

RETIREMENT COMMITTEE ZOOM MEETING

Zoom Meeting: https://us02web.zoom.us/j/8594945433
Dial In: (929(205-6099 | Meeting ID: 859 4945 1333

April 20, 2023 | 2:00 P.M.

AGENDA

Members: William Holt, Chairperson, Stacy Campbell-Domineck, Vice-Chairperson, Josephine Howard, Marjorie Gaskin, N'Kosi Jones, Yolanda Robinson, Yolanda Garrett, Staff Liaison

	WHAT	PAGES	HOW	WHO
1.	Call to Order		Present	Chairperson
	Moment of Silence			Secretary
	Mission Statement			
	Roll Call	2		
2.	Committee Recommendations/Action/Ratification Items		Present/	Committee
Ac	tion/Ratification		Approve	Chairpersons
	Representative Management Letter	4-8		
	• 2022 403 B Draft Audited Financial Statement and Supplemental Schedules	10-23		
	Draft IRS 5500 Report	25-44		
3.	Other Business:		Present/	Chairperson
			Approve	CEO
4.	Adjournment		Present	Chairperson

The ALPI's Mission Statement

The mission of The ALPI is to collaborate with community partners and deliver human service programs that empower the economically disadvantaged and others to be self-sufficient.

Community Action Promise

Community Action changes people's lives, embodies the spirit of hope, improves communities and makes America a better place to live. We care about the entire community and we are dedicated to helping people to help themselves and each other.





The Agricultural and Labor Program, Inc. 2023 Retirement Committee Attendance Y-T-D Summary

Name	February	April	May	June	July	Aug	Sept	Oct	Nov	Dec
1. Stacy Campbell-Domineck										
2. Marjorie Gaskin			¢.							
3. William Holt),		,							
4. Josephine Howard										
5. N'Kosi Jones										
6. Yolanda Robinson										
Board Support: Jonathan Thiele, Esq.										
Board Support: Arlene Dobison			V							
Staff Liaison: Dennis Gniewek										
Total Present										



Representative Management Letter





Representative Management Letter

Arlene V. Dobison, CCAP, NCRI

Corporate Office

300 Lynchburg Road Lake Alfred, Florida 33850-2576 (863) 956-3491 Toll Free: 1 (800) 330-3491 Fax: (863) 956-3357 E-Mail: admin@alpi.org www.alpi.org

ADMINISTRATION & OPERATIONS DIVISION

ADMINISTRATION SERVICES

IT/Computer Support & Marketing

COMMUNITY SERVICES & ECONOMIC DEVELOPMENT DIVISION

CSBG Services Service Areas: Glades, Hendry, Highlands and Polk Counties

Farmworker Emergency Services Service Areas: Statewide

LIHEAP Services Service Areas: Collier, Glades, Hendry, Highlands, Martin, Polk and St. Lucie Counties

Housing Counseling Services Service Area: Polk County

Training and Employment Services Service Areas: Glades, Hendry, Highlands, Polk, St. Lucie and Volusia Counties

At PI Technical Education Center

EHEAP Services

Service Area: Polk County

CHILD DEVELOPMENT & FAMILY SERVICES DIVISION

Head Start Services Service Area: St. Lucie and Martin Counties

Early Head Start Services Service Areas: Polk, St. Lucie and Martin Counties

Child Care Service Areas: Polk (Frostproof)

and St. Lucie Counties

Service Areas: Polk (Frostproof) and St. Lucie Counties

Voluntary Pre-Kindergarten (VPK)

Services
Service Areas: Polk and St. Lucie Counties

School Readiness Services Service Areas: Polk and St. Lucie Counties

Computer Assisted Tutorial Program (CAT) Service Area: St. Lucie County

Eastern Region Administration Office

2202 Avenue Q Ft. Pierce, FL 34950 (772) 466-2631 Toll Free: 1 (800) 791-3099 Fax: (772) 464-3035



Helping People. Changing Lives.

April 17, 2023

Erin Perdue CPA LLC 322 E Central Blvd. Suite 605 Orlando, Florida 32801

This representation letter is provided in connection with your audits of the financial statements of The Agricultural and Labor Program, Inc. Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of June 30, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended June 30, 2022, and the related notes to the financial statements, for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States (U.S. GAAP) and whether the supplemental schedules are fairly stated in all material respects in relation to the financial statements as a whole. As permitted by Regulation 2520,103-5 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), we have instructed you not to perform any auditing procedures with respect to information prepared and certified to by Great-West Life & Annuity Insurance Company and ReliaStar Life Insurance Company, in accordance with DOL Regulation 2520.103-5, except for comparing the information with the related information included in the financial statements and supplemental schedules. Because of the significance of the information which you did not audit, we understand that you will not express an opinion on the financial statements and supplemental schedules as a whole. We understand that the form and content of the information in the financial statements and supplemental schedules, other than that derived from the information certified by Great-West Life & Annuity Insurance Company and ReliaStar Life Insurance Company, has been audited by you in accordance with auditing standards generally accepted in the United States of America, and was subjected to tests of our accounting records and other procedures you considered necessary to enable you to express an opinion as to whether they are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

PROGRAMS AND SERVICES ARE FUNDED IN PART BY















THE AGRICULTURAL AND LABOR PROGRAM, INC. — PROVIDING A CONSTANT FLOW OF COMMUNITY SERVICES SINCE 1968
AN EQUAL OPPORTUNITY EMPLOYER





Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors.

We confirm, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves, the following representations made to you during your audit.

Financial Statements

- We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter February 10, 2023, for the preparation and fair presentation of the financial statements (including disclosures) in accordance with U.S. GAAP, which includes the determination of the completeness and accuracy of the qualified institution's certification. We requested, as part of your audits, that you prepare the Plan's financial statements and related notes. We have reviewed, approved, and accepted responsibility for those financial statements and related notes.
- 2) The financial statements referred to above are fairly presented in conformity with U.S. GAAP, the notes include all disclosures required by laws and regulations to which the Plan is subject, including the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, and the supplemental schedules referred to above are fairly presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- 3) We acknowledge our responsibility 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.
- We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
- Significant assumptions we used in making accounting estimates, including those measured at fair value, are reasonable.
- 6) Related-party relationships and transactions and relationships and transactions with parties-ininterest, as defined in ERISA Section 3(14) and regulations thereunder, have been appropriately accounted for and disclosed in accordance with U.S. GAAP and ERISA Section 3(14) and regulations thereunder.
- All events subsequent to the date of the financial statements and for which U.S. GAAP requires adjustment or disclosure have been adjusted or disclosed.
- 8) The effects of all known actual or possible litigation, claims, and assessments have been accounted for and disclosed in accordance with U.S. GAAP.





- 9) The effects of uncorrected misstatements are immaterial, both individually and in the aggregate, to the financial statements as a whole. There were no uncorrected misstatements.
- 10) Other matters (e.g. breach of fiduciary responsibilities, nonexempt transactions, loans in default, or events that may jeopardize the tax status) that legal counsel have advised us that must be disclosed have been properly disclosed.
- Significant estimates and material concentrations have been properly disclosed in accordance with U.S. GAAP.
- 12) Financial instruments with concentrations of credit risk have been properly recorded or disclosed in the financial statements.
- 13) Guarantees, whether written or oral, under which the Plan is contingently liable, have been properly recorded or disclosed in accordance with U.S. GAAP.
- 14) The supplemental schedules or financial statements disclose the following:
 - a) All non-exempt party-in-interest transactions (as defined in ERISA Section 3(14) and regulations under the section.
 - b) Investments or loans in default or considered to be uncollectible.
 - c) Reportable transactions (as defined in ERISA Section 103(b)(3)(H) and regulations under that section.

Information Provided

- 15) We have provided you with:
 - a) Access to all information, of which we are aware that is relevant to the preparation and fair presentation of the financial statements such as records, documentation, and other matters.
 - b) Additional information that you have requested from us for the purpose of the audit.
 - Unrestricted access to persons within the Plan from whom you determined it necessary to obtain audit evidence.
 - d) Plan instruments, insurance contracts, or investment contracts and amendments to such documents entered into during the year, including amendments to comply with applicable
- All material transactions have been recorded in the accounting records and are reflected in the financial statements.
- 17) We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- 18) We have no knowledge of any fraud or suspected fraud that affects the Plan and involves:
 - a) Management,
 - b) Employees who have significant roles in internal control, or
 - c) Others where the fraud could have a material effect on the financial statements.





- 19) We have no knowledge of any allegations of fraud or suspected fraud affecting the Plan's financial statements communicated by employees, former employees, participants, regulators, beneficiaries, service providers, third-party administrators, or others.
- 20) We have no knowledge of any instances of noncompliance or suspected noncompliance with laws and regulations (including ERISA, DOL, and IRS regulations) whose effects should be considered when preparing financial statements.
- 21) We have disclosed to you all known actual or possible litigation, claims, and assessments whose effects should be considered when preparing the financial statements.
- 22) We have disclosed to you the identity of the Plan's related parties and parties in interest and all the related party and party in interest relationships and transactions of which we are aware.
- 23) The Plan has satisfactory title to all owned assets, which are recorded at fair value and all liens, encumbrances, or security interests requiring disclosure in the financial statements have been properly disclosed.
- 24) We have no:
 - a) Plans or intentions that may materially affect the carrying value or classification of assets and
 - b) Intentions to terminate the Plan.
- 25) Amendments to the Plan instrument, if any, have been properly recorded or disclosed in the financial statements.
- 26) The Plan has complied with all aspects of debt and other contractual agreements that would have a material effect on the financial statements in the event of noncompliance.
- 27) The methods and significant assumptions used to estimate fair values of financial instruments are as disclosed in the notes to the financial statements. The methods and significant assumptions used result in a measure of fair value appropriate for financial measurement and disclosure purposes.
- 28) All required amendments to and filings of Plan documents with the appropriate agencies have been made.
- 29) The Plan is qualified under the appropriate section of the Internal Revenue Code and we intend to continue it as a qualified plan. The Plan sponsor has operated the Plan in a manner that did not jeopardize this tax status. Required nondiscrimination testing related to Code Section 403(b)(12) and 401(m) arrangements has been completed for the Plan, and any excess deferrals or contributions have been disposed of in accordance with regulations.
- 30) The Plan has complied with the DOL's regulations concerning the timely remittance of participant contributions.
- 31) We have obtained appropriate fee disclosures from covered service providers and have concluded the fees are reasonable. The Plan is in compliance with DOL regulations regarding ERISA section 408(b)(2).
- 32) The Plan has complied with the fidelity bonding requirements of ERISA.
- 33) We have apprised you of all communications, whether written or oral, with regulatory agencies concerning the operation of the Plan.
- 34) We believe the form and content of the supplemental schedules of assets (held at end of year) is fairly presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.





- 35) In regard to the preparation of the financial statement services performed by you, we have
 - a) Assumed all management responsibilities.
 - b) Designated an individual with senior management who has suitable skill, knowledge, or experiences to oversee the services.
 - c) Evaluated the adequacy and results of the services performed.
 - d) Accepted responsibility for the results of the services.

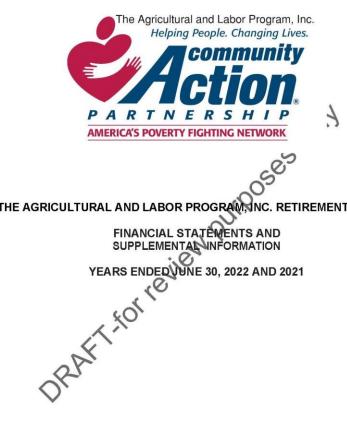
Arlene Dobison, CCAP, NCRI Chief Executive Officer



2022 The Agricultural and Labor Program, Inc.
Draft Financial
Statements
403-B Plan







THE AGRICULTURAL AND LABOR PROGRAM, NC. RETIREMENT PLAN



THE AGRICULTURAL AND LABOR PROGRAM, INC. RETIREMENT PLAN TABLE OF CONTENTS YEARS ENDED JUNE 30 2022 AND 2021

NDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	5
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	6
NOTES TO FINANCIAL STATEMENTS	7
SUPPLEMENTAL INFORMATION (ATTACHMENTS TO FORM \$500)	
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)	12
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS THELD AT END OF YEAR)	







INDEPENDENT AUDITORS' REPORT

Participants and Administrative Committee
The Agriculture and Labor Program, Inc. Retirement Plan
Lake Alfred, Florida

Report on the Audit of the Financial Statements

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2022 Financial Statements

We have performed an audit of the accompanying financial statements of the Agriculture and Labor Program, Inc. Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of June 30, 2022, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2022 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2022 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended June 30, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2022 Financial Statements section.

- the amounts and disclosures in the 2022 financial statements referred to above, other than
 those agreed to or derived from the certified investment information, are presented fairly, in all
 material respects, in accordance with accounting principles generally accepted in the United
 States of America.
- the information in the 2022 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Erin M Perdue, CPA, LLC 322 E Central Blvd, Suite 605, Orlando, Florida 32801 Phone 407-383-7668 email: erin@erinperduecpa.com





Participants and Administrative Committee
The Agriculture and Labor Program, Inc. Retirement Plan

Basis for Opinion on the 2022 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2022 Financial Statements section of our report. We are required to be independent of the Agriculture and Labor Program, Inc. Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2022 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Agriculture and Labor Program, Inc. Retirement Plan'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 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due
 to fraud or error, and design and perform audit procedures responsive to those risks. Such
 procedures include examining, on a test basis, evidence regarding the amounts and disclosures
 in the financial statements.





Participants and Administrative Committee
The Agriculture and Labor Program, Inc. Retirement Plan

- Obtain an understanding of internal control relevant to the audit in order to design audit
 procedures that are appropriate in the circumstances, but not for the purpose of expressing an
 opinion on the effectiveness of the Agriculture and Labor Program, Inc. Retirement Plan's
 internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant
 accounting estimates made by management, as well as evaluate the overall presentation of the
 financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Agriculture and Labor Program, Inc. Retirement Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2022 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)(5) 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 Matters

2022 Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of June 30, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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





Participants and Administrative Committee The Agriculture and Labor Program, Inc. Retirement Plan

In our opinion

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

Auditors' Report on the 2021 Financial Statements

The 2021 financial statements of the Agriculture and Labor Program, Inc. Retirement Plan were audited The 2021 financial statements of the Agriculture and Labor Program, Inc. Retirement Plan were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditor not to perform, and they did not perform, any auditing procedures with respect to the information certified by a qualified institution. Their report gated April 14, 2022, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and supplemental schedules, and (b) the form and content of the information included in the financial statements and supplemental schedules other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. that derived from the certified information, were presented in complian Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Erin Perdue CPA LLC

Orlando, Florida

April 17, 2023





THE AGRICULTURE AND LABOR PROGRAM, INC. RETIREMENT PLAN STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS JUNE 30, 2022 AND 2021

ASSETS:	 2022	0	2021
INVESTMENTS, at fair value:			
Fixed annuities	\$ 3,134,175	\$	3,071,176
Variable annuities	 141,559		258,334
TOTAL INVESTMENTS	 3,275,734	-	3,329,510
RECEIVABLES:			
Employer nonelective contribution	227,260		198,331
Notes receivable from participants	 42,169		40,722
TOTAL RECEIVABLES	 269,429		239,053
NET ASSETS AVAILABLE FOR BENEFITS	\$ 3,545,163	\$	3,568,563

ORAFT. FOR review Y





THE AGRICULTURE AND LABOR PROGRAM, INC. RETIREMENT PLAN STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED JUNE 30, 2022

ADDITIONS TO NET ASSETS ATTRIBUTED TO: Investment income: Net appreciation in fair value of investments	\$ 34,003
Interest	8,847
Total investment income	42,850
Interest income on notes receivable from participants	2,008
Contributions:	
Participant	119,420
Employer nonelective	227,260
Total contributions	346,680
TOTAL ADDITIONS	 391,538
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	414,578
Administrative expenses	360
TOTAL DEDUCTIONS	414,938
NET DECREASE	(23,400)
NET ASSETS AVAILABLE FOR BENEFITS - Beginning of year	3,568,563
NET ASSETS AVAILABLE FOR BENEFITS - End of year	\$ 3,545,163







NOTE 1 DESCRIPTION OF PLAN

The following description of The Agricultural and Labor Program, Inc. Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a tax deferred annuity 403(b) plan. The Plan was established by The Agricultural and Labor Program, Inc. (the Program) on July 1, 1993. The Plan was amended and restated in its entirety, effective January 1, 2009. All employees of the Program are eligible to participate in the Tax Sheltered Annuity Plan immediately upon employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA).

Administration

The Plan is administered by the Program, which serves without compensation. The Plan administrator has the overall responsibility and authority as the named fiduciary to manage and control the operations and administration of the Plan and may designate one or more individuals to perform those responsibilities.

Contributions

For the year ended June 30, 2022, participants may contribute up to \$19,500 of pre-tax annual compensation subject to certain internal Revenue Code (IRC) limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Once eligible, participants may also contribute amounts representing distributions from other qualified retirement plans (rollover). Employees must be employed on the first and last day of the Plan year to be eligible to receive an allocation of the discretionary age weighted employer nonelective contribution. For the year ended June 30, 2022, the Program made a \$227,260 nonelective contribution to the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Investment Options

Upon enrollment in the Plan, a participant may direct their allocation of basic contributions with the Great-West Life & Annuity Insurance Company (Great-West) or ReliaStar Life Insurance Company (ReliaStar). Within these investment vehicles, participants may select between several investment options.

Participant Accounts

Each participant's account is credited with the participant's contributions and the employer nonelective contribution. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. A participant is 100% vested in the employer nonelective contribution after one year of service.





NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate, determined as of the loan application date, is set at the prime rate plus 2% (Great-West) or 5.50% (ReliaStar), as defined. Principal and interest are paid ratably through biweekly payroll deductions.

Benefit Payments

Upon termination of service, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, installment payments over a specified period of time subject to certain limitations or an annuity.

Forfeited Accounts

At June 30, 2022 and 2021, the Plan had no forfeitures, not were any used during the year ended June 30, 2022.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset of paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan's valuation policies utilizing information provided by the investment advisors and insurance companies. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses when they are incurred. No allowance for credit losses has been recorded as of June 30, 2022 and 2021. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan Agreement.





NOTE 2 DESCRIPTION OF PLAN (CONTINUED)

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Certain expenses incurred maintaining the Plan are paid directly by the Program and are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through April 17, 2023, the date the financial statements were available to be issued.

NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION

All investment information disclosed in the accompanying financial statements and supplemental schedule of assets (held at end of year); including investments held at June 30, 2022 and 2021, net appreciation in fair value of investments, and interest income for the year ended June 30, 2022, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Great-West and ReliaStar.

NOTE 4 FAIR VALUE OF INVESTMENTS

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

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

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

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

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

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





NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2022 and 2021:

Annuity contracts: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer, no unfunded commitments, and daily redemption frequency and notice periods.

The following table sets forth by level, within the fair value hierarchy, the Plan's Level 2 assets at fair value as of June 30, 2022 and 2021. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	y-	2022	176	2021
Fixed annuities	\$	3,134,175	\$	3,071,176
Variable annuities		141,559	0	258,334
Total assets at fair value	\$	3,275,734	\$	3,329,510

NOTE 5 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 cerain 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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 6 PLAN TERMINATION

Although it has not expressed any intent to do so, the Program has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event such discontinuance results in termination of the Plan, the Plan provides that the assets be allocated among the participants and beneficiaries in the amounts credited to each Participant's respective account at the effective date of such termination. Distribution of participant account balances will occur as soon as administratively feasible upon termination of the Plan.





NOTE 7 PLAN TAX STATUS

The Plan and related trust is designed through a prototype plan, and the prototype sponsor, as well as the Plan's sponsor, believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 PARTY-IN-INTEREST TRANSACTIONS

The Plan engaged in transactions involving Great-West and ReliaStar, therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of investments, as they are paid through revenue sharing, rather than a direct payment. The Program pays directly any other fees related to the Plans operations.

Certain administrative functions are performed by officers or employees of the Program. No such officer or employee receives compensation from the Plan.

NOTE 9 RECONCILIATION OF FINANCIALS STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500, at June 30:

	9.	2022	2021
Net assets available for benefits per the financial statements Less: contributions receivable Miscellaneous adjustments	\$	3,545,163 (227,260) -	\$ 3,568,563 (198,331) 2,344
Net assets available for benefits per Form 5500	\$	3,317,903	\$ 3,372,576

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the Form 5500, for the year ended June 30, 2022:

Net decrease in net assets available for benefits per the	
financial statements	\$ (23,400)
Plus: contributions receivable - beginning of year	198,331
Less: contributions receivable - end of year	(227,260)
Miscellaneous adjustments	(2,344)
Net decrease in net assets available for benefits per Form 5500	\$ (54.673)





THE AGRICULTURE AND LABOR PROGRAM, INC. RETIREMENT PLAN E.I.N. 59-1634148 PLAN NO.001 SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) JUNE 30, 2022

-					
	(b)	(c)	(d)	((e)
(a)	Identity of Issue	Description of Issue	Cost	Curre	nt Value
*	Great-West Life & Annuity Insurance Company	Great-West Aggressive Profile		\$	18,760
*	Great-West Life & Annuity Insurance Company	Great-West Mod Aggr Profile			6,999
*	Great-West Life & Annuity Insurance Company	Great-West Moderate Profile			13,100
*	Great-West Life & Annuity Insurance Company	Putnam International Capital			47
*	Great-West Life & Annuity Insurance Company	PIMCO Total Return Admin			439
*	Great-West Life & Annuity Insurance Company	Great-West International Value			4,032
*	Great-West Life & Annuity Insurance Company	Invesco Global			161
*	Great-West Life & Annuity Insurance Company	Great-West S&P SMCAP 600 Index			1,077
*	Great-West Life & Annuity Insurance Company	Great-West Small Cap Value			239
*	Great-West Life & Annuity Insurance Company	Virtus Silvant Small-Cap Growth			97
*	Great-West Life & Annuity Insurance Company	RS Select Growth			276
*	Great-West Life & Annuity Insurance Company	RS Small Cap Growth			248
*	Great-West Life & Annuity Insurance Company	Columbia Select Mid Cap Value			34
*	Great-West Life & Annuity Insurance Company	Great-West Ariel Mid Cap Value Fund			6,345
*	Great-West Life & Annuity Insurance Company	Great-West T Rowe Price MDCP GR			1,132
*	Great-West Life & Annuity Insurance Company	Great-West S&P 500 Index Fund			24,692
*	Great-West Life & Annuity Insurance Company	American Century Equity Income Fund			392
*	Great-West Life & Annuity Insurance Company	Federated Hermes Equity Income			7,748
*	Great-West Life & Annuity Insurance Company	Fidelty VIP Growth Portfolio			36,116
*	Great-West Life & Annuity Insurance Company	Great-West Large Cap Value Investor			2,593
*	Great-West Life & Annuity Insurance Company	Jensen Quality Growth			63
*	Great-West Life & Annuity Insurance Company	Legg Mason Cap Mgmt Value Trust			210
*	Great-West Life & Annuity Insurance Company	MFS Growth			164
*	Great-West Life & Annuity Insurance Company	Invesco Capital Appreciation			45
*	Great-West Life & Annuity Insurance Company	Great-West Bond Index Fund			2,425
*	Great-West Life & Annuity Insurance Company	Great-West Multi-Sector Bond			804
*	Great-West Life & Annuity Insurance Company	Great-West US Govt Securities			106
*	Great-West Life & Annuity Insurance Company	Putnam High Yield			18
*	Great-West Life & Annuity Insurance Company	Great-West Guaranteed Fixed Fund**		2	247,246
*	Great-West Life & Annuity Insurance Company	Guaranteed Interest Fund**			10,971
*	Great-West Life & Annuity Insurance Company	Great-West Government Money Market Fund			13, 197
*	ReliaStar Life Insurance Company	Fixed account investment funds**		2,8	375,958
*	Participant loans	5.25% - 7.50%	=:		42,169
	•				

^{*} Denotes a party-in-interest

^{**}Fixed annuity



2022 The Agricultural and Labor Program, Inc. Draft IRS Form 5500





·		Annual Datum/Dana	rt of Employe	no Donofit Dlan		OMB Nos. 12	10.0110
	Form 5500	Annual Return/Report	ACTUAL TOTAL AND ASSESSMENT OF THE PARTY OF	AND THE RESIDENCE OF STREET, SALES STREET, S			210-0110
	epartment of the Treasury Internal Revenue Service	and 4065 of the Employee Retirem	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).				
Е	Department of Labor imployee Benefits Security Administration		Complete all entries in accordance with the instructions to the Form 5500.				
Pensio	n Benefit Guaranty Corporation				This	Form is Open to Pu Inspection	ıblic
Part I		entification Information					
For cale	ndar plan year 2021 or fisca	I plan year beginning 07/01/2021	П ж. т	and ending 06/30/202			
A This	return/report is for:	a multiemployer plan	participating er	ployer plan (Filers checking thi mployer information in accord			ns.)
		☐ a DFE (specify)					
B This	eturn/report is:	the first return/report	the final return.	10.000 D 10.000 D 10.000			
		an amended return/report	a short plan ye	ear return/report (less than 12	months)		
C If the	plan is a collectively-bargain	ned plan, check here	CT 10 10 100 CT CT CT 10 10		• 🔲		
D Chec	k box if filing under:	Form 5558	automatic exte	ension	_ the	e DFVC program	
		special extension (enter description					
		lan permitted by SECURE Act section	100	a the tier that the tier the tier that the tier	I		
Part II		ation—enter all requested information	n		Lan		
	ne of plan	PROGRAM INC. RETIREMENT PLAN	IF.		10	Three-digit plan number (PN) ▶	001
THEAC	BRICOL TORE AND LABOR	PROGRAM INC. RETIREMENT PLAN	•		1c	Effective date of pla 07/01/1993	an
Mail City	ing address (include room, a or town, state or province, o	, if for a single-employer plan) apt., suite no. and street, or P.O. Box) country, and ZIP or foreign postal code	(if foreign, see instr	uctions)	2b	Employer Identifica Number (EIN) 59-1634148	tion
	RICULTURE AND LABOR I	PROGRAM, INC.			2c	2c Plan Sponsor's telephone number 800-330-3491	
300 LYN	ICHBURG RD LFRED, FL 33850-2576		HBURG RD RED, FL 33850-257	6	2d Business code (see instructions)		9
						624100	
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							
HEKE	HERE Signature of plan administrator Date Enter name of individual signing as plan administrator						
SIGN	800						
HERE	Signature of employer/p	lan sponsor	Date	Enter name of individual sig	ning as	employer or plan sp	onsor
SIGN HERE							
HERE	Signature of DFE		Date Enter name of individual signing as DFE				

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

Form 5500 (2021) v. 210624





	Form 5500 (2021) Page 2				
3a	Plan administrator's name and address 🛛 Same as Plan Sponsor	3b Ad	ministrator's EIN		
		3c Administrator's telephone number			
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	4b EII			
a c	The state of the s	4d PN	Į.		
5	Total number of participants at the beginning of the plan year	5	346		
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)	192		
a((2) Total number of active participants at the end of the plan year	6a(2)	174		
b	Retired or separated participants receiving benefits	6b	6		
С	Other retired or separated participants entitled to future benefits	6c	216		
d	Subtotal. Add lines 6a(2), 6b, and 6c.	6d	396		
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6 e			
f	Total. Add lines 6d and 6e.	6f	396		
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	352		
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h			
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)				
 8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2G 2L 2M 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 					
9a	Plan funding arrangement (check all that apply) Plan benefit arrangement (check all	hat apply)			
	(1) Insurance (1) Insurance (2) Code section 412(e)(3) insurance contracts (2) Code section 412(e)(3)	2) incurono	a controcto		
	(2) Code section 412(e)(3) insurance contracts (2) Code section 412(e)(3)	o) insuranc	e contracts		
	(4) General assets of the sponsor (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 nur	101040395403541	hed. (See instructions)		
а	a Pension Schedules b General Schedules (1) ☑ R (Retirement Plan Information) (1) ☑ H (Financial Info	ormation)			
			Small Dian)		
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money		omail Flatt)		
	Purchase Plan Actuarial Information) - signed by the plan (3) 2 A (Insurance Interpretation)		ur e		
	actuary (4) C (Service Prov				
	(3) SB (Single-Employer Defined Benefit Plan Actuarial (5) D (DFE/Particip Information) - signed by the plan actuary (6) G (Financial Tra	- B			
7	(maiotal ite				





(%	Form 5500 (2021)	Page 3		
Part III	Form M.1 Compliance Information /to be completed by	y wolfers honefit plans)		
	Form M-1 Compliance Information (to be completed I			
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.)				
11b is the	e plan currently in compliance with the Form M-1 filing requirements? (Sec	e instructions and 29 CFR 2520.101-2.)		
11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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.)				
Rece	eipt Confirmation Code			





SCHEDULE A (Form 5500)

Insurance Information

OMB No. 1210-0110

Department of the Treasury Internal Revenue Service			This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).				2021			
Department of Labor Employee Benefits Security Administration			▶ File as an attachment to Form 5500.							
Pension Ben	efit Guaranty Co	prporation	Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).			ion	This Form is Open to Public Inspection			
For calendar p	olan year 20	21 or fiscal pla	n year beginning 07/01/2021		and en	ding 06/3	0/2022			
A Name of p THE AGRICU		D LABOR PRO	OGRAM INC. RETIREMENT PLA	N	B Thre	e-digit number (P	N) •	001		
trace.		as shown on lir	ne 2a of Form 5500			yer Identific	cation Numbe	r (EIN)		
Part I	Informat	tion Conce	rning Insurance Contrac							
1 Coverage I		ate Schedule /	A. Individual contracts grouped a	as a unit in Parts II and I	II can be re	ported on a	single Sched	ule A.		
(a) Name of i		rrier								
Contract Con		NCE COMPA	NY							
		(c) NAIC	(d) Contract or	(e) Approximate no	umber of		Policy or	contract year		
(b) E	EIN	code	identification number	persons covered a policy or contract		(f) From		(g) To		
I-0561140	1	67105	0229			07/01/202	1	06/30/2022		
		mission inform amount paid.	nation. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents,	brokers, and	other persons in		
		-	nmissions paid		(b) To	tal amount	of fees paid			
			0					0		
3 Persons re	ceiving com	missions and	fees. (Complete as many entries	s as needed to report all	persons).					
		(a) Name	and address of the agent, broker	, or other person to who	m commiss	ions or fees	were paid			
			Fe	es and other commissio	ne naid					
	nt of sales ar missions pa		(c) Amount		(d) Purpos	e		(e) Organization code		
			(-)		(2)			(1)g		
_		(a) Name	and address of the agent, broker	, or other person to who	m commiss	ions or fees	were paid			
(b) America	ot of ocles	nd boos	Fe	es and other commissio	ns paid			<u> </u>		
	nt of sales ar missions pa		Fe (c) Amount		ns paid (d) Purpos	e		(e) Organization code		

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

Schedule A (Form 5500) 2021 v. 201209





Schedule A (Form 5500) 2	2021	Page 2 – 1	
	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		-	
	Τ		30 30
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nai	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
1			
(h) Annumb of color and have		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na	me and address of the agent broke	r, or other person to whom commissions or fees were paid	•
(u) Hui	ne and address of the agent, broken	1, or duter person to wheth commissions or rees were para	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Na			
(a) Nai	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
The second secon			
2.00			*
(a) Nai	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(-)	47,	code





Schedule A (Form 5500) 2021

Page 3

ı	art	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	ridual contracts with each carrier m	ay be treated as a unit	for purposes of
		this report.			90000000 B00000 B00000000000 0000
		ent value of plan's interest under this contract in the general account at year			
		ent value of plan's interest under this contract in separate accounts at year ϵ	nd	5	
6		racts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		* *************************************	
	Ç	Premiums due but unpaid at the end of the year		1000	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount		6d	
		Specify nature of costs			
		_			
	е	Type of contract: (1) individual policies (2) group deferre	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a terminal	nating plan, check here		
7	Conf	racts With Unallocated Funds (Do not include portions of these contracts ma	aintained in separate accounts)		
	а	Type of contract: (1) deposit administration (2) immedi	ate participation guarantee		
		(3) guaranteed investment (4) other	ANNUITY CONTRACT		
		(e) [] 3			
	b	Balance at the end of the previous year		7b	2788134
	c	Additions: (1) Contributions deposited during the year	7c(1)	309564	
		(2) Dividends and credits		62868	
		(3) Interest credited during the year			
		(4) Transferred from separate account			
		(5) Other (specify below)	7c(5)	27584	
		COLLATERAL INTEREST AND LOAN REPAYMENT	N 24 10		
		(6)Total additions		7c(6)	400016
	d	Total of balance and additions (add lines 7b and 7c(6)).		7d	3188150
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	263343	
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)	48849	
		▶ LOANS TAKEN			
		(5) Total deductions		7e(5)	312192





	Schedule A (Form 5500) 2021		Page 4			
Part III	Welfare Benefit Contract Inform If more than one contract covers the same the information may be combined for repo employees, the entire group of such indivi	e group of employees of the	tracts are expe	erience-rated as a unit. W	here con	tracts cover individual
8 Benef	t and contract type (check all applicable boxes	s)				
а	Health (other than dental or vision)	b Dental	c 🗌	Vision	C	Life insurance
е П	Temporary disability (accident and sickness)	f Long-term disabili	ity g ∏	Supplemental unemploys	ment I	Prescription drug
ιΠ	Stop loss (large deductible)	j HMO contract	k∏			I Indemnity contract
m∏	Other (specify)	-	_			_
9 Experi	ence-rated contracts:					
a Pr	emiums: (1) Amount received		9a(1)			
(2) Increase (decrease) in amount due but unpa	iid	9a(2)			
(3) Increase (decrease) in unearned premium re	eserve	9a(3)			
(4) Earned ((1) + (2) - (3))				9a(4)	
b E	senefit charges (1) Claims paid		9b(1)			
) Increase (decrease) in claim reserves					
	i) Incurred claims (add (1) and (2))				9b(3)	
) Claims charged			<u>L</u>	9b(4)	
C F	temainder of premium: (1) Retention charges					
	(A) Commissions		9c(1)(A)			
	(B) Administrative service or other fees		9c(1)(B)			
	(C) Other specific acquisition costs		9c(1)(C)			
	(D) Other expenses		9c(1)(D)			
	(E) Taxes		9c(1)(E) 9c(1)(F)			
	(F) Charges for risks or other contingencies		- 1.11-1			
	(G) Other retention charges			0.	-/4\/LI\	
	(H) Total retention	and the contract of the contra		660 661	c(1)(H)	
	2) Dividends or retroactive rate refunds. (Thes			1400	9c(2)	
	status of policyholder reserves at end of year:				9d(1)	
,	2) Claim reserves				9d(2)	
	3) Other reserves				9d(3) 9e	
50216231	Dividends or retroactive rate refunds due. (Do experience-rated contracts:	not include amount entere	a in line 9c(2).)	эе	
	otal premiums or subscription charges paid to	carrier			10a	
10000	CHICOMONE SECUNDATION CONTROL THE TRANSPORTED VIOLENCE CONSTITUTE TO SECUND THE PARTY OF THE PAR				ıva	
n	the carrier, service, or other organization incu- etention of the contract or policy, other than re				10b	
Speci	y nature of costs.					

Part IV	Provision of Information
11 Did the	insurance company fail to provide any information necessary to complete Schedule A?
12 If the ar	swer to line 11 is "Yes," specify the information not provided. •





SCHEDULE	Α	Insura	nc	e Information	n				c	OMB	No. 1210-0110
(Form 5500)											
Department of the Treasu Internal Revenue Service		This schedule is requir Employee Retirement									2021
Department of Labor Employee Benefits Security Adm	inistration	File as ar	n at	tachment to Form 55	00.						
Pension Benefit Guaranty Corp	poration	Insurance companies pursuant to		re required to provide t RISA section 103(a)(2)		rmation		-	This F		n is Open to Public
For calendar plan year 202	1 or fiscal pla	an year beginning 07/01/2021			an	d endin	g 06/30)/2022	į		
A Name of plan THE AGRICULTURE AND	LABOR PRO	OGRAM INC. RETIREMENT PL	.AN		В	Three-di plan nur	igit mber (PN	1)	×	1	001
C Plan sponsor's name as THE AGRICULTURE AND					D∈	mployer 59-163	Identifica 4148	ation N	Numbe	ar (E	EIN)
		rning Insurance Contra A. Individual contracts grouped									
1 Coverage Information:											
(a) Name of insurance carr GREAT WEST LIFE AND AR		URANCE COMPANY									
de Pini	(c) NAIC	(d) Contract or (e) Approximate nur				Policy or co		cor	ntract year		
(b) EIN	code	identification number		persons covered a policy or contrac		of	(f)	From	ii A	_	(g) To
34-0467907	7692	95764-01		79		07.	/01/2021				06/30/2022
2 Insurance fee and comm descending order of the a		nation. Enter the total fees and t	tota	I commissions paid. L	ist in lii	ne 3 the	agents, l	broker	rs, and	d oth	ner persons in
(a) Total ar	mount of com	nmissions paid			() Total	amount o	of fees	s paid		
		0									0
3 Persons receiving comm	nissions and	fees. (Complete as many entrie	es a	as needed to report all	persor	s).					
	(a) Name	and address of the agent, broke	er, c	or other person to who	m com	missions	s or fees	were	paid		
(b) Amount of sales and		ev contract or ave	ees	s and other commission	45.500					4	
commissions paid	i	(c) Amount			(d) Pu	pose				4	(e) Organization code
	(a) Name	and address of the agent, broke	er, d	or other person to who	m com	nissions	s or fees	were	paid		
		Ţ,		·							
(h) Amount of color and	d boss	F	ees	s and other commission	ns paid	Ü				\neg	
(b) Amount of sales and commissions paid		(c) Amount			(d) Pu					ヿ	(e) Organization code
1						-				\top	

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

Schedule A (Form 5500) 2021 v. 201209





Schedule A (Form 5500) 2	2021	Page 2 – 1	
(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	430		
	T	For and the control of the control of	T 73
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
			1
(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	I	Coop and other commissions paid	T (a)
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid	(c) Amount	(u) Furpose	code
(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissions paid	S CON P IN SHOWN SHOWN SHOWS	And related Production	Code
Se the state	V 801 0000 25 0 0		1
(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) No.	mo and address of the agent broker	r or other person to whom commissions or fees were poid	
(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
ALX MADE STREET SECURITIES TRANSPORTED		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code





Schedule A (Form 5500) 2021

Page 3

Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	ridual contracts with each carrier ma	y be treated as a uni	for purposes of
	this report.			
	rent value of plan's interest under this contract in the general account at year		4	258217
	rent value of plan's interest under this contract in separate accounts at year e	nd	5	141559
	ntracts With Allocated Funds:			
а	State the basis of premium rates			
L	Disservation a service property		6b	
b	Premiums paid to carrier		6c	
c d	Premiums due but unpaid at the end of the year		1000	
u	If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount.		6d	
	Specify nature of costs			
	el Participo → Nacropode agricipa de Arapteces — Es			
е	Type of contract: (1) ☐ individual policies (2) ☐ group deferre	d annuitv		
=	(3) \(\text{ other (specify) } \)	•		
	(3) United (specify)			
f	If contract purchased, in whole or in part, to distribute benefits from a termin			
	tracts With Unallocated Funds (Do not include portions of these contracts ma	and the second control of the second control		
а		ate participation guarantee		
	(3) guaranteed investment (4) 🛛 other	GROUP ANNUITY CONTRACT		
b	Balance at the end of the previous year		7b	283042
C	Additions: (1) Contributions deposited during the year		390	
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year		8848	
	(4) Transferred from separate account		10959	
	(5) Other (specify below)	7c(5)	659	
	LOAN REPAYMENTS			
	(6)Total additions		7c(6)	20856
d	Total of balance and additions (add lines 7b and 7c(6)).		7d	303898
е	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	34323	
	(2) Administration charge made by carrier		420	
	(3) Transferred to separate account		10938	
	(4) Other (specify below)	7e(4)		
)			
	(5) Total deductions		7e(5)	45681
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	258217





Schedule A (Form 5500) 2021 Page 4 Welfare Benefit Contract Information If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. 8 Benefit and contract type (check all applicable boxes) **d** ☐ Life insurance **b** Dental a Health (other than dental or vision) $f e \ \prod$ Temporary disability (accident and sickness) $f f \ \prod$ Long-term disability g Supplemental unemployment h Prescription drug i Stop loss (large deductible) j | HMO contract k ☐ PPO contract I Indemnity contract m ☐ Other (specify) ▶ 9 Experience-rated contracts: a Premiums: (1) Amount received 9a(1) (2) Increase (decrease) in amount due but unpaid 9a(2) (3) Increase (decrease) in unearned premium reserve 9a(3) 9a(4) (4) Earned ((1) + (2) - (3)) b Benefit charges (1) Claims paid....... 9b(1) (2) Increase (decrease) in claim reserves.... 9b(2) 9b(3) (3) Incurred claims (add (1) and (2))..... (4) Claims charged..... 9b(4) C Remainder of premium: (1) Retention charges (on an accrual basis) --9c(1)(A) (A) Commissions (B) Administrative service or other fees 9c(1)(B) (C) Other specific acquisition costs..... 9c(1)(C) 9c(1)(D) (D) Other expenses 9c(1)(E) (E) Taxes..... 9c(1)(F) (F) Charges for risks or other contingencies ... 9c(1)(G) (G) Other retention charges..... (H) Total retention...... 9c(1)(H) (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)... 9c(2) d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement... 9d(1) 9d(2) (2) Claim reserves.....

e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)

b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....

a Total premiums or subscription charges paid to carrier.....

10 Nonexperience-rated contracts:

Specify nature of costs.

Pa	ırt IV	Provision of Information				
11	Did the	nsurance company fail to provide any information necessary to complete Schedule A?	Yes	X	No	
12	If the an	swer to line 11 is "Yes," specify the information not provided.				

9d(3)

9e

10a

10b





SCHEDULE C	Service i Tovidei illioilliation			OMB No. 1210-0110		
(Form 5500)					2021	
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 1 Retirement Income Security Act of 1974	2021				
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	File as an attachment to Form 5	550	0.	This Fo	orm is Open to Public Inspection.	
For calendar plan year 2021 or fiscal plan	n year beginning 07/01/2021		and ending 06/30	/2022		
A Name of plan THE AGRICULTURE AND LABOR PRO	A Name of plan THE AGRICULTURE AND LABOR PROGRAM INC. RETIREMENT PLAN B Three-digit plan number (PN)					
C Plan sponsor's name as shown on lin THE AGRICULTURE AND LABOR PRO		D	Employer Identification 59-1634148	on Number (I	EIN)	
Part I Service Provider Infor	mation (see instructions)					
or more in total compensation (i.e., mor plan during the plan year. If a person re	ance with the instructions, to report the information requively or anything else of monetary value) in connection wherever only eligible indirect compensation for which the clude that person when completing the remainder of this	ith : e p	services rendered to th lan received the requir	ne plan or the	e person's position with the	
If you answered line 1a "Yes," enter the received only eligible indirect compensations.	n received the required disclosures (see instructions for e name and EIN or address of each person providing the tition. Complete as many entries as needed (see instruc-	e re	equired disclosures for ns).	the service	providers who	
RELISTAR LIFE INSURANCE COMPAN	e and EIN or address of person who provided you disclo Y 20 WASHINGTON AVENUE SO		18	compensatio	ın .	
NEED TAKE EN ENGOVATOR SOME THE	MINNEAPOLIS, MN 55401	,,,				
41-0451140						
(b) Enter name	and EIN or address of person who provided you disclo	sur	es on eligible indirect	compensatio	n	
(b) Enter name	e and EIN or address of person who provided you disclo	sur	es on eligible indirect (compensatio	n	
(b) Enter name	and EIN or address of person who provided you disclo	sur	es on eligible indirect	compensatio	n	
			And the second s			

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

Schedule C (Form 5500) 2021 v. 201209





	50	edule C (Form 5500) 2021 Page 6 -		
Pa	art III	Termination Information on Accountants and Enrolled Actuaries (see in (complete as many entries as needed)	structions)	
а	Name:	VESTAL AND WILER CPAS	b EIN:	59-3198021
c		: PLAN AUDITOR		
d		5:201 E PINE ST	e Telephone:	407-843-4433
		#801	200 Augustin • 000 Augustin	
		ORLANDO, FL 32801		
Ex	planation	AUDIT FIRM WAS ACQUIRED		
а	Name:		b EIN:	
С	Positio	:		
d	Addres	5:	e Telephone:	
Ex	planation			
а	Name:		b EIN:	
С	Positio	:		
d	Addres	5:	e Telephone:	
	W 809			
Ex	planation			
а	Name:		b EIN:	
С	Positio		AND	
d	Addres	5;	e Telephone:	
Ev	planation			
ΕX	pianation			
_			L -m	
a	Name:		b EIN:	
d	Positio		A Tolonhar	
u	Addres	5.	e Telephone:	
Ev	planation			
ĽΧ	piananon			





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

2021

This Form is Open to Public

						Inspe	ction.
For calendar plan year 2021 or fiscal	plan year beginning	07/01/2021 and	d endir	ng 06/3	0/2022		*
A Name of plan THE AGRICULTURE AND LABOR F	ROGRAM INC. RETIR	EMENT PLAN	В	Three-digit plan numb	er (PN)	<u> </u>	001
C Plan or DFE sponsor's name as si THE AGRICULTURE AND LABOR F	ROGRAM, INC.			Employer Ic 59-163414	8		(EIN)
(Complete as many	entries as needed	Ts, PSAs, and 103-12 IEs (to be co to report all interests in DFEs)	mple	ted by pla	ans and	DFEs)	
a Name of MTIA, CCT, PSA, or 103	-12 IE: FUTURE ACC	COUNT SERIES ACCOUNT II					
b Name of sponsor of entity listed in	GREAT WES	T LIFE & ANNUITY INSURANCE COMPAN	Y				
C EIN-PN 84-0467907-003	d Entity p	e Dollar value of interest in MTIA, CCT, F 103-12 IE at end of year (see instruction		r			141559
a Name of MTIA, CCT, PSA, or 103	-12 IE: MAP CONTR	ACT SEPARATE ACCOUNT D					
b Name of sponsor of entity listed in	n (a):	SURANCE AND ANNUITY COMPANY					
C EIN-PN 71-0294708-003	d Entity P	e Dollar value of interest in MTIA, CCT, F 103-12 IE at end of year (see instruction		r			2875958
a Name of MTIA, CCT, PSA, or 103	i-12 IE:						
b Name of sponsor of entity listed in	n (a):						
C EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, F 103-12 IE at end of year (see instruction		r			
a Name of MTIA, CCT, PSA, or 103	-12 IE:						
b Name of sponsor of entity listed in	n (a):						
C EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, F 103-12 IE at end of year (see instruction		r			
a Name of MTIA, CCT, PSA, or 103	i-12 IE:						
b Name of sponsor of entity listed in	n (a):						
C EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, F 103-12 IE at end of year (see instruction		r			
a Name of MTIA, CCT, PSA, or 103	-12 IE:						
b Name of sponsor of entity listed in	n (a):						
C EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, F 103-12 IE at end of year (see instruction		r			
a Name of MTIA, CCT, PSA, or 103	-12 IE:						
b Name of sponsor of entity listed in	ı (a):						
C EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, F 103-12 IE at end of year (see instruction		r ³			

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

Schedule D (Form 5500) 2021 v. 201209





SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration **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

2021

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation				Inspection	1
For calendar plan year 2021 or fiscal plan year beginning 07/01/2021	and endi	ng 06/30/2	2022		
A Name of plan THE AGRICULTURE AND LABOR PROGRAM INC. RETIREMENT PLAN	В	Three-dig plan num		F	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE AGRICULTURE AND LABOR PROGRAM, INC.	D	AL DOZESTA STATEMENT	Identificatio	n Number (E	ilN)

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 also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
C General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	43066	42169
(8) Participant loans	4 (0)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	258334	141559
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocate contracts)		3071176	3134175
(15) Other	1c(15)		

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

Schedule H (Form 5500) 2021 v. 201209





Schedule H (Form 5500) 2021

Page 2

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3372576	3317903
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
Ĺ	Net assets (subtract line 1k from line 1f)	11	3372576	3317903

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.

	complete lines 2a, 2b(1)(E), 2e, 2t, and 2g.	Ï	7 3 2 7	
	Income		(a) Amount	(b) Total
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	198331	
	(B) Participants	2a(1)(B)	119420	
	(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)		317751
b	Earnings on investments:			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	2008	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2008
	(2) Dividends: (A) Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0





Schedule H (Form 5500) 2021 Page 3 (a) Amount (b) Total 2b(6) (6) Net investment gain (loss) from common/collective trusts.. 2b(7) 8847 (7) Net investment gain (loss) from pooled separate accounts. 2b(8) (8) Net investment gain (loss) from master trust investment accounts... 2b(9) (9) Net investment gain (loss) from 103-12 investment entities (10) Net investment gain (loss) from registered investment 2b(10) companies (e.g., mutual funds) 34003 C Other income 2c d Total income. Add all income amounts in column (b) and enter total. 362609 2d Expenses e Benefit payment and payments to provide benefits: 2e(1) (1) Directly to participants or beneficiaries, including direct rollovers. 411236 2e(2) (2) To insurance carriers for the provision of benefits ... 2e(3) (3) Other..... 2e(4) (4) Total benefit payments. Add lines 2e(1) through (3) ... 411236 2f f Corrective distributions (see instructions)..... Certain deemed distributions of participant loans (see instructions). 2g 5686 2h 2i(1) i Administrative expenses: (1) Professional fees 21(2) (2) Contract administrator fees 360 2i(3) (3) Investment advisory and management fees 2i(4) 21(5) (5) Total administrative expenses. Add lines 2i(1) through (4) . 360 2j j Total expenses. Add all expense amounts in column (b) and enter total. 417282 **Net Income and Reconciliation** 2k k Net income (loss). Subtract line 2j from line 2d... -54673 I Transfers of assets: 21(1) (1) To this plan. 21(2) (2) From this plan Part III Accountant's Opinion 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 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) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d). c Enter the name and EIN of the accountant (or accounting firm) below: (1) Name: ERIN PERDUE CPA LLC (2) EIN: 82-3518399 d The opinion of an independent qualified public accountant is not attached because: (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50. Part IV | Compliance Questions 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, 4h, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. No Amount Yes 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 X fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)





	Schedule H (Form 5500) 2021 Page 4 -	1					
				Yes	No	Amo	unt
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 loan secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		4b		X		
С	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 transaction reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		4d		X		
е	Was this plan covered by a fidelity bond?		4e		X		
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was cause fraud or dishonesty?	ed by	4f		Х		
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		Х		
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		
İ	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checke see instructions for format requirements.)		4i	Х			
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		Х		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to anoth plan, or brought under the control of the PBGC?		4k		X		
ĺ	Has the plan failed to provide any benefit when due under the plan?		41		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CF 2520.101-3.)		4m		Х		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or or the exceptions to providing the notice applied under 29 CFR 2520.101-3		4n		Х		
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	. Yes	X	No		<u></u> .	
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan transferred. (See instructions.)	n(s), ide	ntify t	he plan	ı(s) to	which assets or liab	lities were
	5b(1) Name of plan(s)					5b(2) EIN(s)	5b(3) PN(s)
ir	Vas the plan a defined benefit plan covered under the PBGC insurance program at any time du instructions.) "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for thi			Yes	No	Not determine	





SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

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).

OMB No. 1210-0110

2021

	Employee Ber	Department of Labor loyee Benefits Security Administration File as an attachment to Form 5500.				This Form is Open to Public Inspection.				
Fo		nefit Guaranty Corporation plan year 2021 or fiscal pl	an vear heginning	07/01/2021	and endi	na	06/30/2	2022	100.0	
Α	Name of pl					3 Thre	e-digit n numb		001	
		or's name as shown on lin LTURE AND LABOR PRO		i	[6	loyer Id 634148		ion Number (EIN	1)
j	Part I	Distributions								
All	reference	s to distributions relate	only to payments	of benefits during the p	olan year.					
1		ue of distributions paid in			roperty specified in the		1			0
2		EIN(s) of payor(s) who payor rs who paid the greatest of			ints or beneficiaries during	the year	(if mor	e than t	wo, enter EINs o	of the
	EIN(s):	71-0294708			84-0467907					
	Profit-sh	aring plans, ESOPs, and	d stock bonus pla	ns, skip line 3.						
3					a single sum, during the pl		3			
F	Part II	Funding Informat ERISA section 302, ski		not subject to the minimu	m funding requirements of	section	412 of 1	the Inter	nal Revenue Co	de or
4	Is the plan	n administrator making an e	lection under Code	section 412(d)(2) or ERISA	section 302(d)(2)?			Yes	X No	N/A
	If the pla	ın is a defined benefit pl	an, go to line 8.							
5		er of the minimum funding r, see instructions and ent					_ Da	у	Year	<u> </u>
_					do not complete the rem		of this	schedul	e.	
6		140	•		r year accumulated funding	- 1	6a			
	50000000000000000000000000000000000000						6b			
						·····- -	OD			
	(ente		f a negative amour			<u> </u>	6c			
7		ompleted line 6c, skip lir					П	Yes	□No	□ N/A
353/			• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	adline?	Decorate Lecte	Ш	100		П
8	authority	providing automatic appr	oval for the change	or a class ruling letter, d	revenue procedure or othe oes the plan sponsor or pla	an		Yes	⊠ No	□ N/A
F	Part III	Amendments								
9	If this is	a defined benefit pension	plan, were any ame	endments adopted during	this plan					
	box. If no	increased or decreased to, check the "No" box			Increase	L	Decre		Both	☐ No
F	Part IV				ction 409(a) or 4975(e)(7)				THE SECTION	53850
10	Were u	nallocated employer secui	ities or proceeds fr	om the sale of unallocate	ed securities used to repay	any exe	mpt loa	n?		∐ No
11		The second secon							Yes	No
					, is such loan part of a "bac				Yes	☐ No
12	2 Does the ESOP hold any stock that is not readily tradable on an established securities market?					☐ No				

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

Schedule R (Form 5500) 2021 v. 201209





	Schedule R (Form 5500) 2021 Page 3	
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 material employer contribution during the current plan year to:	ake an
	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, of supplemental information to be included as an attachment	
P	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	it 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 and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see is information to be included as an attachment	nstructions regarding supplemental
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a	
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Characteristics of the section of the sectio	e greater than zero? Yes No neck the applicable box: