# 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

**2010**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 04/01/2010 and ending 03/31/2011

**A** This return/report is for: [X] 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: [X] 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 NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES

**1b** Three-digit plan number (PN) ▶ 020

**1c** Effective date of plan 02/01/1982

**2a** Plan sponsor's name and address (employer, if for single-employer plan)
POSTVILLE FARMERS COOPERATIVE SOCIETY

PO BOX 520
POSTVILLE, IA 52162

**2b** Employer Identification Number (EIN) 42-0474240

**2c** Plan sponsor's telephone number 563-864-7234

**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** | 41 |
| **b** Total number of participants at the end of the plan year | **5b** | 41 |
| **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.) [X] 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.) [X] 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** | 890364 | 1039247 |
| **b** Total plan liabilities | **7b** | 968 | 530 |
| **c** Net plan assets (subtract line 7b from line 7a) | **7c** | 889396 | 1038717 |

| **8** Income, Expenses, and Transfers for this Plan Year | | **(a) Amount** | **(b) Total** |
|---|---|---|---|
| **a** Contributions received or receivable from: **(1)** Employers | **8a(1)** | 71451 | |
| **(2)** Participants | **8a(2)** | | |
| **(3)** Others (including rollovers) | **8a(3)** | | |
| **b** Other income (loss) | **8b** | 124360 | |
| **c** Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | **8c** | | 195811 |
| **d** Benefits paid (including direct rollovers and insurance premiums to provide benefits) | **8d** | 37714 | |
| **e** Certain deemed and/or corrective distributions (see instructions) | **8e** | | |
| **f** Administrative service providers (salaries, fees, commissions) | **8f** | 8776 | |
| **g** Other expenses | **8g** | | |
| **h** Total expenses (add lines 8d, 8e, 8f, and 8g) | **8h** | | 46490 |
| **i** Net income (loss) (subtract line 8h from line 8c) | **8i** | | 149321 |
| **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

**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

| 10 During the plan year: | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | X | |
| **b** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | X | |
| **c** Was the plan covered by a fidelity bond? | 10c | 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? | 10d | | 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.) | 10e | | X | |
| **f** Has the plan failed to provide any benefit when due under the plan? | 10f | | X | |
| **g** Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | | X | |
| **h** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | 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 | 10i | | | |

## 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)) [X] 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 [X] 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 [X] 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 [X] 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. | 01/07/2012 | KELLY HAYERTZ |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Filed with authorized/valid electronic signature. | 01/11/2012 | MIKE JACOBSON |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 04/01/2010 and ending 03/31/2011

▶ **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 NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES

**B** Three-digit plan number (PN) ▶ 020

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
POSTVILLE FARMERS COOPERATIVE SOCIETY

**D** Employer Identification Number (EIN)
42-0474240

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 04 Day 01 Year 2010

**2** Assets:

| | | | |
|---|---|---|---|
| **a** | Market value | **2a** | 888494 |
| **b** | Actuarial value | **2b** | 856186 |

**3** Funding target/participant count breakdown

| | | | **(1)** Number of participants | **(2)** Funding Target |
|---|---|---|---|---|
| **a** | For retired participants and beneficiaries receiving payment | **3a** | 11 | 208794 |
| **b** | For terminated vested participants | **3b** | 11 | 183566 |
| **c** | For active participants: | | | |
| | **(1)** Non-vested benefits | **3c(1)** | | 0 |
| | **(2)** Vested benefits | **3c(2)** | | 558810 |
| | **(3)** Total active | **3c(3)** | 19 | 558810 |
| **d** | Total | **3d** | 41 | 951170 |

**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** | 6.54 % |
| **6** | Target normal cost | **6** | 48564 |

**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**

12/16/2011
Signature of actuary — Date

MARK A HENDRICKS — 11-05452
Type or print name of actuary — Most recent enrollment number

MERCER — 816-556-4800
Firm name — Telephone number (including area code)

2405 GRAND BLVD, SUITE 900
KANSAS CITY, MO 64108
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) | 34036 | 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) | 34036 | 0 |
| 10 | Interest on item 9 using prior year's actual return of 33.08 % | 11259 | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Excess contributions (Item 38 from prior year) | | 15044 |
| b | Interest on (a) using prior year's effective rate of 8.00 % | | 1204 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 16248 |
| d | Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Reduction in balances due to elections or deemed elections | 45295 | 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 | 90.01 % |
| 15 | Adjusted funding target attainment percentage | 15 | 90.01 % |
| 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 | 94.56 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and liquidity shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 04/22/2010 | 5817 | | 10/01/2010 | 6000 | |
| 06/01/2010 | 5817 | | 11/12/2010 | 6000 | |
| 06/21/2010 | 5817 | | 12/13/2010 | 6000 | |
| 07/06/2010 | 6000 | | 01/31/2011 | 6000 | |
| 08/17/2010 | 6000 | | 02/25/2011 | 6000 | |
| 10/01/2010 | 6000 | | 03/15/2011 | 6000 | |
| | | | Totals ► 18(b) | 71451 | 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 | 69185 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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: | |
|---|---|---|---|
| 4.35 % | 6.59 % | 6.72 % | ☐ N/A, full yield curve used |

**b** Applicable month (enter code) ..... **21b** 0

**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** 48564

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment ..... | 56938 | 13581 |
| **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** 62145

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances used to offset funding requirement ..... | 0 | 0 | 0 |

**36** Additional cash requirement (item 34 minus item 35) ..... **36** 62145

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) ..... **37** 69185

**38** Interest-adjusted excess contributions for current year (see instructions) ..... **38** 7040

**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

**Plan Name:** **The Restated Noncontributory Retirement Plan for Cooperatives**
**Plan Sponsor EIN:** **42-0474240**
**ERISA 3-digit Plan #:** **020**
**Plan Year Ending:** **03/31/2011**

**The required attachment marked with an "X" in the Attachment column is included within the Schedule SB – Single-Employer Defined Benefit Plan Actuarial Information pdf attachment to Form 5500 or Form 5500-SF, Part VI, line 11 which consists of the entire actuarial information issued by the plan's Actuary.**

| Form/Schedule | Line # | Description | Attachment |
|---|---|---|---|
| 5500 Sch. SB | | Actuarial Assumptions and Methods | X |
| 5500 Sch. SB | | Summary of Plan Provisions | X |
| 5500 Sch. SB | | Statement of Enrolled Actuary | X |
| 5500 Sch. SB | 7 | Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance | |
| 5500 Sch. SB | 18 | Contributions | |
| 5500 Sch. SB | 19 | Discounted Employer Contributions | |
| 5500 Sch. SB | 22 | Description of Weighted Average Retirement Age | X |
| 5500 Sch. SB | 24 | Change in Actuarial Assumptions | X |
| 5500 Sch. SB | 26 | Schedule of Active Participant Data | X |
| 5500 Sch. SB | 32 | Schedule of Amortization Bases | X |
| | | | |

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 04/01/2010 and ending 03/31/2011

▶ **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 Noncontributory Retirement Plan

**B** Three-digit plan number (PN) ▶ 020

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: Postville Farmers Cooperative Society

**D** Employer Identification Number (EIN): 42-0474240

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 4 Day 1 Year 2010

| | | | | |
|---|---|---|---|---|
| **2** | Assets: | | | |
| | **a** Market value | | **2a** | 888,494 |
| | **b** Actuarial value | | **2b** | 856,186 |
| **3** | Funding target/participant count breakdown | | **(1)** Number of participants | **(2)** Funding Target |
| | **a** For retired participants and beneficiaries receiving payment | **3a** | 11 | 208,794 |
| | **b** For terminated vested participants | **3b** | 11 | 183,566 |
| | **c** For active participants: | | | |
| | (1) Non-vested benefits | **3c(1)** | | 0 |
| | (2) Vested benefits | **3c(2)** | | 558,810 |
| | (3) Total active | **3c(3)** | 19 | 558,810 |
| | **d** Total | **3d** | 41 | 951,170 |
| **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** | 6.54 % |
| **6** | Target normal cost | | **6** | 48,564 |

**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**

MARK A HENDRICKS MH — Signature of actuary

12-16-2011 — Date

MARK A HENDRICKS — Type or print name of actuary

11-05452 — Most recent enrollment number

MERCER — Firm name

(816)556-4800 — Telephone number (including area code)

2405 GRAND BLVD, SUITE 900

KANSAS CITY MO 64108 — 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) | 34,036 | 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) | 34,036 | 0 |
| 10 | Interest on item 9 using prior year's actual return of 33.08 % | 11,259 | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Excess contributions (Item 38 from prior year) | | 15,044 |
| | b Interest on (a) using prior year's effective rate of 8.00 % | | 1,204 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 16,248 |
| | d Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Reduction in balances due to elections or deemed elections | 45,295 | 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 | 90.01 % |
| 15 | Adjusted funding target attainment percentage | 15 | 90.01 % |
| 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 | 94.56 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and liquidity shortfalls

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 04/22/2010 | 5,817 | | 10/01/2010 | 6,000 | |
| 06/01/2010 | 5,817 | | 11/12/2010 | 6,000 | |
| 06/21/2010 | 5,817 | | 12/13/2010 | 6,000 | |
| 07/06/2010 | 6,000 | | 01/31/2011 | 6,000 | |
| 08/17/2010 | 6,000 | | 02/25/2011 | 6,000 | |
| 10/01/2010 | 6,000 | | 03/15/2011 | 6,000 | |
| | | | Totals ▶ 18(b) | 71,451 | 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 | 69,185 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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: | |
|---|---|---|---|
| 4.35 % | 6.59 % | 6.72 % | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | 21b | 0 |
| **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 | | 48,564 |
| **32** Amortization installments: | | Outstanding Balance | Installment |
| **a** Net shortfall amortization installment | | 56,938 | 13,581 |
| **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 | | 62,145 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances used to offset funding requirement | 0 | 0 | 0 |

| | | |
|---|---|---|
| **36** Additional cash requirement (item 34 minus item 35) | 36 | 62,145 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) | 37 | 69,185 |
| **38** Interest-adjusted excess contributions for current year (see instructions) | 38 | 7,040 |
| **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 |

**The Restated Noncontributory Retirement Plan for Cooperatives**
**Group 154**
**EIN/PN: 42-0474240/020**

## Schedule SB, line 22 – Description Of weighted average retirement age

| Age | Retirement Rate | LX Table |
|---|---|---|
| 55 | 3.00% | 100,000.00 |
| 56 | 3.00% | 97,000.00 |
| 57 | 3.00% | 94,090.00 |
| 58 | 5.00% | 91,267.30 |
| 59 | 5.00% | 86,703.94 |
| 60 | 5.00% | 82,368.74 |
| 61 | 20.00% | 78,250.30 |
| 62 | 30.00% | 62,600.24 |
| 63 | 25.00% | 43,820.17 |
| 64 | 25.00% | 32,865.13 |
| 65 | 50.00% | 24,648.84 |
| 66 | 25.00% | 12,324.42 |
| 67 | 25.00% | 9,243.32 |
| 68 | 100.00% | 6,932.49 |
| Total | | 1,322,114.88 |
| Average Retirement Age | | 62.22 |

# Schedule SB, Part V – Summary of Plan Provisions

| | Contributory Plan | Noncontributory Plan |
|---|---|---|
| Effective date | May 1, 1953; amended to comply with ERISA effective May 1, 1975; restated effective April 1, 1994; restated effective April 1, 2002; restated effective May 1, 2008; restated January 1, 2010. | May 1, 1980; restated effective April 1, 1994; restated effective April 1, 2002; restated effective May 1, 2008; restated January 1, 2010. |
| Participation date | April 1 and October 1 | Same |
| Plan year | April 1 through March 31 | Same |
| Eligibility | Employer chooses:<br>1. Employees who work at least 1,000 hours per year are eligible on the April 1st or October 1st following attainment of age 21 and completion of four months of employment.<br>2. Employees are eligible on the April 1st or October 1st following attainment of age 21.<br>NEW Cooperative, Inc. (Group 23) – New employees hired on or after September 1, 2009 are not eligible to participate.<br>West Central Cooperative (Group 138) – New employees hired on or after January 1, 2006 are not eligible to participate.<br>FC Stone Group, Inc. (Group 201) – New employees hired on or after April 1, 2006 are not eligible to participate.<br>New Vision Coop (Group 205) – New employees hired on or after April 1, 2010 are not eligible to participate. | Same |
| Employee contribution | Group 327 – employees contribute 5% of their monthly earnings.<br>All other groups - employees contribute 2¾% of their monthly earnings. Several contributory groups currently waive the employee contribution requirement. | No employee contributions |

# Schedule SB, Part V – Summary of Plan Provisions

| | Contributory Plan | Noncontributory Plan |
|---|---|---|
| Contribution account | An account is established for each participant consisting of his employee contributions with interest through April 30, 1975. Employee contributions after May 1, 1975 are added to the Account and the Account is credited with the following annual rates: | N/A |

| | |
|---|---|
| through 3/31/1984 | 5.00% |
| 4/1/1984 to 3/31/1988 | 7.00% |
| 4/1/1988 to 3/31/1989 | 9.67% |
| 4/1/1989 to 3/31/1990 | 11.58% |
| 4/1/1990 to 3/31/1991 | 10.54% |
| 4/1/1991 to 3/31/1992 | 9.50% |
| 4/1/1992 to 3/31/1993 | 8.43% |
| 4/1/1993 to 3/31/1994 | 6.56% |
| 4/1/1994 to 3/31/1995 | 7.08% |
| 4/1/1995 to 3/31/1996 | 8.84% |
| 4/1/1996 to 3/31/1997 | 7.08% |
| 4/1/1997 to 3/31/1998 | 7.82% |
| 4/1/1998 to 3/31/1999 | 6.85% |
| 4/1/1999 to 3/31/2000 | 6.35% |
| 4/1/2000 to 3/31/2001 | 8.08% |
| 4/1/2001 to 3/31/2002 | 5.95% |
| 4/1/2002 to 3/31/2003 | 5.60% |
| 4/1/2003 to 3/31/2004 | 3.56% |
| 4/1/2004 to 3/31/2005 | 3.80% |
| 4/1/2005 to 3/31/2006 | 4.92% |
| 4/1/2006 to 3/31/2007 | 5.68% |
| 4/1/2007 to 3/31/2008 | 5.54% |
| 4/1/2008 to 3/31/2009 | 3.45% |
| 4/1/2009 to 3/31/2010 | 2.59% |
| 4/1/2010 to 3/31/2011 | 3.25% |

# Schedule SB, Part V – Summary of Plan Provisions

| | Contributory Plan | Noncontributory Plan |
|---|---|---|
| Monthly earnings | Monthly Earnings are calculated by dividing the prior calendar year total earnings by the number of weeks worked and multiplying the result times 4 1/3 to obtain a monthly rate. Earnings are limited to $200,000 per year indexed as provided for by law – limit for 2009 is $245,000. | Same. Note that total earnings include 401(k) and Section 125 elective deferrals. |
| Average monthly earnings | Plan benefits are computed using the average of the monthly earnings for the highest five consecutive years prior to termination. | Same |
| Credited service | Prior to May 1, 1975, Credited Service is the number of years and months from date of hire. Since May 1, 1975, Credited Service is the number of 1,000-hour plan years. If less than 1,000 hours in year of hire or termination, partial credit is given equal to the number of full months worked divided by 12. Employers who adopt the Plan choose whether to grant Credited Service prior to date of adoption. | Same |
| Normal retirement date | Participants are entitled to retire and receive their full pension benefit on the first of the month coincident with or immediately following their 65th birthday. | Same |

# Schedule SB, Part V – Summary of Plan Provisions

| | Contributory Plan | Noncontributory Plan |
|---|---|---|
| Normal retirement benefit | The monthly pension is equal to the percent of Average Monthly Earnings specified in the Employer's Adoption Agreement multiplied by years of Credited Service.<br>The following employers (by group number) have selected the 1.55% post March 31, 1994 accrual formula:<br>32, 71, 122, 138, and 168. | The monthly pension is equal to 1.1% of Average Monthly Earnings multiplied by years of Credited Service. Participants have a minimum benefit equal to the accrued benefit as of the later of March 31, 1989 and the date the Employer adopted the Noncontributory Plan, PLUS 1.1% of Average Monthly Earnings multiplied by years of Credited Service earned after the later of March 31, 1989 and the date of adoption. Section 401(a)(17) Members have an additional minimum benefit equal to the accrued benefit frozen as of 3/31/94 (determined limiting Earnings to $235,840) PLUS 1.1% of Average Monthly Earnings multiplied by Credited Service after April 1, 1994. |
| | The following employers (by group number) have selected the 1.65% post March 31, 1994 accrual formula:<br>Groups 81. | The frozen March 31, 1994 accrued benefit is adjusted to reflect increases in the Member's Average Monthly Earnings after March 31, 1994 as allowed by 42 C.F.R. Section 1.401(a)(4)-13. |

# Schedule SB, Part V – Summary of Plan Provisions

| | Contributory Plan | Noncontributory Plan |
|---|---|---|
| Normal retirement benefit (cont'd) | Participants have a minimum benefit equal to the accrued benefit frozen as of 3/31/94 under the prior contributory formula (1.1% of Average Monthly Earnings up to $400 PLUS 1.65% of Average Monthly Earnings in excess of $400 multiplied by Credited Service) PLUS the future benefit percent of Average Monthly Earnings specified in the Employer's Adoption Agreement multiplied by years of Credited Service after April 1, 1994.<br><br>O'Neill (Group 327) – the monthly pension is equal to 1.25% of Average Monthly Earnings multiplied by years of Credited Service through June 30, 2009 plus 1.75% of Average Monthly Earnings multiplied by Years of Credited Service on and after July 1, 2009. | Ag Processing, Inc. (Group 4) - the monthly pension is equal to 1.15% of Average Monthly Earnings up to $833.33 PLUS 1.65% of Average Monthly Earnings in excess of $833.33, this sum multiplied by years of Credited Service after January 1, 1984 PLUS the sum of 0.8% of Average Monthly Earnings up to $1,250 PLUS 1.2% of Average Monthly Earnings in excess of $1,250, this sum multiplied by years of Credited Service prior to January 1, 1984. Section 401(a)(17) Members have a minimum benefit equal to the Accrued Benefit frozen as of March 31, 1994 (determined limiting Earnings to $235,840) PLUS the benefit determined under the formula using Credited Service after April 1, 1994 and monthly earnings limited to the OBRA '93 Annual Compensation Limit. The frozen March 31, 1994 accrued benefit is adjusted to reflect increases in the Member's Average Monthly Earnings after March 31, 1994 as allowed by 42 C.F.R. Section 1.401(a)(4)-13. |

# Schedule SB, Part V – Summary of Plan Provisions

| | Contributory Plan | Noncontributory Plan |
|---|---|---|
| Normal retirement benefit (cont'd) | For plan years after March 31, 1994, participants are guaranteed a minimum accrual for each plan year. The minimum accrual is equal to one-half of the accrual on the benefit formulas since April 1, 1994 PLUS the benefit deemed to be purchased by employee contributions made since April 1, 1994 under IRC Section 411(c)(2). | New Cooperative, Inc. (Group 23) – the monthly pension is equal to 1.4% of Average Monthly Earnings multiplied by years of Credited Service.<br><br>Farmers Cooperative Company (Group 144) – the monthly pension can't be less than 1.465% of Average Monthly Earnings as of March 31, 1993 multiplied by years of Credited Service to April 1, 1993 PLUS 1.1% of Average Monthly Earnings multiplied by Credited Service earned after April 1, 1993.<br><br>Everly (Group 177) – Accruals frozen as of January 1, 2009.<br><br>F.C. Stone LLC (Group 201) – the monthly pension is equal to 1.25% of Average Monthly Earnings multiplied by years of Credited Service. Accruals frozen as of September 1, 2008.<br><br>FGDI (Group 441) – the monthly pension is equal to 1.25% of Average Monthly Earnings multiplied by years of Credited Service. |

# Schedule SB, Part V – Summary of Plan Provisions

| | Contributory Plan | Noncontributory Plan |
|---|---|---|
| Form of monthly retirement income | The standard form of receiving monthly retirement income will be for a participant's lifetime. However, if the participant is married and unless he specifically elects the standard form or another alternate form of benefit and his spouse consents, his benefits will be paid on a joint and 50% survivorship basis with 120 guaranteed payments. | Same |
| Optional forms | Lifetime with 60, 120 or 180 payments guaranteed.<br>Joint and ½, 2/3, ¾ or full, with 120 payments guaranteed.<br>60, 120 or 180 guaranteed payments only.<br>Lump sum, if actuarial value is less than $5,000. | Same |
| Optional form conversion factors | For lifetime annuities: 8% and the 1984 Unisex Pension Mortality Table.<br>For lump sum and certain only annuities: the applicable interest rate under Internal Revenue Code Section 417(e)(3)(C) for the third calendar month preceding the month that contains the distribution and the applicable mortality table published in accordance with Internal Revenue Code Section 417(e)(3)(B). | Same |

# Schedule SB, Part V – Summary of Plan Provisions

| | Contributory Plan | Noncontributory Plan |
|---|---|---|
| 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 and his last five years of service count as Credited Service. The benefit is calculated in the same manner as the normal retirement benefit, based on Credited Service to early retirement. If the participant qualifies under (iii) above, there is no reduction in the benefit. Otherwise, the benefit is reduced 1/300 for each month by which the early retirement date precedes age 62. | Same for all employees other than Ag Processing, Inc. (Group 4).<br><br>Ag Processing, Inc. – Highly compensated employees are not eligible for early retirement under (iii). |

# Schedule SB, Part V – Summary of Plan Provisions

| | Contributory Plan | Noncontributory Plan |
|---|---|---|
| Termination benefit (vested) | Employer chooses:<br>1. Participants who terminate employment after completing five years of service are 100% vested in their accrued benefit which is payable at age 65.<br>Employers with this vesting schedule (by group number): 32, 81, 122, 138, 168, and 327.<br>2. Participants are vested in accordance with the following schedule:<br>**Years of service** / **Vested %**<br>Less than 2 years 0%<br>2 years 20%<br>3 years 40%<br>4 years 60%<br>5 years 80%<br>6 years or more 100%<br>Employers with this vesting schedule (by group number): 71<br>Participants who are not vested are entitled to their Employee Contribution Benefit payable at age 65. At the time of termination, a participant may, by written request receive his Contribution Account. His accrued benefit is reduced by the portion of the benefit funded by his Contribution Account | Same<br>Employers with 5-year cliff vesting (by group number): 23, 76, 170, 175, 190, 205, 226, 258, 299, 345, 351, 361, and 382.<br>Employers with graded vesting (by group number): 4, 26, 36, 135, 144, 154, 156, 177, 201, 223, 229, 291, and 441. |

# Schedule SB, Part V – Summary of Plan Provisions

| | Contributory Plan | Noncontributory Plan |
|---|---|---|
| Death benefit | 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.<br><br>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 begun receiving benefits under 50% Joint & Survivor option, and ii) the member's accrued benefit payable for 60 months.<br><br>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.<br><br>Such death benefit shall be paid first to the beneficiary designated by the participant. If no beneficiary is designated, it is paid first to the surviving spouse; if there is no surviving spouse, then in equal parts to the surviving children of the member; or if there are no surviving children, then in equal parts to the surviving parents of the member; or if there are no surviving parents, then in equal parts to the surviving siblings of the member. The death benefit is payable to the member's estate if the member is not survived by a spouse, child, parent, or sibling and has not designated a beneficiary. | Same |

# Schedule SB, Part V – Summary of Plan Provisions

| | Contributory Plan | Noncontributory Plan |
|---|---|---|
| Disability benefit | If a participant is determined to be 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 five years of Credited Service at date of disability. | Same |
| Late retirement | Benefit at actual retirement is based on Credited Service and Average Monthly Earnings to termination date. | Same |
| Changes since prior valuation | ▪ Group 23 (N) froze participation effective September 1, 2009.<br>▪ Group 205 (N) froze participation effective April 1, 2010.<br>▪ Group 327 (C) changed their benefit formula to 1.75% for service after July 1, 2009 and increased employee contributions to 5% at the same time.<br>▪ 401(a)(17) pay limit increased from $230,000 to $245,000 and 415 benefit limit increased from $185,000 to $195,000 for calendar year 2009. | |
| Benefits not included in the valuation | To the best of our knowledge, no benefits were excluded from the valuation. | |
| Significant events | To the best of our knowledge, no significant event occurred during the year. | |

# Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

## Actuarial Assumptions

The actuarial assumptions used in the valuation of the Restated Contributory and Noncontributory Plans are shown below. The assumptions used were the same as the assumptions used in the April 1, 2009 valuation, except as noted below.

**Interest**

Funding

All plan sponsors have elected to use segmented rates with no lookback. These rates were 4.35%, 6.59% and 6.72%. (For 2009, the plan sponsor elected to use the full yield curve with a 4-month lookback.)

ASC 960

8.00% per annum for all groups.

**Expenses**

Administrative related expenses (actuarial fees, PBGC premiums, and trustee fees) assumed to be 0.35% of assets.

**Mortality**

PPA Funding Target Separate Annuitant and Non-Annuitant mortality tables for the valuation year.

**Turnover**

Based on select rates of turnover for the first four years of service and ultimate rates thereafter. Sample rates are shown on the following page.

**Disability**

None assumed.

**Expected Return on Plan Assets**

8.00% per annum

*Group 4*

| | Rate of turnover | | | | |
|---|---|---|---|---|---|
| | Completed years of service | | | | |
| **Age** | **0** | **1** | **2** | **3** | **4+** |
| 25 | 25.00% | 20.00% | 17.50% | 15.00% | 15.00% |
| 30 | 25.00 | 20.00 | 17.50 | 15.00 | 12.00 |
| 35 | 25.00 | 20.00 | 17.50 | 15.00 | 9.00 |
| 40 | 25.00 | 20.00 | 17.50 | 15.00 | 7.00 |
| 45 | 25.00 | 20.00 | 17.50 | 15.00 | 5.00 |
| 50 | 25.00 | 20.00 | 17.50 | 15.00 | 4.00 |
| 55 | 25.00 | 20.00 | 17.50 | 15.00 | 3.00 |
| 60 | 25.00 | 20.00 | 17.50 | 15.00 | 3.00 |

# Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Turnover (cont). *All other groups*

| | Rate of turnover | | | | |
|---|---|---|---|---|---|
| | Completed years of service | | | | |
| **Age** | **0** | **1** | **2** | **3** | **4+** |
| 25 | 25.00% | 20.00% | 17.50% | 15.00% | 15.00% |
| 30 | 25.00 | 20.00 | 17.50 | 15.00 | 12.00 |
| 35 | 25.00 | 20.00 | 17.50 | 15.00 | 9.66 |
| 40 | 25.00 | 20.00 | 17.50 | 15.00 | 8.31 |
| 45 | 25.00 | 20.00 | 17.50 | 15.00 | 7.00 |
| 50 | 25.00 | 20.00 | 17.50 | 15.00 | 5.75 |
| 55 | 25.00 | 20.00 | 17.50 | 15.00 | 5.00 |
| 60 | 25.00 | 20.00 | 17.50 | 15.00 | 5.00 |

Salary increases

Salaries will increase according to an age-related table ranging from 8% down to 1.5% per annum. Illustrative future salary increase information is as follows:

| Age | Salary increase |
|---|---|
| 20 | 8.0% |
| 25 | 7.2% |
| 30 | 6.5% |
| 35 | 5.7% |
| 40 | 5.0% |
| 45 | 4.5% |
| 50 | 4.0% |
| 55 | 3.0% |
| 60 | 2.5% |
| 65 | 1.5% |

# Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

**Incidence of retirement**

Employees eligible for the special Rule-of-85 benefit are assumed to retire according to the select rates shown below for the first year after becoming eligible. The ultimate rates apply to Rule-of-85 retirements after the first year since becoming eligible and other retirements. The first year rates will not start before age 55 even if the Rule-of-85 applies earlier, nor will they ever fall below the ultimate rate for that age.

| | Rate of retirement | |
|---|---|---|
| Age | First year | Ultimate |
| 55 | 6% | 3% |
| 56 | 6 | 3 |
| 57 | 6 | 3 |
| 58 | 6 | 5 |
| 59 | 6 | 5 |
| 60 | 6 | 5 |
| 61 | 20 | 20 |
| 62 | 30 | 30 |
| 63 | 25 | 25 |
| 64 | 25 | 25 |
| 65 | 50 | 50 |
| 66 | 25 | 25 |
| 67 | 25 | 25 |
| 68 & Over | 100 | 100 |

For employees who become eligible to retire prior to age 55, turnover rates are used.

For frozen groups 177 and 201, same assumptions until eligible for unreduced retirement, but then 100% at unreduced retirement age.

**Spouse's benefit**

80% of all employees are assumed married with husbands two years older than their wives.

**Contingency fund charge**

0.3788% of covered payroll for all groups except group 4 (0.3640% in prior valuation); 0.0721% of covered payroll for group 4 (0.0848% in prior valuation).

**Conversion basis -**

For the Contributory Plan contribution accounts are converted to equivalent monthly benefits using segmented interest rates.

**Form of payment -**

⅓ are expected to elect a Life Only annuity, ⅓ 100% J&S annuity, and ⅓ Five-Year Certain Only annuity.

**Retirement for vested terminations**

Age 62

# Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

## Actuarial Methods

### *Asset Valuation Method*

The actuarial value of assets was determined in accordance with IRC Section 430(g)(3)(B) as amended by the Worker, Retiree and Employer Recovery Act of 2008 using guidance published in Notice 2009-22. Contributions made after April 1, 2010 were assumed to be made on the last day of the month they were contributed. For 2009, the same asset valuation method was used except that for West Central Cooperative (group 138) the maximum value was limited to 107.75%, and for FGDI, LLC (group 441), the asset valuation method was equal to the fair market value.

A characteristic of this asset method is that over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

### *Participant Methods*

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** Associated Benefits Corporation provides us with data on only those employees who have completed the eligibility requirements so only participants are included in the valuation of the liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date.
- **Insurance contracts:** The plan does not have any insurance contracts.
- **Transferred participants:** The liabilities for benefits earned prior to their transfer by employees who have transferred to another Associated Benefits Corporation employer have been included with the liabilities for terminated vested participants at their former employer.

### *Actuarial Cost Method*

#### *Minimum Funding Method*

Target liability for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service

## Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

### *Maximum Deductible Contribution Method*

The maximum deductible contribution is the greatest of (a) the minimum required contribution, (b) the funding target plus target normal cost plus cushion amount minus the actuarial value of assets, and (c) the plan's at-risk funding target plus at-risk target normal cost minus the actuarial value of assets (if the plan is not-at-risk). The cushion amount is 50 percent of the funding target.

## Schedule SB, line 24 – Change in actuarial assumptions

The interest rate for funding calculations was changed from the full yield curve with a 4-month lookback to segmented rates with no phase-in and no lookback.

These changes were made to better reflect anticipated plan experience and to comply with the requirements of the Pension Protection Act of 2006.

The Restated Noncontributory Retirement Plan for Cooperatives
Valuation Date: April 1, 2010
Schedule SB, Line 26 - Schedule of Active Participant Data
Group 0154 - Postville Farmers Coop. So.  EIN/PN: 42-0474240/020

SERVICE GROUPS BY AGE GROUPS

MALE

| AGE | SERVICE GROUP | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| GROUP | < 1 | 1 -4 | 5 -9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ | TOTAL |
| <20 | | | | | | | | | | | 0 |
| 20-24 | | 2 | | | | | | | | | 2 |
| 25-29 | | 1 | | | | | | | | | 1 |
| 30-34 | | | | | | | | | | | 0 |
| 35-39 | | | | | | | | | | | 0 |
| 40-44 | | | | | 1 | | | | | | 1 |
| 45-49 | | | 3 | 1 | 1 | | | | | | 5 |
| 50-54 | | | | | | | | | | | 0 |
| 55-59 | | | 2 | 1 | | | 1 | | | | 4 |
| 60-64 | | | | | 1 | | | | | | 1 |
| 65-69 | | | | | | 1 | | | | | 1 |
| 70-74 | | | | | | | | | | | 0 |
| 75+ | | | | | | | | | | | 0 |
| TOTAL | 0 | 3 | 5 | 2 | 3 | 1 | 1 | 0 | 0 | 0 | 15 |

FEMALE

| AGE | SERVICE GROUP | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| GROUP | < 1 | 1 -4 | 5 -9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ | TOTAL |
| <20 | | | | | | | | | | | 0 |
| 20-24 | | | | | | | | | | | 0 |
| 25-29 | | | | | | | | | | | 0 |
| 30-34 | | | | | | | | | | | 0 |
| 35-39 | | | | | | | | | | | 0 |
| 40-44 | | | | | | | | | | | 0 |
| 45-49 | | | | 1 | | | | | | | 1 |
| 50-54 | | | | | | | | | | | 0 |
| 55-59 | | | | | | | | | | | 0 |
| 60-64 | | | | 1 | | 1 | | | | | 2 |
| 65-69 | | | | 1 | | | | | | | 1 |
| 70-74 | | | | | | | | | | | 0 |
| 75+ | | | | | | | | | | | 0 |
| TOTAL | 0 | 0 | 0 | 3 | 0 | 1 | 0 | 0 | 0 | 0 | 4 |

TOTAL

| AGE | SERVICE GROUP | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| GROUP | < 1 | 1 -4 | 5 -9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ | TOTAL |
| <20 | | | | | | | | | | | 0 |
| 20-24 | | 2 | | | | | | | | | 2 |
| 25-29 | | 1 | | | | | | | | | 1 |
| 30-34 | | | | | | | | | | | 0 |
| 35-39 | | | | | | | | | | | 0 |
| 40-44 | | | | | 1 | | | | | | 1 |
| 45-49 | | | 3 | 2 | 1 | | | | | | 6 |
| 50-54 | | | | | | | | | | | 0 |
| 55-59 | | | 2 | 1 | | | 1 | | | | 4 |
| 60-64 | | | | 1 | 1 | 1 | | | | | 3 |
| 65-69 | | | | 1 | | 1 | | | | | 2 |
| 70-74 | | | | | | | | | | | 0 |
| 75+ | | | | | | | | | | | 0 |
| TOTAL | 0 | 3 | 5 | 5 | 3 | 2 | 1 | 0 | 0 | 0 | 19 |

## *Schedule SB, Line 32 – Schedule of Amortization Bases*

The shortfall amortization charge is the sum of the shortfall base amortization for each plan year covered under PPA. Although a shortfall base can be negative, the combined shortfall amortization charge cannot be negative.

Shortfall bases

| Date established | | Outstanding balance | Years remaining | | Installment |
|---|---|---|---|---|---|
| 4/1/2008 | $ | 80,558 | 5 | $ | 17,512 |
| 4/1/2009 | | 0 | 6 | | 0 |
| 4/1/2010 | | (23,620) | 7 | | (3,931) |
| Total | $ | 56,938 | | $ | 13,581 |

**Plan Name:** **The Restated Noncontributory Retirement Plan for Cooperatives**
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**ERISA 3-digit Plan #:** **020**
**Plan Year Ending:** **03/31/2011**

**The required attachment marked with an "X" in the Attachment column is included within the Schedule SB – Single-Employer Defined Benefit Plan Actuarial Information pdf attachment to Form 5500 or Form 5500-SF, Part VI, line 11 which consists of the entire actuarial information issued by the plan's Actuary.**

| Form/Schedule | Line # | Description | Attachment |
|---|---|---|---|
| 5500 Sch. SB | | Actuarial Assumptions and Methods | X |
| 5500 Sch. SB | | Summary of Plan Provisions | X |
| 5500 Sch. SB | | Statement of Enrolled Actuary | X |
| 5500 Sch. SB | 7 | Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance | |
| 5500 Sch. SB | 18 | Contributions | |
| 5500 Sch. SB | 19 | Discounted Employer Contributions | |
| 5500 Sch. SB | 22 | Description of Weighted Average Retirement Age | X |
| 5500 Sch. SB | 24 | Change in Actuarial Assumptions | X |
| 5500 Sch. SB | 26 | Schedule of Active Participant Data | X |
| 5500 Sch. SB | 32 | Schedule of Amortization Bases | X |
| | | | |

**Plan Name:** **The Restated Noncontributory Retirement Plan for Cooperatives**
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