

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <h2 style="text-align: center;">2024</h2>  <b>This Form is Open to Public Inspection</b>
---	--	---

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

**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**

<b>1a</b> Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>333</u>
<b>2a</b> 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>SOUTHERN STATES COOPERATIVE, INC.</u>  <u>6606 WEST BROAD STREET</u> <u>RICHMOND, VA 23230</u>	<b>1c</b> Effective date of plan <u>07/01/1944</u>  <b>2b</b> Employer Identification Number (EIN) <u>54-0387200</u>  <b>2c</b> Plan Sponsor's telephone number <u>804-281-1381</u>  <b>2d</b> Business code (see instructions) <u>424990</u>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	03/23/2026	JAKISHA ROBINSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  <b>EMPLOYEE BENEFITS COMMITTEE</b>  6606 WEST BROAD STREET RICHMOND, VA 23230	<b>3b</b> Administrator's EIN 54-1039650  <b>3c</b> Administrator's telephone number 804-281-1381
---	---

<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
--	-----------------------------------

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	3113
---	----------	------

<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	308
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	267
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	1902
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	340
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	2509
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	487
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	2996
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	0

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
--	----------	--

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1A 1I

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

<b>9a</b> 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	<b>9b</b> 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
---	---

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

**a Pension Schedules**

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

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

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

(4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_

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

**b General Schedules**

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

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

(3)  **A** (Insurance Information) – Number Attached 0

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

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

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

---

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

---

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

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

---

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

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

Receipt Confirmation Code \_\_\_\_\_

---

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

▶ **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.

<b>A</b> Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>333</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SOUTHERN STATES COOPERATIVE, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>54-0387200</u>	
<b>E</b> Type of plan: <input type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input checked="" type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>189782175</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>189782175</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>2410</u>	<u>161455629</u>
	<b>b</b> For terminated vested participants .....	<u>395</u>	<u>18078948</u>
	<b>c</b> For active participants .....	<u>308</u>	<u>17732084</u>
	<b>d</b> Total .....	<u>3113</u>	<u>197179390</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.33 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>632369</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>632369</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.

<b>SIGN HERE</b>			
	Signature of actuary	<u>03/02/2026</u>	Date
	<u>BRIAN KINGSBURY</u>	<u>23-08211</u>	Most recent enrollment number
	Firm name	<u>617-563-7000</u>	Telephone number (including area code)
	<u>155 SEAPORT BOULEVARD BOSTON, MA 02210</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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....		
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b>	Amount remaining (line 7 minus line 8) .....		
<b>10</b>	Interest on line 9 using prior year's actual return of _____ % .....		
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		
	<b>b(1)</b> 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>5.15</u> % .....		
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		
	<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....		
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....		

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	96.20 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	91.87 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0	

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

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

**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**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

<b>24</b> 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 type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>26</b> Demographic and benefit information		
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</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 type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>	1

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

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

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

<b>41</b> 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 type="checkbox"/> 2021
---

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

For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>333</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SOUTHERN STATES COOPERATIVE, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>54-0387200</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

**(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

---

---

---

**(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

---

---

---

**(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

---

**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)

FID INST ASSET MGMT CO.

20-4659714

(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?
28 51	INV. ADVISORY	304707	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)

FID MGMT TRUST CO

04-2723880

(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?
17 50	CONSULTING ADMIN	112291	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)

AON CONSULTING INC

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	PENSION ADMINISTRATOR	74084	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"/>

**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)

FORVIS, LLP

44-0160260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDIT	42128	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)

WILMINGTON TRUST

51-0055023

(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?
26 50	TRUSTEE	12120	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.

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

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

<b>a</b> Name: FORVIS MAZARS, LLP	<b>b</b> EIN: 44-0160260
<b>c</b> Position: AUDITOR	
<b>d</b> Address: 901 E CARY ST #1000 RICHMOND, VA 23219	<b>e</b> Telephone: 804-282-7636

Explanation: AS WE CONTINUE TO LOOK FOR WAYS TO REDUCE COSTS AND IMPROVE EFFICIENCY WE MOVED OUR BENEFIT AUDITS OVER TO CLA WHO IS ALSO OUR FINANCIAL AUDITOR TO CONSOLIDATE OUR EXTERNAL AUDITS UNDER A SINGLE PROVIDER.

<b>a</b> Name: AON CONSULTING INC	<b>b</b> EIN: 22-2232264
<b>c</b> Position: ACTUARY	
<b>d</b> Address: 100 NORTH MAIN STREET, SUITE 2200 WINSTON-SALEM, NC 27101	<b>e</b> Telephone: 336-748-1120

Explanation: A NEW ACTUARIAL FIRM WAS CHOSEN FOR BUSINESS SPECIFIC REASONS

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning <u>07/01/2024</u> and ending <u>06/30/2025</u>	
<b>A</b> Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES</u>	<b>B</b> Three-digit plan number (PN) <u>▶</u> <u>333</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SOUTHERN STATES COOPERATIVE, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>54-0387200</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
---------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM BROAD MARKET DURATION POOL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>20-4659714-012</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>26812736</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM EMERGING MARKETS DEBT COMMINGL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>20-4659714-022</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7478502</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM EMERGING MARKETS COMMINGLED PO</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>20-4659714-032</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4872854</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM FLOATING RATE HIGH INCOME COMM</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>20-4659714-058</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2503332</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INST CASH COMM POOL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>20-4659714-055</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM SELECT CANADA POOL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>20-4659714-101</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3936665</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM SMALL CAP CORE POOL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>20-4659714-008</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT INTERNATIONAL POOL		
<b>b</b> Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
<b>c</b> EIN-PN 20-4659714-021	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9167948
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT INTERNATIONAL SMALL CAP		
<b>b</b> Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
<b>c</b> EIN-PN 20-4659714-036	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4274297
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM U.S. REAL ESTATE INVEST TR CIT		
<b>b</b> Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
<b>c</b> EIN-PN 20-4659714-005	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2605890
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN COMMODITY INDEX POOL - CLAS		
<b>b</b> Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC		
<b>c</b> EIN-PN 82-6293122-008	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN 500 INDEX POOL A		
<b>b</b> Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC		
<b>c</b> EIN-PN 82-6293122-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36960233
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN WORLD MINIMUM VOLATILITY I		
<b>b</b> Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC		
<b>c</b> EIN-PN 82-6293122-016	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32326196
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INTERM INFLATION PROTECTED BD		
<b>b</b> Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
<b>c</b> EIN-PN 20-4659714-104	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1112171
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG CORPORATE A OR BETTER		
<b>b</b> Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
<b>c</b> EIN-PN 20-4659714-103	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 189851
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM 8-10 YEAR CORPORATE BOND		
<b>b</b> Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
<b>c</b> EIN-PN 20-4659714-155	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1053823
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG DURATION		
<b>b</b> Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
<b>c</b> EIN-PN 20-4659711-053	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 197858

**a** Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE INVESTMENT TRUST - MFS I

**b** Name of sponsor of entity listed in (a): MFS HERITAGE TRUST COMPANY

<b>c</b> EIN-PN 57-1187281-013	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9146785
--------------------------------	------------------------	---

**a** Name of MTIA, CCT, PSA, or 103-12 IE: COHEN & STEERS COLLECTIVE INVSSTMNT

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

<b>c</b> EIN-PN 46-3411346-004	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2643908
--------------------------------	------------------------	---

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

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



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	---

For calendar plan year 2024 or fiscal plan year beginning <b>07/01/2024</b> and ending <b>06/30/2025</b>	
<b>A</b> Name of plan <b>RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>333</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SOUTHERN STATES COOPERATIVE, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>54-0387200</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	1513                      0
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1632729                      481177
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	135016854                      145283049
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	55344487                      48944062
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	191995583	194708288
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	191995583	194708288

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	2028041	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		18474700
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1516212
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		22018953

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	18669312	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>	372	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		18669684
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	112291	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	42128	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	336794	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	12120	
(7) Actuarial fees .....	<b>2i(7)</b>	74084	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	59147	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		636564
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		19306248

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2712705
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: CLIFTONLARSONALLEN LLP

(2) EIN: 47-0746749

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		5000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 566820.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

<b>A</b> Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES</u>	<b>B</b> Three-digit plan number (PN)	<u>333</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SOUTHERN STATES COOPERATIVE, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>54-0387200</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

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

1	0
---	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 51-0055023 04-3275867

**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	5
---	---

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

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

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

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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: 59.0 % Private Equity: \_\_\_\_\_ % Investment-Grade Debt and Interest Rate Hedging Assets: 34.0 %  
 High-Yield Debt: 6.0 % Real Assets: \_\_\_\_\_ % Cash or Cash Equivalents: 1.0 % 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 \_\_\_\_\_.

<p style="text-align: center;"><b>SCHEDULE MEP (Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p><b>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</b></p> <p>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)</p> <p>▶ <b>File as an attachment to Form 5500.</b></p>	<p style="text-align: right; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;"><b>2024</b></p> <hr/> <p style="text-align: center; font-size: small;"><b>This Form is Open to Public Inspection</b></p>
--	---	---

For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<p><b>A</b> Name of plan <b>RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES</b></p>	<p><b>B</b> Three-digit Plan number (PN)..... ▶</p>	<p><b>333</b></p>
--	---	-------------------

<p><b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF <b>EMPLOYEE BENEFITS COMMITTEE</b></p>	<p><b>D</b> Administrator's EIN <b>54-1039650</b></p>
--	---

**Part I Type of Multiple-Employer Pension Plan.** All multiple-employer pension plans must complete.

**1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).**

- a  association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b  professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c  pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d  other multiple-employer pension plan (Describe) \_\_\_\_\_ (Complete Part II)

**Part II Participating Employer Information.**

**2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

<b>2a</b> Name of Participating Employer <b>SOUTHERN STATES LONDON COOPERATIVE, INC.</b>	<b>2b</b> EIN <b>54-0480833</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>0.00</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer
<b>2a</b> Name of Participating Employer <b>SOUTHERN STATES MILFORD COOPERATIVE, INC.</b>	<b>2b</b> EIN <b>54-0484969</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>0.00</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

<b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?	<b>2e</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2f</b> If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	<b>2f</b>	
<b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	<b>2g</b>	

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

**Schedule MEP (2024)  
v. 240311**

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTHERN STATES MOUNT AIRY COOPERATIVE, INC.	54-0387204	0.00	
SOUTHERN STATES TIDEWATER PETROLEUM COOPERATIVE, INC.	54-0619014	0.00	
SOUTHERN STATES COOPERATIVE, INC.	54-0387200	0.00	

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

---

<b>Part III</b>	<b>Pooled Employer Plan Information</b>
-----------------	---

---

**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

**3a** Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44).....  Yes  No

**3b** If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID \_\_\_\_\_

---

**RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES**

**FINANCIAL STATEMENTS AND  
ERISA-REQUIRED SUPPLEMENTAL SCHEDULE**

**FOR THE YEARS ENDED JUNE 30, 2025 AND 2024**



CPAs | CONSULTANTS | WEALTH ADVISORS

[CLAcconnect.com](https://CLAcconnect.com)

**RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES  
TABLE OF CONTENTS  
FOR THE YEARS ENDED JUNE 30, 2025 AND 2024**

<b>INDEPENDENT AUDITORS' REPORT</b>	<b>1</b>
<b>FINANCIAL STATEMENTS</b>	
<b>STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>5</b>
<b>STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>6</b>
<b>NOTES TO FINANCIAL STATEMENTS</b>	<b>7</b>
<b>ERISA-REQUIRED SUPPLEMENTAL SCHEDULE (ATTACHMENT TO FORM 5500)</b>	
<b>SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)</b>	<b>17</b>



## INDEPENDENT AUDITORS' REPORT

Employee Benefit Committee  
Retirement Plan for Employees of Southern States  
Richmond, Virginia

### Report on the Audit of the Financial Statements

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

We have performed an audit of the financial statements of Retirement Plan for Employees of Southern States (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of June 30, 2025, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Retirement Plan for Employees of Southern States 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 audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended June 30, 2025 stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

#### **Opinion**

In our opinion, based on our audit and on the procedures performed as described in the Auditors' 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 to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

***Basis for Opinion***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Retirement Plan for Employees of Southern States and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 Retirement Plan for Employees of Southern States' ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

***Auditors' Responsibilities for the Audit of the Financial Statements***

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

Employee Benefit Committee  
Retirement Plan for Employees of Southern States

- 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 Retirement Plan for Employees of Southern States' 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 Retirement Plan for Employees of Southern States' ability to continue as a going concern for a reasonable period of time.

Our audit 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 Schedule Required by ERISA***

The supplemental schedule of assets (held at end of year) as of June 30, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, 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 schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.


Employee Benefit Committee  
Retirement Plan for Employees of Southern States

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is 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 schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**Auditors' Report on the 2024 Financial Statements**

The 2024 financial statements of Retirement Plan for Employees of Southern States were audited by predecessor auditors whose report dated March 6, 2025, expressed an unmodified opinion on those financial statements.



**CliftonLarsonAllen LLP**

Raleigh, North Carolina  
March 18, 2026

**RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
JUNE 30, 2025 AND 2024**

	2025	2024
<b>ASSETS</b>		
<b>INVESTMENTS</b>		
Collective Trust Funds	\$ 145,283,049	\$ 135,016,855
Money Market Fund	481,177	1,632,729
Mutual Funds	48,944,062	55,344,486
Total Investments	194,708,288	191,994,070
 <b>RECEIVABLES</b>	 -	 1,513
 <b>NET ASSETS AVAILABLE FOR BENEFITS</b>	 \$ 194,708,288	 \$ 191,995,583

See accompanying Notes to Financial Statements.

**RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEARS ENDED JUNE 30, 2025 AND 2024**

	2025	2024
<b>ADDITIONS:</b>		
<b>INVESTMENT INCOME</b>		
Net Appreciation in Fair Value of Investments	\$ 19,990,912	\$ 18,035,260
Interest and Dividends	2,028,041	3,726,052
Total Investment Income	22,018,953	21,761,312
<b>DEDUCTIONS:</b>		
<b>BENEFITS PAID TO PARTICIPANTS</b>	18,669,312	17,288,911
<b>OTHER DISBURSEMENTS</b>	372	3,208,503
<b>ADMINISTRATIVE EXPENSES</b>	636,564	783,339
Total Deductions	19,306,248	21,280,753
<b>NET INCREASE</b>	2,712,705	480,559
<b>NET ASSETS AVAILABLE FOR BENEFITS:</b>		
Beginning of Year	191,995,583	191,515,024
End of Year	\$ 194,708,288	\$ 191,995,583

See accompanying Notes to Financial Statements.

**RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2025 AND 2024**

**NOTE 1 DESCRIPTION OF THE PLAN**

The following description of the Retirement Plan for Employees of Southern States (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General**

The Plan is a multiple-employer defined benefit pension plan established July 1, 1944. The Plan was amended and restated throughout the years to comply with tax legislation and most recently amended effective July 1, 2024.

The Plan is administered by the Employee Benefit Committee (Committee), which is appointed by the Board of Directors of the Company. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Directors.

The Plan covers employees of Southern States Cooperative, Inc. and other participating employers, primarily cooperatives that are members of the Company (collectively, the Company). Effective February 1, 2024, Fidelity Institutional Asset Management Trust Company became the investment manager. Effective July 1, 2024, Manufacturers and Traders Trust Company, M&T, was replaced by Fidelity Management Trust Company as Trustee. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Eligibility**

Prior to July 1, 2000, individuals classified as eligible employees could participate in the Plan. Eligible employees were all employees of the Company with the exception of (1) any employee classified as a non-regular employee, and (2) any leased employee. An eligible employee became a participant in the Plan on the first January 1 or July 1 after the passage of 12 months since the employee's date of hire.

Effective July 1, 2000, the Plan was amended such that employees hired by the Company after July 1, 2000, were no longer eligible to participate in the Plan. In addition, the dollar amount of an elective cash out was increased to \$10,000 for participants who cease to be employed or who die on or after July 1, 2000. On December 10, 2002, the Plan was amended to freeze participant benefits effective December 31, 2002.

**Vesting**

A participant became 100% vested in the Plan after (1) five years of vesting service if the employee had been credited with an hour of service since January 1, 1989, or (2) ten years of service if the employee had not been credited with an hour of service since January 1, 1989. If an employee is still employed with the Company at the normal retirement date, the employee automatically becomes 100% vested in the Plan regardless of vesting service.

**RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2025 AND 2024**

**NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)**

**Pension Benefits**

Retirement benefits are calculated according to the Plan's benefit formula. A participant who retires on the normal retirement date is entitled to a normal retirement benefit determined by the final average monthly earnings (FAME), years of benefit service, covered compensation, and offset percentage. The following retirement benefit formula is used to calculate the normal retirement benefit:

2% of the FAME multiplied by the years of benefit service (not to exceed 30), less the smaller of (1) 50% of 2% of the FAME (not in excess of the 1/12 covered compensation) multiplied by the years of benefit service (not to exceed 30), or (2) the offset percentage multiplied by the FAME (not in excess of 1/12 covered compensation) and by the years of benefit service (not to exceed 30).

**Death and Disability Benefits**

If a participant dies prior to their pension starting date, as defined by the Plan, the designated beneficiary shall be entitled to a death benefit based upon when the participant dies. The death benefit will be paid to the participant's spouse in the form of a lump sum cash-out as soon as practical after the participant's death, if the lump sum value of the death benefit to be paid to the participant's spouse is \$7,000 or less. If the lump sum value of the death benefit to be paid to the participant's spouse is greater than \$7,000 but less than or equal to \$25,000, the participant's spouse may elect to receive the death benefit in the form of a lump sum distribution instead of a survivor annuity. The lump sum payment may be paid directly to an "eligible rollover plan" for the participant's spouse.

If a participant is not married at the time of their death, no death benefit is payable under the Plan unless (i) the participant dies after payment of their retirement benefits has commenced and the participant elected a joint and survivor annuity form of payment or (ii) the participant is eligible for the Supplemental Death Benefit.

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Presentation**

The accompanying financial statements of the Plan have been prepared in conformity with accounting principles generally accepted in the United States of America on the accrual basis of accounting.

**Accounting Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits during the reporting period. Actual results could differ from those estimates.

**RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2025 AND 2024**

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Investment Valuation and Income Recognition**

The Plan invests in money market funds, mutual funds and common collective trusts that are in accordance with the Plan's investment policy.

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Employee Benefit Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and trustees. See Note 5 for discussion of fair value of investments.

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

**Payment of Benefits**

Benefits are recorded when paid.

**Administrative Expenses**

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

**Funding Policy**

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2025 and 2024, the Company made no contributions. The Company's contributions for 2025 and 2024 met or exceeded the minimum funding requirements of ERISA.

**Location Change**

The actuarial present value of accumulated plan benefits and the related changes in accumulated plan benefits as of and for the year ended June 30, 2024, moved locations from the statements as presented in the prior period financial statements to the footnotes in the current period financial statements. There were no other changes to the information.

**Reclassifications**

Certain amounts in the 2024 financial statements have been reclassified to conform with the 2025 presentation. These reclassifications do not affect net assets available for benefits as previously reported.

**RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2025 AND 2024**

**NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- a) retired or terminated employees or their beneficiaries,
- b) beneficiaries of employees who have died, and
- c) present employees or their beneficiaries.

Benefits under the Plan were earned based on participants' years of benefit service and applicable compensation through the date benefit accruals ceased and are payable in accordance with the Plan's provisions. Benefits payable under all circumstances - retirement, death, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided through annuity contracts are excluded from Plan assets and are also excluded from accumulated plan benefits. The actuarial present value of accumulated Plan benefits is determined by an independent actuary and is that amount that 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 significant actuarial assumptions used in the valuation as of June 30, 2025 and 2024 were:

- a. Interest Rate: 7.00%
- b. Life expectancy of Participants – amounts weighted aggregate rates from the Pri-2012 mortality study projected generationally from 2012 using scale MP-2021.
- c. Retirement Age Assumptions:

2025		2024	
Age	Rate	Age	Rate
55-58	5.00%	55-58	5.00%
59-60	7.50%	59-60	7.50%
61	10.00%	61	10.00%
62	20.00%	62	20.00%
63	15.00%	63	15.00%
64	20.00%	64	20.00%
65	35.00%	65	35.00%
66	30.00%	66	30.00%
67	25.00%	67	25.00%
68	25.00%	68	25.00%
69	25.00%	69	25.00%
70+	100.00%	70+	100.00%

**RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2025 AND 2024**

**NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)**

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

The computation of the actuarial present value of accumulated Plan benefits was made as of July 1. Had the valuation been performed as of June 30, there would be no material differences.

The following is a summary of actuarial present value of accumulated Plan benefits as of June 30:

	<u>2025</u>	<u>2024</u>
Actuarial Present Value of Accumulated Plan Benefits:		
Vested Benefits:		
Participants Currently Receiving Payments	\$ 140,257,374	\$ 144,210,287
Participants with Deferred Benefits	13,767,784	15,250,017
Vested Benefits for Other Participants	<u>12,799,292</u>	<u>14,791,210</u>
Total Vested Benefits	166,824,450	174,251,514
Nonvested Benefits	<u>60,860</u>	<u>86,030</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u><u>\$ 166,885,318</u></u>	<u><u>\$ 174,337,544</u></u>

The changes in the actuarial present value of accumulated Plan benefits are summarized as follows for the years ended June 30:

	<u>2025</u>	<u>2024</u>
Actuarial Present Value of Accumulated Plan Benefits - Beginning of Year	\$ 174,337,544	\$ 178,614,978
Increase (Decrease) During the Year Attributable to:		
Decrease in Discount Period	11,560,668	11,797,773
Benefits Paid	(18,686,327)	(20,497,414)
Other Changes	<u>(326,567)</u>	<u>4,422,207</u>
Actuarial Present Value of Accumulated Plan Benefits - End of Year	<u><u>\$ 166,885,318</u></u>	<u><u>\$ 174,337,544</u></u>

**NOTE 4 CERTIFICATION OF INVESTMENT INFORMATION**

Fidelity Management Trust Company, the trustee of the Plan effective July 1, 2024, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected in the accompanying statement of net assets available for benefits as of June 30, 2025, the related statement of changes in net assets available for benefits for the year then ended, and the supplemental schedule of assets (held at end of year) as of June 30, 2025.

**RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2025 AND 2024**

**NOTE 4 CERTIFICATION OF INVESTMENT INFORMATION (CONTINUED)**

The certification does not extend to net appreciation of \$4,699,266 as the certified investment information from Wilmington Trust reflected the transfer to Fidelity Management Trust Company at cost rather than market value. Audit procedures were performed over the net appreciation excluded from the certification.

**NOTE 5 FAIR VALUE OF INVESTMENTS**

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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

*Level 2* – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

*Level 3* – Inputs to the valuation methodology are unobservable and significant to the fair market value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at June 30, 2025 and 2024.

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

**RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2025 AND 2024**

**NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)**

*Collective trust funds:* The fair values of the collective trust funds are calculated as the Plan's proportional interest in the net asset values ("NAV") of the funds as determined by using the estimated fair values of the underlying assets held in the funds. NAV is used as a practical expedient for fair value. Investments in the collective trust funds are not required to be classified within the fair value hierarchy.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30:

	2025			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 48,944,062	\$ -	\$ -	\$ 48,944,062
Money Market Fund	481,177	-	-	481,177
Total Assets in the Fair Value Hierarchy	<u>\$ 49,425,239</u>	<u>\$ -</u>	<u>\$ -</u>	49,425,239
Investments Measured at NAV <sup>(a)</sup>				<u>145,283,049</u>
Total Investments at Fair Value				<u>\$ 194,708,288</u>
	2024			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 55,344,486	\$ -	\$ -	\$ 55,344,486
Money Market Fund	1,632,729	-	-	1,632,729
Total Assets in the Fair Value Hierarchy	<u>\$ 56,977,215</u>	<u>\$ -</u>	<u>\$ -</u>	56,977,215
Investments Measured at NAV <sup>(a)</sup>				<u>135,016,855</u>
Total Investments at Fair Value				<u>\$ 191,994,070</u>

(a) In accordance with GAAP, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of June 30, 2025 and 2024.

	Fair Value at June 30, 2025	Fair Value at June 30, 2024	Unfunded Commitments	Other Redemption Restrictions	Redemption Notice Period
Collective Trust Funds	\$ 145,283,049	\$ 135,016,855	None	Daily	Daily

**RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2025 AND 2024**

**NOTE 6 PLAN TERMINATION**

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employer contributions, taking into account those paid out before termination.
2. Annuity benefits former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations.
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

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.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

**NOTE 7 TAX STATUS**

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated June 4, 2013, that the Plan and related trust are designed in accordance with the applicable requirements of the 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. Therefore, they believe that the Plan is qualified, and the related trust is tax-exempt.

**RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2025 AND 2024**

**NOTE 7 TAX STATUS (CONTINUED)**

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

**NOTE 8 RISK AND UNCERTAINTIES**

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

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

**NOTE 9 PARTY-IN-INTEREST TRANSACTIONS**

The Plan's investments are managed by Fidelity Institutional Asset Management Trust Company. Accordingly, investment transactions with Fidelity Institutional Asset Management Trust Company qualify as party-in-interest transactions. As described in Note 2, the Plan also paid certain expenses related to operations and investment activity to various service providers. These transactions qualify as party-in-interest transactions and are exempt from the prohibited transaction rules of ERISA.

**NOTE 10 OTHER DISBURSEMENTS**

The Plan Sponsor maintains a group annuity contract with The Equitable Life Assurance Society of the United States ("Equitable") to fund and administer certain retirement benefits for eligible participants. Under this arrangement, Equitable wires funds monthly to the Plan's trust to cover benefit payments. Overpayments or refunds are either reimbursed or offset against future payments. In 2024, the Plan refunded \$3,208,503 to Equitable for prior overfunding. All such transactions are reflected in the financial statements in accordance with U.S. GAAP and ERISA.

**RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2025 AND 2024**

**NOTE 11 SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through March 18, 2026, the date the financial statements were available to be issued.

**RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES**  
**E.I.N. 54-0387200 PLAN NO. 333**  
**SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**JUNE 30, 2025**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	<b><u>Money Market Fund:</u></b>			
*	Fidelity	Government Money Market Fund	\$ 481,177	\$ 481,177
	<b><u>Common Collective Trusts:</u></b>			
*	Fidelity Institutional Asset Management	Broad Market Duration Commingled Pool	24,990,959	26,812,736
*	Fidelity Institutional Asset Management	Emerging Markets Debt Commingled Pool	6,734,799	7,478,502
*	Fidelity Institutional Asset Management	Emerging Markets Commingled Pool	3,907,416	4,872,854
*	Fidelity Institutional Asset Management	Floating Rate High Income Commingled Pool	2,428,786	2,503,332
*	Fidelity Institutional Asset Management	8-10 Year Corporate Bond Commingled Pool	1,029,968	1,053,823
*	Fidelity Institutional Asset Management	Select Canada Equity Commingled Pool	3,358,729	3,936,665
*	Fidelity Institutional Asset Management	Long Corporate A or Better Commingled Pool	189,851	189,851
*	Fidelity Institutional Asset Management	Long Duration Commingled Pool	192,486	197,858
*	Fidelity Institutional Asset Management	Select International Pool	7,595,956	9,167,948
*	Fidelity Institutional Asset Management	Select International Small Capitalization Commingled	3,847,663	4,274,297
*	Fidelity Institutional Asset Management	U.S. Real Estate Invest Tr CIT	2,427,080	2,605,890
*	Fidelity Institutional Asset Management	Intermediate Inflation-Protected Bond Index	1,078,641	1,112,171
	MFS International Equity Fund CL 7F	International Equity Fund CL 7F	8,386,052	9,146,785
	Cohen & Steers Capital Management, Inc.	U.S. Realty Collective Investment Trust Class A	2,662,302	2,643,908
	Spartan	500 Index Pool	30,211,410	36,960,233
	Spartan	World Minimum Volatility Index	27,628,500	32,326,196
		Total Common Collective Trusts	126,670,598	145,283,049
	<b><u>Mutual Funds:</u></b>			
	Baird	Core Plus Bond Fund Class Institutional	35,105,368	35,763,931
*	Fidelity Investments	Capital & Income Fund	2,334,135	2,440,106
*	Fidelity Investments	Long-term Treasury Bond Index Fund	1,727,185	1,702,710
	Hartford Mutual Funds	Schroders Emerging Markets Equity Fund Class SDR	4,141,489	4,886,801
	BlackRock	Advantage SMID Cap Fund Institutional Shares	4,119,572	4,150,514
		Total Mutual Funds	47,427,749	48,944,062
			\$ 174,579,524	\$ 194,708,288

\* Indicates party-in-interest



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See [CLAGlobal.com/disclaimer](http://CLAGlobal.com/disclaimer). Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

Attachment to 2024 Form 5500  
 Schedule B, Line 8c – Schedule of Active Participant Data  
 The Retirement Plan for Employees of Southern States  
 EIN: 54-0387200 / Plan Number: 333

**Age and Service Distribution of Active Members**

**Completed Years of Credited Service on July 1, 2024**

<b>Attained Age</b>	<b>&lt;1</b>	<b>1-4</b>	<b>5-9</b>	<b>10-14</b>	<b>15-19</b>	<b>20-24</b>	<b>25-29</b>	<b>30-34</b>	<b>35-39</b>	<b>40+</b>	<b>Total</b>
<b>Under 25</b>	0	0	0	0	0	0	0	0	0	0	0
<b>25-29</b>	0	0	0	0	0	0	0	0	0	0	0
<b>30-34</b>	0	0	0	0	0	0	0	0	0	0	0
<b>35-39</b>	0	0	0	0	0	0	0	0	0	0	0
<b>40-44</b>	0	1	0	0	0	0	0	0	0	0	1
<b>45-49</b>	1	7	8	0	0	0	0	0	0	0	16
<b>50-54</b>	2	19	15	10	0	0	0	0	0	0	46
<b>55-59</b>	0	16	24	28	14	0	0	0	0	0	82
<b>60-64</b>	1	18	15	25	30	12	0	0	0	0	101
<b>65-69</b>	0	6	7	7	12	8	4	0	0	0	44
<b>Over 69</b>	0	6	4	1	2	2	2	1	0	0	18
<b>Total</b>	4	73	73	71	58	22	6	1	0	0	308

**Actuarial Assumptions and Methods for Funding Purposes**

**ERISA Interest Rates** as required by IRC Section 430 for PPA Funding Target liabilities:

Interest rate type	2024 Plan Year		2023 Plan Year	
	Stabilized	Non-Stabilized	Stabilized	Non-Stabilized
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	0	0	0	0
First five years	4.99%	4.99%	4.75%	3.22%
Next 15 years	5.29%	5.29%	5.00%	4.22%
Over 20 years	5.59%	5.29%	5.74%	4.34%
Applicable law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

**Expected Long-Term Return on Plan Assets:** 7.00% (previously 7.00%), determined by the Company. This assumes that bond yields will remain the same in the future as they are today and uses those yields to build future expectations of equity returns based on historical relationship between bonds and equities. Geometric returns were used in developing a distribution of expected asset returns. This is the same rate as used for the Actuarial Accrued Liability and FASB ASC 960 interest rate.

**Salary Scale:** Not applicable. The plan is frozen.

**Increase in Consumer Price Index (CPI):** Not applicable. The plan is frozen.

**Increase in Social Security Taxable Wage Base:** Not applicable. The plan is frozen.

**Administrative Expenses included in Target Normal Cost:** Calculated based on 0.3% of the Actuarial Value of Assets plus PBGC premiums for the current year.

**Actuarial Assumptions and Methods for Funding Purposes** (continued)

**Mortality:**

*PPA Liability:* IRS 2024 Generational Mortality Table as prescribed by IRC Section 430 for plans with more than 500 participants. This is a fully generational mortality table based on the Pri-2012 Total Mortality Tables projected with the adjusted MP 2021 Mortality Improvement Scale with annual mortality improvements capped at 0.78% as required by Secure 2.0 Act. This plan does not have a large enough population to vary from the standard tables. (Previously IRS 2023 Static Mortality Table.)

**Retirement Rates:** Rates varying by age and status based on the assumption used by the prior actuary for this plan and based on experience study performed in 2018. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

<u>Age</u>	<u>Rate for Actives</u>	<u>Rate for Vested Terminations</u>
55	5.00%	5.00%
56	5.00%	5.00%
57	5.00%	5.00%
58	5.00%	5.00%
59	7.50%	7.50%
60	7.50%	7.50%
61	10.00%	10.00%
62	20.00%	20.00%
63	15.00%	15.00%
64	20.00%	20.00%
65	35.00%	100.00%
66	30.00%	100.00%
67	25.00%	100.00%
68	25.00%	100.00%
69	25.00%	100.00%
70+	100.00%	100.00%

**Actuarial Assumptions and Methods for Funding Purposes** (continued)

**Termination Rates:** Rates varying by age based on the assumption used by the prior actuary for this plan and based on experience study performed in 2018. There has been no pattern of significant consistent gains or consistent losses related to this decrement. Sample rates are shown below:

<u>Age</u>	<u>Rate</u>
<30	13.95%
30	10.55%
35	5.10%
40	5.05%
45	4.60%
50	4.00%
55	5.00%
60	7.50%
65+	0.00%

**Marital Status:** 100% of males and females are assumed married, with females three years younger than males based on the assumption used by the prior actuary. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

**Maximum Benefit:** \$275,000 for 2024. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the IRC Section 415 limit have been reflected.

**Maximum Salary:** \$345,000 for 2024. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the salary limit have been reflected.

**Actuarial Assumptions and Methods for Funding Purposes** (continued)

**Form of Payment:** It has been assumed that death benefits and benefits payable to terminated vested participants who have not met the requirements for early retirement will be paid in the normal annuity form applicable to these particular benefits. For active participants (excluding transfers), 40% assumed to elect a Single Life Annuity, 20% assumed to elect a 50% Joint & Survivor Annuity and 40% assumed to elect a 100% Joint & Survivor Annuity based on an experience study performed in 2018.

To the extent optional forms of payment are elected and conversions are determined under an actuarial basis which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.

**Actuarial Value of Plan Assets for PPA Purposes:** The actuarial value of assets is equal to the market value of assets (including discounted employer contributions receivable) on the valuation date.

**Actuarial Cost Method:** The unit credit cost method is used for ERISA Funding Target (PPA) and FASB ASC 960 purposes. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for CSEC Funding liabilities and IRS maximum deductible limit amount. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

### **Actuarial Assumptions and Methods for Funding Purposes (continued)**

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

### **Changes in Actuarial Assumptions**

- Interest rates for PPA stabilized funding liability based on the segment rates provided by ARPA: 4.99% for the first 5 years, 5.29 % for the next 15 years, and 5.59% thereafter (previously 4.75% for the first 5 years, 5.00% for the next 15 years, and 5.74% thereafter).
- Interest rates for PPA non-stabilized funding liability based on the July 2024 segment rates: 4.99% for the first 5 years, 5.29% for the next 15 years, and 5.29% thereafter (previously 3.22% for the first 5 years, 4.22% for the next 15 years, and 4.34% thereafter).
- The mortality assumption used for PPA and Current Liability changed from the IRS 2023 Static Mortality Table to the IRS 2024 Generational Mortality Table, as prescribed by the PPA.

### **Method Changes**

A change in the plan's enrolled actuary is considered a funding method change. For ERISA minimum funding purposes, Section 4.03 of Revenue Procedure 2000-40, IRS announcement 2010-3, and Revenue Procedure 2017-56 set forth the requirements for automatic approval of a change in the provider of actuarial services. In particular, funding accrued liability, normal cost, and actuarial value of assets must each be within 5.0% of the prior actuary's results. Additionally, PPA funding target and funding target normal cost must each be within 3.0% of the prior actuary's results and PPA actuarial value of plan assets must be within 2.0% of the prior actuary's results. We were able to match the prior actuary's results as of July 1, 2023 within 0.50% for each of the key funding measures, and thus this method change is automatically approved as of July 1, 2024.

Attachment to 2024 Form 5500  
Schedule B, Line 6 – Statement of Actuarial Assumptions  
The Retirement Plan for Employees of Southern States  
EIN: 54-0387200 / Plan Number: 333

### **Actuarial Assumptions and Methods for Funding and ASC 960 Purposes**

**Interest Rate for Actuarial Accrued Liability and FASB ASC 960:** 7.00% (previously 7.00%), based on the expected long-term return on asset assumption within a reasonable range using the July 1, 2024 target asset allocation as provided by the Plan's investment consultant.

**Interest Rate for Current Liability:** 5.59% (previously 5.74%). Based on the PPA stabilized third segment rate prescribed by the IRS as of the beginning of the plan year.

**Expected Long-Term Return on Plan Assets:** 7.00% (previously 7.00%), determined by the Company. This assumes that bond yields will remain the same in the future as they are today and uses those yields to build future expectations of equity returns based on historical relationship between bonds and equities. Geometric returns were used in developing a distribution of expected asset returns. This is the same rate as used for the Actuarial Accrued Liability and FASB ASC 960 interest rate.

**Salary Scale:** Not applicable. The plan is frozen.

**Increase in Consumer Price Index (CPI):** Not applicable. The plan is frozen.

**Increase in Social Security Taxable Wage Base:** Not applicable. The plan is frozen.

**Administrative Expenses included in Target Normal Cost:** Calculated based on 0.3% of the Actuarial Value of Assets plus PBGC premiums for the current year.

### **Actuarial Assumptions and Methods for Funding and ASC 960 Purposes (continued)**

#### **Mortality:**

*Current Liability and PPA Liability:* IRS 2024 Generational Mortality Table as prescribed by IRC Section 430 for plans with more than 500 participants. This is a fully generational mortality table based on the Pri-2012 Total Mortality Tables projected with the adjusted MP 2021 Mortality Improvement Scale with annual mortality improvements capped at 0.78% as required by Secure 2.0 Act. This plan does not have a large enough population to vary from the standard tables. (Previously IRS 2023 Static Mortality Table.)

*Actuarial Accrued Liability and FASB ASC 960:* Pri-2012 Total Mortality Tables with MP-2021 Mortality Improvement Scale applied on a generational basis. Based on the most recent standard base mortality and mortality improvement scale as of the beginning of the Plan year. This plan does not have a large enough population to vary from the standard tables.

**Actuarial Assumptions and Methods for Funding and ASC 960 Purposes (continued)**

**Retirement Rates:** Rates varying by age and status based on the assumption used by the prior actuary for this plan and based on experience study performed in 2018. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

<u>Age</u>	<u>Rate for Actives</u>	<u>Rate for Vested Terminations</u>
55	5.00%	5.00%
56	5.00%	5.00%
57	5.00%	5.00%
58	5.00%	5.00%
59	7.50%	7.50%
60	7.50%	7.50%
61	10.00%	10.00%
62	20.00%	20.00%
63	15.00%	15.00%
64	20.00%	20.00%
65	35.00%	100.00%
66	30.00%	100.00%
67	25.00%	100.00%
68	25.00%	100.00%
69	25.00%	100.00%
70+	100.00%	100.00%

**Termination Rates:** Rates varying by age based on the assumption used by the prior actuary for this plan and based on experience study performed in 2018. There has been no pattern of significant consistent gains or consistent losses related to this decrement. Sample rates are shown below:

<u>Age</u>	<u>Rate</u>
<30	13.95%
30	10.55%
35	5.10%
40	5.05%
45	4.60%
50	4.00%
55	5.00%
60	7.50%
65+	0.00%

**Actuarial Assumptions and Methods for Funding and ASC 960 Purposes** (continued)

**Marital Status:** 100% of males and females are assumed married, with females three years younger than males based on the assumption used by the prior actuary. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

**Maximum Benefit:** \$275,000 for 2024. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the IRC Section 415 limit have been reflected.

**Maximum Salary:** \$345,000 for 2024. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the salary limit have been reflected.

**Form of Payment:** It has been assumed that death benefits and benefits payable to terminated vested participants who have not met the requirements for early retirement will be paid in the normal annuity form applicable to these particular benefits. For active participants (excluding transfers), 40% assumed to elect a Single Life Annuity, 20% assumed to elect a 50% Joint & Survivor Annuity and 40% assumed to elect a 100% Joint & Survivor Annuity based on an experience study performed in 2018.

To the extent optional forms of payment are elected and conversions are determined under an actuarial basis which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.

**Actuarial Value of Plan Assets for Funding Purposes:**

The actuarial value of assets is equal to:

- a) the market value of assets, including discounted receivables, on the valuation date, less
- b) the following percentages of prior years' investment gains (losses):
  - i) 80% of the prior year,
  - ii) 60% of the second prior year,
  - iii) 40% of the third prior year, and
  - iv) 20% of the fourth prior year,

Investment gains and losses are defined as the excess or deficiency of the expected return on the market value over the actual return on the market value of assets, including discounted receivables, for any given year.

- c) The actuarial value of assets can be neither less than 80% nor greater than 120% of the market value of assets, including discounted receivables.

**Actuarial Assumptions and Methods for Funding and ASC 960 Purposes** (continued)

**Actuarial Cost Method:** The unit credit cost method is used for ERISA Funding Target (PPA) and FASB ASC 960 purposes. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for CSEC Funding liabilities and IRS maximum deductible limit amount. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

**Changes in Actuarial Assumptions**

- Current Liability interest rates were updated from 5.74% as of July 1, 2023 to 5.59% as of July 1, 2024, based on the PPA stabilized third segment rate.
- The mortality assumption used for PPA and Current Liability changed from the IRS 2023 Static Mortality Table to the IRS 2024 Generational Mortality Table, as prescribed by the PPA.

Attachment to 2024 Form 5500  
Schedule B, Line 6 – Statement of Actuarial Assumptions  
The Retirement Plan for Employees of Southern States  
EIN: 54-0387200 / Plan Number: 333

### **Method Changes**

A change in the plan's enrolled actuary is considered a funding method change. For ERISA minimum funding purposes, Section 4.03 of Revenue Procedure 2000-40, IRS announcement 2010-3, and Revenue Procedure 2017-56 set forth the requirements for automatic approval of a change in the provider of actuarial services. In particular, funding accrued liability, normal cost, and actuarial value of assets must each be within 5.0% of the prior actuary's results. Additionally, PPA funding target and funding target normal cost must each be within 3.0% of the prior actuary's results and PPA actuarial value of plan assets must be within 2.0% of the prior actuary's results. We were able to match the prior actuary's results as of July 1, 2023 within 0.50% for each of the key funding measures, and thus this method change is automatically approved as of July 1, 2024.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	---

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

▶ **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.

<b>A</b> Name of plan RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES	<b>B</b> Three-digit plan number (PN) ▶	333
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SOUTHERN STATES COOPERATIVE, INC.	<b>D</b> Employer Identification Number (EIN) 54-0387200	
<b>E</b> Type of plan: <input type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input checked="" type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
<b>1</b> Enter the valuation date:	Month <u>07</u>	Day <u>01</u>	Year <u>2024</u>
<b>2</b> Assets:		<b>2a</b>	189,782,175
<b>a</b> Market value .....		<b>2b</b>	189,782,175
<b>b</b> Actuarial value .....			
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	2,410	161,455,629	161,455,629
<b>b</b> For terminated vested participants .....	395	18,078,948	18,078,948
<b>c</b> For active participants .....	308	17,644,813	17,732,084
<b>d</b> Total .....	3,113	197,179,390	197,266,661
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....		<b>4a</b>	
<b>b</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 .....		<b>4b</b>	
<b>5</b> Effective interest rate .....		<b>5</b>	5.33%
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....		<b>6a</b>	0
<b>b</b> Expected plan-related expenses .....		<b>6b</b>	632,369
<b>c</b> Target normal cost .....		<b>6c</b>	632,369

**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.

<b>SIGN HERE</b>	<u>BRIAN KINGSBURY BJK</u> Signature of actuary	<u>3/3/2026</u> Date
	<u>BRIAN KINGSBURY</u> Type or print name of actuary	<u>2308211</u> Most recent enrollment number
	<u>FIDELITY INVESTMENTS</u> Firm name	<u>617-563-7000</u> Telephone number (including area code)
	<u>155 SEAPORT BOULEVARD</u> <u>BOSTON MA 02210</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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....		
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b>	Amount remaining (line 7 minus line 8) .....		
<b>10</b>	Interest on line 9 using prior year's actual return of _____ % .....		
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		
	<b>b(1)</b> 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>5.15</u> % .....		
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		
	<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....		
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....		

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	96.20 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	91.87 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>				
(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	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>

<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b</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
	<b>c</b> 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**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

<b>24</b> 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 type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>26</b> Demographic and benefit information	
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</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 type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b> 1

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

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

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

<b>41</b> 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 type="checkbox"/> 2021
---

Attachment to 2024 Form 5500  
 Schedule SB, Line 22 – Description of Weighted Average Retirement Age  
 The Retirement Plan for Employees of Southern States  
 EIN: 54-0387200 / Plan Number: 333

**Description of Weighted Average Retirement Age**

(1) <b>Age</b>	(2) <b>Rate</b>	(3) <b>Weight</b>	(4) <b>(1) x (2) x (3)</b>
55	5.00%	1.0000	2.7500
56	5.00%	0.9500	2.6600
57	5.00%	0.9025	2.5721
58	5.00%	0.8574	2.4864
59	7.50%	0.8145	3.6042
60	7.50%	0.7534	3.3904
61	10.00%	0.6969	4.2512
62	20.00%	0.6272	7.7775
63	15.00%	0.5018	4.7418
64	20.00%	0.4265	5.4593
65	35.00%	0.3412	7.7625
66	30.00%	0.2218	4.3913
67	25.00%	0.1552	2.6004
68	25.00%	0.1164	1.9794
69	25.00%	0.0873	1.5064
70	100.00%	0.0655	4.5847

Weighted Average: 62.52

**Final Weighted Average: 63**

Attachment to 2024 Form 5500  
 Schedule B, Line 6b – Description of Weighted Average Retirement Age  
 The Retirement Plan for Employees of Southern States  
 EIN: 54-0387200 / Plan Number: 333

**Description of Weighted Average Retirement Age**

(1) <b>Age</b>	(2) <b>Rate</b>	(3) <b>Weight</b>	(4) <b>(1) x (2) x (3)</b>
55	5.00%	1.0000	2.7500
56	5.00%	0.9500	2.6600
57	5.00%	0.9025	2.5721
58	5.00%	0.8574	2.4864
59	7.50%	0.8145	3.6042
60	7.50%	0.7534	3.3904
61	10.00%	0.6969	4.2512
62	20.00%	0.6272	7.7775
63	15.00%	0.5018	4.7418
64	20.00%	0.4265	5.4593
65	35.00%	0.3412	7.7625
66	30.00%	0.2218	4.3913
67	25.00%	0.1552	2.6004
68	25.00%	0.1164	1.9794
69	25.00%	0.0873	1.5064
70	100.00%	0.0655	4.5847

Weighted Average: 62.52

**Final Weighted Average: 63**

**SCHEDULE B  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Actuarial Information**

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

▶ **Attach to Form 5500 or 5500-EZ if applicable.**  
▶ **See separate instructions.**

Official Use Only

OMB No. 1210-0110

**2007**

**This Form is Open to Public Inspection (except when attached to Form 5500-EZ).**

For calendar plan year 2007 or fiscal plan year beginning 07/01/2024, and ending 06/30/2025,

▶ **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.

<b>A</b> Name of plan RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES		<b>B</b> Three-digit plan number . . . ▶ 333
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ. SOUTHERN STATES, INC.		<b>D</b> Employer Identification Number 54-0387200
<b>E</b> Type of plan: (1) <input type="checkbox"/> Multiemployer (2) <input type="checkbox"/> Single-employer (3) <input checked="" type="checkbox"/> Multiple-employer		<b>F</b> <input type="checkbox"/> 100 or fewer participants in prior plan year

**Part I Basic Information** (To be completed by all plans)

**1a** Enter the actuarial valuation date: Month 7 Day 1 Year 2,024

**b** Assets:

(1) Current value of assets . . . . .	<b>b(1)</b>	189,782,175
(2) Actuarial value of assets for funding standard account . . . . .	<b>b(2)</b>	191,093,108
<b>c</b> (1) Accrued liability for plans using immediate gain methods . . . . .	<b>c(1)</b>	174,337,544
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases . . . . .	<b>c(2)(a)</b>	
(b) Accrued liability under entry age normal method . . . . .	<b>c(2)(b)</b>	
(c) Normal cost under entry age normal method . . . . .	<b>c(2)(c)</b>	

**Statement by Enrolled Actuary (see instructions before signing):**

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and accurate, and in my opinion each assumption, used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

**SIGN HERE** BRIAN KINGSBURY BJK  
Signature of actuary

BRIAN KINGSBURY  
Type or print name of actuary

FIDELITY INVESTMENTS  
Firm name

155 SEAPORT BOULEVARD, BOSTON MA 02210  
Address of the firm

3/3/2026  
Date

**G** 2308211  
Most recent enrollment number

(617) 563-7000  
Telephone number (including area code)

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 and OMB Control Numbers, see the instructions for Form 5500 or 5500-EZ. v10.1 Schedule B (Form 5500) 2007



<b>1d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) ..	<b>d(1)</b>	0
(2) "RPA '94" information:		
(a) Current liability .....	<b>d(2)(a)</b>	193,148,720
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>d(2)(b)</b>	632,369
(c) Current liability computed at highest allowable interest rate (see instructions) .....	<b>d(2)(c)</b>	193,148,720
(d) Expected release from "RPA '94" current liability for the plan year .....	<b>d(2)(d)</b>	
(3) Expected plan disbursements for the plan year .....	<b>d(3)</b>	17,821,062

<b>2</b> Operational information as of beginning of this plan year:	
<b>a</b> Current value of the assets (see instructions) .....	<b>2a</b> 189,782,175

<b>b</b> "RPA '94" current liability:	(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits	
	(1) For retired participants and beneficiaries receiving payments .....	2410	158,168,987	158,168,987
	(2) For terminated vested participants .....	395	17,659,370	17,659,370
	(3) For active participants .....	308	17,235,539	17,320,363
	(4) Total .....	3113	193,063,896	193,148,720

<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (3) is less than 70%, enter such percentage .....	<b>2c</b>	%
--	-----------	---

<b>3</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
<b>3</b> Totals ▶			<b>(b)</b>	<b>(c)</b>	

<b>4</b> Quarterly contributions and liquidity shortfall(s):	
<b>a</b> Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions) .....	<b>4a</b> 100.48 %

<b>b</b> If line 4a is less than 100%, see instructions, and complete the following table as applicable:			
Liquidity shortfall as of end of Quarter of this plan year			
<b>(1)</b> 1st	<b>(2)</b> 2nd	<b>(3)</b> 3rd	<b>(4)</b> 4th



- 5** Actuarial cost method used as the basis for this plan year's funding standard account computation:
- a**  Attained age normal      **b**  Entry age normal      **c**  Accrued benefit (unit credit)
- d**  Aggregate      **e**  Frozen initial liability      **f**  Individual level premium
- g**  Individual aggregate      **h**  Other (specify) ▶ \_\_\_\_\_
- i** Has a change been made in funding method for this plan year? .....  Yes     No
- j** If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40? .....  Yes     No
- k** If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method ..... Month      Day      Year

**6** Checklist of certain actuarial assumptions:

<b>a</b> Interest rates for "RPA '94" current liability .....	<b>6a</b>	5.59 %	<input type="checkbox"/> N/A								
<b>b</b> Weighted average retirement age .....	<b>6b</b>	63	<input type="checkbox"/> N/A								
<b>c</b> Rates specified in insurance or annuity contracts ... <input checked="" type="checkbox"/> N/A	<b>6c</b>	<table border="1"> <tr> <th colspan="2">Pre-retirement</th> <th colspan="2">Post-retirement</th> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	Pre-retirement		Post-retirement		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Pre-retirement		Post-retirement									
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
<b>d</b> Mortality table code for valuation purposes:											
(1) Males .....	<b>d(1)</b>	A	A								
(2) Females .....	<b>d(2)</b>	A	A								
<b>e</b> Valuation liability interest rate .....	<b>6e</b>	7.00 %	7.00 % <input type="checkbox"/> N/A								
<b>f</b> Expense loading .....	<b>6f</b>	1149.90 %	% <input checked="" type="checkbox"/> N/A								
<b>g</b> Annual withdrawal rates:											
(1) Age 25 .....	<b>g(1)</b>	U 13.95 %	U 13.95 %								
(2) Age 40 .....	<b>g(2)</b>	U 5.05 %	U 5.05 %								
(3) Age 55 .....	<b>g(3)</b>	U 5.00 %	U 5.00 %								
<b>h</b> Salary scale .....	<b>6h</b>	%	% <input checked="" type="checkbox"/> N/A								
<b>i</b> Estimated investment return on actuarial value of assets for year ending on the valuation date	<b>6i</b>	6.80 %									
<b>j</b> Estimated investment return on current value of assets for year ending on the valuation date . .	<b>6j</b>	10.80 %									

**7** New amortization bases established in the current plan year:

(1) Type of Base	(2) Initial Balance	(3) Amortization Charge/Credit
1	241,255	54,991

- 8** Miscellaneous information:
- a** If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval ..... Month      Day      Year



- 8b** If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions ▶ \_\_\_\_\_
- c** Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule .....  Yes  No

<b>9</b> Funding standard account statement for this plan year:			
<b>Charges to funding standard account:</b>			
<b>a</b>	Prior year funding deficiency, if any .....	<b>9a</b>	0
<b>b</b>	Employer's normal cost for plan year as of valuation date .....	<b>9b</b>	632,369
<b>c</b>	Amortization charges as of valuation date:	Outstanding Balance	
(1)	All bases except funding waivers ..... ▶ (\$ 241,255)	<b>c(1)</b>	54,991
(2)	Funding waivers ..... ▶ (\$ 0)	<b>c(2)</b>	0
<b>d</b>	Interest as applicable on lines 9a, 9b, and 9c .....	<b>9d</b>	48,115
<b>e</b>	Additional interest charge due to late quarterly contributions, if applicable .....	<b>9e</b>	0
<b>f</b>	Adjusted additional funding charge from Part II, line 12q, if applicable ..... <input type="checkbox"/> N/A	<b>9f</b>	0
<b>g</b>	Total charges. Add lines 9a through 9f .....	<b>9g</b>	735,475
<b>Credits to funding standard account:</b>			
<b>h</b>	Prior year credit balance, if any .....	<b>9h</b>	241,255
<b>i</b>	Employer contributions. Total from column (b) of line 3 .....	<b>9i</b>	0
<b>j</b>	Amortization credits as of valuation date ..... ▶ (\$ 0)	Outstanding Balance	
<b>k</b>	Interest as applicable to end of plan year on lines 9h, 9i, and 9j .....	<b>9j</b>	0
		<b>9k</b>	16,888
<b>l</b>	Full funding limitation (FFL) and credits		
(1)	ERISA FFL (accrued liability FFL) .....	<b>l(1)</b>	0
(2)	"RPA '94" override (90% current liability FFL) .....	<b>l(2)</b>	0
(3)	FFL credit .....	<b>l(3)</b>	735,475
<b>m</b>	(1) Waived funding deficiency .....	<b>m(1)</b>	
	(2) Other credits .....	<b>m(2)</b>	
<b>n</b>	Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2) .....	<b>9n</b>	993,618
<b>o</b>	Credit balance: If line 9n is greater than line 9g, enter the difference .....	<b>9o</b>	258,143
<b>p</b>	Funding deficiency: If line 9g is greater than line 9n, enter the difference .....	<b>9p</b>	0
<b>Reconciliation account:</b>			
<b>q</b>	Current year's accumulated reconciliation account:		
(1)	Due to additional funding charges as of the beginning of the plan year	<b>q(1)</b>	0
(2)	Due to additional interest charges as of the beginning of the plan year	<b>q(2)</b>	0
(3)	Due to waived funding deficiencies:		
(a)	Reconciliation outstanding balance as of valuation date .....	<b>q(3)(a)</b>	0
(b)	Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a) .....	<b>q(3)(b)</b>	0
(4)	Total as of valuation date .....	<b>q(4)</b>	0
<b>10</b>	Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable .....	<b>10</b>	0

- 11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....  Yes  No

0 8 0 7 3 5 0 4 0 R



**Part II Additional Information for Certain Plans Other Than Multiemployer Plans**

Please see **Who Must File** in the Schedule B instructions to determine if you must complete Part II.

**12 Additional required funding charge (see instructions):**

**a** Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100.

If line 12a is at least 90%, go to line 12q and enter -0-.

If line 12a is less than 80%, go to line 12b.

If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12q and enter -0-. Otherwise, go to line 12b

**b** "RPA '94" current liability. Enter line 1d(2)(a).

**c** Adjusted value of assets (see instructions)

**d** Funded current liability percentage. Divide line 12c by 12b and multiply by 100.

**e** Unfunded current liability. Subtract line 12c from line 12b.

**f** Liability attributable to any unpredictable contingent event benefit

**g** Outstanding balance of unfunded old liability

**h** Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e. Enter -0- if negative

**i** Unfunded new liability amount ( \_\_\_\_\_ % of line 12h)

**j** Unfunded old liability amount

**k** Deficit reduction contribution. Add lines 12i, 12j and 1d(2)(b).

**l** Net charges in funding standard account used to offset the deficit reduction contribution. Enter a negative number if less than zero

**m** Unpredictable contingent event amount:

(1) Benefits paid during year attributable to unpredictable contingent event

(2) Unfunded current liability percentage. Subtract the percentage on line 12d from 100%

(3) Enter the product of lines 12m(1) and 12m(2)

(4) Ammortization of all unpredictable contingent event liabilities

(5) "RPA '94" additional amount (see instructions)

(6) Enter the greatest of lines 12m(3), 12m(4), or 12m(5)

**n** Preliminary additional funding charge: Enter the excess of line 12k over line 12l (if any), plus line 12m(6), adjusted to end of year with interest

**o** Contributions needed to increase current liability percentage to 100% (see instructions)

**p** Additional funding charge prior to adjustment: Enter the lesser of line 12n or 12o

**q** Adjusted additional funding charge. ( \_\_\_\_\_ .0% of line 12p)

12a	98.93 %
12b	
12c	
12d	%
12e	
12f	
12g	
12h	
12i	
12j	
12k	
12l	
m(1)	
m(2)	%
m(3)	
m(4)	
m(5)	
m(6)	
12n	
12o	
12p	
12q	0

0 8 0 7 3 5 0 5 0 S



Attachment to 2024 Form 5500  
Schedule B, Line 6 – Summary of Plan Provisions  
The Retirement Plan for Employees of Southern States  
EIN: 54-0387200 / Plan Number: 333

## **Plan Provisions**

**Name of Plan:** Retirement Plan for Employees of Southern States

**Employer Identification Number/Plan Number:** 54-0387200/333.

**Effective Date:** July 1, 1944. Effective date of most recent amendment, January 1, 2017.

**Covered Employees:** Any person classified by the Company as a regular, common-law Employee of the Company or any participating USA employer.

**Plan Freeze:** Effective June 30, 2000, the plan is closed to new entrants. Benefit Accruals for current participants were frozen December 31, 2002.

### **Definitions:**

*Vesting service:* One year of vesting service for each year during which 1,000 or more hours were completed.

*Benefit service:* One year of service is earned for each plan year prior to December 31, 2002 during which the employee has 1,000 or more hours of service. Partial years of service are determined for less than 1,000 hours of service. Accruals were frozen as of December 31, 2002.

*Pensionable pay:* Total W2 compensation received during the limitation year, excluding any reimbursed expenses and contributions of benefits under any employee benefit plan.

*Final Average Monthly Earnings:* The average of the highest 36 consecutive calendar months of compensation paid during the calendar months preceding the earlier of actual or normal retirement date.

*Normal Retirement Date (NRD):* The first of the month coincident with or next following the later of age sixty-five and the earlier of the fifth anniversary of participation and the completion of five years of vesting service.

*Full Benefit Date:* Earlier of the normal retirement date and the completion of 30 years of benefit service and attainment of age 62.

Attachment to 2024 Form 5500  
Schedule B, Line 6 – Summary of Plan Provisions  
The Retirement Plan for Employees of Southern States  
EIN: 54-0387200 / Plan Number: 333

**Plan Provisions** (continued)

*Monthly pension benefit:* A monthly income for life paid at the Normal Retirement Date equal to the sum of (1) the greater of:

- I. 30% of final average earnings, reduced proportionately for each year of projected benefit service at the Full Benefit Date is less than 30,
- II. The accrued benefit as of June 30, 1989 under a prior plan,
- III. 2% of final average earnings for each year or benefit service up to 30 years, less the smaller of
  - a. 50% of 2% of final average earnings for each year or benefit service up to 30 years,
  - b. The applicable offset percentage of the final three-year average compensation for each year or benefit service up to 30 years, or
- IV. The sum of any annuity purchased under the Southern States predecessor as of December 31, 1971 and any annuity purchased under the predecessor plan based on benefits derived from Employer contributions

and (2) any annuity based on benefits from Employer contributions under all merged and frozen plans.

The plan is frozen as of December 31, 2002, therefore there are no benefit accruals after this date.

*Monthly pre-retirement spouse death benefit:* Single Life Annuity equal to the same benefit that would have been payable had the participant:

- a) Terminated on the earlier of the Date of Death and the Date of Termination,
- b) Survived to the Earliest Commencement Date and,
- c) Elected a 50% Joint & Survivor Annuity or Previously Elected a J&S Annuity with Spouse as designated Beneficiary prior to Date of Death.

**Eligibility for Benefits:**

*Normal retirement:* Retirement on NRD.

*Early retirement:* Retirement before NRD and on or after both attaining age 55 and completing 10 years of vesting service and 10 years of benefit service.

*Postponed retirement:* Retirement after NRD.

Attachment to 2024 Form 5500  
 Schedule B, Line 6 – Summary of Plan Provisions  
 The Retirement Plan for Employees of Southern States  
 EIN: 54-0387200 / Plan Number: 333

**Plan Provisions** (continued)

*Deferred vested:* Terminations for reasons other than death, disability, or retirement after completing five years of Vesting Service. All participants are 100% vested in their December 31, 2002 accrued benefit.

*Disability:* Permanently and totally disabled.

*Pre-retirement spouse benefit:* Death while eligible for Normal, Early, Postponed, or Deferred Vested Retirement benefits, with a surviving spouse.

**Monthly Benefits Paid Upon the Following Events:**

*Normal retirement:* Monthly Pension Benefit determined as of NRD.

*Early retirement:* The Monthly Pension Benefit payable at Full Benefit Date reduced by the following amount based on the age projected at Full Benefit Date.

Age	Early Retirement Factor			
	Age 62 at Full Benefit Date	Age 63 at Full Benefit Date	Age 64 at Full Benefit Date	Age 65 at Full Benefit Date
55	0.6250	0.5769	0.5357	0.5000
56	0.6667	0.6154	0.5714	0.5333
57	0.7083	0.6534	0.6071	0.5667
58	0.7500	0.6923	0.6429	0.6000
59	0.7917	0.7308	0.6786	0.6333
60	0.8333	0.7692	0.7143	0.6667
61	0.9167	0.8462	0.7857	0.7333
62	1.0000	0.9231	0.8571	0.8000
63	1.0000	1.0000	0.9285	0.8667
64	1.0000	1.0000	1.0000	0.9333
65	1.0000	1.0000	1.0000	1.0000

*Postponed retirement:* Monthly pension benefit determined as of actual retirement date.

*Disability retirement:* Any participant determined to be on long-term disability will continue to accrue service while on leave.

*Termination with deferred vested benefit:* Monthly pension benefit determined as of termination date. Such benefit will be reduced as described under the Early Retirement section.

For a participant who chooses to commence the benefit after NRD, the benefit will be actuarially increased.

Attachment to 2024 Form 5500  
Schedule B, Line 6 – Summary of Plan Provisions  
The Retirement Plan for Employees of Southern States  
EIN: 54-0387200 / Plan Number: 333

### **Plan Provisions** (continued)

*Death with pre-retirement spouse benefit:* Monthly pre-retirement spouse benefit is payable. If the participant was eligible for early retirement, the benefit is payable immediately. Otherwise, the benefit is payable when the participant would have been eligible for early retirement.

*Post-retirement death benefit:* Effective January 1, 1993, a supplemental post-retirement death benefit was added to the plan, which gives employees retiring after January 1, 1993 who have at least 20 years of benefit service \$5,000 payable as a lump sum.

**Forms of Payment:** For those participants with a qualified spouse at retirement, benefits must be paid in the form of a 50% Joint and Survivor annuity unless the spouse consents to an optional form.

Single participants and married participants with spousal consent have the following options:

- a) life annuity;
- b) 100% Joint and Survivor annuity; or
- c) 75% Joint and Survivor annuity; or
- d) 66-2/3% Joint and Survivor annuity; or
- e) 33-1/3% Joint and Survivor annuity; or
- f) 25% Joint and Survivor annuity; or
- g) lump sum if the present value is less than \$25,000.

*Description of optional form conversion factors:*

- All Joint and Survivor optional form conversion factors are computed using 1994 Group Annuity Reserving Mortality table using a 50/50 blend between males and females and 5% interest.
- Lump Sum conversions are based on IRS 417(e) interest rates and mortality tables based on the preceding May segment rates and applicable mortality table for the current plan year.

**Maximum on Benefits and Pay:** All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

**Future Plan Changes:** No future plan changes were recognized in determining minimum and maximum contributions.

**RETIREMENT PLAN FOR EMPLOYEES OF SOUTHERN STATES**  
**E.I.N. 54-0387200 PLAN NO. 333**  
**SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**JUNE 30, 2025**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	<b><u>Money Market Fund:</u></b>			
*	Fidelity	Government Money Market Fund	\$ 481,177	\$ 481,177
	<b><u>Common Collective Trusts:</u></b>			
*	Fidelity Institutional Asset Management	Broad Market Duration Commingled Pool	24,990,959	26,812,736
*	Fidelity Institutional Asset Management	Emerging Markets Debt Commingled Pool	6,734,799	7,478,502
*	Fidelity Institutional Asset Management	Emerging Markets Commingled Pool	3,907,416	4,872,854
*	Fidelity Institutional Asset Management	Floating Rate High Income Commingled Pool	2,428,786	2,503,332
*	Fidelity Institutional Asset Management	8-10 Year Corporate Bond Commingled Pool	1,029,968	1,053,823
*	Fidelity Institutional Asset Management	Select Canada Equity Commingled Pool	3,358,729	3,936,665
*	Fidelity Institutional Asset Management	Long Corporate A or Better Commingled Pool	189,851	189,851
*	Fidelity Institutional Asset Management	Long Duration Commingled Pool	192,486	197,858
*	Fidelity Institutional Asset Management	Select International Pool	7,595,956	9,167,948
*	Fidelity Institutional Asset Management	Select International Small Capitalization Commingled	3,847,663	4,274,297
*	Fidelity Institutional Asset Management	U.S. Real Estate Invest Tr CIT	2,427,080	2,605,890
*	Fidelity Institutional Asset Management	Intermediate Inflation-Protected Bond Index	1,078,641	1,112,171
	MFS International Equity Fund CL 7F	International Equity Fund CL 7F	8,386,052	9,146,785
	Cohen & Steers Capital Management, Inc.	U.S. Realty Collective Investment Trust Class A	2,662,302	2,643,908
	Spartan	500 Index Pool	30,211,410	36,960,233
	Spartan	World Minimum Volatility Index	27,628,500	32,326,196
		Total Common Collective Trusts	<u>126,670,598</u>	<u>145,283,049</u>
	<b><u>Mutual Funds:</u></b>			
	Baird	Core Plus Bond Fund Class Institutional	35,105,368	35,763,931
*	Fidelity Investments	Capital & Income Fund	2,334,135	2,440,106
*	Fidelity Investments	Long-term Treasury Bond Index Fund	1,727,185	1,702,710
	Hartford Mutual Funds	Schroders Emerging Markets Equity Fund Class SDR	4,141,489	4,886,801
	BlackRock	Advantage SMID Cap Fund Institutional Shares	4,119,572	4,150,514
		Total Mutual Funds	<u>47,427,749</u>	<u>48,944,062</u>
			<u>\$ 174,579,524</u>	<u>\$ 194,708,288</u>

\* Indicates party-in-interest

Attachment to 2024 Form 5500  
 Schedule B, Lines 9c and 9j – Schedule of Funding Standard Account Bases  
 The Retirement Plan for Employees of Southern States  
 EIN: 54-0387200 / Plan Number: 333

Date Established	Type of Base	Period		Balance		Annual Payment
		Original	Remaining	Original	Remaining	
Charge Base						
7/1/2024	Loss	5	5	\$ 241,255	\$ <u>241,255</u>	\$ <u>54,991</u>
	<b>Total Charges</b>				<b>\$ 241,255</b>	<b>\$ 54,991</b>

Attachment to 2024 Form 5500  
Schedule B, Line 11 – Justification of Change in Actuarial Assumptions  
The Retirement Plan for Employees of Southern States  
EIN: 54-0387200 / Plan Number: 333

**Justification of Change in Actuarial Assumptions**

- Current Liability interest rates were updated from 5.74% as of July 1, 2023 to 5.59% as of July 1, 2024, based on the PPA stabilized third segment rate.
- The mortality assumption used for PPA and Current Liability changed from the IRS 2023 Static Mortality Table to the IRS 2024 Generational Mortality Table, as prescribed by the PPA.

These changes have been made to better reflect future anticipated experience.