

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
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: STRAUSS HEALTH & BENEFIT PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 02/01/1983
2a Plan sponsor's name (employer, if for a single-employer plan): MIDWEST POULTRY SERVICES, L.P.
2b Employer Identification Number (EIN): 35-1906283
2c Plan Sponsor's telephone number: 574-353-7651
2d Business code (see instructions): 311900

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

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	705
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)	704
	6a(2)	686
	6b	3
	6c	0
	6d	689
	6e	
	6f	
	6g(1)	
6g(2)		
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:
4A 4B 4F 4Q 4H

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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 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 checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>3</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 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 **03/01/2024** and ending **02/28/2025**

A Name of plan STRAUSS HEALTH & BENEFIT PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 MIDWEST POULTRY SERVICES, L.P.		D Employer Identification Number (EIN) 35-1906283

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
HCC 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	(g) To
35-1817054	92711	MULTIPLE	439	03/01/2024	02/28/2025

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 3368	(b) Total amount of fees paid 0
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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
APEX BENEFITS GROUP INC. 94000 PRIORITY WAY WEST DRIVE INDIANAPOLIS, IN 46240

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3368			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
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(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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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) **▶ ORGAN TRANSPLANT**

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)	0
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)		
	(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)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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		67362
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. ▶

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

<p>A Name of plan STRAUSS HEALTH & BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 MIDWEST POULTRY SERVICES, L.P.</p>	<p>D Employer Identification Number (EIN) 35-1906283</p>	

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
LINCOLN FINANCIAL GROUP

(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
35-0472300	65676	MULTIPLE	1013	03/01/2024	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 3837	(b) Total amount of fees paid 6843
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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
APEX BENEFITS GROUP INC. 9400 PRIORITY WAY WEST DRIVE INDIANAPOLIS, IN 46240

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3837	4587	FEES	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
STEELE BENEFIT SERVICES 9020 CRAWFORDSVILLE ROAD INDIANAPOLIS, IN 46234

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	2256	FEES	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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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, VOLUNTARY LIFE**

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)	0
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)		
	(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)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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		45115
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. ▶

<p>SCHEDULE A (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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

<p>A Name of plan STRAUSS HEALTH & BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 MIDWEST POULTRY SERVICES, L.P.</p>	<p>D Employer Identification Number (EIN) 35-1906283</p>	

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
COMPANION 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	(g) To
57-0523959	77828	CL-5264	439	03/01/2024	02/28/2025

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.

<p>(a) Total amount of commissions paid 45116</p>	<p>(b) Total amount of fees paid 0</p>
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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
APEX BENEFITS GROUP, INC. 94000 PRIORITY WAY WEST DRIVE INDIANAPOLIS, IN 46240

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
45116			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

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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)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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) ▶ **MEDICAL**

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)	0
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)		
(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)	0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	902315
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) <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.
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

A Name of plan STRAUSS HEALTH & BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 MIDWEST POULTRY SERVICES, L.P.	D Employer Identification Number (EIN) 35-1906283	

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)

PROFESSIONAL BENEFIT ADMINISTRATORS

38-3668782

(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?
50 12	CLAIMS PROCESSOR	390116	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

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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) <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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025	
A Name of plan STRAUSS HEALTH & BENEFIT PLAN	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 MIDWEST POULTRY SERVICES, L.P.	D Employer Identification Number (EIN) 35-1906283

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 0	24091
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 0	0
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 182383	364894
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 2258433	2060109
(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)	

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	2440816	2449094
Liabilities			
g Benefit claims payable.....	1g	540272	616817
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	63542	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	603814	616817
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1837002	1832277

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)	4255174	
(B) Participants.....	2a(1)(B)	1108621	
(C) Others (including rollovers).....	2a(1)(C)	8498	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5372293
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	100528	
(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)		100528
(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)		
(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)		

		(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		5472821

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	901904	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		901904
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)	4185526	
(2) Contract administrator fees	2i(2)	390116	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(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)		4575642
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5477546

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-4725
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: **KATZ, SAPPER & MILLER**

(2) EIN: **35-1090346**

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.)			
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 _____.

STRAUSS HEALTH & BENEFIT PLAN

FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

February 28, 2025 and February 29, 2024



Katz, Sapper & Miller, LLP
Certified Public Accountants

STRAUSS HEALTH & BENEFIT PLAN

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Independent Auditor's Report

To the Plan Administrator
Strauss Health & Benefit Plan

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

We have audited the accompanying financial statements of Strauss Health & Benefit Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of February 28, 2025 and February 29, 2024, and the related statement of changes in net assets available for benefits for the year ended February 28, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Strauss Health & Benefit Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of February 28, 2025 and February 29, 2024, and for the year ended February 28, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Strauss Health & Benefit 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Strauss Health & Benefit 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 Strauss Health & Benefit Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of February 28, 2025, and schedule of reportable transactions for the year ended February 28, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Katz, Sapper & Miller, LLP

Indianapolis, Indiana
December 12, 2025

STRAUSS HEALTH & BENEFIT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
February 28, 2025 and February 29, 2024

	2025	2024
ASSETS		
Cash, noninterest-bearing	\$ 24,091	
Investments at fair value	2,060,109	\$ 2,258,433
Reinsurance and other receivables, net	364,894	182,383
Total Assets	2,449,094	2,440,816
LIABILITIES		
Checks written in excess of bank balance		63,542
Claims incurred but not reported	616,817	540,272
Total Liabilities	616,817	603,814
NET ASSETS AVAILABLE FOR BENEFITS	\$ 1,832,277	\$ 1,837,002

See accompanying notes.

STRAUSS HEALTH & BENEFIT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS Year Ended February 28, 2025

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Interest and dividends	<u>\$ 100,528</u>
Contributions:	
Employer	4,255,174
Participant	1,108,621
COBRA	8,498
Total Contributions	<u>5,372,293</u>
Total Additions	<u>5,472,821</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Health and welfare and short-term disability claims paid, net	4,108,981
Insurance premiums	901,904
Administrative expenses	390,116
Total Deductions	<u>5,401,001</u>

NET INCREASE

71,820

NET DECREASE ATTRIBUTABLE TO CHANGE IN CLAIMS INCURRED BUT NOT REPORTED

(76,545)

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of Year	<u>1,837,002</u>
End of Year	<u><u>\$ 1,832,277</u></u>

See accompanying notes.

STRAUSS HEALTH & BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS February 28, 2025 and February 29, 2024

NOTE 1 - DESCRIPTION OF PLAN

The following description of Strauss Health & Benefit Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General: The Plan was organized effective February 1, 1983, as a defined contribution retirement savings plan covering all eligible employees of Midwest Poultry Services, L.P. d/b/a MPS Egg Farms and Strauss Dairy Ingredients, Inc. (the Employer) who are employed on a regular basis, work at least 30 hours per week, and have at least satisfied an initial eligibility period of 60 days, and their covered dependents. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participants are not vested in Plan benefits. The Trustees may increase, decrease, add or eliminate benefits at any time subject to ERISA and the Plan's binding legal agreements or contracts.

Contributions: Participants make contributions to the Plan based on monthly premiums for benefits they have elected. The Employer is required to make contributions to provide the Plan with sufficient funds to pay all health and other benefits payable under the Plan, and the expenses of administering the Plan. Participant contributions are primarily made through payroll deductions.

Benefits: The Plan provides health benefits (medical and prescription drug), individual short-term disability, group long-term disability, term life insurance, and AD&D insurance to eligible employees of the Employer and their beneficiaries and covered dependents.

Medical, prescription drug, and short-term disability benefits are self-insured. All other benefits are fully insured.

The Plan also provides continuation of certain benefits upon termination of employment or loss of coverage through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

The Plan's participants and their dependents and beneficiaries are protected from catastrophic medical claims through the Plan's purchase of a stop-loss insurance policy, which covers claims in excess of specified amounts on an annual individual basis and on an annual aggregate basis.

Cash Accounts: The Plan's cash is maintained in bank deposit accounts which, at times, may exceed federally insured limits. The Plan has not experienced any losses related to these accounts.

Reinsurance and Other Receivables: The Plan has a stop-loss insurance contract with an insurer (see Note 8). The Plan's balance of reinsurance receivables represents reimbursements due to the Plan from the insurer for claims paid for by the Plan in excess of the stop-loss insurance contract amounts. Other receivables represent prescription drug rebates due to the Plan from its prescription claims processor.

Plan Termination: Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, the Trustee is required to compute the value of the trust and will retain, distribute or transfer any residual assets as directed by the Plan Administrator. No part of the corpus or income can be used for the benefit of the Employer.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Estimates: The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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. The Plan's management determines the Plan's valuation policies utilizing information provided by the Plan's custodian. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits: Health and prescription drug claims submitted for participants and their dependents and beneficiaries are processed by Professional Benefit Administrators, Inc. (PBA); however, the responsibility for payments to participants and providers is retained by the Plan.

Benefits are recorded when paid.

Refunds and Reimbursements: Claims paid are recorded in the statements of changes in net assets available for benefits net of refunds, stop-loss reimbursement and subrogation reimbursements.

Claims Incurred but Not Reported at February 28, 2025 and February 29, 2024 are computed at the present value of estimates based on the Plan's experience. See Note 5. Generally, claims are reported to and paid by the Plan within one year after incurred dates.

Expenses: Administrative expenses for maintaining the Plan are paid by the Employer or by the Plan, at the discretion of the Employer. Significant administrative expenses for maintaining the Plan are paid by the Employer.

Tax Status: The trust utilized to hold the Plan's net assets is a grantor trust established under the applicable requirements of the Internal Revenue Code (IRC). The Employer is responsible for income taxes on investment income. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and to 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 or other taxing authorities.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in process.

Subsequent Events: The Plan Administrator has evaluated the financial statements for subsequent events occurring through December 12, 2025, the date the financial statements were available to be issued. See Note 10.

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan has categorized its assets and liabilities that are measured at fair value into a three-level fair value hierarchy. The hierarchy 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 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.

The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; 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 the fair value measurement. In situations where there is little or no market activity for the asset or liability, the Plan makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

Following is a description of the valuation methodology used by the Plan for assets that are measured at fair value on a recurring basis. There have been no changes in the methodology used at February 28, 2025 and February 29, 2024.

Money Market Fund Shares: Valued at the daily closing price as reported by the fund. This fund is required to publish its daily net asset value (NAV) and to transact at that price. This fund held by the Plan is deemed to be actively traded.

Following is a summary, within each level of the fair value hierarchy, of the Plan’s assets that are measured at fair value on a recurring basis as of February 28, 2025 and February 29, 2024:

2025	Level 1	Total
Money market fund shares	<u>\$2,060,109</u>	<u>\$2,060,109</u>
Total Investments at Fair Value	<u>\$2,060,109</u>	<u>\$2,060,109</u>
2024		
Money market fund shares	<u>\$2,258,433</u>	<u>\$2,258,433</u>
Total Investments at Fair Value	<u>\$2,258,433</u>	<u>\$2,258,433</u>

NOTE 4 - INFORMATION CERTIFIED BY THE PLAN’S CUSTODIAN

All information related to investments held at February 28, 2025 and February 29, 2024, and interest and dividends for the year ended February 28, 2025, disclosed in the accompanying financial statements and supplemental schedules was obtained by the Plan’s management and agreed to or derived from information certified as complete and accurate by Lake City Bank Wealth Advisory Group, the Plan’s custodian in accordance with Section 2520.103-5 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

NOTE 4 - INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN (CONTINUED)

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

NOTE 5 - CLAIMS INCURRED BUT NOT REPORTED

Plan obligations for claims incurred but not reported for self-insured benefits are estimated to be \$616,817 and \$540,272 at February 28, 2025 and February 29, 2024, respectively. The liability for claims incurred but not reported for self-insured benefits is estimated based on historical claims development. Considerable variability is inherent in such estimates. However, management believes that the liability for claims incurred but not reported is adequate. The estimate is continually reviewed and updated as experience develops or new information becomes known; such adjustments are reflected in current operations.

NOTE 6 - PLAN AMENDMENTS

Effective June 1, 2024, the Plan Agreement was amended to (1) change the benefits of weekly disability income benefits and (2) modify hospital outpatient services.

In addition, the Plan's Summary Plan Description and insurance contracts are updated annually to reflect changes in the tax laws and the schedule of benefits, including co-pays, deductibles, out-of-pocket expenses and covered services.

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

PBA is the Plan's third-party administrator for the self-funded health and prescription drug claims processing and also has a co-fiduciary arrangement for claim reviews and audit services. Total fees paid to PBA by the Plan were \$388,116 for the year ended February 28, 2025.

The Reliance Standard Life Insurance Company provides insurance policies for long-term disability, life insurance and AD&D benefits and receives insurance premiums from the Plan. Prior to June 2024, these policies were provided by Lincoln Financial Group. Companion Life Insurance Company provides the insurance policy for specific and aggregate stop-loss coverage. HCC Life Insurance Company provides the insurance policy for organ transplant coverage. Both providers receive insurance premiums from the Plan. The Employer pays for these premiums at no cost to the participants of the Plan.

The Employer provides certain accounting, administrative, and investment management services to the Plan for which it receives no compensation.

NOTE 8 - STOP-LOSS INSURANCE CONTRACT

Under a contract with an insurer, self-funded health and prescription drug claims for participants and their dependents in excess of \$125,000 per participant on an annual basis and aggregate annual claims up to \$1,000,000 (after the attachment point, as defined, of approximately \$4,914,000 is reached) are reimbursed to the Plan by the insurer. Total reinsurance receivable at February 28, 2025 and February 29, 2024 were \$343,190 and \$74,262, respectively.

NOTE 9 - RISKS AND UNCERTAINTIES

Provisions included in the Patient Protection and Affordable Care Act and the Health Care and Education Affordability Reconciliation Act impact the Plan by requiring changes in health care design, funding and pricing structure. The legislation includes insurance reforms, requirements to provide essential health benefits, extension of dependent coverage until 26 years of age and elimination of lifetime limits and restriction of annual limits. The Plan's management continues to assess the impact that compliance with this health reform legislation has on the Plan's operations.

The Plan Trustees may change the benefits and provisions of the Plan to increase, reduce or eliminate any or all of the benefits, as the Plan's participants are not vested in the Plan's benefits.

NOTE 10 - SUBSEQUENT EVENT

Effective September 1, 2025, the Plan Agreement was amended to modify the copayment amounts for eligible prescriptions obtained from retail network pharmacies.

SUPPLEMENTAL SCHEDULES

STRAUSS HEALTH & BENEFIT PLAN

EIN 35-1906283 PN 501

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
February 28, 2025**

(a)	(b) and (c)	Number of Shares/Units	(d)	(e) Current Value
Identity of Issue / Description of Investment			Cost	
MONEY MARKET FUND SHARES				
Goldman Sachs FS Government Fund #465		2,060,109	<u>\$ 2,060,109</u>	<u>\$ 2,060,109</u>

STRAUSS HEALTH & BENEFIT PLAN

EIN 35-1906283 PN 501

SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended February 28, 2025

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)	
Identity of Party Involved	Description of Asset	Description of Transaction	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
CATEGORY (i)-SINGLE TRANSACTIONS IN EXCESS OF 5%								
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		\$ 146,519		\$ 146,519	\$ 146,519	
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchase	\$ 343,717			343,717	343,717	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		200,742		200,742	200,742	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		148,552		148,552	148,552	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		172,478		172,478	172,478	
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchase	356,296			356,296	356,296	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		97,679		97,679	97,679	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		105,303		105,303	105,303	
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchase	326,486			326,486	326,486	
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchase	328,830			328,830	328,830	
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchase	92,441			92,441	92,441	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		178,605		178,605	178,605	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		111,422		111,422	111,422	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		122,086		122,086	122,086	

STRAUSS HEALTH & BENEFIT PLAN

EIN 35-1906283 PN 501

SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)
Year Ended February 28, 2025

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)	
Identity of Party Involved	Description of Asset	Description of Transaction	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
CATEGORY (i)-SINGLE TRANSACTIONS IN EXCESS OF 5% (CONTINUED)								
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		\$ 120,704		\$ 120,704	\$ 120,704	
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchase	\$ 286,141			286,141	286,141	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		109,596		109,596	109,596	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		114,429		114,429	114,429	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		130,079		130,079	130,079	
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchase	344,390			344,390	344,390	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		114,335		114,335	114,335	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		160,954		160,954	160,954	
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchase	343,726			343,726	343,726	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		111,744		111,744	111,744	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		110,192		110,192	110,192	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		112,836		112,836	112,836	
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchase	207,914			207,914	207,914	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		133,669		133,669	133,669	

STRAUSS HEALTH & BENEFIT PLAN

EIN 35-1906283 PN 501

SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)
Year Ended February 28, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Description of Transaction	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
CATEGORY (i)-SINGLE TRANSACTIONS IN EXCESS OF 5% (CONTINUED)								
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		\$ 135,945		\$ 135,945	\$ 135,945	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		136,280		136,280	136,280	
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchase	\$ 804,081			804,081	804,081	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		119,512		119,512	119,512	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		437,264		437,264	437,264	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		106,260		106,260	106,260	
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchase	495,751			495,751	495,751	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		99,508		99,508	99,508	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		263,612		263,612	263,612	
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchase	426,459			426,459	426,459	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		205,583		205,583	205,583	
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchase	344,795			344,795	344,795	

STRAUSS HEALTH & BENEFIT PLAN

EIN 35-1906283 PN 501

SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)
 Year Ended February 28, 2025

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)	
Identity of Party Involved	Description of Asset	Description of Transaction	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
CATEGORY (iii)-SERIES OF TRANSACTIONS IN EXCESS OF 5%								
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchases (57) Sales (109)	\$ 5,779,508	\$ 5,977,832		\$ 5,779,508 5,977,832	\$ 5,779,508 5,977,832	

STRAUSS HEALTH & BENEFIT PLAN

EIN 35-1906283 PN 501

SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended February 28, 2025

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)	
Identity of Party Involved	Description of Asset	Description of Transaction	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
CATEGORY (i)-SINGLE TRANSACTIONS IN EXCESS OF 5%								
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		\$ 146,519		\$ 146,519	\$ 146,519	
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchase	\$ 343,717			343,717	343,717	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		200,742		200,742	200,742	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		148,552		148,552	148,552	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		172,478		172,478	172,478	
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchase	356,296			356,296	356,296	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		97,679		97,679	97,679	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		105,303		105,303	105,303	
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchase	326,486			326,486	326,486	
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchase	328,830			328,830	328,830	
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchase	92,441			92,441	92,441	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		178,605		178,605	178,605	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		111,422		111,422	111,422	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		122,086		122,086	122,086	

STRAUSS HEALTH & BENEFIT PLAN

EIN 35-1906283 PN 501

SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)
Year Ended February 28, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Description of Transaction	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
CATEGORY (i)-SINGLE TRANSACTIONS IN EXCESS OF 5% (CONTINUED)								
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		\$ 120,704		\$ 120,704	\$ 120,704	
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchase	\$ 286,141			286,141	286,141	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		109,596		109,596	109,596	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		114,429		114,429	114,429	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		130,079		130,079	130,079	
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchase	344,390			344,390	344,390	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		114,335		114,335	114,335	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		160,954		160,954	160,954	
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchase	343,726			343,726	343,726	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		111,744		111,744	111,744	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		110,192		110,192	110,192	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		112,836		112,836	112,836	
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchase	207,914			207,914	207,914	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		133,669		133,669	133,669	

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SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)
 Year Ended February 28, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Description of Transaction	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
CATEGORY (i)-SINGLE TRANSACTIONS IN EXCESS OF 5% (CONTINUED)								
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		\$ 135,945		\$ 135,945	\$ 135,945	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		136,280		136,280	136,280	
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchase	\$ 804,081			804,081	804,081	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		119,512		119,512	119,512	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		437,264		437,264	437,264	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		106,260		106,260	106,260	
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchase	495,751			495,751	495,751	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		99,508		99,508	99,508	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		263,612		263,612	263,612	
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchase	426,459			426,459	426,459	
Goldman Sachs FS Government Fund #465	Money market fund shares	Sale		205,583		205,583	205,583	
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchase	344,795			344,795	344,795	

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SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)
 Year Ended February 28, 2025

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)	
Identity of Party Involved	Description of Asset	Description of Transaction	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
CATEGORY (iii)-SERIES OF TRANSACTIONS IN EXCESS OF 5%								
Goldman Sachs FS Government Fund #465	Money market fund shares	Purchases (57) Sales (109)	\$ 5,779,508	\$ 5,977,832		\$ 5,779,508 5,977,832	\$ 5,779,508 5,977,832	

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**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
February 28, 2025**

(a)	(b) and (c)	Number of Shares/Units	(d)	(e) Current Value
Identity of Issue / Description of Investment			Cost	
MONEY MARKET FUND SHARES				
Goldman Sachs FS Government Fund #465		2,060,109	<u>\$ 2,060,109</u>	<u>\$ 2,060,109</u>