

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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 2009 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010	
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 THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 05/01/1972
2a Plan sponsor's name and address (employer, if for single-employer plan) HAWKEYE COOPERATIVE COMPANY C/O FREDERICKSBURG FARMERS COOP PO BOX 261 FREDERICKSBURG, IA 50630-0261	2b Employer Identification Number (EIN) 42-0243770
	2c Plan sponsor's telephone number 563-237-5324
	2d Business code (see instructions) 115110
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") ASSOCIATED BENEFITS CORPORATION 2929 WESTOWN PARKWAY, SUITE 220 WEST DES MOINES, IA 50266-1349	3b Administrator's EIN 42-1279416
	3c Administrator's telephone number 515-226-0303
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 23
b Total number of participants at the end of the plan year	5b 21
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	364158	477668
b Total plan liabilities	7b	308	489
c Net plan assets (subtract line 7b from line 7a).....	7c	363850	477179
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	57964	
(2) Participants	8a(2)		
(3) Others (including rollovers).....	8a(3)		
b Other income (loss).....	8b	113670	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		171634
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	53370	
e Certain deemed and/or corrective distributions (see instructions)....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f	2236	
g Other expenses.....	8g	2699	
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		58305
i Net income (loss) (subtract line 8h from line 8c).....	8i		113329
j Transfers to (from) the plan (see instructions)	8j		

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.)		X	
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** 0

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.	01/08/2011	JOHN SCHWEERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/11/2011	JAMES ERICKSON
	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>
--	---	--

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

▶ 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 THE RESTATED CONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HAWKEYE COOPERATIVE COMPANY	D Employer Identification Number (EIN) 42-0243770

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 04 Day 01 Year 2009		
2 Assets:		
a Market value	2a	362560
b Actuarial value	2b	398816
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 11	346716
b For terminated vested participants	3b 12	228081
c For active participants:		
(1) Non-vested benefits	3c(1)	0
(2) Vested benefits	3c(2)	0
(3) Total active	3c(3) 0	0
d Total	3d 23	574797
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	7.97 %
6 Target normal cost	6	1134

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		12/17/2010
Signature of actuary		Date
DOUGLAS S LANE		08-04376
Type or print name of actuary		Most recent enrollment number
LANE AND ASSOCIATES		515-453-8589
Firm name		Telephone number (including area code)
2600 VINE STREET, SUITE 140 WEST DES MOINES, IA 50265		
Address of the firm		

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

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	55577	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).....	55577	0
10	Interest on item 9 using prior year's actual return of <u>-23.54</u> %	-13083	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		7
b	Interest on (a) using prior year's effective rate of <u>6.17</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		7
d	Portion of (c) to be added to prefunding balance.....		7
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).....	42494	7

Part III Funding percentages			
14	Funding target attainment percentage.....	14	61.98 %
15	Adjusted funding target attainment percentage.....	15	69.38 %
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	69.22 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	69.38 %

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/06/2009	9019				
10/05/2009	9019				
12/15/2009	6653				
01/07/2010	11090				
02/08/2010	11090				
03/09/2010	11093				
			Totals ►	18(b)	57964
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required 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 54975
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	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 62
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	1134
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	183995	36417
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	37551
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	37551
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	54975
38 Interest-adjusted excess contributions for current year (see instructions).....	38	17424
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	0

**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 04/01/2009 and ending 03/31/2010

▶ **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

The Restated Contributory Retirement Plan for Cooperatives

B Three-digit
plan number (PN) ▶

001

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

Hawkeye Cooperative Company 183

D Employer Identification Number (EIN)

42-0243770

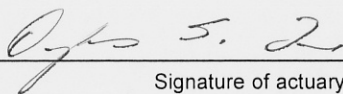
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 4 Day 1 Year 2009**2** Assets:**a** Market value..... **2a** 362,560**b** Actuarial value..... **2b** 398,816**3** Funding target/participant count breakdown

(1) Number of participants

(2) Funding Target

a For retired participants and beneficiaries receiving payment **3a** 11 346,716**b** For terminated vested participants **3b** 12 228,081**c** For active participants:(1) Non-vested benefits..... **3c(1)** 0(2) Vested benefits..... **3c(2)** 0(3) Total active **3c(3)** 0**d** Total..... **3d** 23 574,797**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** 7.97 %**6** Target normal cost..... **6** 1,134**Statement by Enrolled Actuary**

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

**SIGN
HERE**

Signature of actuary

12/17/10

Date

Douglas S Lane

08-04376

Type or print name of actuary

Most recent enrollment number

Lane and Associates

(515) 453-8589

Firm name

Telephone number (including area code)

2600 Vine Street, Suite 140

West Des Moines

IA 50265

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)	55,577	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).....	55,577	0
10 Interest on item 9 using prior year's actual return of <u>(23.54)%</u>	(13,083)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		7
b Interest on (a) using prior year's effective rate of <u>6.17 %</u>		0
c Total available at beginning of current plan year to add to prefunding balance		7
d Portion of (c) to be added to prefunding balance.....		7
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)	42,494	7

Part III Funding percentages

14 Funding target attainment percentage.....	14	61.98 %
15 Adjusted funding target attainment percentage.....	15	69.38 %
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	69.22 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	69.38 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/06/2009	9,019				
10/05/2009	9,019				
12/15/2009	6,653				
01/07/2010	11,090				
02/08/2010	11,090				
03/09/2010	11,093				
Totals ▶			18(b)	57,964	18(c) 0

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

a Contributions allocated toward unpaid minimum required 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	54,975

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	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 62
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	1,134
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	183,995	36,417
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	37,551
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	37,551
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	54,975
38 Interest-adjusted excess contributions for current year (see instructions)	38	17,424
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	0

Attachment to 2009 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name The Restated Contributory Retirement Plan for Cooperative **EIN:** 42-0243770
Plan Sponsor's Name Hawkeye Cooperative Company 183 **PN:** 001

The weighted average retirement age is equal to the normal retirement age of 62.

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

See the Actuarial Assumptions attachment for the retirement age probability assumption. The weighted retirement age uses the probabilities as the weights.

Attachment to 2009 Form 5500
Schedule SB, line 25 - Change in Method

Plan Name The Restated Contributory Retirement Plan for Cooperatives **EIN:** 42-0243770
Plan Sponsor's Name Hawkeye Cooperative Company 183 **PN:** 001

Describe the change:

The 2009 Valuation reflects a change in the Asset Valuation Method from Market Value to the PPA approved spread; this change has automatic approval from the IRS.

Plan Name	The Restated Contributory Retirement Plan for Cooperatives	EIN:	42-0243770
Plan Sponsor's Name	Hawkeye Cooperative Company 183	PN:	001

[illegible]

Actuarial Assumptions and Methods

Actuarial Assumptions

The actuarial assumptions used in the valuation of the Contributory and Noncontributory Plans are show below. The assumptions used are the same assumptions that were used in the April 1, 2008 valuation except as noted below.

Interest Full Yield Curve.

Prior Year: Segment Rates

Segment 1 – 5.24%

Segment 2 – 5.97%

Segment 3 – 6.49%

The Employee Accums Interest Rate is 2.59%, the prior year used 3.45% per annum for applicable groups.

Mortality RP 2000 (Separate Male and Female Tables). 2009 Annuitant and Non-Annuitant static separate tables as set forth in Proposed Regulation 1.430(h)(3)-1.

Prior Year:

RP 2000 (Separate Male and Female Tables). 2008 Annuitant and Non-Annuitant static separate tables as set forth in Proposed Regulation 1.430(h)(3)-1.

Turnover Based on select rates of turnover for the first four years of service and on the ultimate rates of turnover thereafter shown in the table below. Please note that Group 527 uses the same select rates of turnover but has different ultimate rates in a separate column. Sample rates are shown below.

Groups 169, 216, 323, 326, 415, and 8218 do not have a pre-retirement withdrawal assumption.

Groups 423, 509, 510, 513, 514, 516, 517, 521, and 522 use the ultimate rates of termination for all years.

Rate of Turnover

<u>Age</u>	<u>Completed Years of Service</u>					
	0	1	2	3	4+ Ultimate	4+ Group 527
25	25.00%	20.00%	17.50%	15.00%	15.00%	15.00%
30	25.00%	20.00%	17.50%	15.00%	12.00%	12.00%
35	25.00%	20.00%	17.50%	15.00%	9.66%	9.00%
40	25.00%	20.00%	17.50%	15.00%	8.31%	7.00%
45	25.00%	20.00%	17.50%	15.00%	7.00%	5.00%
50	25.00%	20.00%	17.50%	15.00%	5.75%	4.00%
55	25.00%	20.00%	17.50%	15.00%	5.00%	3.00%
60	25.00%	20.00%	17.50%	15.00%	5.00%	3.00%

Salary Increase

Salary increase is based on an age-graded set of assumed salary increases illustrated in the table below:

<u>Age</u>	<u>Rate of Salary Increase</u>
25	7.2%
30	6.5
35	5.7
40	5.0
45	4.5
50	4.0
55	3.0
60	2.5

Group 323 uses a flat 5.0% salary scale assumption.

Incidence of Retirement

Employees eligible for the Rule of 85 benefit are assumed to retire according to the select rate shown below for the initial year after becoming eligible. The ultimate rates apply to Rule of 85 retirements after the initial year since becoming eligible and regular retirements.

Groups 169, 216, 326, 415, and 8218 do not have a retirement age assumption, all retirements are assumed to occur at age 62. Group 323 assumes that all retirements occur at age 65.

Rate of Retirement

<u>Age</u>	<u>Initial Year</u>	<u>Ultimate</u>
55	6%	3%
56	6%	3%
57	6%	3%
58	6%	5%
59	6%	5%
60	6%	5%
61	-	20%
62	-	30%
63	-	25%
64	-	25%
65	-	50%
66	-	25%
67	-	25%
68 & over	-	100%

Spouse's Benefit 80% of employees are assumed to be married, with females two years younger than males.

Expenses Administration expenses will be paid from investment income in excess of the assumed rate of return.

An expense of 0.35% of the Market Value of Assets was added to the Target Normal Cost

Contingency
Fund Charge 0.3640% of covered payroll. (0.2274% of covered payroll was used in the prior valuation.)

Asset Valuation Method

The 2009 Valuation reflects a change in the Asset Valuation Method from Market Value to the PPA approved spread, this change has automatic approval from IRS.

Summary of Plan Provisions

Effective Date	Restated April 1, 2002.
Participation Date	April 1 and October 1, after meeting eligibility.
Plan Year	April 1 through March 31.
Eligibility	Employer chooses: <ol style="list-style-type: none"> 1. Attainment of age 21, 4 months of employment, and works at least 1000 hours per year. 2. Attainment of age 21.
Employee Contribution	Not applicable for the Noncontributory Plans. Some contributory groups waive the employee contribution requirement. When elected, employees contribute 2 3/4% of their monthly earnings.
Average Monthly Earnings	Average of the highest five consecutive years prior to termination.
Credited Service	The number of 1,000 hour plan years. If fewer than 6 months is worked, then partial credit of completed months divided by 12 is given. If more than 6 months is worked, then a full year's credit is given.
Normal Retirement Date	First of the month coincident with or immediately following the 65 th birthday.
Normal Retirement Benefit	The monthly pension is equal to Average monthly Earnings multiplied by years of Credited Service, multiplied by a percentage specified in the Adoption Agreement.
Form of Monthly Retirement Income	Straight Life for single participants. Married participants receive the actuarial equivalent on a joint and 50% survivorship with 120 guaranteed payments, unless the spouse consents to select another form.
Early Retirement Benefit	A participant may retire at (i) age 55 with 10 years of service, (ii) age 62 with five years of service, or (iii) any time after the sum of his attained age and service is 85 or more provided, that he has at least 20 years of Credited Service.
Vesting	Employer elects 1 or 2 in Adoption Agreement:

Percentage	<ol style="list-style-type: none"> 100% after 5 years of service. Follow the table below: <table> <tr> <th>Service</th><th>Vesting %</th></tr> <tr> <td>< 2 years</td><td>0%</td></tr> <tr> <td>2 years</td><td>20%</td></tr> <tr> <td>3 years</td><td>40%</td></tr> <tr> <td>4 years</td><td>60%</td></tr> <tr> <td>5 years</td><td>80%</td></tr> <tr> <td>> 6 years</td><td>100%</td></tr> </table> 	Service	Vesting %	< 2 years	0%	2 years	20%	3 years	40%	4 years	60%	5 years	80%	> 6 years	100%
Service	Vesting %														
< 2 years	0%														
2 years	20%														
3 years	40%														
4 years	60%														
5 years	80%														
> 6 years	100%														
Death Benefit	<p>The spouse or beneficiary of a participant who dies after becoming eligible for early or normal retirement is entitled to receive a death benefit equal to the greater of the Actuarial Value of: i) the survivor income payable had the participant retired and elected the joint and 100% survivor option on the first day of the month preceding his death, and ii) the participant's accrued benefit payable for 60 months.</p> <p>If an active participant dies prior to meeting eligibility requirements for early or normal retirement, the spouse or beneficiary is entitled to receive a death benefit equal to the greater of the Actuarial Value of: i) the survivor income payable had the participant terminated employment and immediately began receiving benefits under 50% Joint & Survivor option, and ii) the member's accrued benefit payable for 60 months.</p> <p>If survived by a spouse, the death benefit is paid as a life annuity equivalent in value to the greater of the Actuarial Values. The spouse may elect to receive the benefit as a 60 month certain annuity. If not survived by a spouse, the death benefit is paid as a 60 month annuity.</p>														
Disability Benefit	<p>If a participant is determined totally and permanently disabled, he is entitled to an immediate monthly income equal to his accrued benefit reduced 1/300 per month for each month prior to age 62 down to age 55 and actuarially thereafter. A minimum monthly benefit of \$50.00 is payable to a participant with at least 5 years of Credited Service at date of disability.</p>														
Late Retirement Benefit	<p>Benefit at actual retirement is based on Credited Service and Average Monthly Earnings to termination date.</p>														

ATTACHMENT TO FORM SB
ACTUARIAL ASSUMPTIONS AND METHODS

SEE ATTACHED SB

ATTACHMENT TO FORM SB
SUMMARY OF PLAN PROVISIONS

SEE ATTACHED SB

ATTACHMENT TO FORM SB
STATEMENT BY ENROLLED ACTUARY

SEE ATTACHED SB

Attachment to 2009 Form 5500
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name The Restated Contributory Retirement Plan for Cooperative **EIN:** 42-0243770
Plan Sponsor's Name Hawkeye Cooperative Company 183 **PN:** 001

The weighted average retirement age is equal to the normal retirement age of 62.

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.
See the Actuarial Assumptions attachment for the retirement age probability assumption. The weighted retirement age uses the probabilities as the weights.

Attachment to 2009 Form 5500
Schedule SB, line 25 - Change in Method

Plan Name <u>The Restated Contributory Retirement Plan for Cooperatives</u>	EIN: <u>42-0243770</u>
Plan Sponsor's Name <u>Hawkeye Cooperative Company 183</u>	PN: <u>001</u>

Describe the change:

The 2009 Valuation reflects a change in the Asset Valuation Method from Market Value to the PPA approved spread; this change has automatic approval from the IRS.

Schedule SB, line 32 - Schedule of Amortization Bases

Plan Sponsor's Name	Hawkeye Cooperative Company 183	PN:	001
----------------------------	---------------------------------	------------	-----

[illegible]