

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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 style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">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 04/01/2024 and ending 03/31/2025

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 NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>020</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>STATELINE COOPERATIVE</u></p> <p><u>PO BOX 67</u> <u>BURT, IA 50522</u></p>	<p>1c Effective date of plan <u>04/01/1987</u></p> <p>2b Employer Identification Number (EIN) <u>42-1023410</u></p> <p>2c Plan Sponsor's telephone number <u>515-924-3555</u></p> <p>2d Business code (see instructions) <u>115110</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.	01/14/2026	KELLY HAYERTZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/14/2026	RENEE PALS
	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 type="checkbox"/> Same as Plan Sponsor ASSOCIATED BENEFITS CORPORATION 1415 28TH STREET, SUITE 100 WEST DES MOINES, IA 50266-1450	3b Administrator's EIN 42-1279416 3c Administrator's telephone number 515-226-0303
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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
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5 Total number of participants at the beginning of the plan year	5	278
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	65
a(2) Total number of active participants at the end of the plan year	6a(2)	58
b Retired or separated participants receiving benefits.....	6b	112
c Other retired or separated participants entitled to future benefits	6c	77
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	247
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	24
f Total. Add lines 6d and 6e	6f	271
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A

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

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

a Pension Schedules

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

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

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

(4) **DCG** (Individual Plan Information) – Number Attached _____

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

b General Schedules

(1) **H** (Financial Information)

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

(3) **A** (Insurance Information) – Number Attached _____

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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 04/01/2024 and ending 03/31/2025

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES</u>	B Three-digit plan number (PN) ▶	<u>020</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>STATELINE COOPERATIVE</u>	D Employer Identification Number (EIN) <u>42-1023410</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>04</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>24600987</u>	
b Actuarial value	2b	<u>24781838</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>130</u>	<u>11380277</u>	<u>11380277</u>
b For terminated vested participants	<u>83</u>	<u>2075470</u>	<u>2075470</u>
c For active participants	<u>65</u>	<u>7535347</u>	<u>7667357</u>
d Total	<u>278</u>	<u>20991094</u>	<u>21123104</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.34 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>856026</u>	
b Expected plan-related expenses	6b	<u>62620</u>	
c Target normal cost	6c	<u>918646</u>	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	<u>12/04/2025</u> Date
	<u>MARK A HENDRICKS</u> Type or print name of actuary	<u>23-05452</u> Most recent enrollment number
	<u>MERCER</u> Firm name	<u>816-556-4800</u> Telephone number (including area code)
	<u>2405 GRAND BLVD, SUITE 900</u> <u>KANSAS CITY, MO 64108</u> Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	3961747
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	3961747
10	Interest on line 9 using prior year's actual return of <u>11.23</u> %	0	444904
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.30</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	747917
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3658734

Part III Funding Percentages			
14	Funding target attainment percentage	14	100.00 %
15	Adjusted funding target attainment percentage	15	117.32 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	104.06 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	918646	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	918646	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	918646		918646
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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 **04/01/2024** and ending **03/31/2025**

A Name of plan THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	B Three-digit plan number (PN) ▶	020
C Plan sponsor's name as shown on line 2a of Form 5500 STATELINE COOPERATIVE	D Employer Identification Number (EIN) 42-1023410	

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

INVESCO CAPITAL MANAGEMENT, LLC	3500 LACEY ROAD, SUITE 700 DOWNERS GROVE, IL 60515
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY INVESTMENTS	245 SUMMER STREET BOSTON, MA 02210
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO FUNDS	PO BOX 55060 BOSTON, MA 02205-5060
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ALPS CORE COMMODITY MANAGEMENT, LLC	PO BOX 44386 DENVER, CO 80203
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN FUNDS SERVICE CO.

PO BOX 6007
INDIANAPOLIS, IN 46206-6007

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

METWEST FUNDS

865 SOUTH FIGUEROA STREET
SUITE 1800
LOS ANGELES, CA 90017

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

SEI TRUST COMPANY

06-1271230

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

OPPENHEIMER FUNDS SERVICES

PO BOX 5270
DENVER, CO 80217-5270

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

ALLSPRING GLOBAL INVESTMENTS, LLC

95-3692822

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

ALLIANCE BERNSTEIN

13-4064930

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

GOLDMAN SACHS

13-3575636

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

INVESCO

58-1707262

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

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

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

T. ROWE PRICE ASSOCIATES INC

52-0556948

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

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

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

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

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

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

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

PRINCIPAL FINANCIAL GROUP

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 24 27 28 50	NONE	22308	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)

MERCER

13-2934414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	7883	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

A Name of plan <u>THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES</u>	B Three-digit plan number (PN)	<u>020</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>STATELINE COOPERATIVE</u>	D Employer Identification Number (EIN) <u>42-1023410</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL/TRP INST LCG MGD CIT F</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>45-6648614-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>670609</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL/BLACKROCK S&P 500 INDEX</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>94-3224211-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2231370</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL/MFS VALUE CIT F</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>45-6648640-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1485818</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL/BLACKROCK S&P MC INDX CIT</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>52-2265235-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1319394</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PFG/MULTI-MANAGER SMALL CAP CIT N</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>45-6648658-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>755061</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL/BLACKROCK INTL EQTY INDEX</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>52-2265229-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>969180</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALLSPRING CORE BOND CIT N</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>94-3222878-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3241402</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: PFG/FEDERATED TOTAL RETURN BOND CIT

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 46-6584317-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3325102
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a Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING ST INVESTMENT FUND S1

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 41-6292499-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 166247
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL/AB LARGE CAP GROWTH CIT

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 92-1443848-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 701211
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

A Name of plan THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES		B Three-digit plan number (PN) ▶	020
C Plan sponsor's name as shown on line 2a of Form 5500 STATELINE COOPERATIVE		D Employer Identification Number (EIN) 42-1023410	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	16651	16335
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	15030572	14765394
(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)	9570029	9812191
(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	24617252	24593920
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	9846	14250
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	16265	15865
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	26111	30115
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	24591141	24563805

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)		
(C) Corporate debt instruments.....	2b(1)(C)	44	
(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)		44
(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)	377813	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(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)		727372
(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)		210686
c Other income	2c		734
d Total income. Add all income amounts in column (b) and enter total	2d		1316649

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1285118	
(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)		1285118
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)	22308	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	7883	
(8) Legal fees	2i(8)	598	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	28078	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		58867
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1343985

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-27336
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: MERIWETHER, WILSON AND CO., PLLC

(2) EIN: 42-0731256

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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 565589.

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.
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

A Name of plan <u>THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES</u>	B Three-digit plan number (PN)	<u>020</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STATELINE COOPERATIVE</u>	D Employer Identification Number (EIN) <u>42-1023410</u>	

Part I	Distributions
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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
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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): 42-0127290

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	0
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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.)
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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
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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.
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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 _____.

The Restated Noncontributory Retirement Plan for Cooperatives

Administered by Associated Benefits Corporation
(Participating Employer – StateLine Cooperative, Group 190)
Employer Identification Number: 42-1023410
Plan Number: 020

Financial Statements as of and for the Years Ended
March 31, 2025 and 2024, Supplemental Schedules
as of March 31, 2025, and Independent Auditors' Report

THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES

Administered by Associated Benefits Corporation
(Participating Employer – StateLine Cooperative, Group 190)

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Associated Benefits Corporation
Plan Administrator for The Restated Noncontributory
Retirement Plan for Cooperatives and Participants
(Participating Employer – StateLine Cooperative, Group 190)

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

We have performed the audits of the financial statements of The Restated Noncontributory Retirement Plan for Cooperatives (Participating Employer – StateLine Cooperative, Group 190), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of March 31, 2025 and 2024, the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of The Restated Noncontributory Retirement Plan for Cooperatives (Participating Employer – StateLine Cooperative, Group 190)'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 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.

Management has obtained a certification from a qualified institution as of March 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 5 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified 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 (GAAS). 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 The Restated Noncontributory Retirement Plan for Cooperatives (Participating Employer – StateLine Cooperative, Group 190) and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about The Restated Noncontributory Retirement Plan for Cooperatives (Participating Employer – StateLine Cooperative, Group 190)'s ability to continue as a going concern for one year after the date of the financial statements are available for issuance.

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 of the Financial Statements 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of The Restated Noncontributory Retirement Plan for Cooperatives (Participating Employer – StateLine Cooperative, Group 190)'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 Restated Noncontributory Retirement Plan for Cooperatives (Participating Employer – StateLine Cooperative, Group 190)'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.

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedule of assets held for investment at March 31, 2025, and the schedule of reportable transactions for the year ended March 31, 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 GAAS. 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 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).

MERIWETHER, WILSON AND COMPANY, PLLC

MERIWETHER, WILSON AND COMPANY, PLLC
Certified Public Accountants

December 17, 2025
West Des Moines, Iowa

THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
Administered By Associated Benefits Corporation
(Participating Employer – StateLine Cooperative, Group 190)

Statements of Net Assets Available for Benefits

As of March 31,

	2025	2024
Assets		
Investments at Fair Value		
Cash - Interest Bearing	\$ 166,247	178,566
Common and Collective Trusts	14,599,147	14,852,006
Mutual Funds	9,812,191	9,570,029
Total Investments at Fair Value	24,577,585	24,600,601
Receivables		
Investment Income Receivable	16,335	16,651
Total Receivables	16,335	16,651
Total Assets	24,593,920	24,617,252
Liabilities		
Current Liabilities		
Unsettled Trades	15,865	16,265
Accrued Expenses	14,250	9,846
Total Liabilities	30,115	26,111
Net Assets Available for Benefits	\$ 24,563,805	24,591,141

The accompanying notes are an integral part of these financial statements.

THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
Administered By Associated Benefits Corporation
(Participating Employer – StateLine Cooperative, Group 190)

Statements of Changes in Net Assets Available for Benefits

For the Years Ended March 31,

	2025	2024
Investment Income		
Net Appreciation in Fair Value of Investments	\$ 927,093	2,144,531
Interest Income	6,757	5,857
Dividend Income	377,414	356,511
Other Income	5,385	4,975
Total Investment Income	1,316,649	2,511,874
Assets Transferred In	--	19,190
Total Additions	1,316,649	2,531,064
Benefits Paid to Participants	1,285,118	1,141,983
Administrative Expenses	58,867	59,045
Total Deductions	1,343,985	1,201,028
Net (Decrease) Increase	(27,336)	1,330,036
 Net Assets Available for Benefits:		
Beginning of Year	24,591,141	23,261,105
End of Year	\$ 24,563,805	24,591,141

The accompanying notes are an integral part of these financial statements.

THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
Administered by Associated Benefits Corporation
(Participating Employer – StateLine Cooperative, Group 190)

Notes to Financial Statements

As of and for the Years Ended March 31, 2025 and 2024

1. **Description of the Plan**

The following description of The Restated Noncontributory Retirement Plan for Cooperatives (Participating Employer – StateLine Cooperative, Group 190) (“Plan”) is provided for general informational purposes only. Participants should refer to the Plan document for more complete information.

General – The Plan is a noncontributory defined benefit plan administered by Associated Benefits Corporation (“Plan Administrator”) that covers substantially all full-time employees of StateLine Cooperative. Employees who work 1,000 hours or more per year are eligible on the first day of the first or the seventh month of the Plan year following the attainment of age 21 and 4 months of service. As of September 1, 2016, the Plan was frozen to new entrants. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Funding Policy – Contributions to provide benefits under the Plan are made solely by the participating employer. The participating employer’s funding policy is to make cash contributions to the Plan in amounts as determined by the Plan’s independent actuary. The participating employer met the minimum funding requirements of ERISA for the years ended March 31, 2025 and 2024. For financial statement purposes, all employer contributions made to meet the minimum funding requirements of ERISA are considered attributable to the current Plan year and are accrued in the financial statements if not paid by year end. For PBGC funding purposes, all employer contributions made to the Plan prior to the filing of the Form 5500 are considered attributable to the previous year.

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.

Pension Benefits – Participants can retire with their full pension on the first day of the month coincident with or immediately following the earlier of their 65th birthday (normal retirement), attainment of age 62 with at least five years of service, or upon satisfying the Rule of 85 by reaching a combined total of age and years of service of 85 total years.

The monthly pension benefit under the Plan is equal to 1.1 percent of average monthly earnings, as defined, multiplied by years of credited service. The normal form is a pension payable for the participant’s lifetime. However, an actuarially reduced joint and 50 percent survivorship basis with 120 guaranteed monthly payments is the automatic form for married participants unless both the participant and spouse elect another form.

The computations of the actuarial present value of accumulated Plan benefits were made as of April 1, 2024 and 2023. Had the valuations been prepared as of March 31, 2024 and 2023, there would be no material differences.

Participants become 100 percent vested in employer contributions and earnings thereon after completion of five years of service.

2. **Summary of Significant Accounting Policies**

Basis of Accounting – The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates – The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Contributions – Contributions are accounted for in the year for which they apply.

Investment Valuation and Income Recognition – Investments are stated at fair value. Fair value of a financial instrument is the amount 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 6 for description of valuation methods.

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits – Benefit payments to participants are recorded upon distribution.

Administrative Expenses – Administrative expenses consisting of trustee fees, investment management fees, actuarial fees, and payments to the Pension Benefit Guarantee Corporation (PBGC) are paid from Plan assets. Other administrative expenses, including expenses of the Plan administrator, are paid by the participating employer. Trustee fees and investment management fees are deducted from investment income or loss.

Reclassifications – Certain reclassifications to the 2024 financial statements may have been made to conform to the 2025 presentation.

3. **Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the employees' compensation and services employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries and (2) present employees or their beneficiaries. Benefits payable as a result of retirement, death, disability, or termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by independent actuaries. The amount results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The more significant actuarial assumptions used in the valuations as of April 1, 2024, was as follows:

Interest Rate	6.4% - 6.6% per annum
Mortality	Pri-2012 sex distinct, no-collar, separate employee and retiree table(s) with contingent survivor adjustments for existing survivors and generational mortality improvement based on the MP2021 improvement scale
Turnover	Based on selected rates of turnover for the first four years of service and on termination rates from Table T-5 of the Actuary's Pension Handbook
Spouse's benefit	80% of employees are assumed to be married with male spouses 2 years older
Salaries	Will increase according to age-related table ranging from 6.2% down to 2.7%
Expenses	Investment related expenses and administration expenses will be paid from investment income in excess of assumed rates of return

In addition, eligible employees will retire according to the following schedule – employees eligible for the special rule of 85 benefit are assumed to retire according to the select rates shown below for the first year after becoming eligible. The ultimate rates apply to rule of 85 retirements after the first year since becoming eligible and regular retirements. The first year rates will not start before age 55 even if the rule of 85 applies earlier, nor will they ever fall below the ultimate rate for that age.

As of April 1, 2024, the rates of retirement assumed were as follows:

	<u>As determined on April 1, 2024</u>
<u>Age</u>	<u>Ultimate</u>
55	6 %
56	5
57	5
58	5
59	5
60	6
61	6
62	15
63	15
64	15
65	40
66	40
67	35
68	35
69	35
70 and over	100

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

The actuarial present value of accumulated Plan benefits, using the aggregate cost method, is determined as follows on April 1, 2024:

Vested:	
Active Participants	\$ 6,776,600
Beneficiaries and Retirees	10,561,380
Other Participants (Including Participants Active at Other Groups)	<u>1,814,608</u>
	19,152,588
Nonvested Active Participants	<u>126,331</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 19,278,919</u>

The changes in the actuarial present value of the Plan's accumulated benefits from April 1, 2023 to April 1, 2024, are as follows:

Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ 18,438,134
Increase (Decrease) During the Year Attributable to:	
Benefit Accumulations/Actuarial Gains and Losses	563,408
Increase for Change in Actuarial Assumption	263,449
Increase for Interest Due to the Decrease in the Discount Period	1,152,390
Experience Gain/Loss	4,776
Benefits Paid	<u>(1,143,238)</u>
Net Increase	<u>840,785</u>
Actuarial Present Value of Accumulated Plan Benefits at End of Year	<u>\$ 19,278,919</u>

4. Plan Termination

Although, it has not expressed any intention to do so, the participating employer has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

5. **Certification**

The Company has obtained certification from Principal Bank for the years ending March 31, 2025 and March 31, 2024, that the following information is complete and accurate:

Earnings from Investments
Investment Valuations

6. **Fair Value Measurements**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). This hierarchy consists of three broad levels:

Level 1 – Quoted prices in active markets for identical financial instruments that are accessible at the measurement date.

Level 2 – Quoted prices in active markets for similar financial instruments, quoted prices for identical or similar financial instruments in markets that are not active, and models and other valuation methodologies using inputs other than quoted prices that are observable.

Level 3 – Models and other valuation methodologies using significant inputs that are unobservable for financial instruments.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at March 31, 2025 and 2024.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common and Collective Trusts: Valued based on the fund's daily net asset value, which is considered by Plan management to be the best approximation of fair value. The unit value of the fund is calculated daily.

Certain investments in equity funds are valued based upon quoted prices from active markets. These investments in equity funds are categorized as Level 1.

Cash and money market funds held are primarily short-term money market commingled funds that are categorized as Level 1. They are valued at cost plus accrued interest, which approximates fair value.

The following tables set forth, by level within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2025 and 2024. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	Fair Value Measurements at:			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
March 31, 2025				
Cash and Cash Equivalents	\$ 166,247	166,247	--	--
Common and Collective Trusts	14,599,147	--	14,599,147	--
Mutual Funds	9,812,191	9,812,191	--	--
Total Assets in the Fair Value Hierarchy	<u>\$ 24,577,585</u>	<u>9,978,438</u>	<u>14,599,147</u>	<u>--</u>
March 31, 2024				
Cash and Cash Equivalents	\$ 178,566	--	178,566	--
Common and Collective Trusts	14,852,006	--	14,852,006	--
Mutual Funds	9,570,029	9,570,029	--	--
Total Assets in the Fair Value Hierarchy	<u>\$ 24,600,601</u>	<u>9,570,029</u>	<u>15,030,572</u>	<u>--</u>

The Plan's investments are reported at fair value in the accompanying Statements of Net Assets Available for Benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Plan contributions are made, and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term, would be material to the financial statements.

8. Federal Income Tax Status

The Internal Revenue Service has determined and informed the Plan administrator by a letter dated April 26, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

9. **Exempt Party-In-Interest Transactions**

Certain trust investments are shares of mutual funds or common and collective trusts which are managed by Principal Bank. Fees paid by the trust for the investment management services are included as a reduction of the return on each fund. These transactions are exempt from the prohibited transaction rules of ERISA.

10. **Nonexempt Transactions**

During the prior year ending March 31, 2024, it was discovered that another plan transferred monies to the Plan to true-up benefit payments made by the Plan for a participant that had accrued benefits for multiple defined benefit plans and the transfer was to reimburse the Plan for payments made incidentally. The amount transferred into the Plan was \$19,190. The total of lost earnings was \$734 and was paid by the Plan Administrator during the current plan year-end. It is included with Other Income on the Statements of Changes in Net Assets Available for Benefits.

11. **Subsequent Events**

The Plan has evaluated events and transactions occurring after March 31, 2025, for potential items required to be recognized or disclosed in the financial statements. Subsequent events were evaluated through December 17, 2025, the date the financial statements were available to be issued.

THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
Administered By Associated Benefits Corporation
(Participating Employer - StateLine Cooperative, Group 190)
EIN Number: 42-1023410
Plan Number: 020

Supplemental Schedule

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
March 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	PRINCIPAL/BLACKROCK SHORT TERM INVESTMENT FUND A CLASS S1	COMMON/COLLECTIVE TRUST FUND	\$ 166,247	\$ 166,247
*	PRINCIPAL/BLACKROCK INTERNATIONAL EQUITY INDEX CIT N	COMMON/COLLECTIVE TRUST FUND	\$ 3,053,484	\$ 3,225,102
*	PRINCIPAL/BLACKROCK S&P MIDCAP INDEX CIT N	COMMON/COLLECTIVE TRUST FUND	\$ 916,903	\$ 969,180
*	PRINCIPAL/BLACKROCK S&P 500 INDEX CIT N	COMMON/COLLECTIVE TRUST FUND	\$ 1,358,069	\$ 1,319,394
*	PRINCIPAL/FEDERATED TOTAL RETURN BOND CIT N	COMMON/COLLECTIVE TRUST FUND	\$ 2,071,729	\$ 2,231,370
*	PRINCIPAL/MFS VALUE CIT N	COMMON/COLLECTIVE TRUST FUND	\$ 1,387,076	\$ 1,485,818
*	PRINCIPAL/T. ROWE PRICE INST LARGE-CAP GROWTH MANAGED CIT N	COMMON/COLLECTIVE TRUST FUND	\$ 626,836	\$ 670,609
*	PRINCIPAL/ALLIANCE BERSTEIN LARGE CAP GROWTH CIT	COMMON/COLLECTIVE TRUST FUND	\$ 688,528	\$ 701,211
*	PRINCIPAL/MULTI-MANAGER SMALL CAP CIT N	COMMON/COLLECTIVE TRUST FUND	\$ 778,467	\$ 755,061
	ALLSPRING CORE BOND CIT N	COMMON/COLLECTIVE TRUST FUND	\$ 3,076,109	\$ 3,241,402
	ALPS/CORECOMMODITY MANAGEMENT COMPLETE COMMODITIES STRATEGY FUND CLASS I	MUTUAL FUND	\$ 979,805	\$ 1,021,591
	EUROPACIFIC GROWTH R6 FUND	MUTUAL FUND	\$ 1,042,475	\$ 981,508
	FIDELITY EMERGING MARKETS INDEX FUND CLASS FAI #2344	MUTUAL FUND	\$ 468,412	\$ 495,140
	FIDELITY REAL ESTATE INDEX FD CLASS INS #2355	MUTUAL FUND	\$ 1,437,130	\$ 1,514,342
	TCW METWEST TOTAL RETURN BOND FUND CLASS I #512	MUTUAL FUND	\$ 3,231,695	\$ 3,249,777
	INVESCO OPPENHEIMER INTERNATIONAL BOND FUND CLASS R6 #7060	MUTUAL FUND	\$ 1,514,256	\$ 1,542,043
	PIMCO HIGH YIELD FUND INSTITUTIONAL SHS #108	MUTUAL FUND	\$ 1,005,738	\$ 1,007,790

* Party-in-Interest as defined by ERISA

SEE INDEPENDENT AUDITOR'S REPORT

THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES

Administered By Associated Benefits Corporation
 (Participating Employer - StateLine Cooperative, Group 190)

EIN Number: 42-1023410

Plan Number: 020

Supplemental Schedule

Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
 For the Year Ended March 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Total Value of Purchases	(d) Total Value of Sales	(f) Expense incurred with transaction	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net Gain or Loss
SEI Trust Company	PRINCIPAL/BLACKROCK ST INVESTMENT FUND	\$ 1,332,402		--	\$ 1,332,402	\$ 1,332,402	--
SEI Trust Company	PRINCIPAL/BLACKROCK ST INVESTMENT FUND		\$ 1,344,720	--	\$ 1,344,720	\$ 1,344,720	--

Plan Name: The Restated Noncontributory Retirement Plan for Cooperatives
Plan Sponsor EIN: 42-1023410
ERISA 3-digit Plan #: 020
Plan Year Ending: 03/31/2025

The required attachment marked with an "X" in the Attachment column is included within the Schedule SB – Single-Employer Defined Benefit Plan Actuarial Information pdf attachment to Form 5500 or Form 5500-SF, Part VI, line 11 which consists of the entire actuarial information issued by the plan's Actuary.

Form/Schedule	Line #	Description	Attachment
5500 Sch. SB		Actuarial Assumptions and Methods	X
5500 Sch. SB		Summary of Plan Provisions	X
5500 Sch. SB		Statement of Enrolled Actuary	X
5500 Sch. SB	7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance	
5500 Sch. SB	18	Contributions	
5500 Sch. SB	19	Discounted Employer Contributions	
5500 Sch. SB	22	Description of Weighted Average Retirement Age	X
5500 Sch. SB	24	Change in Actuarial Assumptions	
5500 Sch. SB	25	Change in Method	
5500 Sch. SB	26a	Schedule of Active Participant Data	X
5500 Sch. SB	32	Schedule of Amortization Bases	

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information <small>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</small> ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> <hr/> 2024 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	B Three-digit plan number (PN) ▶	020
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF STATELINE COOPERATIVE	D Employer Identification Number (EIN) 42-1023410	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>04</u> Day <u>01</u> Year <u>2024</u>		
2 Assets:			
a Market value	2a		24,600,987
b Actuarial value	2b		24,781,838
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	130	11,380,277	11,380,277
b For terminated vested participants	83	2,075,470	2,075,470
c For active participants	65	7,535,347	7,667,357
d Total	278	20,991,094	21,123,104
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.34%	
6 Target normal cost			
a Present value of current plan year accruals	6a	856,026	
b Expected plan-related expenses	6b	62,620	
c Target normal cost	6c	918,646	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>MARK A HENDRICKS</u> Signature of actuary	<u>12/04/2025</u> Date
	<u>MARK A HENDRICKS</u> Type or print name of actuary	<u>2305452</u> Most recent enrollment number
	<u>MERCER</u> Firm name	<u>816-556-4800</u> Telephone number (including area code)
	<u>2405 GRAND BLVD, SUITE 900</u> <u>KANSAS CITY MO 64108</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. **Schedule SB (Form 5500) 2024 v. 240311**

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	3,961,747
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	3,961,747
10	Interest on line 9 using prior year's actual return of <u>11.23%</u>	0	444,904
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.30%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	747,917
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	3,658,734

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	100.00%
15	Adjusted funding target attainment percentage.....	15	117.32%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	104.06%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	918,646
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	918,646
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		918,646
		Total balance
		918,646

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years **40** 0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

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

(A)	(B)	(C)
Age	Retirement rate	Lx table
55	6.00%	100,000.00
56	5.00%	94,000.00
57	5.00%	89,300.00
58	5.00%	84,835.00
59	5.00%	80,593.25
60	6.00%	76,563.59
61	6.00%	71,969.77
62	15.00%	67,651.59
63	15.00%	57,503.85
64	15.00%	48,878.27
65	40.00%	41,546.53
66	40.00%	24,927.92
67	35.00%	14,956.75
68	35.00%	9,721.89
69	35.00%	6,319.23
70	100.00%	4,107.50
Average		62.73
Retirement Age		

Schedule SB, Part V — Summary of Plan Provisions

Mercer has used and relied on the plan documents, including amendments, and interpretations of plan provisions, supplied by Associated Benefits Corporation as summarized below. Associated Benefits Corporation is solely responsible for the validity, accuracy and comprehensiveness of this information. If any plan provisions supplied are not accurate and complete, the results of any calculation may differ significantly from the results that would be obtained with accurate and complete information. Moreover, plan documents may be susceptible to different interpretations, each of which could be reasonable, and the results of estimates under each of the different interpretations could vary.

The following is a summary of what we understand to be the most relevant plan provisions for purposes of actuarial valuations. This summary should not be used for purposes of determining benefits under the plan.

Summary of Major Plan Provisions – NonContributory

Effective date	May 1, 1980; restated January 1, 2017.
Participation date	April 1 and October 1
Plan year	April 1 through March 31
Eligibility	<p>Employer chooses:</p> <p>Employees who work at least 1,000 hours per year are eligible on the April 1st or October 1st following attainment of age 21 and completion of four months of employment.</p> <p>Employees are eligible on the April 1st or October 1st following attainment of age 21.</p> <p>AGP (Group 4) and Mid Iowa Coop (Group 324) – Eligibility follows attainment of age 18.</p> <p>North Iowa Cooperative (Group 10) – New employees hired on or after January 1, 2021 are not eligible to participate.</p> <p>NEW Cooperative, Inc. (Group 23) – New employees hired on or after September 1, 2009 are not eligible to participate. Participants of MaxYield Cooperative (Group 36) as of August 1, 2021 became participants on the merger date.</p> <p>Northern Country Coop (Group 135) – Closed to new participants effective August 1, 2021.</p> <p>Viafield (Group 173) – New employees hired on or after September 1, 2021 are not eligible to participate.</p> <p>StateLine Cooperative (Group 190) – New employees hired on or after June 1, 2016 are not eligible to participate.</p> <p>IAHC FC Stone Group, Inc. (Group 201) – New employees hired on or after April 1, 2006 are not eligible to participate.</p> <p>New Vision Coop (Group 205) – New employees hired on or after April 1, 2010 are not eligible to participate.</p> <p>River Valley Cooperative (Group 225) – New employees hired on or after April 1, 2006 are not eligible to participate.</p>

Schedule SB, Part V — Summary of Plan Provisions

Monthly earnings	<p>Monthly Earnings are calculated by dividing the prior calendar year total earnings by the number of weeks worked and multiplying the result times 4 1/3 to obtain a monthly rate. Earnings are limited to \$200,000 per year indexed as provided for by law – limit for 2024 is \$345,000.</p> <p>Note that total earnings include 401(k) and Section 125 elective deferrals.</p>
Average monthly earnings	<p>Plan benefits are computed using the average of the monthly earnings for the highest five consecutive years prior to termination.</p>
Credited service	<p>Prior to May 1, 1975, Credited Service is the number of years and months from date of hire. Since May 1, 1975, Credited Service is the number of 1,000-hour plan years. If less than 1,000 hours in year of hire or termination, partial credit is given equal to the number of full months worked divided by 12. Employers who adopt the Plan choose whether to grant Credited Service prior to date of adoption.</p>
Normal retirement date	<p>Participants are entitled to retire and receive their full pension benefit on the first of the month coincident with or immediately following their 65th birthday.</p>
Normal retirement benefit	<p>The monthly pension is equal to 1.1% of Average Monthly Earnings multiplied by years of Credited Service. Participants have a minimum benefit equal to the accrued benefit as of the later of March 31, 1989 and the date the Employer adopted the Noncontributory Plan, PLUS 1.1% of Average Monthly Earnings multiplied by years of Credited Service earned after the later of March 31, 1989 and the date of adoption. Section 401(a)(17) Members have an additional minimum benefit equal to the accrued benefit frozen as of 3/31/94 (determined limiting Earnings to \$235,840) PLUS 1.1% of Average Monthly Earnings multiplied by Credited Service after April 1, 1994.</p> <p>The frozen March 31, 1994 accrued benefit is adjusted to reflect increases in the Member's Average Monthly Earnings after March 31, 1994 as allowed by 42 C.F.R. Section 1.401(a)(4)-13.</p> <p>Ag Processing, Inc. (Group 4) – the monthly pension is equal to sum of the following:</p> <ul style="list-style-type: none"> • 0.8% of Average Monthly Earnings (AME) and 0.4% of AME less \$1,250 all multiplied by years of credited service preceding January 1, 1984 • 1.15% of AME and 0.5% of AME less \$833.33 multiplied by years of Credited Service following January 1, 1984 <p>North Iowa Cooperative (Group 10) – the monthly pension is equal to 1.1% of Average Monthly Earnings multiplied by years of Credited Service prior to April 1, 2006 plus 0.90% of Average Monthly Earnings multiplied by years of Credited Service following April 1, 2006.</p> <p>NEW Cooperative, Inc. (Group 23) – the monthly pension is equal to 1.4% of Average Monthly Earnings multiplied by years of Credited</p>

Schedule SB, Part V — Summary of Plan Provisions

Service. For former participants in Group 36, the 1.10% formula applies for Credited Service prior to August 1, 2021.

Green Plains Grain Company LLC (Group 177) – accruals frozen as of January 1, 2009.

IAHC FC Stone Group, Inc. (Group 201) – the monthly pension is equal to 1.25% of Average Monthly Earnings multiplied by years of Credited Service. Accruals frozen as of September 1, 2009.

Associated Benefits Corp. (Group 210) – the monthly pension is equal to 1.65% of Average Monthly Earnings multiplied by years of Credited Service prior to April 1, 2022, and 1.10% of Average Monthly Earnings multiplied by years of Credited Service after April 1, 2022.

River Valley Cooperative (Group 225) – employees whose sum of attained age and pensionable credited service did not equal or exceed 75 as of April 1, 2006 had their benefits frozen as of that date; the monthly pension is equal to the sum of the following:

- 1.00% of Average Monthly Earnings (AME) and 0.5% of AVE less \$650 multiplied by years of Credited Service preceding September 1, 1999
- 1.5% of AME multiplied by Credited Service from September 1, 1999 to April 1, 2003
- 1.1% of AME multiplied by years of credited service from April 1, 2003 to April 1, 2006
- 0.1% of AME multiplied by years of credited service after April 1, 2006

Farmers Cooperative Co. (Group 258) – accruals frozen as of October 1, 2020

Buckingham Co-operative Co. (Group 326) – accruals frozen as of August 1, 2018.

Innovative Ag Services Co. (Group 423) – the monthly pension is equal to 1.50% of Average Monthly Earnings multiplied by years of Credited Service through March 31, 2009 plus 0.8% of Average Monthly Earnings multiplied by years of Credited Service from April 1, 2009 through August 31, 2011 plus 1.10% of Average Monthly Earnings multiplied by years of Credited Service on and after September 1, 2011.

Other plans with no active participants: 294, 8183.

Form of monthly retirement income	The standard form of receiving monthly retirement income will be for a participant's lifetime. However, if the participant is married and unless he specifically elects the standard form or another alternate form of benefit and his spouse consents, his benefits will be paid on a joint and 50% survivorship basis with 120 guaranteed payments.
Optional forms	Lifetime with 60, 120 or 180 payments guaranteed. Joint and $\frac{1}{2}$, $\frac{2}{3}$, $\frac{3}{4}$ or full, with 120 payments guaranteed. 60, 120 or 180 guaranteed payments only. Lump sum, if actuarial value is less than \$5,000.

Schedule SB, Part V — Summary of Plan Provisions

Optional form conversion factors	<p>For lifetime annuities: 8% and the 1984 Unisex Pension Mortality Table.</p> <p>For lump sum and certain only annuities: the applicable interest rate under Internal Revenue Code 417(e)(3)(C) for the third calendar month preceding the month that contains the distribution and the applicable mortality table published in accordance with Internal Revenue Code Section 417(e)(3)(B).</p>														
Early retirement benefit	<p>A participant may retire at (i) age 55 with 10 years of service, (ii) age 62 with five years of service, or (iii) any time after the sum of his attained age and service is 85 or more provided that he has at least 20 years of Credited Service and his last five years of service count as Credited Service. The benefit is calculated in the same manner as the normal retirement benefit, based on Credited Service to early retirement. If the participant qualifies under the rule of 85 described in (iii) above, there is no reduction in the benefit. Otherwise, the benefit is reduced 1/300 for each month by which the early retirement date precedes age 62.</p>														
Termination benefit (vested)	<p>Participants who terminate employment after completing five years of service are 100% vested in their accrued benefit which is payable at age 65.</p> <p>Employers with 5-year cliff vesting (by group number): 23, 136,170, 190, 205, 226, 324, 326, 334, 351 and 423</p> <p>Employers with graded vesting (by group number): 4, 10,156, 173, 177, 201, 210, 216, 223, 225, 229, 258, 294, 302, 345, and 415</p>														
	<table border="1"> <thead> <tr> <th data-bbox="586 1180 818 1213"><u>Years of Service</u></th> <th data-bbox="873 1180 1003 1213"><u>Vested %</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="586 1226 818 1255">Less than 2 years</td> <td data-bbox="911 1226 959 1255">0%</td> </tr> <tr> <td data-bbox="586 1268 683 1297">2 years</td> <td data-bbox="894 1268 959 1297">20%</td> </tr> <tr> <td data-bbox="586 1310 683 1339">3 years</td> <td data-bbox="894 1310 959 1339">40%</td> </tr> <tr> <td data-bbox="586 1352 683 1381">4 years</td> <td data-bbox="894 1352 959 1381">60%</td> </tr> <tr> <td data-bbox="586 1394 683 1423">5 years</td> <td data-bbox="894 1394 959 1423">80%</td> </tr> <tr> <td data-bbox="586 1436 797 1465">6 years or more</td> <td data-bbox="878 1436 959 1465">100%</td> </tr> </tbody> </table>	<u>Years of Service</u>	<u>Vested %</u>	Less than 2 years	0%	2 years	20%	3 years	40%	4 years	60%	5 years	80%	6 years or more	100%
<u>Years of Service</u>	<u>Vested %</u>														
Less than 2 years	0%														
2 years	20%														
3 years	40%														
4 years	60%														
5 years	80%														
6 years or more	100%														

Schedule SB, Part V — Summary of Plan Provisions

Death benefit	<p>The spouse or beneficiary of a participant who dies after becoming eligible for early or normal retirement is entitled to receive a death benefit equal to the greater of the Actuarial Value of i) the survivor income payable had the participant retired and elected the joint and 100% survivor option on the first day of the month preceding his death, and ii) the participant's accrued benefit payable for 60 months.</p> <p>If an active participant dies prior to meeting eligibility requirements for early or normal retirement, the spouse or beneficiary is entitled to receive a death benefit equal to the greater of the Actuarial Value of i) the survivor income payable had the participant terminated employment and immediately began receiving benefits under 50% Joint & Survivor option, and ii) the member's accrued benefit payable for 60 months.</p> <p>If survived by a spouse, the death benefit is paid as a life annuity equivalent in value to the greater of the Actuarial Values. The spouse may elect to receive the benefit as a 60 month certain annuity. If not survived by a spouse, the death benefit is paid as a 60 month annuity.</p> <p>Such death benefit shall be paid first to the beneficiary designated by the participant. If no beneficiary is designated, it is paid first to the surviving spouse; if there is no surviving spouse, then in equal parts to the surviving children of the member; or if there are no surviving children, then in equal parts to the surviving parents of the member; or if there are no surviving parents, then in equal parts to the surviving siblings of the member. The death benefit is payable to the member's estate if the member is not survived by a spouse, child, parent, or sibling and has not designated a beneficiary.</p>
Disability benefit	<p>If a participant is determined to be totally and permanently disabled, he is entitled to an immediate monthly income equal to his accrued benefit reduced 1/300 per month for each month prior to age 62 down to age 55 and actuarially thereafter. A minimum monthly benefit of \$50.00 is payable to a participant with at least five years of Credited Service at date of disability.</p>
Late retirement	<p>Benefit at actual retirement is based on Credited Service and Average Monthly Earnings to termination date.</p>
Maximum benefits	<p>Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000</p>
Changes since prior valuation	<p>Changes in the maximum compensation and maximum benefit limits were recognized.</p> <p>United Farmers Cooperative (Group 175) merged with NEW Cooperative (Group 23), effective March 31, 2024. Participants in Group 175 began accruing benefits under the Group 23 formula effective September 1, 2023.</p>

Schedule SB, Part V — Summary of Plan Provisions

	First Cooperative Association (Group 150) was terminated effective March 31, 2024.
	AGP L.C. (Group 509) was terminated effective December 31, 2023.
	AGP Grain, Ltd. (Group 510) was terminated effective December 31, 2023.
	AGP Grain, Ltd. (Group 513) was terminated effective December 31, 2023.
	Ag Environmental Products, LLC (Group 514) was terminated effective December 31, 2023.
	AGP Corn Processing, Inc. (Group 516) was terminated effective December 31, 2023.
	Farmers Cooperative Exchange (Group 8027) was terminated effective September 30, 2023.
	Cornerstone Feed (Group 8337) was terminated effective September 30, 2023.
	Farmers Cooperative Elevator Company (Group 345) was closed to new entrants hired on or after December 31, 2023.
Benefits not included in the valuation	To the best of our knowledge, no benefits were excluded from the valuation.
Significant events	None.

Benefits included or excluded

Unless noted below, all benefits provided by the plans, as restated effective January 1, 2017, are included in this valuation:

- **Most recent plan amendments included:** The plans were restated effective January 1, 2017.
- **Plan amendments excluded:** None.
- **Late retirement increases:**
 - *Active participants:* This valuation does not reflect actuarial increases for participants over age 70½.
 - *Deferred vested participants:* This valuation does not reflect actuarial increases for participants over age 70½.

Schedule SB, Part V — Summary of Plan Provisions

- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 401(a)(17) have been incorporated into our calculations. The limitation of Internal Revenue Code Section 415(b) was assumed not to apply.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether any plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). The funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan Provisions Specific to Funding

Additional benefits included or excluded

IRC Section 436 benefit restrictions:

- *Unpredictable contingent event benefits:* None.
- *Plan amendments:* See above.
- *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
- *Benefit accruals:* The funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.

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

Actuarial assumptions

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	0	
	<u>Stabilized</u>	<u>Non-Stabilized</u>
• First 5 years	4.75%	4.75%
• Next 15 years	5.18%	5.18%
• Over 20 years	5.59%	5.16%
	These rates were updated since the prior valuation, as prescribed by the IRS.	
• Expenses	Administrative related expenses (actuarial fees, PBGC premiums, legal fees and trustee fees) assumed to equal the current year flat-rate PBGC premium plus 0.14% of the market value of assets. This is based on analysis of expenses paid in the 2019-2020 and 2020-2021 plan years.	
• Mortality	Funding: Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables for 2024 plan year funding valuations. These tables are based on the Pri-2012 mortality tables projected with the IRS-modified MP-2021 mortality improvement scale, in accordance with IRS regulation 1.430(h)(3)-1	
• Turnover	Based on select rates of turnover for the first four years of service and ultimate rates thereafter. Turnover rates reflect findings from the analysis of plan experience conducted in 2021 and the expectation that future termination patterns and the circumstances of the employers will not differ significantly from the period studied. Sample rates are shown below. Groups 216, 323, 326 and 415 assume no withdrawal For groups 4, rates for less than 2 years of service reflect 145% of the 2003 Society of Actuaries Basic Age Table (Mercer Modified); rates for 2-3 years of service are based on 100% of that table; and the ultimate rates are based on 90% of that table.	

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

Age	Rate of turnover				
	Completed years of service				
	0	1	2	3	4+
25	29.15%	29.15%	18.10%	16.10%	9.63%
30	24.65	24.65	15.00	13.00	6.84
35	22.91	22.91	13.80	11.80	5.85
40	21.46	21.46	12.80	10.80	5.31
45	20.01	20.01	11.80	9.80	4.86
50	18.56	18.56	10.80	9.20	4.41
55	17.26	17.26	10.30	8.70	3.96
60	16.53	16.53	9.80	8.20	3.51

For all other groups, rates for less than 2 years of service reflect 145% of the 2003 Society of Actuaries Basic Age table (Mercer Modified); rates for 2-3 years of service are based on 135% of that table; and the ultimate rates are based on 165% of that table. Sample rates are shown below

Age	Rate of turnover				
	Completed years of service				
	0	1	2	3	4+
25	29.15%	29.15%	24.44%	21.74%	17.66%
30	24.65	24.65	20.25	17.55	12.54
35	22.91	22.91	18.63	15.93	10.73
40	21.46	21.46	17.28	14.58	9.74
45	20.01	20.01	15.93	13.23	8.91
50	18.56	18.56	14.58	12.42	8.09
55	17.26	17.26	13.91	11.75	7.26
60	16.53	16.53	13.23	11.07	6.44

- Disability None Assumed
- Expected Return on Plan Assets Varies based on which asset pool the plan sponsor was invested in on each valuation date. For calculating the actuarial value of assets, rates are limited by the 3rd segment rate for each year.

	2023	2022
• Pool A	6.00%	6.09%
• Pool B	5.72%	5.78%
• Pool C	5.41%	5.44%
• Pool D	3.39%	4.46%
• Pool E	2.38%	3.67%

Rates for 2024 are still to be determined.

The expected rate of return on plan assets for each pool begins with the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook for the pool's target asset mix, net of an adjustment

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

of 7 bps for expenses assumed to be paid from plan assets. This return is further adjusted for the weighted difference in capital market outlooks that Principal, the plans' investment consultant, publishes for each asset class.

- **Salary increases**

For groups 4: Salaries will increase according to an age-related table ranging from 8.25% down to 2.75% per annum. Illustrative future salary increase information is as follows:

Age	Salary increase
20	8.25%
25	7.50%
30	6.25%
35	5.50%
40	5.00%
45	4.25%
50	4.00%
55	3.75%
60	2.75%
65	2.75%

For all other groups: Salaries will increase according to an age-related table ranging from 6.24% down to 2.70% per annum. Illustrative future salary increase information is as follows:

Age	Salary increase
20	6.24%
25	5.89%
30	5.54%
35	5.19%
40	4.84%
45	4.49%
50	4.14%
55	3.70%
60	3.20%
65	2.70%

The salary increase assumption reflects findings from an experience study conducted in 2021 and the expectation that future wage increases and the circumstances of the employers will not differ significantly from the period studied.

The Restated Noncontributory Retirement Plan for Cooperatives

Group 190

EIN/PN: 42-1023410 / 020

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

• Incidence of retirement

For employees who become eligible to retire prior to age 55, the assumed rate of retirement is 10% at all ages.

For frozen groups 78, 177, 201 and 258, same assumptions as below until eligible for unreduced retirement, but then 100% at unreduced retirement age.

For groups 216 and 326, all retirements are assumed at age 62.

For groups 4:

Age	Rate of Retirement
55	6%
56	6
57	6
58	6
59	6
60	10
61	10
62	30
63	20
64	20
65	55
66	55
67	35
68	35
69	35
70 & Over	100

For all other groups:

Age	Rate of Retirement
55	6%
56	5
57	5
58	5
59	5
60	6
61	6
62	15
63	15
64	15
65	40
66	40
67	35
68	35
69	35
70 & Over	100

Retirement rates reflect findings from the experience study conducted in 2021 and the expectation that future retirement patterns and the circumstances of the employers will not differ significantly from the period studied.

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

• Spouse's benefit	80% of all employees are assumed married with husbands two years older than their wives. This assumption is based on an examination of historical data as of March 31, 2012							
• Form of payment	20% of participants are expected to commence benefits as a Life Only annuity, 35% as a 100% J&S annuity, and 45% as a 5-Year Certain annuity. This assumption is based on an experience study conducted in 2021.							
• Commencement for vested terminations	Age 65 for participants known to have fewer 5 years of service; Age 62 otherwise. This assumption is based on the date that unreduced benefits are available and confirmed by an experience study conducted in 2021.							
• Conversion basis	For the Contributory Plan and Modified Contributory Plan, contribution accounts are converted to equivalent monthly benefits using stabilized interest rates and the current year 417(e) mortality table, as required under IRS regulations.							
• Interest earned by employee contributions	<table border="1"> <thead> <tr> <th data-bbox="867 848 938 875">Years</th> <th data-bbox="1252 848 1393 875">Interest rate</th> </tr> </thead> <tbody> <tr> <td data-bbox="829 879 976 907">2024 – 2039</td> <td data-bbox="1284 879 1360 907">5.00%</td> </tr> <tr> <td data-bbox="818 911 987 938">2040 and later</td> <td data-bbox="1284 911 1360 938">4.75%</td> </tr> </tbody> </table>	Years	Interest rate	2024 – 2039	5.00%	2040 and later	4.75%	Historically, the required interest rate for employee contributions has been substantially similar to yields on five-year corporate bonds of high quality. These rates are based on five-year bond yields implied from the IRS Funding Yield Curve for February 2023.
Years	Interest rate							
2024 – 2039	5.00%							
2040 and later	4.75%							
• Inflation	The inflation assumption used to project the maximum salary limitation for future years is 2.2%. This assumption is based on the inflation assumption periodically published by Mercer Investment Consulting in their Capital Markets Outlook with adjustments to reflect historical average inflation rates.							

Actuarial methods

An actuarial valuation is only a snapshot of a plan’s estimated financial condition at a particular point in time; it does not predict the plan’s future financial condition or its ability to pay benefits in the future and does not provide any guarantee of future financial soundness of the plan. Over time, a plan’s total cost will depend on a number of factors, including the amount of benefits the plan pays, the number of people paid benefits, the period of time over which benefits are paid, plan expenses and the amount earned on any assets invested to pay benefits. These amounts and other variables are uncertain and unknowable at the valuation date.

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

Because modeling all aspects of a situation is not possible or practical, we may use summary information, estimates, or simplifications of estimates to facilitate the modeling of future events in an efficient and cost-effective manner. We may also exclude factors or data that, if used, in our judgment, would not have significantly affected our results. Use of such simplifying techniques does not, in our judgment, affect the reasonableness of valuation results for the plan.

Valuations do not affect the ultimate cost of the plan, only the timing of when benefit costs are recognized. Cost recognition occurs over time. If the costs recognized over a period of years are lower or higher than necessary, for whatever reason, normal and expected practice is to adjust future cost levels to recognize the entire cost of the plan over time.

Asset valuation methods

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

For purposes of the asset valuation method only, contributions during the plan year are assumed to be made in the middle of the month in which they are contributed and receivable contributions are assumed to be made on the last day of the month in which they are contributed, except for contributions during December, which are assumed to be in the middle of the month.

A characteristic of this asset method is that over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** Associated Benefits Corporation provides us with data on only those employees who have completed the eligibility requirements so only participants are included in the valuation of the liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date.

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

- **Insurance contracts:** The plan does not have any insurance contracts.
- **Transferred participants:** The liabilities for benefits earned prior to their transfer by employees who have transferred to another Associated Benefits Corporation employer have been included with the liabilities for terminated vested participants at their former employer.

Actuarial Cost Method

Method for Minimum Funding

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

The Restated Noncontributory Retirement Plan for Cooperatives
Valuation Date: April 1, 2024
Schedule SB, Line 26a – Schedule of Active Participant Data
Group 190 - StateLine Cooperative EIN/PN: 42-1023410/20

Attained age	Service										
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up	Total
Under 25		1									1
25-29			1	1							2
30-34			2	5							7
35-39			2	3							5
40-44				1							1
45-49					1		2	1			4
50-54			1	2		2	2				7
55-59			2	3	5		2				12
60-64			2	3	6	2	3	1	1	2	20
65-69				2		1				1	4
70 & up			2								2
Total	0	1	12	20	12	5	9	2	1	3	65

Plan Name: The Restated Noncontributory Retirement Plan for Cooperatives
Plan Sponsor EIN: 42-1023410
ERISA 3-digit Plan #: 020
Plan Year Ending: 03/31/2025

The required attachment marked with an "X" in the Attachment column is included within the Schedule SB – Single-Employer Defined Benefit Plan Actuarial Information pdf attachment to Form 5500 or Form 5500-SF, Part VI, line 11 which consists of the entire actuarial information issued by the plan's Actuary.

Form/Schedule	Line #	Description	Attachment
5500 Sch. SB		Actuarial Assumptions and Methods	X
5500 Sch. SB		Summary of Plan Provisions	X
5500 Sch. SB		Statement of Enrolled Actuary	X
5500 Sch. SB	7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance	
5500 Sch. SB	18	Contributions	
5500 Sch. SB	19	Discounted Employer Contributions	
5500 Sch. SB	22	Description of Weighted Average Retirement Age	X
5500 Sch. SB	24	Change in Actuarial Assumptions	
5500 Sch. SB	25	Change in Method	
5500 Sch. SB	26a	Schedule of Active Participant Data	X
5500 Sch. SB	32	Schedule of Amortization Bases	

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Plan Sponsor EIN: 42-1023410
ERISA 3-digit Plan #: 020
Plan Year Ending: 03/31/2025

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

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

Plan Name: The Restated Noncontributory Retirement Plan for Cooperatives
Plan Sponsor EIN: 42-1023410
ERISA 3-digit Plan #: 020
Plan Year Ending: 03/31/2025

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