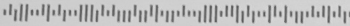


VANGUARD FIDUCIARY TRUST COMPANY
PO Box 3007
Monroe, WI 53566-8307

Important tax return document enclosed

0007092 01 AB 0.593 **AUTO TO 0 9020 29169-74999 <02-P07099-1



REGINA T. SEARS
100 RIVERBEND DRIVE
APT. NO. F8
WEST COLUMBIA, SC 29169-7449

PAYER'S Name, Street Address, City, State, and ZIP code
VANGUARD FIDUCIARY TRUST COMPANY
P.O. BOX 1101
VALLEY FORGE PA 19482

RECIPIENT'S Name and Address
REGINA T. SEARS
100 RIVERBEND DRIVE
APT. NO. F8
WEST COLUMBIA, SC 29169

| | | | | | | | | | | | |
|---|---|--|----------------------------------|---|---|---|--|----------------------------------|---|--|---|
| Plan Name CARGILL PARTNERSHIP PLAN | | 10 Amount allocable to IRR within 5 years \$ 0.00 | | 11 1st year of desig. Roth contrib. | 12 FATCA filing requirement <input type="checkbox"/> | 2a Taxable amount \$ 3,118.62 | | 2b Taxable amount not determined | | Total distribution X | OMB No 1545-0119 2024 Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. |
| Customer service phone number 1-800-523-1188 | Account Number (see instructions) 091080 2024 0000337259 | 13 Date of payment | 14 State tax withheld \$ 0.00 | 15 State/Payer's state no. SC 25320352-7 | 16 State distribution \$ 3,118.62 | 7 Distribution code(s) 1 | IRA/SEP/SIMPLE | 8 Other \$ | % | COPY 1 File this copy with your state, city, or local income tax return, when required. | |
| PAYER'S Federal ID # 23-2186884 | RECIPIENT'S ID # XXX-XX-3601 | 13 Date of payment | 17 Local tax withheld \$ 0.00 | 18 Name of locality | 19 Local distribution \$ 0.00 | 9a Your percentage of total distribution 0 % | 9b Total employee contributions \$ 0.00 | | | | |

FORM 1099-R

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

PAYER'S Name, Street Address, City, State, and ZIP code
VANGUARD FIDUCIARY TRUST COMPANY
P.O. BOX 1101
VALLEY FORGE PA 19482

RECIPIENT'S Name and Address
REGINA T. SEARS
100 RIVERBEND DRIVE
APT. NO. F8
WEST COLUMBIA, SC 29169

| | | | | | | | | | | | |
|---|---|--|----------------------------------|---|---|---|--|----------------------------------|---|-----------------------------------|--|
| Plan Name CARGILL PARTNERSHIP PLAN | | 10 Amount allocable to IRR within 5 years \$ 0.00 | | 11 1st year of desig. Roth contrib. | 12 FATCA filing requirement <input type="checkbox"/> | 2a Taxable amount \$ 3,118.62 | | 2b Taxable amount not determined | | Total distribution X | OMB No 1545-0119 2024 Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. This information is being furnished to the Internal Revenue Service |
| Customer service phone number 1-800-523-1188 | Account Number (see instructions) 091080 2024 0000337259 | 13 Date of payment | 14 State tax withheld \$ 0.00 | 15 State/Payer's state no. SC 25320352-7 | 16 State distribution \$ 3,118.62 | 7 Distribution code(s) 1 | IRA/SEP/SIMPLE | 8 Other \$ | % | COPY C For Recipient's Records | |
| PAYER'S Federal ID # 23-2186884 | RECIPIENT'S ID # XXX-XX-3601 | 13 Date of payment | 17 Local tax withheld \$ 0.00 | 18 Name of locality | 19 Local distribution \$ 0.00 | 9a Your percentage of total distribution 0 % | 9b Total employee contributions \$ 0.00 | | | | |

FORM 1099-R

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

9020-02-00-0007092-0001-00141199