Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
GROUP RETIREMENT INCOME PLAN NO.16

1b Three-digit plan number (PN) ▶ 334

1c Effective date of plan 01/01/1994

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

1705 TOWANDA AVENUE
BLOOMINGTON, IL 61701

2b Employer Identification Number (EIN) 37-0815318

2c Plan Sponsor's telephone number 309-557-6125

2d Business code (see instructions) 115110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	BRIAN WILKINS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

GROUP RETIREMENT INCOME NO.16, ADMINISTRATIVE COMMITTEE

HUMAN RESOURCES
1705 TOWANDA AVENUE, P.O. BOX 2500
BLOOMINGTON, IL 61702

3b Administrator's EIN: 37-0815318

3c Administrator's telephone number: 309-557-6125

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	7445
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	4156
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	4312
b	Retired or separated participants receiving benefits	**6b**	1959
c	Other retired or separated participants entitled to future benefits	**6c**	1209
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	7480
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	277
f	Total. Add lines **6d** and **6e**	**6f**	7757
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	286
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 3H

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

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

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

a Pension Schedules

(1)	☒	**R** (Retirement Plan Information)
(2)	☐	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	☒	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
(4)	☐	**DCG** (Individual Plan Information) – Number Attached _____
(5)	☒	**MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1)	☒	**H** (Financial Information)
(2)	☐	**I** (Financial Information – Small Plan)
(3)	☐	**A** (Insurance Information) – Number Attached 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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
GROUP RETIREMENT INCOME PLAN NO.16

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GROWMARK INC.

D Employer Identification Number (EIN)
37-0815318

E Type of plan: ☐ Single ☒ Multiple-A ☐ Multiple-B

F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	1065787508
b Actuarial value	**2b**	1065787508

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2178	411986676	411986676
b For terminated vested participants	1161	47656661	47656661
c For active participants	4271	304427241	331560527
d Total	7610	764070578	791203864

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	35091430
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	35091430

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/09/2026
Date

RON SOLUM
Type or print name of actuary

26-06762
Most recent enrollment number

AON CONSULTING, INC.
Firm name

847-295-5000
Telephone number (including area code)

MSC#17755, AON, PO BOX 551343
ATLANTA, GA 30355

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 ☐

Part II Beginning of Year Carryover and Prefunding Balances

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

Part III Funding Percentages

14	Funding target attainment percentage	14	86.42 %
15	Adjusted funding target attainment percentage	15	%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/15/2025	125000		11/25/2025	1800000	
09/29/2025	650000		11/28/2025	960000	
09/30/2025	450000		12/01/2025	500000	
10/08/2025	110000		01/27/2026	1650000	
11/04/2025	300000		01/30/2026	2660000	
11/14/2025	425000		03/06/2026	800000	
			Totals ► 18(b)	37199921	18(c) 0

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

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 II Beginning of Year Carryover and Prefunding Balances

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

Part III Funding Percentages

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

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/26/2026	1375000		05/28/2026	2613235	
03/30/2026	1800000		05/29/2026	809200	
03/31/2026	1235000		06/24/2026	91760	
05/20/2026	200000		07/02/2026	1921809	
05/26/2026	1827500		07/20/2026	1272998	
05/27/2026	1500000		07/27/2026	1135803	
			Totals ► 18(b)		18(c)

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

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 II Beginning of Year Carryover and Prefunding Balances

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

Part III Funding Percentages

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

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/29/2026	3171042				
07/30/2026	2750298				
07/31/2026	2810337				
08/03/2026	2255939				
			Totals ► 18(b)		18(c)

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used
b Applicable month (enter code)			**21b**	
22 Weighted average retirement age			**22**	60

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	1

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

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

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			

36 Additional cash requirement (line 34 minus line 35)	**36**	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	
40 Unpaid minimum required contributions for all years	**40**	

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GROUP RETIREMENT INCOME PLAN NO.16

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500
GROWMARK INC.

D Employer Identification Number (EIN)
37-0815318

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).. . . . . [X] 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

NORTHERN TRUST COMPANY

36-1561860

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

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

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

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)

CLARION PARTNERS

20-5016401

(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 50 51	NONE	355784	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RREEF AMERICA

94-2753537

(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 50 51	NONE	285504	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UBS GLOBAL ASSET MANAGEMENT

36-3718331

(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 50 51	NONE	240658	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 59	TRUSTEE	200754	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

NISA INVESTMENT ADVISORS LLC

48-1140940

(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 50 51	NONE	145379	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AON CONSULTING

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	NONE	105164	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

MARQUETTE ASSOCIATES, INC.

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	67813	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RUBINBROWN LLP

43-0765316

(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	NONE	13000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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 [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GROUP RETIREMENT INCOME PLAN NO.16

B Three-digit plan number (PN) ▶ 334

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GROWMARK INC.

D Employer Identification Number (EIN)
37-0815318

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

a Name of MTIA, CCT, PSA, or 103-12 IE: SEGALL BRYANT & HAMILL INTL SM CAP

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-0835598-090	C	43253932

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE EAFE INDEX FUND-NL

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-024	C	178945122

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE RUSSELL 2000 IND FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-096	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 400 INDEX FUND NL

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-004	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 500 INDEX FUND NL

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-003	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: NTGI COLLECTIVE GOVERNMENT STIF REG

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-068	C	10364870

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE RUSSELL 3000 IND FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-097	C	330735630

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GROUP RETIREMENT INCOME PLAN NO.16

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500
GROWMARK INC.

D Employer Identification Number (EIN)
37-0815318

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	-572420	-12478
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	34576076	31879921
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5085947	9431717
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	138254287	171109244
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	37346
(5) Partnership/joint venture interests	1c(5)	226146125	280272009
(6) Real estate (other than employer real property)	1c(6)	29654805	30797593
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	493561732	563299554
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	33360865	42959617
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	110613061	91841628

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	1070680478	1221616151
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	4892970	9136469
1k Total liabilities (add all amounts in lines 1g through1j)	1k	4892970	9136469
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1065787508	1212479682

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	37199921	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		37199921
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	9965250	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9965250
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	2175	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2501930	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2504105
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	54938306	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		54938306

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		76807796
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5857688
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		187273066
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	39186931	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		39186931
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	13000	
(5) Investment advisory and investment management fees	2i(5)	1095138	
(6) Bank or trust company trustee/custodial fees	2i(6)	200754	
(7) Actuarial fees	2i(7)	105164	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	-20095	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1393961
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		40580892
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		146692174
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

(1) [X] 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: RUBIN BROWN LLP **(2)** EIN: 43-0765316

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		2500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 589860.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
GROUP RETIREMENT INCOME PLAN NO.16

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500
GROWMARK INC.

D Employer Identification Number (EIN)
37-0815318

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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

EIN(s): 36-3046063

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 | 26

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☒ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 50.2 % Private Equity: 16.9 % Investment-Grade Debt and Interest Rate Hedging Assets: 14.4 %
High-Yield Debt: 4.6 % Real Assets: 13.0 % Cash or Cash Equivalents: 0.9 % Other: 0.0 %

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan GROUP RETIREMENT INCOME PLAN NO.16	**B** Three-digit Plan number (PN)..... ▶ 334
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF GROUP RETIREMENT INCOME NO.16, ADMINISTRATIVE COMMITTEE	**D** Administrator's EIN 37-0815318

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) AFFILIATED AGRICULTURAL COOPERATIVE (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).**

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
AG VIEW FS, INC.	36-0854770	5.78	
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
AG-LAND FS, INC.	37-1282343	3.60	

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.

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	☐ Yes ☒ No
2f	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.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	

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
AGRILAND FS, INC.	42-0385720	2.72	
CARROLL SERVICE COMPANY	36-0876420	0.00	
CENTRAL COMMODITY FS	37-0216270	2.51	
CONSERV FS, INC.	36-1355570	5.22	
EVERGREEN FS, INC.	37-0410460	5.83	
FARMERS COOPERATIVE ASSOCIATION, VARNA	36-1059640	0.25	
FARMERS ELEVATOR COMPANY OF MANTENO	36-1059770	0.03	
FS GRAIN LLC	45-2773444	1.80	
GATEWAY FS, INC.	37-1263556	5.65	

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.

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
GOLD STAR FS, INC.	36-1817480	3.07	
GRAINCO FS, INC.	36-1315960	3.23	
HERITAGE FS, INC.	36-3818145	5.77	
JERSEY COUNTY GRAIN COMPANY	37-0352490	0.30	
M & M SERVICE COMPANY	37-1370422	7.55	
MM RETAIL, LLC	82-2300796	0.04	
MEDORA FS, INC.	37-0889797	0.17	
PIATT COUNTY SERVICE COMPANY	37-0634385	0.29	
PRAIRIELAND FS, INC.	37-1410789	10.75	

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.

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
SOUTH CENTRAL FS, INC.	37-0607422	3.63	
SOUTHERN FS, INC.	74-3044849	4.75	
ST. CLAIR SERVICE COMPANY	37-0497745	1.63	
STEPHENSON SERVICE COMPANY	36-1824365	2.63	
THREE RIVERS FS COMPANY	42-0212080	1.56	
TOTAL GRAIN MARKETING	20-5446305	5.00	
TRICOUNTY FS, INC.	37-1338377	3.07	
WABASH VALLEY SERVICE COMPANY	37-0567680	7.12	
WEST CENTRAL FS, INC.	37-0955394	3.36	

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.

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
WESTERN GRAIN MARKETING, LLC	26-0746032	2.69	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d 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.

Part III Pooled Employer Plan Information

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 _____

GROWMARK, INC.
GROUP RETIREMENT INCOME
PLAN NO. 16

FINANCIAL STATEMENTS

DECEMBER 31, 2025

Contents

Page

Independent Auditors' Report ..... 1 - 5

Financial Statements

Statement Of Net Assets Available For Benefits 6

Statement Of Changes In Net Assets Available For Benefits 7

Notes To Financial Statements ..... 8 - 18

Supplemental Schedule

Attached: 5500 Supplemental Schedule

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CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS

Independent Auditors' Report

Administrative Committee
GROWMARK, Inc. Group Retirement Income Plan No. 16
Bloomington, Illinois

Scope And Nature Of The ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of GROWMARK Inc. Group Retirement Income Plan No. 16, 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 December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the GROWMARK Inc. Group Retirement Income Plan No. 16's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

RubinBrown LLP is a member of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities.

Opinion

In our opinion, based on our audits 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 audits in accordance with auditing standards generally accepted in the United States of America. 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 GROWMARK Inc. Group Retirement Income Plan No. 16 and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities Of Management For The Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about GROWMARK Inc. Group Retirement Income Plan No. 16's 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 auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of GROWMARK Inc. Group Retirement Income Plan No. 16's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about GROWMARK Inc. Group Retirement Income Plan No. 16's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, 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 December 31, 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 auditing standards generally accepted in the United States of America. 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.

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).

RubinBrown LLP

October 14, 2026

GROWMARK, INC.
GROUP RETIREMENT INCOME PLAN NO. 16
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2025	2024
Assets		
Investments at fair value	**$ 1,180,304,514**	$ 1,031,018,455
Contributions receivable	**31,879,921**	34,576,076
Due from broker	**7,862,908**	3,944,577
Accrued interest income	**1,568,809**	1,141,370
Total Assets	**1,221,616,152**	1,070,680,478
Liabilities		
Due to broker	**9,136,469**	4,892,970
Net Assets Available For Benefits	**$ 1,212,479,683**	$ 1,065,787,508

GROWMARK, INC.
GROUP RETIREMENT INCOME PLAN NO. 16

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For The Years Ended December 31,	
	2025	2024
Additions To Net Assets Attributed To:		
Company contributions	**$ 37,199,921**	$ 39,801,076
Deductions From Net Assets Attributed To:		
Benefits paid directly to participants	**39,186,931**	36,929,622
Administrative expenses	**366,776**	348,898
Total Deductions	**39,553,707**	37,278,520
Investment Activity		
Interest and dividend income	**12,469,355**	12,678,249
Net change in fair value of investments	**137,603,791**	39,630,053
Investment expenses	**(1,027,185)**	(1,584,828)
Net Investment Activity	**149,045,961**	50,723,474
Net Increase	**146,692,175**	53,246,030
Net Assets Available For Benefits - Beginning Of Year	**1,065,787,508**	1,012,541,478
Net Assets Available For Benefits - End Of Year	**$ 1,212,479,683**	$ 1,065,787,508

1. Description Of The Plan

The following brief description of GROWMARK, Inc. Group Retirement Income Plan No. 16 (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan is a multiple employer, defined benefit plan. All of GROWMARK, Inc. (GROWMARK) supply, grain and special member companies and certain GROWMARK subsidiaries (the Companies) are eligible to participate in the Plan. The Plan covers all of the Companies' employees other than those who participate in other plans under collective bargaining agreements.

Each employee covered by the Plan who has attained the age of 21 is eligible for participation in the Plan after one year of continuous service (1,000 hours minimum per year).

Benefits (benefits to which participants are entitled, regardless of future service with the Companies) are 100% vested after 5 years of vesting service. The Plan also provides for death and disability benefits.

Participants may elect distribution of their account as a single lump sum or various annuities. Distributions are allowed upon termination of service, death, disability, or attainment of normal retirement age.

While none of the Companies, except for those which have withdrawn from the Plan, have expressed any intent to terminate the Plan, they are free to do so at any time subject to the provisions of ERISA. In the event the Plan is terminated:

(a) to the extent provided for in the Plan, the net assets of the Plan shall be allocated among the participants and beneficiaries of the Plan in the order provided for in ERISA; and

(b) to the extent there are unfunded vested benefits other than benefits vested by virtue of termination of the Plan, ERISA provides that such benefits are payable to participants by the Pension Benefit Guaranty Corporation (PBGC), up to specified limitations.

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.

2. Significant Accounting Policies

Basis Of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting, except for benefit payments, which are recorded when paid.

Investment Valuation And Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded as of the trade-date. Interest is accrued when earned. Dividends are recorded on the ex-dividend date. Net change in fair value of investments includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

Fair Value Measurement Policy

The Plan follows Accounting Standards Codification (ASC) Topic 820, Fair Value Measurements and Disclosures, which establishes a framework for measuring fair value. The framework 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 below:

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets 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 value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of 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 December 31, 2025 or 2024.

Mutual funds are valued at the daily closing price 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 (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Exchange traded funds are valued at the closing price reported on the active market on which the individual securities are traded, or, lacking any sale, at the determined value assigned by the National Association of Insurance Commissioners.

Bonds are valued at fair value using an independent party pricing service. Due to the limited number of transactions involving these securities, it has been determined that there is not an active market. Certain unobservable inputs are assessed through review of the bond terms, and others are substantiated utilizing available market data (interest rates).

Partnership interests, the real estate investment trust, and the collective trust funds are valued at the NAV or NAV equivalent of units of the fund. The NAV or NAV equivalent, as provided by The Northern Trust Company, the Trustee, is used as a practical expedient to estimate fair value. The NAV or NAV equivalent is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV or NAV equivalent.

The methods described above may produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Contributions

The Companies contribute such amounts as are deemed necessary on an actuarial basis to fund the Plan's obligations. These contributions meet or exceed the minimum funding requirements of ERISA for the years ended December 31, 2025 and 2024.

Actuarial Present Value Of Accumulated Plan Benefits

Accumulated plan benefits (Note 5) are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits paid under the Plan are based on a participant's compensation during the five consecutive years of highest compensation out of the last ten years. The actuarial present values for active participants are based on actual average compensation during the five years ending on the respective dates of determination. Benefits payable under all circumstances - retirement, death, and vested termination of employment - are included, to the extent they are deemed to have accrued as of the computation dates.

Use Of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Contribution Receivable And Credit Loss Policy

Amounts due for contributions are stated at the amount that management expects to collect from outstanding balances less an allowance for expected credit losses. The expected credit losses amount reflects management's best estimate of amounts that will not be collected. This assessment considers historical experience, current conditions and, when appropriate, reasonable and supportable forecasts.

The Company has concluded that no allowance for current expected credit losses was necessary at December 31, 2025 or 2024.

Risks And Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement 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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Administration

The Plan is administered by a Plan Administrative Committee, which is appointed by GROWMARK, Inc. and which serves without compensation. Certain administrative expenses of the Plan are paid by each Company.

Subsequent Events

Management has evaluated the impact of recognized material subsequent events through the date of the Independent Auditors' Report, which is the date that the financial statements were available to be issued.

3. Certified Investment Information

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments as shown on the statement of net assets available for benefits as of December 31, 2025 and 2024;
- Net investment activity as shown in the statement of changes in net assets available for benefits for the years ended December 31, 2025 and 2024;
- Investment information included on the supplemental schedule of assets (held at end of year) as of December 31, 2025.

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

4. Fair Value Measurements

ASC Topic 820, Fair Value Measurements and Disclosures, requires that major categories of debt and equity securities in the fair value hierarchy table be determined on the basis of the nature and risks of the investment. The following fair value hierarchy tables present information about the Plan's major categories of assets measured at fair value on a recurring basis:

	Assets At Fair Value As Of December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds and exchange traded funds	$ 42,947,140	$ —	$ —	$ 42,947,140
Bonds	—	171,111,963	—	171,111,963
Common stock	37,346	—	—	37,346
Total investments in the fair value hierarchy	$ 42,984,486	$ 171,111,963	$ —	214,096,449
Investments measured at net asset value (a)				966,208,065
Total Assets At Fair Value				$ 1,180,304,514

	Assets At Fair Value As Of December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds and exchange traded funds	$ 32,788,445	$ —	$ —	$ 32,788,445
Bonds	—	138,256,904	—	138,256,904
Total investments in the fair value hierarchy	$ 32,788,445	$ 138,256,904	$ —	171,045,349
Investments measured at net asset value (a)				859,973,106
Total Assets At Fair Value				$ 1,031,018,455

(a) Certain investments that are measured at fair value using the NAV per share (or its equivalent) as a practical expedient 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 amounts presented in the statement of net assets available for benefits.

Fair Value Measurements Of Investments In Certain Entities That Calculate Net Asset Value Per Share

	December 31, 2025		
	Fair Value	Unfunded Commitments	Remaining Life
Partnership interests (a)			
Open-ended interests	$ 175,169,975	$ —	Not applicable
Closed-end interests	196,940,943	90,024,001	5-15 years
REIT (b)	30,797,593	—	Not applicable
Collective trust funds	563,299,554	—	Not applicable
Total	$ 966,208,065	$ 90,024,001	

	December 31, 2024		
	Fair Value	Unfunded Commitments	Remaining Life
Partnership interests (a)			
Open-ended interests	$ 160,001,452	$ —	Not applicable
Closed-end interests	176,755,117	68,956,979	6-15 years
REIT (b)	29,654,805	—	Not applicable
Collective trust funds	493,561,732	—	Not applicable
Total	$ 859,973,106	$ 68,956,979	

	December 31, 2025 And 2024		
	Redemption Frequency	Trade To Settlement Terms	Redemption Notice Period
Partnership interests (a)			
Open-ended interests	Quarterly & Semi-Annually	N/A	60-90 days
Closed-end interests	Capital returned upon realization	N/A	N/A
REIT (b)	Quarterly	N/A	45 days
Collective trust funds	Daily	N/A	N/A

(a) Partnership interests - This class includes partnerships that seek to outperform index returns through controlling or influential minority stakes in the portfolio companies.

(b) REIT - This class includes a real estate investment trust that has been organized to actively manage real estate in the industrial, retail and apartment sectors.

5. Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits represents the value of benefits earned to the valuation date, after applying actuarial assumptions to adjust the accumulated plan benefits for the time value of money and the probability of payment between the valuation date and the expected payment date.

The actuarial present value of accumulated plan benefits, based on actuarial valuations as of December 31 is as follows:

	2025	2024
Vested benefits:		
Participants currently receiving payments	**$ 415,320,409**	$ 391,713,569
Other participants	**335,486,758**	321,620,964
	750,807,167	713,334,533
Nonvested benefits	**28,408,815**	24,830,454
	$ 779,215,982	$ 738,164,987

The changes in the actuarial present value of accumulated plan benefits during the valuation years ended December 31, 2025 and 2024 are as follows:

	2025	2024
Actuarial present value of accumulated plan benefits at beginning of year	**$ 738,164,987**	$ 704,923,862
Increase (decrease) during the year attributable to:		
Assumption changes	**(165,672)**	(6,761,297)
Increase for interest on liability	**43,131,415**	41,203,681
Benefits paid	**(39,186,931)**	(36,929,622)
Benefits accrued and plan experience	**37,272,183**	35,728,363
Net increase	**41,050,995**	33,241,125
Actuarial present value of accumulated plan benefits at end of year	**$ 779,215,982**	$ 738,164,987

The significant assumptions used in the December 31, 2025 and 2024 actuarial valuations were:

Assumed rate of return on investments	6.00%
Expected retirement age	Age 64
Minimum early retirement age	Age 55, with 20 years participation in the retirement plan
Mortality	Pri-2012 Base Rates Fully Generational Table with MP-2021 Projection Scale with separate rates for annuitants and nonannuitants

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

6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (the IRS) dated September 20, 2015, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (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.

7. Party In Interest Transactions

AON, the Pension Administrator of the Plan, receives funds for administrative services provided to the Plan, including benefit calculations, and is therefore a party in interest to the Plan. The Trustee received funds for holding the assets of the Plan, providing services related to the payment of benefits, managing certain Plan investments, and serving as the Plan's Trustee, and is therefore a party in interest to the Plan. These are allowable party in interest transactions under ERISA.

Supplemental Schedules

Schedule SB Attachment (Form 5500) —2025 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Schedule SB, line 26 — Schedule of Active Participant Data

Schedule SB, Line 26—Schedule of Active Participant Data
As of January 1, 2025

GROWMARK, Inc.
Group Retirement Income Plan No. 16
Active Employees

EIN: 37-0815318 PN: 334

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	50 $33,715	268 $52,387								
25-29	28 $39,870	297 $63,086	121 $76,098							
30-34	16	215 $63,092	136 $82,166	69 $96,946						
35-39	14	199 $74,370	103 $79,023	86 $105,137	42 $102,217					
40-44	9	170 $70,953	97 $81,561	55 $96,064	66 $115,685	36 $105,318				
45-49	7	159 $69,040	85 $74,535	37 $92,676	45 $95,098	47 $125,923	32 $121,349			
50-54	12	139 $66,790	74 $80,134	61 $91,609	39 $101,480	25 $106,487	68 $129,484	25 $100,715		
55-59	7	139 $63,472	95 $66,320	41 $73,437	48 $88,218	37 $91,780	32 $124,967	56 $143,042	13	
60-64	14	141 $66,887	76 $61,810	59 $64,738	55 $78,498	31 $84,960	36 $94,658	24 $117,286	30 $179,507	19
65-69	11	48 $64,523	48 $56,180	29 $59,258	24 $60,869	18	10	16	11	16
70+	19	43 $33,488	27 $35,838	11	11	13	4	7	4	16

N-4,271

Schedule SB Attachment (Form 5500) —2025 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Schedule B, line 6—Statement of Actuarial Assumptions/Methods

Interest Rates	
Minimum Funding	8.00%
Current Liability	5.50% (reflecting interest rate stabilization)
Maximum Deductible	Based on segment rates with no lookback (as of January 2025), without regard to the interest rate stabilization corridor
1st Segment Rate	5.00%
2nd Segment Rate	5.27%
3rd Segment Rate	5.40%
Stabilized Interest Rates	Based on segment rates with no lookback (as of January 2025), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	5.00%
2nd Segment Rate	5.27%
3rd Segment Rate	5.50%
Optional Payment Form Election Percentage	15% single life annuity 25% 10-year certain and life annuity 60% qualified 66.7% joint & survivor annuity Actives who terminate with an accrued monthly benefit less than $300 are assumed to receive a lump sum
Optional Payment Form Conversion Interest Rate	5.00% for annuities Minimum funding and current liability: January IRC section 417(e) segment rates for lump sums Maximum deductible: Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	2018 417(e) table for annuities Current IRC section 417(e) table for lump sums
Salary Increases	See Table 1
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 64

Mortality Rates	
Accrued Liability (Minimum Funding)	Fully Generational Aggregate Mortality Table for Employees and Healthy Annuitants with Pri-2012 Base Rates and Projection Scale MP-2021
Accrued Liability (Maximum Deductible)	2012 base mortality rates for annuitants and non-annuitants per section 1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per section 1.430(h)(3)-1(b)(1)(iii)
Current Liability	Prescribed optional combined mortality table for 2025 as described in IRS regulation section 1.412(1)(7)-1
Withdrawal Rates	See Table 3
Disability Rates	None
Surviving Spouse Benefit	It is assumed that 60% of males and 60% of females have an eligible spouse, and that males are two years older than their spouses
Valuation Compensation	Prior five years of annualized pay projected forward at the applicable graded salary scale to valuation date. These values are then averaged to get a smoothed value of expected earnings and rolled forward one year with the salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000 and the IRC section 401(a)(17) compensation limit of $350,000
Actuarial Value of Assets	
Minimum Funding	Five-year smoothed market value. The actuarial value of assets calculated in this manner is limited to not less than 80% nor more than 120% of fair market value
Maximum Deductible	Market value, including accrued contributions discounted as prescribed by PPA (using the stabilized effective interest rate)
Actuarial Cost Method	
Minimum Funding	Entry age normal cost method

Maximum Deductible	Standard unit credit cost method
Valuation Date	January 1, 2025
Census Date	The data is as of January 1, 2025

Changes in ERISA Methods/Assumptions Since the Prior Year

The accrued liability funding valuation reflects the following assumption changes:

- A change in the interest rates and mortality table used in the lump sum methodology. The January segment rates and the mortality table for the current year under section 417(e)(3) were used to calculate the lump sum liability.
- The accrued liability interest rate assumption changed from 7.81% as of January 1, 2024 to 8.00% as of January 1, 2025.

The current liability funding valuation reflects the following assumption changes:

- A change in the interest rates and mortality table used in the lump sum methodology. The January segment rates and the mortality table for the current year under section 417(e)(3) were used to calculate the lump sum liability.
- The current liability interest rate assumption changed from 5.59% as of January 1, 2024 to 5.50% as of January 1, 2025. For plans exempt from PPA, the current liability interest rate is equal to the third stabilized segment rate.
- The current liability mortality table for both healthy and disabled lives was updated from the prescribed Optional Combined Mortality Table for 2024 to the prescribed Optional Combined Mortality Table for 2025 as described in IRS Regulation section 1.412(1)(7)-1.

The maximum deductible funding calculations reflect the following changes to be consistent with PPA:

- A change in the interest segment rate assumption from 4.37%, 4.96%, and 4.95% (no lookback as of January 2024) to segment rates of 5.00%, 5.27%, and 5.40% (no lookback as of January 2025).
- A change in the interest rates and mortality table used in the lump sum methodology. The current funding segment rates and the mortality table for the current year under section 417(e)(3) were used to calculate the lump sum liability.

The accrued liability funding valuation, the current liability funding valuation, and the maximum deductible funding calculations reflect the following assumption changes:

- A change in the retirement rates for active participants to better reflect anticipated future experience as the result of the assumption study performed in 2025.
- A change in the withdrawal rates to better reflect anticipated future experience as the result of the assumption study performed in 2025.

- A change in the salary scale to better reflect anticipated future experience as the result of the assumption study performed in 2025.
- A change in the optional payment form election from 10% single life annuity, 30% 10-year certain and life annuity, and 60% qualified 66.7% joint & survivor annuity to 15% single life annuity, 25% 10-year certain and life annuity, and 60% qualified 66.7% joint & survivor annuity.
- A change in the retirement age assumption for terminated vested participants from age 63 to age 64.

Rationale for Assumptions

For each economic and demographic assumption that has a significant effect on the measurement, the information and analysis used to support the actuary's determination that the assumption is reasonable, and that led to any change in the assumptions as summarized above, are described in more detail in the "20261001_GROWMARK_2025 Pension Funding and ASC 960 Assumptions" document dated October 1, 2026.

Table 1

Salary Increase Rates

Age	Rate	Age	Rate
21	10.00%	51	4.50%
22	10.00%	52	4.50%
23	10.00%	53	4.50%
24	10.00%	54	4.50%
25	10.00%	55	4.50%
26	6.50%	56	3.50%
27	6.50%	57	3.50%
28	6.50%	58	3.50%
29	6.50%	59	3.50%
30	6.50%	60	3.50%
31	6.00%	61	2.50%
32	6.00%	62	2.50%
33	6.00%	63	2.50%
34	6.00%	64	2.50%
35	6.00%	65	2.50%
36	5.50%	66	2.50%
37	5.50%	67	2.50%
38	5.50%	68	2.50%
39	5.50%	69	2.50%
40	5.50%	70	2.50%
41	5.00%	71	2.50%
42	5.00%	72	2.50%
43	5.00%	73	2.50%
44	5.00%	74	2.50%
45	5.00%	75	2.50%
46	4.50%	76	2.50%
47	4.50%	77	2.50%
48	4.50%	78	2.50%
49	4.50%	79	2.50%
50	4.50%	80	2.50%

Table 2

Retirement Rates

Age	Rate
55	7%
56	7%
57	7%
58	7%
59	7%
60	7%
61	10%
62	15%
63	15%
64	20%
65	35%
66	40%
67	25%
68	20%
69	20%
70	20%
71	20%
72	20%
73+	100%

Table 3—Page 1 of 2

Withdrawal Rates

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
21	21.30%	21.30%	21.30%	21.30%	21.30%	21.12%
22	20.10%	20.10%	20.10%	20.10%	20.10%	19.93%
23	19.98%	19.02%	19.02%	19.02%	19.02%	18.86%
24	19.98%	17.94%	17.94%	17.94%	17.94%	17.79%
25	19.98%	17.76%	16.86%	16.86%	16.86%	14.75%
26	19.98%	17.76%	15.84%	15.84%	15.84%	13.86%
27	19.98%	17.76%	15.72%	14.88%	14.88%	13.02%
28	19.98%	17.76%	15.72%	13.92%	13.92%	12.18%
29	19.98%	17.76%	15.72%	13.80%	13.02%	11.39%
30	19.98%	17.76%	15.72%	13.80%	12.18%	11.39%
31	19.98%	17.76%	15.72%	13.80%	12.06%	11.39%
32	19.98%	17.76%	15.72%	13.80%	12.06%	11.39%
33	19.98%	17.76%	15.72%	13.80%	12.06%	11.39%
34	19.98%	17.76%	15.72%	13.80%	12.06%	10.57%
35	15.98%	14.21%	12.58%	11.04%	9.65%	9.73%
36	15.98%	14.21%	12.58%	11.04%	9.65%	8.96%
37	15.98%	14.21%	12.58%	11.04%	9.65%	8.26%
38	15.98%	14.21%	12.58%	11.04%	9.65%	7.56%
39	15.98%	14.21%	12.58%	11.04%	9.65%	6.93%
40	15.98%	14.21%	12.58%	11.04%	9.65%	6.93%
41	15.98%	14.21%	12.58%	11.04%	9.65%	6.31%
42	15.98%	14.21%	12.58%	11.04%	9.65%	5.78%
43	15.98%	14.21%	12.58%	11.04%	9.65%	5.24%
44	15.98%	14.21%	12.58%	11.04%	9.65%	4.77%
45	15.98%	14.21%	12.58%	11.04%	9.65%	4.77%
46	15.98%	14.21%	12.58%	11.04%	9.65%	4.77%
47	15.98%	14.21%	12.58%	11.04%	9.65%	4.77%
48	15.98%	14.21%	12.58%	11.04%	9.65%	4.77%
49	15.98%	14.21%	12.58%	11.04%	9.65%	4.77%
50	15.98%	14.21%	12.58%	11.04%	9.65%	4.77%
51	15.98%	14.21%	12.58%	11.04%	9.65%	4.77%
52	15.98%	14.21%	12.58%	11.04%	9.65%	4.76%
53	15.98%	14.21%	12.58%	11.04%	9.65%	4.62%
54	15.98%	14.21%	12.58%	11.04%	9.65%	4.62%

Table 3—Page 2 of 2

Withdrawal Rates

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
55	15.00%	14.00%	12.00%	11.00%	9.00%	3.00%
56	15.00%	14.00%	12.00%	11.00%	9.00%	3.00%
57	15.00%	14.00%	12.00%	11.00%	9.00%	3.00%
58	15.00%	14.00%	12.00%	11.00%	9.00%	3.00%
59	15.00%	14.00%	12.00%	11.00%	9.00%	3.00%
60	15.00%	14.00%	12.00%	11.00%	9.00%	3.00%
61	15.00%	14.00%	12.00%	11.00%	9.00%	3.00%
62	15.00%	14.00%	12.00%	11.00%	9.00%	3.00%
63	15.00%	14.00%	12.00%	11.00%	9.00%	3.00%
64	15.00%	14.00%	12.00%	11.00%	9.00%	3.00%
65+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
GROUP RETIREMENT INCOME PLAN NO.16

1b Three-digit plan number (PN) ▶ 334

1c Effective date of plan 01/01/1994

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

GROWMARK INC.

1705 TOWANDA AVENUE

BLOOMINGTON IL 61701

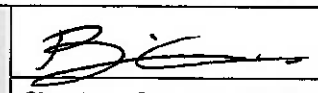
2b Employer Identification Number (EIN) 37-0815318

2c Plan Sponsor's telephone number 309-557-6125

2d Business code (see instructions) 115110

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

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

SIGN HERE		10/15/26	BRIAN WILKINS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
GROUP RETIREMENT INCOME PLAN NO. 16

B Three-digit plan number (PN) ▶ 334

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
GROWMARK, INC.

D Employer Identification Number (EIN)
37-0815318

E Type of plan: ☐ Single ☒ Multiple-A ☐ Multiple-B

F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	1,065,787,508
b Actuarial value	**2b**	1,065,787,508

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2,178	411,986,676	411,986,676
b For terminated vested participants	1,161	47,656,661	47,656,661
c For active participants	4,271	304,427,241	331,560,527
d Total	7,610	764,070,578	791,203,864

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.37%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	35,091,430
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	35,091,430

Statement by Enrolled Actuary

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

SIGN HERE

Ron Solum RS — Signature of actuary

10/09/2026 — Date

Ron Solum — Type or print name of actuary

2606762 — Most recent enrollment number

AON CONSULTING, INC. — Firm name

847-295-5000 — Telephone number (including area code)

MSC#17755, Aon, PO Box 551343

Atlanta GA 30355 — 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 ☐

Part II Beginning of Year Carryover and Prefunding Balances

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

Part III Funding Percentages

14	Funding target attainment percentage	14	86.42 %
15	Adjusted funding target attainment percentage	15	%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/15/2025	125,000		03/31/2026	1,235,000	
09/29/2025	650,000		05/20/2026	200,000	
09/30/2025	450,000		05/26/2026	1,827,500	
10/08/2025	110,000		05/27/2026	1,500,000	
11/04/2025	300,000		05/28/2026	2,613,235	
11/14/2025	425,000		05/29/2026	809,200	
11/25/2025	1,800,000		06/24/2026	91,760	
11/28/2025	960,000		07/02/2026	1,921,809	
12/01/2025	500,000		07/20/2026	1,272,998	
01/27/2026	1,650,000		07/27/2026	1,135,803	
01/30/2026	2,660,000		07/29/2026	3,171,042	
03/06/2026	800,000		07/30/2026	2,750,298	
03/26/2026	1,375,000		07/31/2026	2,810,337	
03/30/2026	1,800,000		08/03/2026	2,255,939	
			Totals ► 18(b)	37,199,921	18(c) 0

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.00 %	5.27 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**

22 Weighted average retirement age — **22** — 60

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment — **27** — 1

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years — **28**

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) — **29**

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) — **30**

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c) — **31a**

b Excess assets, if applicable, but not greater than line 31a — **31b**

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

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) — **34**

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			

36 Additional cash requirement (line 34 minus line 35) — **36**

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

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

a Total (excess, if any, of line 37 over line 36) — **38a**

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances — **38b**

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

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

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

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

Schedule SB Attachment (Form 5500) —2025 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(1) Age at Retirement	(2) Percentage of Total Group Retiring	(3) Weighted Retirement Age (1)*(2)
55	7.00%	3.85
56	6.51%	3.65
57	6.05%	3.45
58	5.63%	3.27
59	5.24%	3.09
60	4.87%	2.92
61	6.47%	3.95
62	8.73%	5.42
63	7.42%	4.68
64	8.41%	5.39
65	11.78%	7.66
66	8.75%	5.78
67	3.28%	2.20
68	1.97%	1.34
69	1.58%	1.09
70	1.26%	0.88
71	1.01%	0.72
72	0.81%	0.58
73	3.23%	2.35
		59.34
Adjustment for Mid-Year Decrements		0.50
Expected Retirement Age		59.84

Schedule SB Attachment (Form 5500) —2025 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Schedule SB — Information for Each Individual Employer

Group Retirement Income Plan Number 16 (GRIP 16) is exempt from PPA funding rules. GRIP 16 is a multiple-employer plan maintained by a rural cooperative as described in Section 104 of PPA.

Below is a list of all the member companies participating in GRIP 16 for the 2025 plan year.

Note that Carroll Service Company (018) merged into Ag View FS, Inc. (013) effective 9/1/2025.

Company Number and Name

004	AGRILAND FS, INC.
013	AG VIEW FS, INC.
018	CARROLL SERVICE COMPANY
025	CENTRAL COMMODITY FS
039	SOUTH CENTRAL FS, INC.
047	FARMERS COOPERATIVE ASSOCIATION OF VARNA
050	FARMERS ELEVATOR COMPANY OF MANTENO
055	HERITAGE FS, INC.
076	TRICOUNTY FS, INC.
077	JERSEY COUNTY GRAIN COMPANY
084	GRAINCO FS, INC.
090	CONSERV FS
104	M&M SERVICE COMPANY
116	EVERGREEN FS, INC.
117	MEDORA FS, INC.
138	PIATT COUNTY SERVICE COMPANY
143	GATEWAY FS, INC.
148	ST. CLAIR SERVICE COMPANY
152	PRAIRIELAND FS, INC.
159	WEST CENTRAL FS, INC.
163	STEPHENSON SERVICE COMPANY
166	AG-LAND FS, INC.
167	THREE RIVERS FS COMPANY
169	SOUTHERN FS, INC.
173	WABASH VALLEY SERVICE COMPANY
176	GOLD STAR FS, INC.
225	WESTERN GRAIN MARKETING, LLC
228	FS GRAIN, LLC
229	MM RETAIL LLC
230	TOTAL GRAIN MARKETING, LLC
998	GROUP RETIREMENT INCOME PLAN NUMBER 16 (GRIP 16)

Schedule SB Attachment (Form 5500) —2025 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Please note the following:

Due to software limitations with the electronic filing, certain data included in the electronic filing may not be able to reflect the correct values or data. In addition, data filed electronically cannot be controlled by the Enrolled Actuary. To the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB, the values on the signed Schedule SB will govern.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Schedule B, line 6—Summary of Plan Provisions

Effective Date	Date of plan inception: December 1, 1970 Date of latest restatement: January 1, 2007
Plan Year	Calendar year
Date of Participation	The first day of the month after attaining age 21 and one year of service
Definitions	
Compensation	Total earnings including section 125, 132(f)(4), 401(k), 402(e)(3), 403(b), 408(k), and 457(b) and deferrals
Average Monthly Compensation	One-sixtieth of the sum of the Compensation during the highest five consecutive calendar years out of the last 10 calendar years of service
Year of Credited Service	Each plan year in which the participant completes at least 1,000 hours of service for an employer
Accrued Benefit	The normal retirement benefit payable in the form of a 10-year certain and life annuity commencing on the participant's normal retirement date
Normal Retirement	
Eligibility	Age 65 and five years of participation
Benefit	1.65% times average monthly compensation multiplied by credited service (not to exceed 32 years)

Early Retirement

Eligibility	Age 55 and five years of service
Benefit	If the participant does not have 20 years of benefit credit at date of retirement or has not attained age 55 prior to termination, then the early retirement benefit is equal to the accrued benefit multiplied by the Option A reduction factor (below) based upon attained age. If the Participant has at least 20 years of benefit credit at date of retirement, early retirement benefits are equal to the Accrued Benefit multiplied by the Option B reduction factor (below) based upon attained age

Age	Option A	Option B
55	.44	.91
56	.47	.92
57	.51	.93
58	.56	.94
59	.61	.95
60	.66	.96
61	.71	.98
62	.78	1.00
63	.85	1.00
64	.92	1.00

Deferred Vested Benefit

Eligibility	Five years of service
Benefit	Deferred annuity equivalent to the participant's accrued benefit available at early or normal retirement date

Preretirement Death Benefit

Eligibility	Five years of service
Benefit	Lump sum payment equal to 100 multiplied by the Participant's Accrued Benefit. If the Participant is married, the spouse is entitled to a minimum of two-thirds the amount the Participant would have received had he retired and elected a Qualified Joint & 2/3 Survivor Annuity

Disability Benefit	
Eligibility	Determined to be totally and permanently disabled under the terms of an employer's LTD plan or by the Social Security Administration
Benefit	Immediate annuity equal to the Participant's accrued benefit multiplied by an actuarial reduction factor based upon attained age, payable after a six month waiting period
Normal Form of Payment	
Unmarried	Ten-year certain and life annuity
Married	Qualified 66.7% joint & survivor annuity actuarially equivalent to the 10-year certain and life annuity
Optional Forms of Payment	Life annuity, certain and life annuities, joint & survivor annuities, lump sum if benefit is less than $300 per month

Plan Changes Since the Prior Year

The funding and plan reporting valuations reflect the following plan changes:

- The legislated increase in the section 401(a)(17) recognizable pay limit from $345,000 for 2024 to $350,000 for 2025.
- The legislated increase in the section 415 dollar limit for defined benefit plans from $275,000 for 2024 to $280,000 for 2025.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

In conducting the valuation, we have relied on personnel, plan design, and asset information supplied by GROWMARK, Inc., Northern Trust, and RubinBrown as of the funding valuation date. While we cannot verify the accuracy of all the information, the supplied information was reviewed for consistency and reasonableness. As a result of this review, we have no reason to doubt the substantial accuracy or completeness of the information and believe that it has produced appropriate results. We have relied on actual and expected contributions as summarized within this report.

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

As a result of an internal change in assignments at Aon, the Enrolled Actuary has changed. The Plan Sponsor delivered a termination letter to the prior Enrolled Actuary on August 28, 2026.

Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Non-Interest Bearing Cash - USD			
USD - United States dollar	-3,479.620	-3,479.62	-3,479.62
USD - United States dollar	0.000	-8,998.11	-8,998.11
Total - all currencies		**-12,477.73**	**-12,477.73**
Total Non-Interest Bearing Cash - USD		**-12,477.73**	**-12,477.73**
Receivables - Other - USD			
Pending trade sales: United States dollar	0.000	1,623,164.71	1,623,164.71
Total - all currencies		**1,623,164.71**	**1,623,164.71**
Pending trade sales: United States dollar	0.000	1,769,746.55	1,769,746.55
Other Receivables: United States dollar	0.000	4,469,997.00	4,469,997.00
Total - all currencies		**6,239,743.55**	**6,239,743.55**
Total Receivables - Other - USD		**7,862,908.26**	**7,862,908.26**
U.S. Government Securities			
United States - USD			
UNITED STATES OF AMER TREAS STRIP TBOND 0.0% 05-15-2053 SEDOL: BQRHD39	23,250,000.000	6,361,118.49	6,019,813.28
UNITED STATES OF AMER TREAS STRIP 0% 02-15-2047 SEDOL: BF3CXQ4	1,955,000.000	696,096.18	689,040.55
UNITED STATES OF AMER TREAS STRIP 0% 02-15-2054 SEDOL: BM8NLD4	23,960,000.000	6,299,582.00	6,026,622.14
UNITED STATES OF AMER TREAS STRIP 0% 08-15-2053 SEDOL: BMZ99P3	2,985,000.000	783,868.40	766,070.46
UNITED STATES OF AMER TREAS STRIP 0% 11-15-2053 SEDOL: BP38LZ7	5,785,000.000	1,504,555.29	1,475,548.13
UNITED STATES OF AMER TREAS STRIP 0% DUE 11-15-2051 REG SEDOL: BMWK7G6	12,805,000.000	3,580,662.51	3,541,812.55

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Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
U.S. Government Securities			
United States - USD			
UNITED STATES OF AMER TREAS STRIP 0%02-15-2053 SEDOL: BNDTCM0	21,325,000.000	5,953,886.89	5,581,935.61
UNITED STATES TREAS BD STRIPPED 08-15-2052 SEDOL: BPVH026	17,125,000.000	4,673,183.84	4,572,736.17
UNITED STATES TREAS BD STRIPPED PRIN 0.0% 08-15-2047 SEDOL: BD2BTM6	15,720,000.000	5,338,863.22	5,393,257.06
UNITED STATES TREAS BD STRIPPED PRIN PMT 0% DUE 05-15-2049 SEDOL: BKDSSC8	15,645,000.000	4,902,642.61	4,901,654.22
UNITED STATES TREAS BD STRIPPED PRIN PMT00110 02-15-2046 (UNDDATE) REG SEDOL: BD03YM9	4,710,000.000	1,760,162.45	1,752,746.15
UNITED STATES TREAS BD STRIPPED PRIN PMT00112 05-15-2046 (UNDDATE) REG SEDOL: BYQ76J3	3,670,000.000	1,356,192.10	1,346,987.84
UNITED STATES TREAS BD STRIPPED PRIN PMT00113 08-15-2046 (UNDDATE) REG SEDOL: BYMVCB3	5,875,000.000	2,137,277.30	2,129,278.19
UNITED STATES TREAS BD STRIPPED PRIN PMT00114 11-15-2046 (UNDDATE) REG SEDOL: BF52PW2	715,000.000	256,464.25	255,726.04
UNITED STATES TREAS BD STRIPPED PRIN PMT00117 05-15-2047 SEDOL: BF5BLR6	2,830,000.000	988,484.24	985,613.01
UNITED STATES TREAS BD STRIPPED PRIN PMT00122 05-15-2048 (UNDDATE) REG SEDOL: BG0GXM2	9,790,000.000	3,191,196.75	3,231,865.79
UNITED STATES TREAS BD STRIPPED PRIN PMT00123 08-15-2048 (UNDDATE) REG SEDOL: BFCBRB5	14,820,000.000	4,843,137.78	4,826,829.84
UNITED STATES TREAS BD STRIPPED PRIN PMT15/02/2052 02-15-2052 (UNDDATE) BEO SEDOL: BMX79G0	25,550,000.000	7,211,672.73	6,976,202.66
UNITED STATES TREAS SEC STRIP 02-15-2046 CUSIP: 912834PZ5	4,280,000.000	1,813,469.91	1,549,224.24
UNITED STATES TREAS SEC STRIP DISC NT 02-15-2049 SEDOL: BRJNTN4	2,640,000.000	967,586.92	819,923.62
UNITED STATES TREAS SEC STRIP 0% STRIP 02-15-2048 CUSIP: 912834TF5	2,835,000.000	1,051,166.34	927,673.26
UNITED STATES TREAS SEC STRIP 0% STRIP 11-15-2047 SEDOL: BPLP0R5	2,985,000.000	1,145,970.52	989,173.75
UNITED STATES TREAS SEC STRIP 0% 02-15-2054 CUSIP: 912834K56	330,000.000	84,328.20	80,753.93
UNITED STATES TREAS SEC STRIPPED INT PMT 00124 05-15-2046 CUSIP: 912834QH4	4,820,000.000	1,961,321.64	1,722,295.94

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Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
U.S. Government Securities			
United States - USD			
UNITED STATES TREAS SEC STRIPPED INT PMT 00130 08-15-2046 SEDOL: BYQ76L5	4,355,000.000	1,768,361.66	1,537,221.06
UNITED STATES TREAS SEC STRIPPED 11-15-2048 SEDOL: BPSP3H9	1,850,000.000	599,462.83	583,400.85
UNITED STATES TREAS SEC STRIPPED INT PMT 0.0% 05-15-2049 CUSIP: 912834UR7	2,200,000.000	766,311.22	675,107.11
UNITED STATES TREAS SEC STRIPPED INT PMTINT PMT ON 11-15-2046 (UNDDATE) REG SEDOL: BPSP3D5	2,875,000.000	1,202,431.03	1,002,346.76
UNITED STATES TREAS SEC STRIPPED INT PMT0.0% 11-15-2049 SEDOL: BPSP3F7	1,710,000.000	519,199.77	511,073.58
UNITED STATES TREAS SEC STRIPPED INT PMT0% DUE 08-15-2051 REG SEDOL: BSSDG20	1,305,000.000	371,105.80	357,687.95
UNITED STATES TREAS SEC STRIPPED INT PMT0% STRIP 15/05/2048 USD 05-15-2048 CUSIP: 912834TP3	2,500,000.000	926,318.52	808,160.28
UNITED STATES TREAS SEC STRIPPED INT PMT0% STRIP 15/08/2049 USD 08-15-2049 CUSIP: 912834UY2	2,200,000.000	761,963.88	666,585.46
UNITED STATES TREAS SEC STRIPPED ZERO COUPON 08-15-2048 CUSIP: 912834TV0	2,165,000.000	770,210.52	691,471.66
UTD STATES TREAS BD STRIPPED PRIN DTD 05/16/2022 0% 05-15-2052 SEDOL: BMGSVW0	27,060,000.000	7,409,284.50	7,307,809.26
UTD STATES TREAS BD STRIPPED PRIN DTD 08/15/2024 0% 08-15-2054 SEDOL: BRT4T26	33,320,000.000	8,368,410.71	8,199,915.39
UTD STATES TREAS BD STRIPPED PRIN 0.0% 11-15-2054 SEDOL: BPGMLY5	14,845,000.000	3,764,983.07	3,617,544.20
UTD STATES TREAS SEC STRIPPED INT GENERIC TINT PMT 0% 02-15-2050 SEDOL: BQ3SFP2	1,190,000.000	383,142.80	350,583.79
UTD STATES TREAS SEC STRIPPED INT GENERIC TINT PMT 0% 05-15-2050 SEDOL: BNBWPY4	3,090,000.000	945,652.73	897,014.42
UTD STATES TREAS SEC STRIPPED INT ZERO CPN 0.0% 05-15-2052 SEDOL: BMXNPC6	1,305,000.000	375,678.30	343,923.22
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2047 CUSIP: 912834RB6	3,400,000.000	1,360,743.81	1,169,675.51
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2048 SEDOL: BF165M8	5,955,000.000	1,997,007.09	1,991,614.26
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2049 SEDOL: BHZ6584	29,625,000.000	9,484,756.73	9,393,640.16

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Schedule of Assets Held for Investment Purposes

Security Description / Asset ID		Shares/Par Value	Historical Cost	Current Value
U.S. Government Securities				
United States - USD				
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BKPNTX9	02-15-2050	3,930,000.000	1,217,124.87	1,183,512.31
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BMDK9B4	02-15-2051	23,780,000.000	6,834,936.98	6,806,673.77
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BSSDG08	02-15-2051	2,660,000.000	766,448.89	744,446.06
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BSSDFY5	02-15-2052	1,495,000.000	458,627.23	399,641.22
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BPLJR09	05-15-2047	3,490,000.000	1,298,956.13	1,186,469.02
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BSSDG19	05-15-2051	1,400,000.000	402,095.94	387,502.63
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BLF97G3	05-15-2051	27,510,000.000	7,908,127.32	7,779,559.78
UTD STATES TREAS ZERO CPN 0% DUE CUSIP: 912834G93	05-15-2053	420,000.000	109,657.80	105,961.22
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BNG18Z8	05-15-2054	31,345,000.000	8,035,334.53	7,828,987.36
UTD STATES TREAS ZERO CPN 0% DUE CUSIP: 912834RR1	08-15-2047	1,865,000.000	698,141.13	625,772.59
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BT3FLM3	08-15-2050	3,240,000.000	990,980.51	928,610.15
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BMH1214	08-15-2051	26,420,000.000	7,473,127.80	7,388,775.46
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BS3F2Q7	08-15-2055	7,630,000.000	1,877,414.01	1,805,397.17
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BF5FZ32	11-15-2047	9,170,000.000	3,155,474.14	3,108,246.14
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BG47HY1	11-15-2048	14,680,000.000	4,732,964.65	4,720,861.93
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BKRQWR1	11-15-2049	12,772,000.000	3,889,447.69	3,897,943.90
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BPLJQX5	11-15-2050	1,105,000.000	342,135.50	313,421.64
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BM9CSQ2	11-15-2050	32,985,000.000	9,757,944.30	9,571,908.90

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Schedule of Assets Held for Investment Purposes

Security Description / Asset ID		Shares/Par Value	Historical Cost	Current Value
U.S. Government Securities				
United States - USD				
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BPXVPL0	11-15-2051	175,000.000	49,381.66	47,359.88
UTD STATES TREAS ZERO CPN 0% DUE SEDOL: BNG8DG5	11-15-2055	24,010,000.000	5,746,365.39	5,610,633.51
Total United States - USD			**176,382,602.00**	**171,109,243.99**
Total U.S. Government Securities			**176,382,602.00**	**171,109,243.99**
Corporate Stock - Common				
Israel - USD				
SAPIENS INTERNATIONAL CORP NV CUSIP: G7T16G103	COM EUR0.01	660.000	28,670.40	28,677.00
Total Israel - USD			**28,670.40**	**28,677.00**
United States - USD				
ACADEMY SPORTS & OUTDOORS INC COM CUSIP: 00402L107		0.000	0.00	0.00
ALBANY INTL CORP NEW CL A CUSIP: 012348108		0.000	0.00	0.00
AMPHENOL CORP NEW CL A CUSIP: 032095101		0.000	0.00	0.00
BANK7 CORP COM CUSIP: 06652N107		0.000	0.00	0.00
BEST BUY INC COM STK CUSIP: 086516101		0.000	0.00	0.00
CSG SYS INTL INC COM CUSIP: 126349109		0.000	0.00	0.00
ECOLAB INC COM STK USD1 CUSIP: 278865100		0.000	0.00	0.00
F&G ANNUITIES & LIFE INC COM CUSIP: 30190A104		281.000	8,828.32	8,668.85
GREIF INC. CUSIP: 397624107		0.000	0.00	0.00
HEWLETT PACKARD ENTERPRISE CO COM CUSIP: 42824C109		0.000	0.00	0.00

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Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
HUNTINGTON BANCSHARES INC COM CUSIP: 446150104	0.000	0.00	0.00
INTL FLAVORS & FRAGRANCES INC COM CUSIP: 459506101	0.000	0.00	0.00
J & J SNACK FOODS CORP COM STK NPV CUSIP: 466032109	0.000	0.00	0.00
JOHNSON CTLS INTL PLC COM USD0.01 CUSIP: G51502105	0.000	0.00	0.00
KORN FERRY COM CUSIP: 500643200	0.000	0.00	0.00
KULICKE & SOFFA INDS INC COM CUSIP: 501242101	0.000	0.00	0.00
NORDSON CORP COM CUSIP: 655663102	0.000	0.00	0.00
OMEGA FLEX INC COM CUSIP: 682095104	0.000	0.00	0.00
OMNICOM GROUP INC COM CUSIP: 681919106	0.000	0.00	0.00
PACCAR INC COM CUSIP: 693718108	0.000	0.00	0.00
PARAMOUNT SKYDANCE CORP CL B CUSIP: 69932A204	0.000	0.00	0.00
PORTLAND GENERAL ELECTRIC CO COM NEW COMNEW CUSIP: 736508847	0.000	0.00	0.00
PULTE GROUP INC CUSIP: 745867101	0.000	0.00	0.00
RENASANT CORP COM CUSIP: 75970E107	0.000	0.00	0.00
SALESFORCE INC COM USD0.001 CUSIP: 79466L302	0.000	0.00	0.00
UTAH MED PRODS INC COM CUSIP: 917488108	0.000	0.00	0.00
VIRCO MFG CO COM CUSIP: 927651109	0.000	0.00	0.00
Total United States - USD		**8,828.32**	**8,668.85**
Total Corporate Stock - Common		**37,498.72**	**37,345.85**

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Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Partnership/Joint Venture Interests			
Global Region - USD			
H.I.G ADVANTAGE BUYOUT FUND LP CUSIP: 992V71995	5,168,890.480	5,168,890.48	5,270,090.00
PEG GLOBAL PRIVATE EQUITY IX L.P CUSIP: 993P24996	20,713,550.000	20,713,550.00	27,314,844.00
PEG GLOBAL PRIVATE EQUITY VII LP CUSIP: 995NHJ990	26,317,721.820	26,317,721.82	27,542,263.00
PEG GLOBAL PRIVATE EQUITY VIII L.P CUSIP: 9934JY999	21,966,555.000	21,966,555.00	31,658,421.00
Total Global Region - USD		**74,166,717.30**	**91,785,618.00**
North America Region - USD			
RCP MULTI-STRATEGY FUND, LP CUSIP: 9943XQ991	6,814,444.880	6,814,444.88	8,891,745.00
Total North America Region - USD		**6,814,444.88**	**8,891,745.00**
United States - USD			
CF CLARION LION PROPERTIES FUND CUSIP: 000744300	24,626.250	33,431,843.19	36,839,621.45
CF UBS TRUMBULL PROPERTY FUND CUSIP: 99089LWV7	3,514.420	38,102,880.04	30,904,895.73
GREENSPRING GLOBAL PARTNERS IX-B, L.P CUSIP: 9933ZG992	8,062,509.070	8,062,509.07	12,330,607.00
GREENSPRING GLOBAL PARTNERS X-B, LP CUSIP: 993TLS994	5,395,590.000	5,395,590.00	5,856,066.00
GREENSPRING SECONDARIES FUND IV, LP CUSIP: 993DP1994	7,400,811.980	7,400,811.98	10,757,229.00
H.I.G. MIDDLE MARKET LBO FUND III, LP CUSIP: 993DMV991	4,146,586.050	4,146,586.05	3,777,985.00
IFM GLOBAL INFRA USLP-CLSA HEDUC CUSIP: 994DM1996	19,071,335.270	19,071,335.27	25,437,011.00
LINDEN CAPITAL PARTNERS V LP CUSIP: 994JHR992	5,408,531.100	5,408,531.10	6,082,431.00
PEG GLOBAL PRIVATE EQUITY X L.P. CUSIP: 994HS1991	10,594,503.000	10,594,503.00	13,447,953.00
PEG GLOBAL PRIVATE EQUITY XI, L.P. CUSIP: 9959FL998	6,830,116.000	6,830,116.00	8,266,056.00

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Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Partnership/Joint Venture Interests			
United States - USD			
RCP FUND XIII, LP CUSIP: 992TV4997	5,112,589.750	5,112,589.75	6,995,944.00
RCP FUND XIV LP CUSIP: 9938VE990	4,622,991.700	4,622,991.70	5,565,896.00
RCP FUND XV LP CUSIP: 993M80995	4,790,647.130	4,790,647.13	5,874,670.00
RCP MULTI-STRATEGY FUND II, LP CUSIP: 994TLK990	5,940,000.000	5,940,000.00	6,278,281.00
RCP MULTI-STRATEGY FUND III, LP CUSIP: 999755929	330,000.000	330,000.00	330,000.00
STEPSTONE VC GLOBAL PARTNERS XII LP CUSIP: 995774866	850,000.000	850,000.00	850,000.00
Total United States - USD		**160,090,934.28**	**179,594,646.18**
Total Partnership/Joint Venture Interests		**241,072,096.46**	**280,272,009.18**
Real Estate			
United States - USD			
CF RREEF AMERICA REIT II CUSIP: 99089MEE3	243,979.980	31,332,697.20	30,797,592.88
Total United States - USD		**31,332,697.20**	**30,797,592.88**
Total Real Estate		**31,332,697.20**	**30,797,592.88**
Value of Interest in Common/Collective Trusts			
Global Region - USD			
CF SEGALL BRYANT & HAMILL INTERNATIONAL SMALL CAP TRUST CUSIP: 17999DS41	1,882,242.490	26,600,000.00	43,253,932.42
Total Global Region - USD		**26,600,000.00**	**43,253,932.42**
International Region - USD			
MFB NT COLLECTIVE EAFE INDEX FUND-NON LENDING CUSIP: 658991526	307,291.080	99,642,734.27	178,945,121.91

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Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Value of Interest in Common/Collective Trusts			
International Region - USD			
Total International Region - USD		**99,642,734.27**	**178,945,121.91**
United States - USD			
MFB NT COLLECTIVE RUSSELL 3000 INDEX FUND - NON-LENDING CUSIP: 003999414	3,041,666.710	333,041,213.22	330,735,629.71
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	10,364,870.090	10,364,870.09	10,364,870.09
Total United States - USD		**343,406,083.31**	**341,100,499.80**
Total Value of Interest in Common/Collective Trusts		**469,648,817.58**	**563,299,554.13**
Value of Interest in Registered Investment Companies			
Emerging Markets Region - USD			
MFO DFA INVT DIMENSIONS GROUP INC EMERGING MKTS CORE EQUITY 2 PORT CUSIP: 233203421	1,477,290.820	31,022,494.39	42,959,617.05
Total Emerging Markets Region - USD		**31,022,494.39**	**42,959,617.05**
Total Value of Interest in Registered Investment Com		**31,022,494.39**	**42,959,617.05**
Other			
Global Region - USD			
IIF ERISA HEDGE FUND LP CUSIP: 994988996	21,122,710.350	21,122,710.35	27,310,261.00
Total Global Region - USD		**21,122,710.35**	**27,310,261.00**
United States - USD			
CAMDEN PPTY TR SH BEN INT CUSIP: 133131102	0.000	0.00	0.00
CURBLINE PPTYS CORP CUSIP: 23128Q101	0.000	0.00	0.00
GREENSPRING SECONDARIES FUND III, LP CUSIP: 992TUW996	4,992,795.630	4,992,795.63	9,850,462.00

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Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Other			
United States - USD			
PIMCO TACTICAL OPPORTUNITIES OFFSHORE FUND LP CUSIP: 993B69992	48,934,129.530	48,934,129.53	54,678,186.00
TEXAS ST DEPT HSG & CMNTY AFFAIRS SINGLEFAMILY REV 3.18% 03-01-2039 BEO TAXABLE CUSIP: 88275FNX3	3,000.000	3,000.00	2,718.64
VICI PPTYS INC COM CUSIP: 925652109	0.000	0.00	0.00
Total United States - USD		**53,929,925.16**	**64,531,366.64**
Total Other		**75,052,635.51**	**91,841,627.64**
Other Liabilities			
Pending trade purchases: United States dollar	0.000	-529,123.00	-529,123.00
Total - all currencies		**-529,123.00**	**-529,123.00**
Pending trade purchases: United States dollar	0.000	-1,782,688.80	-1,782,688.80
Other Payables: United States dollar	0.000	-6,824,657.00	-6,824,657.00
Total - all currencies		**-8,607,345.80**	**-8,607,345.80**
Total Other Liabilities		**-9,136,468.80**	**-9,136,468.80**
Total		**1,023,262,803.59**	**1,179,030,952.45**

** All or a portion of this security participates in Securities Lending.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

2025 Schedule SB, line 27 — Actuarial Information for CSEC Plans

GRIP 16 is exempt from PPA funding rules. GRIP 16 is a multiple-employer plan maintained by a rural cooperative as described in Section 104 of PPA. This is “Code 1” under the Alternative Funding Rules in the 2025 Schedule SB instructions.

Following is 2025 plan year information summarized in a 2007 Schedule B format.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Schedule B, line 3 — Schedule of Contributions

Page 1 of 2

Company	Name of Participating Employer	Date	Contribution
004	AGRILAND FS, Inc.	9/30/2025	$ 450,000
		11/28/2025	$ 450,000
		5/28/2026	$ 113,235
013	Ag View FS, Inc.	3/26/2026	$ 1,075,000
		5/26/2026	$ 537,500
		7/28/2026	$ 537,500
025	Central Commodity FS	9/15/2025	$ 125,000
		11/14/2025	$ 125,000
		3/31/2026	$ 125,000
		5/29/2026	$ 250,000
		7/30/2026	$ 308,240
039	South Central FS, Inc.	1/30/2026	$ 1,000,000
		7/27/2026	$ 348,676
047	Farmers Cooperative Association of Varna	6/24/2026	$ 91,760
050	Farmers Elevator Company of Manteno	7/10/2026	$ 11,132
055	Heritage FS, Inc.	8/3/2026	$ 2,147,634
076	TriCounty FS, Inc.	1/27/2026	$ 200,000
		5/20/2026	$ 200,000
		7/2/2026	$ 743,626
077	Jersey County Grain Company	7/27/2026	$ 110,348
084	GRAINCO FS, Inc.	9/29/2025	$ 300,000
		1/27/2026	$ 600,000
		3/30/2026	$ 300,000
090	Conserv FS	1/30/2026	$ 300,000
		3/31/2026	$ 600,000
		5/26/2026	$ 1,040,000
104	M&M Service Company	11/28/2025	$ 400,000
		1/30/2026	$ 400,000
		3/31/2026	$ 400,000
		5/29/2026	$ 400,000
		7/29/2026	$ 1,210,235
116	Evergreen FS, Inc.	5/28/2026	$ 1,000,000
		7/31/2026	$ 1,168,982
117	Medora FS, Inc.	7/29/2026	$ 65,515
138	Piatt County Service Company	8/12/2026	$ 108,305

Schedule SB Attachment (Form 5500) —2025 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Schedule B, line 3 — Schedule of Contributions

143	Gateway FS, Inc.	9/29/2025	$	350,000
		11/25/2025	$	350,000
		1/28/2026	$	350,000
		3/30/2026	$	350,000
		5/28/2026	$	350,000
		7/30/2026	$	350,000
148	St. Clair Service Company	7/21/2026	$	604,769
152	Prairieland FS, Inc.	11/25/2025	$	1,000,000
		3/30/2026	$	1,000,000
		5/28/2026	$	1,000,000
		7/29/2026	$	1,000,000
159	West Central FS, Inc.	12/1/2025	$	500,000
		1/29/2026	$	500,000
		5/26/2026	$	250,000
163	Stephenson Service Company	10/8/2025	$	110,000
		11/28/2025	$	110,000
		1/30/2026	$	110,000
		3/31/2026	$	110,000
		5/29/2026	$	159,200
		7/31/2026	$	380,516
166	Ag-Land FS, Inc.	11/4/2025	$	300,000
		11/25/2025	$	300,000
		3/27/2026	$	300,000
		5/27/2026	$	300,000
		7/27/2026	$	139,279
167	Three Rivers FS Company	1/30/2026	$	250,000
		7/29/2026	$	330,000
169	Southern FS, Inc.	11/17/2025	$	300,000
		3/11/2026	$	300,000
		7/8/2026	$	1,167,051
173	Wabash Valley Service Company	5/27/2026	$	1,200,000
		7/30/2026	$	1,448,692
176	Gold Star FS, Inc.	3/6/2026	$	500,000
		7/30/2026	$	643,366
225	Western Grain Marketing, LLC	11/25/2025	$	150,000
		3/30/2026	$	150,000
		5/28/2026	$	150,000
		7/29/2026	$	552,000
228	FS GRAIN, LLC	7/20/2026	$	668,229
229	MM Retail LLC	7/29/2026	$	13,292
230	Total Grain Marketing, LLC	1/30/2026	$	600,000
		7/31/2026	$	1,260,839
	Total GRIP 16 Contributions for 2025 Plan Year		**$**	**37,199,921**

Schedule B, line 6 — Summary of Plan Provisions

Effective Date	Date of plan inception: December 1, 1970 Date of latest restatement: January 1, 2007
Plan Year	Calendar year
Date of Participation	The first day of the month after attaining age 21 and one year of service
Definitions	
Compensation	Total earnings including section 125, 132(f)(4), 401(k), 402(e)(3), 403(b), 408(k), and 457(b) and deferrals
Average Monthly Compensation	One-sixtieth of the sum of the Compensation during the highest five consecutive calendar years out of the last 10 calendar years of service
Year of Credited Service	Each plan year in which the participant completes at least 1,000 hours of service for an employer
Accrued Benefit	The normal retirement benefit payable in the form of a 10-year certain and life annuity commencing on the participant's normal retirement date
Normal Retirement	
Eligibility	Age 65 and five years of participation
Benefit	1.65% times average monthly compensation multiplied by credited service (not to exceed 32 years)

Early Retirement

Eligibility	Age 55 and five years of service
Benefit	If the participant does not have 20 years of benefit credit at date of retirement or has not attained age 55 prior to termination, then the early retirement benefit is equal to the accrued benefit multiplied by the Option A reduction factor (below) based upon attained age. If the Participant has at least 20 years of benefit credit at date of retirement, early retirement benefits are equal to the Accrued Benefit multiplied by the Option B reduction factor (below) based upon attained age

Age	Option A	Option B
55	.44	.91
56	.47	.92
57	.51	.93
58	.56	.94
59	.61	.95
60	.66	.96
61	.71	.98
62	.78	1.00
63	.85	1.00
64	.92	1.00

Deferred Vested Benefit

Eligibility	Five years of service
Benefit	Deferred annuity equivalent to the participant's accrued benefit available at early or normal retirement date

Preretirement Death Benefit

Eligibility	Five years of service
Benefit	Lump sum payment equal to 100 multiplied by the Participant's Accrued Benefit. If the Participant is married, the spouse is entitled to a minimum of two-thirds the amount the Participant would have received had he retired and elected a Qualified Joint & 2/3 Survivor Annuity

Disability Benefit	
Eligibility	Determined to be totally and permanently disabled under the terms of an employer's LTD plan or by the Social Security Administration
Benefit	Immediate annuity equal to the Participant's accrued benefit multiplied by an actuarial reduction factor based upon attained age, payable after a six month waiting period
Normal Form of Payment	
Unmarried	Ten-year certain and life annuity
Married	Qualified 66.7% joint & survivor annuity actuarially equivalent to the 10-year certain and life annuity
Optional Forms of Payment	Life annuity, certain and life annuities, joint & survivor annuities, lump sum if benefit is less than $300 per month

Plan Changes Since the Prior Year

The funding and plan reporting valuations reflect the following plan changes:

- The legislated increase in the section 401(a)(17) recognizable pay limit from $345,000 for 2024 to $350,000 for 2025.
- The legislated increase in the section 415 dollar limit for defined benefit plans from $275,000 for 2024 to $280,000 for 2025.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Schedule B, line 6 — Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

In conducting the valuation, we have relied on personnel, plan design, and asset information supplied by GROWMARK, Inc., Northern Trust, and RubinBrown as of the funding valuation date. While we cannot verify the accuracy of all the information, the supplied information was reviewed for consistency and reasonableness. As a result of this review, we have no reason to doubt the substantial accuracy or completeness of the information and believe that it has produced appropriate results. We have relied on actual and expected contributions as summarized within this report.

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

As a result of an internal change in assignments at Aon, the Enrolled Actuary has changed. The Plan Sponsor delivered a termination letter to the prior Enrolled Actuary on August 28, 2026.

Schedule B, line 6 — Statement of Actuarial Assumptions/Methods

Interest Rates	
Minimum Funding	8.00%
Current Liability	5.50% (reflecting interest rate stabilization)
Maximum Deductible	Based on segment rates with no lookback (as of January 2025), without regard to the interest rate stabilization corridor
1st Segment Rate	5.00%
2nd Segment Rate	5.27%
3rd Segment Rate	5.40%
Stabilized Interest Rates	Based on segment rates with no lookback (as of January 2025), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	5.00%
2nd Segment Rate	5.27%
3rd Segment Rate	5.50%
Optional Payment Form Election Percentage	15% single life annuity 25% 10-year certain and life annuity 60% qualified 66.7% joint & survivor annuity Actives who terminate with an accrued monthly benefit less than $300 are assumed to receive a lump sum
Optional Payment Form Conversion Interest Rate	5.00% for annuities Minimum funding and current liability: January IRC section 417(e) segment rates for lump sums Maximum deductible: Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	2018 417(e) table for annuities Current IRC section 417(e) table for lump sums
Salary Increases	See Table 1
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 64

Mortality Rates	
Accrued Liability (Minimum Funding)	Fully Generational Aggregate Mortality Table for Employees and Healthy Annuitants with Pri-2012 Base Rates and Projection Scale MP-2021
Accrued Liability (Maximum Deductible)	2012 base mortality rates for annuitants and non-annuitants per section 1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per section 1.430(h)(3)-1(b)(1)(iii)
Current Liability	Prescribed optional combined mortality table for 2025 as described in IRS regulation section 1.412(1)(7)-1
Withdrawal Rates	See Table 3
Disability Rates	None
Surviving Spouse Benefit	It is assumed that 60% of males and 60% of females have an eligible spouse, and that males are two years older than their spouses
Valuation Compensation	Prior five years of annualized pay projected forward at the applicable graded salary scale to valuation date. These values are then averaged to get a smoothed value of expected earnings and rolled forward one year with the salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000 and the IRC section 401(a)(17) compensation limit of $350,000
Actuarial Value of Assets	
Minimum Funding	Five-year smoothed market value. The actuarial value of assets calculated in this manner is limited to not less than 80% nor more than 120% of fair market value
Maximum Deductible	Market value, including accrued contributions discounted as prescribed by PPA (using the stabilized effective interest rate)
Actuarial Cost Method	
Minimum Funding	Entry age normal cost method

Maximum Deductible	Standard unit credit cost method
Valuation Date	January 1, 2025
Census Date	The data is as of January 1, 2025

Changes in ERISA Methods/Assumptions Since the Prior Year

The accrued liability funding valuation reflects the following assumption changes:

- A change in the interest rates and mortality table used in the lump sum methodology. The January segment rates and the mortality table for the current year under section 417(e)(3) were used to calculate the lump sum liability.
- The accrued liability interest rate assumption changed from 7.81% as of January 1, 2024 to 8.00% as of January 1, 2025.

The current liability funding valuation reflects the following assumption changes:

- A change in the interest rates and mortality table used in the lump sum methodology. The January segment rates and the mortality table for the current year under section 417(e)(3) were used to calculate the lump sum liability.
- The current liability interest rate assumption changed from 5.59% as of January 1, 2024 to 5.50% as of January 1, 2025. For plans exempt from PPA, the current liability interest rate is equal to the third stabilized segment rate.
- The current liability mortality table for both healthy and disabled lives was updated from the prescribed Optional Combined Mortality Table for 2024 to the prescribed Optional Combined Mortality Table for 2025 as described in IRS Regulation section 1.412(1)(7)-1.

The maximum deductible funding calculations reflect the following changes to be consistent with PPA:

- A change in the interest segment rate assumption from 4.37%, 4.96%, and 4.95% (no lookback as of January 2024) to segment rates of 5.00%, 5.27%, and 5.40% (no lookback as of January 2025).
- A change in the interest rates and mortality table used in the lump sum methodology. The current funding segment rates and the mortality table for the current year under section 417(e)(3) were used to calculate the lump sum liability.

The accrued liability funding valuation, the current liability funding valuation, and the maximum deductible funding calculations reflect the following assumption changes:

- A change in the retirement rates for active participants to better reflect anticipated future experience as the result of the assumption study performed in 2025.
- A change in the withdrawal rates to better reflect anticipated future experience as the result of the assumption study performed in 2025.
- A change in the salary scale to better reflect anticipated future experience as the result of the assumption study performed in 2025.

- A change in the optional payment form election from 10% single life annuity, 30% 10-year certain and life annuity, and 60% qualified 66.7% joint & survivor annuity to 15% single life annuity, 25% 10-year certain and life annuity, and 60% qualified 66.7% joint & survivor annuity.
- A change in the retirement age assumption for terminated vested participants from age 63 to age 64.

Rationale for Assumptions

For each economic and demographic assumption that has a significant effect on the measurement, the information and analysis used to support the actuary's determination that the assumption is reasonable, and that led to any change in the assumptions as summarized above, are described in more detail in the "20261001_GROWMARK_2025 Pension Funding and ASC 960 Assumptions" document dated October 1, 2026.

Table 1

Salary Increase Rates

Age	Rate	Age	Rate
21	10.00%	51	4.50%
22	10.00%	52	4.50%
23	10.00%	53	4.50%
24	10.00%	54	4.50%
25	10.00%	55	4.50%
26	6.50%	56	3.50%
27	6.50%	57	3.50%
28	6.50%	58	3.50%
29	6.50%	59	3.50%
30	6.50%	60	3.50%
31	6.00%	61	2.50%
32	6.00%	62	2.50%
33	6.00%	63	2.50%
34	6.00%	64	2.50%
35	6.00%	65	2.50%
36	5.50%	66	2.50%
37	5.50%	67	2.50%
38	5.50%	68	2.50%
39	5.50%	69	2.50%
40	5.50%	70	2.50%
41	5.00%	71	2.50%
42	5.00%	72	2.50%
43	5.00%	73	2.50%
44	5.00%	74	2.50%
45	5.00%	75	2.50%
46	4.50%	76	2.50%
47	4.50%	77	2.50%
48	4.50%	78	2.50%
49	4.50%	79	2.50%
50	4.50%	80	2.50%

Table 2

Retirement Rates

Age	Rate
55	7%
56	7%
57	7%
58	7%
59	7%
60	7%
61	10%
62	15%
63	15%
64	20%
65	35%
66	40%
67	25%
68	20%
69	20%
70	20%
71	20%
72	20%
73+	100%

Table 3 — Page 1 of 2

Withdrawal Rates

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
21	21.30%	21.30%	21.30%	21.30%	21.30%	21.12%
22	20.10%	20.10%	20.10%	20.10%	20.10%	19.93%
23	19.98%	19.02%	19.02%	19.02%	19.02%	18.86%
24	19.98%	17.94%	17.94%	17.94%	17.94%	17.79%
25	19.98%	17.76%	16.86%	16.86%	16.86%	14.75%
26	19.98%	17.76%	15.84%	15.84%	15.84%	13.86%
27	19.98%	17.76%	15.72%	14.88%	14.88%	13.02%
28	19.98%	17.76%	15.72%	13.92%	13.92%	12.18%
29	19.98%	17.76%	15.72%	13.80%	13.02%	11.39%
30	19.98%	17.76%	15.72%	13.80%	12.18%	11.39%
31	19.98%	17.76%	15.72%	13.80%	12.06%	11.39%
32	19.98%	17.76%	15.72%	13.80%	12.06%	11.39%
33	19.98%	17.76%	15.72%	13.80%	12.06%	11.39%
34	19.98%	17.76%	15.72%	13.80%	12.06%	10.57%
35	15.98%	14.21%	12.58%	11.04%	9.65%	9.73%
36	15.98%	14.21%	12.58%	11.04%	9.65%	8.96%
37	15.98%	14.21%	12.58%	11.04%	9.65%	8.26%
38	15.98%	14.21%	12.58%	11.04%	9.65%	7.56%
39	15.98%	14.21%	12.58%	11.04%	9.65%	6.93%
40	15.98%	14.21%	12.58%	11.04%	9.65%	6.93%
41	15.98%	14.21%	12.58%	11.04%	9.65%	6.31%
42	15.98%	14.21%	12.58%	11.04%	9.65%	5.78%
43	15.98%	14.21%	12.58%	11.04%	9.65%	5.24%
44	15.98%	14.21%	12.58%	11.04%	9.65%	4.77%
45	15.98%	14.21%	12.58%	11.04%	9.65%	4.77%
46	15.98%	14.21%	12.58%	11.04%	9.65%	4.77%
47	15.98%	14.21%	12.58%	11.04%	9.65%	4.77%
48	15.98%	14.21%	12.58%	11.04%	9.65%	4.77%
49	15.98%	14.21%	12.58%	11.04%	9.65%	4.77%
50	15.98%	14.21%	12.58%	11.04%	9.65%	4.77%
51	15.98%	14.21%	12.58%	11.04%	9.65%	4.77%
52	15.98%	14.21%	12.58%	11.04%	9.65%	4.76%
53	15.98%	14.21%	12.58%	11.04%	9.65%	4.62%
54	15.98%	14.21%	12.58%	11.04%	9.65%	4.62%

Table 3 — Page 2 of 2

Withdrawal Rates

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
55	15.00%	14.00%	12.00%	11.00%	9.00%	3.00%
56	15.00%	14.00%	12.00%	11.00%	9.00%	3.00%
57	15.00%	14.00%	12.00%	11.00%	9.00%	3.00%
58	15.00%	14.00%	12.00%	11.00%	9.00%	3.00%
59	15.00%	14.00%	12.00%	11.00%	9.00%	3.00%
60	15.00%	14.00%	12.00%	11.00%	9.00%	3.00%
61	15.00%	14.00%	12.00%	11.00%	9.00%	3.00%
62	15.00%	14.00%	12.00%	11.00%	9.00%	3.00%
63	15.00%	14.00%	12.00%	11.00%	9.00%	3.00%
64	15.00%	14.00%	12.00%	11.00%	9.00%	3.00%
65+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule B, line 6b — Description of Weighted Average Retirement Age

The assumed retirement age [line 6(b)] is based on a probability by age. The estimated whole age of retirement is age 60. This was developed as follows:

(1) Age at Retirement	(2) Percentage of Total Group Retiring	(3) Weighted Retirement Age (1)*(2)
55	7.00%	3.85
56	6.51%	3.65
57	6.05%	3.45
58	5.63%	3.27
59	5.24%	3.09
60	4.87%	2.92
61	6.47%	3.95
62	8.73%	5.42
63	7.42%	4.68
64	8.41%	5.39
65	11.78%	7.66
66	8.75%	5.78
67	3.28%	2.20
68	1.97%	1.34
69	1.58%	1.09
70	1.26%	0.88
71	1.01%	0.72
72	0.81%	0.58
73	3.23%	2.35
		59.34
Adjustment for Mid-Year Decrements		0.50
Expected Retirement Age		59.84

Schedule SB Attachment (Form 5500) —2025 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Schedule SB, line 26 — Schedule of Active Participant Data

Schedule SB, Line 26—Schedule of Active Participant Data
As of January 1, 2025

GROWMARK, Inc.
Group Retirement Income Plan No. 16
Active Employees

EIN: 37-0815318 PN: 334

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	50 $33,715	268 $52,387								
25-29	28 $39,870	297 $63,086	121 $76,098							
30-34	16	215 $63,092	136 $82,166	69 $96,946						
35-39	14	199 $74,370	103 $79,023	86 $105,137	42 $102,217					
40-44	9	170 $70,953	97 $81,561	55 $96,064	66 $115,685	36 $105,318				
45-49	7	159 $69,040	85 $74,535	37 $92,676	45 $95,098	47 $125,923	32 $121,349			
50-54	12	139 $66,790	74 $80,134	61 $91,609	39 $101,480	25 $106,487	68 $129,484	25 $100,715		
55-59	7	139 $63,472	95 $66,320	41 $73,437	48 $88,218	37 $91,780	32 $124,967	56 $143,042	13	
60-64	14	141 $66,887	76 $61,810	59 $64,738	55 $78,498	31 $84,960	36 $94,658	24 $117,286	30 $179,507	19
65-69	11	48 $64,523	48 $56,180	29 $59,258	24 $60,869	18	10	16	11	16
70+	19	43 $33,488	27 $35,838	11	11	13	4	7	4	16

N-4,271

Schedule SB Attachment (Form 5500) —2025 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Supporting Information — Group Retirement Income Plan No. 16 (998)

Minimum Required Contribution — Schedule of Amortization Payments as of January 1, 2025

Schedule B, lines 9c and 9j—Schedule of Funding Standard Account Bases

GRIP 16 Company Number 998

Source	Date Established	Original Amount	Years Remaining on 1/1/2025	Annual Amortization Payment	Outstanding Balance on 1/1/2025
Charges					
2024 Actuarial Loss	1/1/2025	$ 381,957,606	5	$ 88,577,544	$ 381,957,606
Total Charges				$ 88,577,544	$ 381,957,606
Credits					
Total Credits				$ 0	$ 0
Determination of Unfunded Accrued Liability, January 1, 2025					
Total Charges Less Total Credits					$ 381,957,606
Less: Funding Standard Account Credit Balance, January 1, 2025					381,957,606
Less: Accumulated Reconciliation Account Balance, January 1, 2025					0
Unfunded Accrued Liability (Limited to Zero), January 1, 2025					$ 0

Schedule SB Attachment (Form 5500) —2025 Plan Year
Group Retirement Income Plan No. 16
EIN: 37-0815318 PN: 334

Schedule B, line 11 — Justification for Change in Actuarial Assumptions

The RPA current liability interest rate decreased from 5.59% as of January 1, 2024 to 5.50% as of January 1, 2025. For plans exempt from PPA, this is prescribed as the January 1, 2025 third segment rate, reflecting interest rate stabilization provisions. Because this change is mandated, it is not subject to the approval requirements of IRC Section 412(c)(5)(B).

Please refer to Schedule B, line 6 of these attachments for a complete list of all assumptions and assumption changes.