

Form 5500-SF <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Short Form Annual Return/Report of Small Employee Benefit Plan This form 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). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2009</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
B This return/report is for:	☐ first return/report ☐ final return/report ☐ an amended return/report ☐ short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan ALLEN COUNTY COOPERATIVE PENSION TRUST		1b Three-digit plan number (PN) ► <u>003</u>	1c Effective date of plan <u>01/01/1994</u>
2a Plan sponsor's name and address (employer, if for single-employer plan) AG PLUS 401 NORTH MAIN STREET P.O. BOX 306 SOUTH WHITLEY, IN 46787		2b Employer Identification Number (EIN) <u>35-0302800</u>	2c Plan sponsor's telephone number <u>260-723-5141</u>
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") AG PLUS <div style="text-align: right;">401 NORTH MAIN STREET P.O. BOX 306 SOUTH WHITLEY, IN 46787</div>		3b Administrator's EIN <u>35-0302800</u>	3c Administrator's telephone number <u>260-723-5141</u>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name		4b EIN	4c PN
5a Total number of participants at the beginning of the plan year		5a	40
b Total number of participants at the end of the plan year		5b	40
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....		5c	
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		☒ Yes ☐ No	
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)		☒ Yes ☐ No	
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.			

Part III	Financial Information		
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	571945	769883
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a).....	7c	571945	769883
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	97332	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	142078	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		239410
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	35827	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	5645	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		41472
i Net income (loss) (subtract line 8h from line 8c)	8i		197938
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G 1I

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

	Yes	No	Amount
10 During the plan year:			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

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

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A		

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** _____

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

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

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2010	JEFFREY MIZE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

A Name of plan ALLEN COUNTY COOPERATIVE PENSION TRUST	B Three-digit plan number (PN) 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AG PLUS	D Employer Identification Number (EIN) 35-0302800

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009		
2 Assets:		
a Market value	2a	569884
b Actuarial value	2b	569884
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 7	435438
b For terminated vested participants	3b 24	252399
c For active participants:		
(1) Non-vested benefits	3c(1)	0
(2) Vested benefits	3c(2)	451936
(3) Total active	3c(3) 9	451936
d Total	3d 40	1139773
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐		
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.56 %
6 Target normal cost	6	0

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

<div>SIGN HERE</div>	<div>10/02/2010</div> <div>Signature of actuary</div> <div>RONALD P. WILLOUR</div> <div>Type or print name of actuary</div> <div>OMEGA RETIREMENT PLANS, INC.</div> <div>Firm name</div> <div>1398 N SHADELAND AVE, SUITE 2202 INDIANAPOLIS, IN 46219</div> <div>Address of the firm</div>	<div>Date</div> <div>08-03897</div> <div>Most recent enrollment number</div> <div>317-351-8066</div> <div>Telephone number (including area code)</div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>-24.72</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.09</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III Funding percentages		
14 Funding target attainment percentage.....	14	50.00 %
15 Adjusted funding target attainment percentage.....	15	50.00 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	59.04 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	50.00 %

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2009	20077	0			
07/10/2009	20077	0			
10/09/2009	20077	0			
01/06/2010	20077	0			
09/07/2010	17024	0			
			Totals ►	18(b)	97332
			18(c)		

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	92386
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of Quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.64 %	2nd segment: 6.40 %	3rd segment: 6.56 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	501503	92298
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	92298
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	92298
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	92386
38 Interest-adjusted excess contributions for current year (see instructions).....	38	88
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	

Allen County Cooperative Pension Trust
35-0302800/003

Schedule SB, line 32 - Schedule of Amortization Bases

Type of Base	Present Value	Date Established	Years Remaining	Amortization Installment
Shortfall	338,043	1/1/2008	6	64,670
Shortfall	163,460	1/1/2009	7	27,628

Schedule SB, line 26 - Schedule of Active Participant Data
 Allen County Cooperative
 Pension Trust
 35-0302800/003
 FOR THE PLAN YEAR 01/01/2008 THROUGH 12/31/2008

		Years of Credited Service													
		Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29	
Attained		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.	
Age		No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.
Under 25															
25 to 29															
30 to 34															
35 to 39															
40 to 44															
45 to 49										1					
50 to 54												2			
55 to 59															
60 to 64															
65 to 69															
70 & up												1			

		Years of Credited Service					
		30 to 34		35 to 39		40 & up	
Attained		Avg.		Avg.		Avg.	
Age		No.	Comp.	No.	Comp.	No.	Comp.
Under 25							
25 to 29							
30 to 34							
35 to 39							
40 to 44							
45 to 49							
50 to 54		1					
55 to 59		3					
60 to 64		1					
65 to 69							
70 & up							

Allen County Cooperative Pension Trust
35-0302800/003

2009 Schedule SB, Line 24 - Change in Actuarial Assumptions

The assumed rate of cost-of-living increase adjustments was changed to 3% per annum, arithmetic, starting 3 years after benefit commencement.

Allen County Cooperative Pension Trust
35-0302800/003

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

100% of participants are assumed to retire at age 65.

Valuation Date: 01/01/2009

		Prior Year Amounts			Current Year Amounts				
Date	Contribution	Amount	Interest Rate	Adjusted Amount	Late Quarterly Amount	Interest Rate	Other	Interest Rate	Adjusted Amount
4/14/2009	20,077						20,077	6.56%	19,720
7/10/2009	20,077						20,077	6.56%	19,424
10/9/2009	20,077						20,077	6.56%	19,119
1/6/2010	20,077						20,077	6.56%	18,825
9/7/2010	17,024						17,024	6.56%	15,298
Total	97,332	-			-		97,332		92,386

ALLEN COUNTY COOPERATIVE PENSION TRUST
35-0302800/003
SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL
ASSUMPTIONS/METHODS

Segmented Interest Rate	5.64% for the first 5 years 6.40% for the next 15 years 6.56% thereafter
Effective Interest Rate	6.56% per annum
Pre-retirement Mortality	None
Post-retirement Mortality	The 2009 combined static mortality table for small plans per IRS regulation 1.430 (h) (3) -1 (b) (2)
Retirement Age	Normal Retirement Age, or next valuation date, if later
At-Risk Retirement Age	Normal Retirement Age, or next valuation date, if later, except those eligible to retire in the next 11 years will retire as soon as possible and elect payment with the highest current present value
At-Risk Load	4% of liabilities plus \$700 per participant
Salary Increases	Not applicable
Cost-of-living increases	3% per annum, arithmetic, commencing after 3 years
Employee Turnover	None
Form of Payment	Life only annuity

ALLEN COUNTY COOPERATIVE PENSION TRUST
35-0302800/003
SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS

Effective Date: January 1, 1994

Plan Year: January 1 through December 31

Eligibility:

1. Age: No requirements
2. Service: 6 months
3. Entry Date: First of the month following eligibility
4. Employee Classification: All employees

Normal Retirement Benefit:

1. Eligibility

- a. Age: 65 years
- b. Participation: 5 years
- c. Normal Retirement Date: First of the month following

2. Benefit

- a. Formula: 1.68% of average compensation times years of completed benefit service. However, no further benefits will be credited after December 31, 1993
- b. Annuity Form: Life only, benefits credited prior to 1990 are eligible for annual cost of living increases.

Early Retirement Benefit:

1. Eligibility:

- a. Age: 55 years
- b. Service: 10 Years

2. Benefit: Accrued benefit reduced by 1/2% for each complete month that benefits commence more than 36 months prior to Social Security Retirement Age

Termination Benefit: 100% immediate vesting due to benefits being frozen.

Average Salary Definition: Highest 5 consecutive years in the last ten which produce the highest average.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

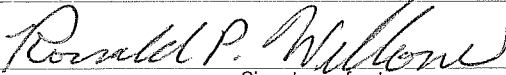
A Name of plan Allen County Cooperative Pension Trust	B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ Ag Plus	D Employer Identification Number (EIN) 35-0302800
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500	

Part I Basic Information**1** Enter the valuation date: Month 01 Day 01 Year 2009

2 Assets:		
a Market value	2a	569,884
b Actuarial value	2b	569,884
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 7	435,438
b For terminated vested participants	3b 24	252,399
c For active participants:		
(1) Non-vested benefits	3c(1)	0
(2) Vested benefits	3c(2)	451,936
(3) Total active	3c(3) 9	451,936
d Total	3d 40	1,139,773
4 If the plan is at-risk, check the box and complete lines a and b		
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.56
6 Target normal cost	6	0

Statement by Enrolled Actuary

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

SIGN HERE		10/02/2010
	Signature of actuary	Date
Ronald P. Willour	Type or print name of actuary	08-03897
Omega Retirement Plans, Inc.	Firm name	Most recent enrollment number
1398 N Shadeland Ave, Suite 2202		(317) 351-8066
US Indianapolis	IN 46219	Telephone number (including area code)
Address of the firm		

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (item 35 from prior year)	0	0
9 Amount remaining (item 7 minus item 8)	0	0
10 Interest on item 9 using prior year's actual return of <u>-24.72 %</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.09 %</u>		0
c Total available at beginning of current plan year to add to prefunding balance . . .		0
d Portion of item (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12).	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	50.00 %
15 Adjusted funding target attainment percentage	15	50.00 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	59.04 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	50.00 %

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2009	20,077				
07/10/2009	20,077				
10/09/2009	20,077				
01/06/2010	20,077				
09/07/2010	17,024				
Totals ▶ 18(b)				97,332	18(c)

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

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	92,386

20 Quarterly contributions and liquidity shortfall(s):

a Did the plan have a "funding shortfall" for the prior year?	☒ Yes	☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes	☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year

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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:			
a Segment rates:	1st segment 5.64 %	2nd segment 6.40 %	3rd segment 6.56 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☒ Prescribed -- combined ☐ Prescribed -- separate ☐ Substitute			

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment		27

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	0
32 Amortization installments:		
a Net shortfall amortization installment	Outstanding Balance 501,503	Installment 92,298
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33 0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)		34 92,298
		Carryover balance Prefunding Balance Total balance
35 Balances used to offset funding requirement		
36 Additional cash requirement (item 34 minus item 35)		36 92,298
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)		37 92,386
38 Interest-adjusted excess contributions for current year (see instructions)		38 88
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)		39
40 Unpaid minimum required contribution for all years		40