Associated Benefits Corporation Section 125 Plan Group #210
Plan Sponsor EIN: 42-1294150
ERISA 3-digit Plan #: 502
Plan Year Ending: 12/31/2024

Form 5500, Line A: Multiple-Employer Participating Employer Information

Internal Member No.	Participating Employer Name	EIN	Contributions	Percentage of totals
0125	Hancock County Coop Oil Assn.	42-0293120	$ 16,515	1%
0136	Osage Cooperative Elevator	42-0625867	$ 180,261	11%
0150	Ag Partners, LLC	39-1903892	$ 8,732	1%
0170	Farmers Union Cooperative	42-0243030	$ 200	0%
0205	New Vision	41-1916780	$ 200	0%
0209	Consumers Cooperative Society	42-0194235	$ 200	0%
0229	United Cooperative	42-1079220	$ 91,100	5%
0232	Farm Service Cooperative	42-0519835	$ 463,778	27%
0243	Dunkerton Cooperative Elevator	42-0651983	$ 59,022	3%
0244	Country Partners	47-0175460	$ 200	0%
0258	Farmers Cooperative Co.	42-0242040	$ 5,622	0%
0270	Farmers Union Coop Supply	47-0159430	$ 200	0%
0271	Ray-Carroll County Grain Growers	44-0403200	$ 62,554	4%
0285	Battle Creek Farmers Coop.	47-1000590	$ 200	0%
0292	Aspinwall Cooperative Company	42-0618500	$ 26,556	2%
0295	Kanza Cooperative Association	48-0277750	$ 200	0%
0313	Key Cooperative	42-0242395	$ 5,890	0%
0324	Mid Iowa Coop	42-0131810	$ 25,375	1%
0325	Hull Cooperative Association	42-0241700	$ 200	0%
0326	Buckingham Co-Operative Co.	42-0925005	$ 23,651	1%
0328	SilverEdge Cooperative	39-1900230	$ 200	0%
0334	Farmers Cooperative Society	42-0243080	$ 5,428	0%
0335	Tama - Benton Cooperative	42-0557650	$ 200	0%
0336	Ursa Farmers Cooperative Co.	37-0560750	$ 199,363	12%
0339	Farmers Elev. Co. of Humboldt	46-0133040	$ 5,982	0%
0343	NIMECA	42-1097566	$ 3,835	0%
0345	Farmers Cooperative Elevator Company	41-1892592	$ 200	0%
0362	Control Systems Software, LLC	42-1483382	$ 123,341	7%
0380	Producers Cooperative Assoc.	48-0528375	$ 99,100	6%
0385	Producers Livestock Mkt Assoc.	47-0274515	$ 34,891	2%
0386	W & H Cooperative Oil Co.	42-0581790	$ 4,402	0%
0392	Nebraska Cooperative Council	47-0352001	$ 29,341	2%
0393	Farmers Cooperative Grain Co.	48-0498400	$ 25,870	2%
0395	Farmers Cooperative Company	42-0243600	$ 3,572	0%
0401	Quad County Corn Processors Cooperative	42-1508952	$ 200	0%
0406	Southeast Farmers Coop	46-0219805	$ 38,600	2%
0422	Mid-Missouri Energy, LLC	27-3630591	$ 48,437	3%
0424	United Cooperatives, Inc.	44-0470343	$ 11,824	1%
0425	Nerstrand Agri Center	41-1514571	$ 46,668	3%
0427	Western Consolidated Co-op	41-1451849	$ 200	0%
0430	Lincolnway Energy, LLC	20-1118105	$ 200	0%
0434	Hurley & Associates	43-1600049	$ 200	0%
0439	Planters Cooperative Assoc.	73-0404390	$ 200	0%
0443	Multi-County Oil	42-0331070	$ 480	0%
0446	Kiefer Fertilizer Group, LLC	26-1403738	$ 1,746	0%
0448	Ag Coop Services Inc.	44-0618028	$ 200	0%
0461	Ag Valley Co-op Non-Stock	47-0404632	$ 200	0%
0468	Cedar Falls Comm. Credit Union	42-0817536	$ 29,844	2%
0473	Ag Ventures Alliance Coop	42-1477988	$ 20,458	1%
0474	Central Farm Service	81-0923572	$ 200	0%
0477	Central Farmers Cooperative	46-0417526	$ 3,401	0%
0601	Petroleum Marketers & Convenience Stores of IA	42-0332565	$ 5,155	0%
	Totals		$ 1,714,589	100%

Indirect Compensation. ABC also receives indirect compensation as the covered service provider in connection with the various services outlined in the ASA and below from the employers who participate in the Plans.

- Cafeteria Plan Administration Services - $3.50 per month per participating employee.
- Health Plan Administration Services - $29.00 per month per participating employee..
- Dental Plan Administration Services - $3.25 per month per participating employee.
- Vision Plan Administration Services - $1.50 per month per participating employee.
- Life and AD&D Administration Services - $0.75 per month per participating employee.
- Long-Term Disability Administration Services - $0.75 per month per participating employee and $5.00 per month per Executive LTD employee.

Plan Name: **Associated Benefits Corporation Section 125 Plan**
Plan Sponsor EIN: **42-1294150**
ERISA 3-digit Plan #: **502**
Plan Year Ending: **12/31/2024**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Schedule H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant ("IQPA").

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial Statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name: **Associated Benefits Corporation Section 125 Plan**
Plan Sponsor EIN: **42-1294150**
ERISA 3-digit Plan #: **502**
Plan Year Ending: **12/31/2024**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Schedule H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant ("IQPA").

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5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name: **Associated Benefits Corporation Section 125 Plan**
Plan Sponsor EIN: **42-1294150**
ERISA 3-digit Plan #: **502**
Plan Year Ending: **12/31/2024**

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