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| <p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

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

| | |
|--|--|
| <p>1a Name of plan <u>THE RESTATED FARM KING SUPPLY, INC PROFIT SHARING PLAN AND TRUST</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>001</u></p> |
| <p>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) <u>FARM KING SUPPLY, INC</u> <u>BRAD SEVERS</u></p> <p><u>730 N BOWER ROAD</u> <u>MACOMB, IL 61455</u></p> | <p>1c Effective date of plan <u>01/31/1969</u></p> <p>2b Employer Identification Number (EIN) <u>37-0798213</u></p> <p>2c Plan Sponsor's telephone number <u>309-837-9929</u></p> <p>2d Business code (see instructions) <u>452300</u></p> |

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. | 11/11/2025 | BRAD SEVERS |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Filed with authorized/valid electronic signature. | 11/11/2025 | BRAD SEVERS |
| | 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 <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 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 | 165 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 144 |
| | 6a(2) | 138 |
| | 6b | 0 |
| | 6c | 28 |
| | 6d | 166 |
| | 6e | 0 |
| | 6f | 166 |
| | 6g(1) | 165 |
| | 6g(2) | 166 |
| h | 6h | 18 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2H

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

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

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

| | |
|--|--|
| a Pension Schedules | b General Schedules |
| (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) | (1) <input checked="" type="checkbox"/> H (Financial Information) |
| (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> I (Financial Information – Small Plan) |
| (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> |
| (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ | (4) <input checked="" type="checkbox"/> C (Service Provider Information) |
| (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | (5) <input type="checkbox"/> D (DFE/Participating Plan Information) |
| | (6) <input type="checkbox"/> 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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2024 or fiscal plan year beginning **02/01/2024** and ending **01/31/2025**

| | | |
|--|--|------------|
| A Name of plan THE RESTATED FARM KING SUPPLY, INC PROFIT SHARING PLAN AND TRUST | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 FARM KING SUPPLY, INC | D Employer Identification Number (EIN) 37-0798213 | |

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

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

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

NORTHEAST INVESTMENT MANAGEMENT, INC

04-2815899

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27 50 | NONE | 57477 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 2024 This Form is Open to Public Inspection |
|--|--|---|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025 | |
| A Name of plan THE RESTATED FARM KING SUPPLY, INC PROFIT SHARING PLAN AND TRUST | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 FARM KING SUPPLY, INC | D Employer Identification Number (EIN) 37-0798213 |

| | |
|---------------|--------------------------------------|
| 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.

| | | (a) Beginning of Year | (b) End of Year |
|---|-----------------|-----------------------|-----------------|
| a Total noninterest-bearing cash | 1a | 840 | 1133 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 0 | 0 |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 20603 | 22184 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 139499 | 41073 |
| (2) U.S. Government securities | 1c(2) | 1717663 | 1853237 |
| (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) | 6052882 | 6728806 |
| (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) | 0 | 0 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | | |
| (15) Other..... | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 7931487 | 8646433 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | 267137 | 65184 |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 267137 | 65184 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 7664350 | 8581249 |

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) | | |
| (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) | | 0 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | 78406 | |
| (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) | | 78406 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | 69728 | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 9638 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 79366 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | 1613102 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 974889 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | 993381 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (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 | | 1789366 |

Expenses

| | | | |
|--|---------------|--------|--------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 814990 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other..... | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 814990 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | |
| h Interest expense..... | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 57477 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses..... | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 57477 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 872467 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 916899 |
| l Transfers of assets: | | | |
| (1) To this plan..... | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **KERBER, ECK & BRAECKEL LLP**

(2) EIN: **43-0352985**

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

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

Part IV Compliance Questions

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

During the plan year:

| | Yes | No | Amount |
|--|-----|----|--------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 500000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | X | | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

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

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

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

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

| | | |
|--|--|------------|
| A Name of plan <u>THE RESTATED FARM KING SUPPLY, INC PROFIT SHARING PLAN AND TRUST</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>FARM KING SUPPLY, INC</u> | D Employer Identification Number (EIN) <u>37-0798213</u> | |

| | |
|---------------|----------------------|
| Part I | Distributions |
|---------------|----------------------|

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

| | | |
|---|--|---|
| 1 | | 0 |
|---|--|---|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 04-2815899

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

| | |
|---|--|
| 3 | |
|---|--|

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

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

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

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

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

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

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

| | |
|-----------------|-------------------|
| Part III | Amendments |
|-----------------|-------------------|

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

| | | |
|---|------------|--|
| a The corresponding number for the plan year immediately preceding the current plan year | 15a | |
| b The corresponding number for the second preceding plan year | 15b | |

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

Part VII IRS Compliance Questions

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

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

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



Schedule H, Line 3, Accountant Opinion THE RESTATED FARM KING SUPPLY, INC PROFIT SHARING PLAN AND TRUST / PN 001 Sponsor: Farm King Supply, Inc. / 37-0798213

Financial Statements
and
Independent Auditors' Report



Farm King Supply, Inc. Profit Sharing Plan and Trust

January 31, 2025 and 2024

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Independent Auditors' Report

Trustee and Management
Farm King Supply, Inc. Profit Sharing Plan and Trust

Opinion

We have audited the financial statements of Farm King Supply, Inc. Profit Sharing Plan and Trust (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 January 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of January 31, 2025 and 2024, and the changes in 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 audits. 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 for one year after the date that the financial statements are 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 individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

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 Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Keiser, Eck + Braedel LLP

Springfield, Illinois
November 14, 2025

Farm King Supply, Inc. Profit Sharing Plan and Trust
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
January 31

| | <u>2025</u> | <u>2024</u> |
|--|---------------------|---------------------|
| Investments, at fair value | \$ 8,623,116 | \$ 7,910,044 |
| Receivables | | |
| Employer contributions net of allowances of \$ 845,760 and \$ 684,434, respectively | - | - |
| Accrued investment income | 22,184 | 20,603 |
| | <u>22,184</u> | <u>20,603</u> |
| Non-interest bearing cash | <u>1,133</u> | <u>840</u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 8,646,433</u> | <u>\$ 7,931,487</u> |

The accompanying notes are an integral part of these statements.

Farm King Supply, Inc. Profit Sharing Plan and Trust
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended January 31

| | <u>2025</u> | <u>2024</u> |
|--|---------------------|---------------------|
| ADDITIONS | | |
| Investment income | | |
| Interest and dividends | \$ 157,772 | \$ 152,205 |
| Net appreciation in fair value of investments | 1,631,594 | 1,159,537 |
| | 1,789,366 | 1,311,742 |
| Less investment expenses | 57,477 | 53,362 |
| | 1,731,889 | 1,258,380 |
| Other | - | 6 |
| Total additions | 1,731,889 | 1,258,386 |
| DEDUCTIONS | | |
| Credit loss on receivables | - | 518,701 |
| Benefits paid to participants | 1,016,943 | 311,679 |
| Total deductions | 1,016,943 | 830,380 |
| Increase in net assets available for benefits | 714,946 | 428,006 |
| Net assets available for benefits at beginning of year | 7,931,487 | 7,503,481 |
| Net assets available for benefits at end of year | <u>\$ 8,646,433</u> | <u>\$ 7,931,487</u> |

The accompanying notes are an integral part of these statements.

Farm King Supply, Inc. Profit Sharing Plan and Trust
NOTES TO FINANCIAL STATEMENTS
January 31, 2025 and 2024

NOTE A | DESCRIPTION OF PLAN

The following brief description of the Farm King Supply, Inc. Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan and Trust Agreement (the Agreement) for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution plan covering all nonunion employees who have completed one year of service, defined as 1,000 hours of service in a 12-month period commencing on the anniversary date of such employment. The Plan excludes non-resident aliens. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2. Participant Accounts

Participants' accounts are credited with Company nonelective contributions, forfeitures of terminated participants' nonvested accounts, and Plan earnings, and charged with an allocation of administrative expenses. Participant contributions are not permitted under the Plan. The Company's contribution is credited to each participant's account as follows:

- a. All participants shall have credited to their accounts the lesser of 5% of their compensation or the Company's contribution in the ratio which each participant's compensation bears to the compensation of all participants.
- b. All participants whose compensation exceeds \$ 10,000 shall have ratably credited to their accounts the lesser of 5% of such excess or the amount of the Company's contribution in the ratio which each participant's excess, if any, bears to the excess of all participants.
- c. The balance of the Company's contribution, if any, shall be ratably credited to each participant's account in the ratio which each participant's compensation bears to the compensation of all participants.

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Farm King Supply, Inc. Profit Sharing Plan and Trust
NOTES TO FINANCIAL STATEMENTS
January 31, 2025 and 2024

NOTE A | DESCRIPTION OF PLAN

3. Contributions

Annual nonelective contributions are made by Farm King Supply, Inc. (the Company) at its discretion. Participants may not contribute to the Plan; however, any participant may request the Plan to accept a rollover contribution from such participant. Contributions declared but not yet received by the Plan have been fully allowed for at January 31, 2025 and 2024. During the years ended January 31, 2025 and 2024, the allowance of \$ 161,326 and \$ 165,733, respectively, was netted against employer contributions in the statements of changes in net assets available for benefits.

4. Vesting

The Company's contribution portion, plus earnings thereon, is based on years of continuous service in accordance with the following schedule:

| <u>Years of Service</u> | <u>Percent Vested</u> |
|-------------------------|-----------------------|
| Less than 2 | 0% |
| 2 but less than 3 | 20% |
| 3 but less than 4 | 40% |
| 4 but less than 5 | 60% |
| 5 but less than 6 | 80% |
| 6 or more | 100% |

In the event of a participant's death, disability, or cessation of employment on or after the normal retirement date, the participant's share in the Plan becomes nonforfeitable.

5. Investments

The Trustee or another designated person or entity is responsible for the investment of all assets held by the Plan. Investment decisions are made in the best interests of Plan participants.

6. Benefits

On termination of service, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or in annual installments over a period not in excess of the life expectancy of the participant or his or her spouse as of the date of the commencement of such distribution. Balances of \$ 5,000 or less will be distributed in a lump sum.

Farm King Supply, Inc. Profit Sharing Plan and Trust
NOTES TO FINANCIAL STATEMENTS
January 31, 2025 and 2024

NOTE A | DESCRIPTION OF PLAN

7. Forfeited Accounts

Forfeited nonvested accounts are reallocated to participant accounts in the ratio that each participant's compensation bears to the compensation of all participants. For the years ended January 31, 2025 and 2024, \$ 10,931 and \$ 5,693 were reallocated to participants' accounts from forfeited nonvested accounts, respectively. At January 31, 2025 and 2024, there were no unallocated forfeited balances.

NOTE B | SUMMARY OF ACCOUNTING POLICIES

A summary of the accounting policies consistently applied in the preparation of the accompanying financial statements follows:

1. Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis; accordingly, additions are recorded when earned and deductions are recorded when incurred.

2. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

3. Investment Valuation and Income Recognition

The Plan's 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. See Note C for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Farm King Supply, Inc. Profit Sharing Plan and Trust
NOTES TO FINANCIAL STATEMENTS
January 31, 2025 and 2024

NOTE B | SUMMARY OF ACCOUNTING POLICIES

4. *Benefits Payable*

Benefits are recorded when paid.

5. *Expenses*

Plan expenses may be paid by the Plan sponsor. Expenses that are not paid by the Plan sponsor are allocated to participants' accounts in the ratio which each participant's beginning of year account balance bears to the total of all participants' balances at the beginning of the year. Certain investment expenses are included in the net appreciation (depreciation) of investments.

6. *Subsequent Events*

Management has evaluated subsequent events for recognition and disclosure in the financial statements through November 14, 2025, which is the date the financial statements were available to be issued. Through November 14, 2025, no subsequent events required recognition or disclosure in the financial statements.

NOTE C | FAIR VALUE MEASUREMENTS

The Plan follows the fair value measurement guidance for financial assets and financial liabilities. The guidance defines fair value, establishes a framework for measuring fair value and expands disclosure about fair value measurements.

Fair value is defined to be 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. A three-level hierarchy has been established for fair value measurements based upon the inputs to the valuation of an asset or liability as follows:

Farm King Supply, Inc. Profit Sharing Plan and Trust
NOTES TO FINANCIAL STATEMENTS
January 31, 2025 and 2024

NOTE C | FAIR VALUE MEASUREMENTS

Level 1 – Valuation is based on quoted prices for identical assets and liabilities in active markets.

Level 2 – Valuation is derived from inputs, other than quoted prices included in Level 1, which are observable for the asset or liability either directly or indirectly. Investments classified as Level 2 are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. The significant inputs used in this approach include interest rates, prepayment timing, yield spreads, maturities, credit losses and credit ratings of the securities.

Level 3 – Valuation is derived from unobservable inputs that are not corroborated by market data.

Fair values of the common stocks and money market funds have been determined by the Plan from observable market quotations, when available. The fair value of the U.S. Government Securities is determined using pricing models maximizing the use of observable inputs for similar securities.

The following table presents the Plan’s fair value hierarchy for those assets measured at fair value on a recurring basis as of January 31:

| | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u> |
|----------------------------|---------------------|----------------|----------------|---------------------|
| <u>2025</u> | | | | |
| Money market funds | \$ 41,073 | \$ - | \$ - | \$ 41,073 |
| U.S. Government Securities | 1,853,237 | - | - | 1,853,237 |
| Common stock | <u>6,728,806</u> | - | - | <u>6,728,806</u> |
| Investments at fair value | <u>\$ 8,623,116</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 8,623,116</u> |
| <u>2024</u> | | | | |
| Money market funds | \$ 139,499 | \$ - | \$ - | \$ 139,499 |
| U.S. Government Securities | 1,717,663 | - | - | 1,717,663 |
| Common stock | <u>6,052,882</u> | - | - | <u>6,052,882</u> |
| Investments at fair value | <u>\$ 7,910,044</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 7,910,044</u> |

Farm King Supply, Inc. Profit Sharing Plan and Trust
NOTES TO FINANCIAL STATEMENTS
January 31, 2025 and 2024

NOTE D | TAX STATUS

The Plan is intended to be qualified under Section 401(a) and tax exempt under Section 501(a) of the Internal Revenue Code (IRC). The Plan is a volume submitter profit sharing plan. Effective June 1, 2021, the Plan was restated to adopt required plan changes. The restatement adopted the non-standardized defined contribution pre-approved plan with an opinion letter dated June 30, 2020, in which the Internal Revenue Service stated that the Plan was in compliance with the applicable requirements of the IRC. The Plan's administrator and the Plan's trustee believe that the Plan is designed, and is currently being operated, in compliance with applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE E | PLAN TERMINATION

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

NOTE F | BENEFITS PAYABLE

Benefits payable to persons who have withdrawn from the Plan total \$ 65,184 and \$ 267,137 at January 31, 2025 and 2024, respectively, are included in net assets available for benefits.

NOTE G | RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Farm King Supply, Inc. Profit Sharing Plan and Trust
NOTES TO FINANCIAL STATEMENTS
January 31, 2025 and 2024

NOTE H | RELATED-PARTY TRANSACTIONS

Plan investments are managed by Northeast Investment Management, Inc. Northeast Investment Management, Inc. is the custodian as defined by the Plan. These transactions qualify as party in interest. Fees paid by the Plan for trustee and custodial services were \$ 57,477 and \$ 53,362 for the years ended January 31, 2025 and 2024, respectively.

NOTE I | RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of January 31:

| | <u>2025</u> | <u>2024</u> |
|--|---------------------|---------------------|
| Net assets for benefits as presented in these financial statements | \$ 8,646,433 | \$ 7,931,487 |
| Adjustment of amounts allocated to withdrawing participants at year end | <u>(65,184)</u> | <u>(267,137)</u> |
| Net assets available for benefits as presented on Form 5500 | <u>\$ 8,581,249</u> | <u>\$ 7,664,350</u> |
| Net increase in net assets available for benefits as presented in these financial statements | \$ 714,946 | |
| Amounts allocated to withdrawing participants, beginning of year | 267,137 | |
| Amounts allocated to withdrawing participants, end of year | <u>(65,184)</u> | |
| Net increase in net assets available for benefits as presented on Form 5500 | <u>\$ 916,899</u> | |

Supplementary Information

Farm King Supply, Inc. Profit Sharing Plan and Trust
EIN 37-0798213
Plan #001
SCHEDULE H, LINE 4i | SCHEDULE OF ASSETS (HELD AT END OF YEAR)
January 31, 2025

| (a) | (b) | (c) | (d) | (e) |
|-------------------------------------|--|--|--------------|---------------|
| Party-in-Interest Identification | Identity of issue, borrower, lessor, or similar party | Description of investments including maturity date, rate of interest, collateral, par or maturity value | Cost | Current Value |
| | Money Market Funds | | | |
| | Dreyfus | Treasury Prime Cash Management | \$ 41,073 | \$ 41,073 |
| | U.S. Government Securities | | | |
| | U.S. Treasury Notes | 500,000 shares, due 10/15/2025 at 4.250% | 503,250 | 499,830 |
| | U.S. Treasury Notes | 300,000 shares, due 10/31/2029 at 4.000% | 301,308 | 295,206 |
| | U.S. Treasury Notes | 400,000 shares, due 7/15/2026 at 4.500% | 400,268 | 401,408 |
| | U.S. Treasury Notes | 400,000 shares, due 10/31/2028 at 4.875% | 408,339 | 407,408 |
| | U.S. Treasury Notes | 250,000 shares, due 2/15/2027 at 4.125% | 249,077 | 249,385 |
| | | | 1,862,242 | 1,853,237 |
| | Equity securities | | | |
| | ABB Ltd. | Common stock | 54,377 | 163,500 |
| | Accenture Plc | Common stock | 127,536 | 154,750 |
| | Alphabet Inc. - CL A | Common stock | 134,875 | 408,040 |
| | Amazon.Com Inc. | Common stock | 213,655 | 424,259 |
| | Apple Inc. | Common stock | 102,023 | 354,000 |
| | ASML Holding NV | Common stock | 70,573 | 184,827 |
| | Bank of America Corp. | Common stock | 67,673 | 138,900 |
| | Blackstone Group Inc. | Common stock | 66,371 | 247,954 |
| | Caterpillar Inc. | Common stock | 76,140 | 148,576 |
| | Chevron Corp. | Common stock | 75,843 | 67,135 |
| | Church & Dwight Co. Inc. | Common stock | 90,674 | 131,794 |
| | Costco Wholesale Corp | Common stock | 76,195 | 244,970 |
| | Danaher Corp. | Common stock | 63,017 | 109,588 |
| | Deere & Co. | Common stock | 82,199 | 106,749 |
| | Disney Walt Co. | Common stock | 118,983 | 131,263 |
| | Exxon Mobil Corp. | Common stock | 106,169 | 124,030 |
| | Intuitive Surgical Inc | Common stock | 76,085 | 114,376 |
| | JP Morgan Chase & Co. | Common stock | 74,620 | 213,840 |
| | Eli Lilly and Company | Common stock | 68,194 | 129,773 |
| | Lockheed Martin Corp. | Common stock | 74,470 | 92,590 |
| | Lowe's Cos Inc. | Common stock | 56,744 | 156,024 |
| | Mastercard Inc. - CL A | Common stock | 74,802 | 135,525 |
| | McDonalds Corp. | Common stock | 85,863 | 136,266 |
| | Meta Platforms Inc. | Common stock | 68,829 | 413,508 |
| | Microsoft Corp. | Common stock | 137,495 | 332,048 |
| | Nextera Energy Inc. | Common stock | 144,151 | 159,793 |
| | NVIDIA Corp. | Common stock | 21,501 | 390,228 |
| | Service Now Inc | Common stock | 90,841 | 117,114 |
| | Starbucks Corp. | Common stock | 89,757 | 128,247 |
| | Thermo Fisher Scientific Inc. | Common stock | 79,757 | 151,829 |
| | Uber Technologies Inc | Common stock | 73,789 | 63,508 |
| | Union Pac Corp. | Common stock | 59,473 | 99,116 |
| | United Rentals Inc. | Common stock | 87,104 | 189,515 |
| | Visa Inc. - CL A | Common stock | 103,485 | 205,080 |
| | Walmart Inc. | Common stock | 107,543 | 257,670 |
| | Waste Management, Inc. | Common stock | 75,186 | 102,421 |
| | | | 3,175,992 | 6,728,806 |
| | | Total investments | \$ 5,079,307 | \$ 8,623,116 |

Farm King Supply, Inc. Profit Sharing Plan and Trust
EIN 37-0798213
Plan #001
SCHEDULE H, LINE 4j | SCHEDULE OF REPORTABLE TRANSACTIONS
January 31, 2025

| (a) Identity Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value | (i) Net Gain |
|-----------------------------------|--------------------------------|--------------------------|-------------------------|-------------------------|-------------------------|-----------------|
| NVIDIA Corp. | Common Stock | \$ - | \$ 445,774 | \$ 31,983 | \$ - | \$ 413,791 |

* Transactions or a series of transactions exceeding 5% of the current value of plan assets.

| | | |
|---|--|---|
| 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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection |
|---|--|---|

| | |
|--|--|
| Part I Annual Report Identification Information | |
| For calendar plan year 2024 or fiscal plan year beginning <u>02/01/2024</u> and ending <u>01/31/2025</u> | |
| A This return/report is for: | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| B This return/report is: | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) |
| C If the plan is a collectively-bargained plan, check here. | <input type="checkbox"/> |
| D Check box if filing under: | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) |
| E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. | <input type="checkbox"/> |

| | | | | | | | | | | | |
|--|---|--|-----|--|--|--|--|---|--|--|--|
| Part II Basic Plan Information—enter all requested information | | | | | | | | | | | |
| 1a Name of plan THE RESTATED FARM KING SUPPLY, INC PROFIT SHARING PLAN AND TRUST | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/31/1969</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 37-0798213</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 309-837-9929</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 452300</td> </tr> </table> | 1b Three-digit plan number (PN) ▶ | 001 | 1c Effective date of plan 01/31/1969 | | 2b Employer Identification Number (EIN) 37-0798213 | | 2c Plan Sponsor's telephone number 309-837-9929 | | 2d Business code (see instructions) 452300 | |
| 1b Three-digit plan number (PN) ▶ | 001 | | | | | | | | | | |
| 1c Effective date of plan 01/31/1969 | | | | | | | | | | | |
| 2b Employer Identification Number (EIN) 37-0798213 | | | | | | | | | | | |
| 2c Plan Sponsor's telephone number 309-837-9929 | | | | | | | | | | | |
| 2d Business code (see instructions) 452300 | | | | | | | | | | | |
| 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) FARM KING SUPPLY, INC BRAD SEVERS 730 N BOWER ROAD MACOMB IL 61455 | | | | | | | | | | | |

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

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

| | | | |
|------------------|------------------------------------|-------------------------|---|
| SIGN HERE | Signature of plan administrator | <u>11/11/25</u> Date | BRAD SEVERS Enter name of individual signing as plan administrator |
| SIGN HERE | Signature of employer/plan sponsor | <u>11/11/25</u> Date | BRAD SEVERS Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | Signature of DFE | Date | Enter name of individual signing as DFE |

Farm King Supply, Inc. Profit Sharing Plan and Trust
EIN 37-0798213
Plan #001
SCHEDULE H, LINE 4j | SCHEDULE OF REPORTABLE TRANSACTIONS
January 31, 2025

| (a) Identity Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (g) Cost of Asset | (h) Current Value | (i) Net Gain |
|-----------------------------------|--------------------------------|--------------------------|-------------------------|-------------------------|-------------------------|-----------------|
| NVIDIA Corp. | Common Stock | \$ - | \$ 445,774 | \$ 31,983 | \$ - | \$ 413,791 |

* Transactions or a series of transactions exceeding 5% of the current value of plan assets.

Farm King Supply, Inc. Profit Sharing Plan and Trust
EIN 37-0798213
Plan #001
SCHEDULE H, LINE 4i | SCHEDULE OF ASSETS (HELD AT END OF YEAR)
January 31, 2025

| (a) | (b) | (c) | (d) | (e) |
|-------------------------------------|--|--|--------------|---------------|
| Party-in-Interest Identification | Identity of issue, borrower, lessor, or similar party | Description of investments including maturity date, rate of interest, collateral, par or maturity value | Cost | Current Value |
| | Money Market Funds | | | |
| | Dreyfus | Treasury Prime Cash Management | \$ 41,073 | \$ 41,073 |
| | U.S. Government Securities | | | |
| | U.S. Treasury Notes | 500,000 shares, due 10/15/2025 at 4.250% | 503,250 | 499,830 |
| | U.S. Treasury Notes | 300,000 shares, due 10/31/2029 at 4.000% | 301,308 | 295,206 |
| | U.S. Treasury Notes | 400,000 shares, due 7/15/2026 at 4.500% | 400,268 | 401,408 |
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| | | | 1,862,242 | 1,853,237 |
| | Equity securities | | | |
| | ABB Ltd. | Common stock | 54,377 | 163,500 |
| | Accenture Plc | Common stock | 127,536 | 154,750 |
| | Alphabet Inc. - CL A | Common stock | 134,875 | 408,040 |
| | Amazon.Com Inc. | Common stock | 213,655 | 424,259 |
| | Apple Inc. | Common stock | 102,023 | 354,000 |
| | ASML Holding NV | Common stock | 70,573 | 184,827 |
| | Bank of America Corp. | Common stock | 67,673 | 138,900 |
| | Blackstone Group Inc. | Common stock | 66,371 | 247,954 |
| | Caterpillar Inc. | Common stock | 76,140 | 148,576 |
| | Chevron Corp. | Common stock | 75,843 | 67,135 |
| | Church & Dwight Co. Inc. | Common stock | 90,674 | 131,794 |
| | Costco Wholesale Corp | Common stock | 76,195 | 244,970 |
| | Danaher Corp. | Common stock | 63,017 | 109,588 |
| | Deere & Co. | Common stock | 82,199 | 106,749 |
| | Disney Walt Co. | Common stock | 118,983 | 131,263 |
| | Exxon Mobil Corp. | Common stock | 106,169 | 124,030 |
| | Intuitive Surgical Inc | Common stock | 76,085 | 114,376 |
| | JP Morgan Chase & Co. | Common stock | 74,620 | 213,840 |
| | Eli Lilly and Company | Common stock | 68,194 | 129,773 |
| | Lockheed Martin Corp. | Common stock | 74,470 | 92,590 |
| | Lowe's Cos Inc. | Common stock | 56,744 | 156,024 |
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| | McDonalds Corp. | Common stock | 85,863 | 136,266 |
| | Meta Platforms Inc. | Common stock | 68,829 | 413,508 |
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| | Service Now Inc | Common stock | 90,841 | 117,114 |
| | Starbucks Corp. | Common stock | 89,757 | 128,247 |
| | Thermo Fisher Scientific Inc. | Common stock | 79,757 | 151,829 |
| | Uber Technologies Inc | Common stock | 73,789 | 63,508 |
| | Union Pac Corp. | Common stock | 59,473 | 99,116 |
| | United Rentals Inc. | Common stock | 87,104 | 189,515 |
| | Visa Inc. - CL A | Common stock | 103,485 | 205,080 |
| | Walmart Inc. | Common stock | 107,543 | 257,670 |
| | Waste Management, Inc. | Common stock | 75,186 | 102,421 |
| | | | 3,175,992 | 6,728,806 |
| | | Total investments | \$ 5,079,307 | \$ 8,623,116 |