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 sections 6057(b) and 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) [ ] a one-participant plan

B This return/report is: [ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a 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
MORRISTOWN FEDERAL CREDIT UNION DEFINED BENEFIT PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1975

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
MORRISTOWN FEDERAL CREDIT UNION

101 COLUMBIA RD
MORRISTOWN, NJ 07960

2b Employer Identification Number (EIN) 22-1733700

2c Sponsor's telephone number 973-455-4020

2d Business code (see instructions) 522130

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
MORRISTOWN FEDERAL CREDIT UNION 101 COLUMBIA RD
MORRISTOWN, NJ 07960

3b Administrator's EIN 22-1733700

3c Administrator's telephone number 973-455-4020

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.
a Sponsor's name

4b EIN

4c PN

5a	Total number of participants at the beginning of the plan year	**5a**	9
b	Total number of participants at the end of the plan year	**5b**	9
c	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**	775356	1021897
b Total plan liabilities	**7b**	0	0
c Net plan assets (subtract line 7b from line 7a)	**7c**	775356	1021897

8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from: **(1)** Employers	**8a(1)**	222697	
(2) Participants	**8a(2)**	0	
(3) Others (including rollovers)	**8a(3)**	0	
b Other income (loss)	**8b**	23844	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	**8c**		246541
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	**8d**	0	
e Certain deemed and/or corrective distributions (see instructions)	**8e**	0	
f Administrative service providers (salaries, fees, commissions)	**8f**	0	
g Other expenses	**8g**	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	**8h**		0
i Net income (loss) (subtract line 8h from line 8c)	**8i**		246541
j Transfers to (from) the plan (see instructions)	**8j**	0	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1G 3D

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		2750000
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**			
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)) ☒ 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 in any plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

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

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

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

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/23/2012	RICHARD C. MYERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **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
MORRISTOWN FEDERAL CREDIT UNION DEFINED BENEFIT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
22-1733700

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 01 Day 01 Year 2011

2 Assets:

a	Market value	**2a**	775356
b	Actuarial value	**2b**	775356

3 Funding target/participant count breakdown:

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	0	0
b	For terminated vested participants	**3b**	1	3920
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		1210
	(2) Vested benefits	**3c(2)**		838726
	(3) Total active	**3c(3)**	8	839936
d	Total	**3d**	9	843856

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	**4a**	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5	Effective interest rate	**5**	5.42 %
6	Target normal cost	**6**	67611

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	Date: 07/10/2012
KEN NEWHOUSE, ASA, MAAA, EA	Most recent enrollment number: 11-04904
Type or print name of actuary	Telephone number (including area code): 800-999-8786
CUNA MUTUAL GROUP	
Firm name	
PO BOX 2978 MADISON, WI 53701	
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 (line 13 from prior year)	51697	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	51697	0
10	Interest on line 9 using prior year's actual return of 3.08%	1592	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		37800
b	Interest on (a) using prior year's effective rate of 6.19 % except as otherwise provided (see instructions)		2340
c	Total available at beginning of current plan year to add to prefunding balance		40140
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	37403	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	15886	0

Part III Funding percentages

14	Funding target attainment percentage	14	89.99 %
15	Adjusted funding target attainment percentage	15	90.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.29 %
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
05/04/2011	30000				
07/05/2011	150000				
11/17/2011	42697				
			Totals ► 18(b)	222697	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 contributions 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	216234

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? [ ] Yes [X] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
2.94%	5.82%	6.46 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	67611
b Excess assets, if applicable, but not greater than 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	84386	13636
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 (lines 31a - 31b + 32a + 32b - 33)	**34**	81247

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	81247
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	216234

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	134987
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

Schedule SB, Line 19- Discounted Employer Contributions. Year 2011

Name of Plan:	Morristown Federal Credit Union	EIN:	22-1733700
	Defined Benefit Plan and Trust	Plan:	001

Contributions made to the plan for the plan year

Date	Amount	Plan Year Applied	Interest-adjusted Amount	Effective Interest Rate	Late Quarterly Installment
5/4/2011	30,000	2011	29,428	5.88%	[X] Yes [ ] No
7/5/2011	150,000	2011	146,040	5.42%	[ ] Yes [X] No
11/17/2011	42,697	2011	40,766	5.42%	[ ] Yes [X] No
					[ ] Yes [ ] No
					[ ] Yes [ ] No
					[ ] Yes [ ] No
					[ ] Yes [ ] No
					[ ] Yes [ ] No
					[ ] Yes [ ] No
					[ ] Yes [ ] No
					[ ] Yes [ ] No
					[ ] Yes [ ] No
					[ ] Yes [ ] No
					[ ] Yes [ ] No

Schedule SB, Line 22 - Average Retirement Age. Year 2011

Name of Plan:	Morristown Federal Credit Union	EIN:	22-1733700
	Defined Benefit Plan and Trust	Plan:	001

Determination of Average Retirement Age.

Retirement:	Normal retirement age	
(average retirement age)	*65*	*(determined by averaging the expected retirement age of all participants*

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods. Year 2011

Name of Plan:	Morristown Federal Credit Union	EIN:	22-1733700
	Defined Benefit Plan and Trust	Plan:	001

Non-prescribed actuarial assumptions used to determine the funding target and target normal cost.

Funding Method: Unit Credit as specified by PPA (seven year amortization of shortfall).

Withdrawal:
(see sample rates per 100)

	Turnover	25	40	55
Male:	T4 Table	5.29	4.19	0.94
Female:	T4 Table	5.29	4.19	0.94

Retirement: Normal retirement age
(average retirement age) *65* *(determined by averaging the expected retirement age of all participants*

Percent Electing Lump Sum: Prior to early retirement age: 95%; After early retirement age: 80%
If determined to be less than $1,000 assume 100% elect lump sum benefit.

Mortality
- Male Pre-ret: RP 2000 Mortality Table Projected to 2011 by Scale AA for Males (small plans)
- Male Post-ret: RP 2000 Mortality Table Projected to 2011 by Scale AA for Males (small plans)
- Female Pre-ret: RP 2000 Mortality Table Projected to 2011 by Scale AA for Females (small plans)
- Female Post-ret: RP 2000 Mortality Table Projected to 2011 by Scale AA for Females (small plans)

Compensation Increases: 4.50%

Cost-of-living: None

Assets: Actuarial Value equals Market value of Assets.

Schedule SB, Line 24 and 25 - Change in Actuarial Assumptions and Methods. Year 2011

Changes to Non-prescribed actuarial assumptions.

Funding Method: No change.

Withdrawal: No change.

Retirement: No change.

Percent Electing Lump Sum: No change.

Mortality: No change in application of prescribed tables.

Compensation Increases: No change.

Cost-of-living: No change.

Assets: No change.

Schedule SB, Part V- Summary of Plan Provisions. Year 2011

Name of Plan:	Morristown Federal Credit Union	EIN:	22-1733700
	Defined Benefit Plan and Trust	Plan:	001

Principle eligibility and benefit provisions.

Plan Status: Closed to new participants on January 1, 2008.

Eligibility: Age 18 and 12 months of service.

Entry: Semi-annual

Normal Retirement: Age 65.

Primary Early Retirement: Age 55 and 5 years of plan participation.

Reduction: 5/9ths of 1% for first 60 months; 5/18ths of 1% thereafter.

Secondary Early Retirement: None.

Reduction:

Benefit Formula: 50.00% of average monthly salary rounded to the nearest $5.00, with a prorata reduction for service less than 25 years. Excludes employees hired after 1/1/2008.

Compensation: 60 month highest consecutive average.

Normal Form: 10 years certain and life.

Death: Accrued benefit.

Cash Out: Available to any participant with a vested accrued benefit.

Employee Contributuions: None.

Vesting:

Years of service	Percent
1	0
2	0
3	0
4	0
5	100
6	100
7	100

Optional Forms Conversion: Pre-Ret: 1984 Unisex Pensioners Mortality Table setforward one year (Male); 7.50%.
Post-Ret: 1984 Unisex Pensioners Mortality Table setforward one year (Male); 7.50%.

Schedule SB, Line 26- Schedule of Active Participant Data. Year 2011

Name of Plan:	Morristown Federal Credit Union	EIN: 22-1733700
	Defined Benefit Plan and Trust	Plan: 001

Attained Age	Years of credited service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 and up
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	1	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	1	0	0	0	0	0	0	0
50 to 54	0	0	1	1	0	0	0	0	0	0
55 to 59	0	0	1	1	0	0	0	0	0	0
60 to 64	0	0	1	0	0	0	0	0	0	0
65 to 70	0	0	0	0	1	0	0	0	0	0
70 and up	0	0	0	0	0	0	0	0	0	0

Schedule SB, Line 32- Schedule of Amortization Bases. Year 2011

Name of Plan:	Morristown Federal Credit Union Defined Benefit Plan and Trust	EIN: 22-1733700 Plan: 001

Type of Base	Present Value of Remaining Payments	Date Established	Years Remaining	Installment
Shortfall	84,386	1/1/2011	7	13,636

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **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

MORRISTOWN FEDERAL CU DB PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

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

MORRISTOWN FEDERAL CREDIT UNION

D Employer Identification Number (EIN)

22-1733700

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 1 Day 1 Year 2011

2 Assets:

a	Market value	**2a**	775,356
b	Actuarial value	**2b**	775,356

3 Funding target/participant count breakdown:

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	0	0
b	For terminated vested participants	**3b**	1	3,920
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		1,210
	(2) Vested benefits	**3c(2)**		838,726
	(3) Total active	**3c(3)**	8	839,936
d	Total	**3d**	9	843,856

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	**4a**	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5	Effective interest rate	**5**	5.42 %
6	Target normal cost	**6**	67,611

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 — Date: 07/10/2012

KEN NEWHOUSE, ASA, MAAA, EA
Type or print name of actuary

11-04904
Most recent enrollment number

CUNA MUTUAL GROUP
Firm name

(800) 999-8786
Telephone number (including area code)

PO BOX 2978

MADISON WI 53701
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 (line 13 from prior year)	51,697	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	51,697	0
10	Interest on line 9 using prior year's actual return of 3.08%	1,592	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		37,800
b	Interest on (a) using prior year's effective rate of 6.19% except as otherwise provided (see instructions)		2,340
c	Total available at beginning of current plan year to add to prefunding balance		40,140
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	37,403	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	15,886	0

Part III Funding percentages

14	Funding target attainment percentage	14	89.99 %
15	Adjusted funding target attainment percentage	15	90.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.29 %
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
05/04/2011	30,000				
07/05/2011	150,000				
11/17/2011	42,697				
			Totals ☐ 18(b)	222,697	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 contributions 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	216,234

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
2.94 %	5.82 %	6.46 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years — **28**: 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) — **29**: 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) — **30**: 0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6) — **31a**: 67,611

b Excess assets, if applicable, but not greater than 31a — **31b**: 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	84,386	13,636
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 (lines 31a - 31b + 32a + 32b - 33) — **34**: 81,247

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35) — **36**: 81,247

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) — **37**: 216,234

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) — **38a**: 134,987

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances — **38b**: 0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) — **39**: 0

40 Unpaid minimum required contributions for all years — **40**: 0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment — **42**:

43 Excess installment acceleration amount to be carried over to future plan years — **43**: