

|                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                                                                         |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--|
| <b>Form 5500-SF</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation                                                                                                                                                                        |                                                   | <b>Short Form Annual Return/Report of Small Employee Benefit Plan</b><br><br>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).<br><br>▶ <b>Complete all entries in accordance with the instructions to the Form 5500-SF.</b> |                                                              | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |  |
| <b>Part I Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                                       |                                                   |                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                                                                         |  |
| For calendar plan year 2017 or fiscal plan year beginning 04/01/2017 and ending 03/31/2018                                                                                                                                                                                                                                                                                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                                                                         |  |
| <b>A</b> This return/report is for:                                                                                                                                                                                                                                                                                                                                          |                                                   | <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)                                                                                                                     |                                                              |                                                                                                         |  |
| <b>B</b> This return/report is                                                                                                                                                                                                                                                                                                                                               |                                                   | <input type="checkbox"/> a one-participant plan <input type="checkbox"/> a foreign plan                                                                                                                                                                                                                                                                                            |                                                              |                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                              |                                                   | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report                                                                                                                                                                                                                                                                                  |                                                              |                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                              |                                                   | <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                                                                                                                                                                   |                                                              |                                                                                                         |  |
| <b>C</b> Check box if filing under:                                                                                                                                                                                                                                                                                                                                          |                                                   | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program                                                                                                                                                                                                                                                   |                                                              |                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                              |                                                   | <input type="checkbox"/> special extension (enter description)                                                                                                                                                                                                                                                                                                                     |                                                              |                                                                                                         |  |
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                       |                                                   |                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                                                                         |  |
| <b>1a</b> Name of plan<br>THE RESTATED AG PROCESSING INC RETIREMENT PLAN                                                                                                                                                                                                                                                                                                     |                                                   | <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                           |                                                              | 020                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                              |                                                   | <b>1c</b> Effective date of plan                                                                                                                                                                                                                                                                                                                                                   |                                                              | 08/01/1995                                                                                              |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>AGP CORN PROCESSING, INC.<br><br>PO BOX 2047<br>OMAHA, NE 68103-2047                                        |                                                   | <b>2b</b> Employer Identification Number (EIN)                                                                                                                                                                                                                                                                                                                                     |                                                              | 47-0789272                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                              |                                                   | <b>2c</b> Sponsor's telephone number                                                                                                                                                                                                                                                                                                                                               |                                                              | 402-496-7809                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                              |                                                   | <b>2d</b> Business code (see instructions)                                                                                                                                                                                                                                                                                                                                         |                                                              | 115110                                                                                                  |  |
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor.<br>ASSOCIATED BENEFITS CORPORATION<br>1415 28TH STREET, SUITE 100<br>WEST DES MOINES, IA 50266-1450                                                                                                                                                                           |                                                   | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                      |                                                              | 42-1279416                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                              |                                                   | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                         |                                                              | 515-226-0303                                                                                            |  |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                       |                                                   | <b>4b</b> EIN                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                              |                                                   | <b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                       |                                                              |                                                                                                         |  |
| <b>5a</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                     |                                                   | <b>5a</b>                                                                                                                                                                                                                                                                                                                                                                          |                                                              | 104                                                                                                     |  |
| <b>b</b> Total number of participants at the end of the plan year                                                                                                                                                                                                                                                                                                            |                                                   | <b>5b</b>                                                                                                                                                                                                                                                                                                                                                                          |                                                              | 104                                                                                                     |  |
| <b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)                                                                                                                                                                                                                                    |                                                   | <b>5c</b>                                                                                                                                                                                                                                                                                                                                                                          |                                                              |                                                                                                         |  |
| <b>d(1)</b> Total number of active participants at the beginning of the plan year                                                                                                                                                                                                                                                                                            |                                                   | <b>5d(1)</b>                                                                                                                                                                                                                                                                                                                                                                       |                                                              | 0                                                                                                       |  |
| <b>d(2)</b> Total number of active participants at the end of the plan year                                                                                                                                                                                                                                                                                                  |                                                   | <b>5d(2)</b>                                                                                                                                                                                                                                                                                                                                                                       |                                                              | 0                                                                                                       |  |
| <b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested                                                                                                                                                                                                                                         |                                                   | <b>5e</b>                                                                                                                                                                                                                                                                                                                                                                          |                                                              | 0                                                                                                       |  |
| <b>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</b>                                                                                                                                                                                                                                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                                                                         |  |
| 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. |                                                   |                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                                                                         |  |
| <b>SIGN HERE</b>                                                                                                                                                                                                                                                                                                                                                             | Filed with authorized/valid electronic signature. | 12/31/2018                                                                                                                                                                                                                                                                                                                                                                         | KELLY HAYERTZ                                                |                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                              | Signature of plan administrator                   | Date                                                                                                                                                                                                                                                                                                                                                                               | Enter name of individual signing as plan administrator       |                                                                                                         |  |
| <b>SIGN HERE</b>                                                                                                                                                                                                                                                                                                                                                             | Filed with authorized/valid electronic signature. | 01/02/2019                                                                                                                                                                                                                                                                                                                                                                         | MATTHEW BENDLER                                              |                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                              | Signature of employer/plan sponsor                | Date                                                                                                                                                                                                                                                                                                                                                                               | Enter name of individual signing as employer or plan sponsor |                                                                                                         |  |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.                                                                                                                                                                                                                                                                                                   |                                                   |                                                                                                                                                                                                                                                                                                                                                                                    |                                                              | Form 5500-SF (2017)<br>v.170207                                                                         |  |

- 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 line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☒ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4109946. (See instructions.)

**Part III Financial Information**

| <b>7</b> Plan Assets and Liabilities                                                                 |              | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
|------------------------------------------------------------------------------------------------------|--------------|------------------------------|------------------------|
| <b>a</b> Total plan assets .....                                                                     | <b>7a</b>    | 6085475                      | 6353319                |
| <b>b</b> Total plan liabilities .....                                                                | <b>7b</b>    | 1275                         |                        |
| <b>c</b> Net plan assets (subtract line 7b from line 7a) .....                                       | <b>7c</b>    | 6084200                      | 6353319                |
| <b>8</b> Income, Expenses, and Transfers for this Plan Year                                          |              | <b>(a) Amount</b>            | <b>(b) Total</b>       |
| <b>a</b> Contributions received or receivable from:                                                  |              |                              |                        |
| <b>(1)</b> Employers .....                                                                           | <b>8a(1)</b> |                              |                        |
| <b>(2)</b> Participants .....                                                                        | <b>8a(2)</b> |                              |                        |
| <b>(3)</b> Others (including rollovers) .....                                                        | <b>8a(3)</b> |                              |                        |
| <b>b</b> Other income (loss) .....                                                                   | <b>8b</b>    | 476313                       |                        |
| <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....                                  | <b>8c</b>    |                              | 476313                 |
| <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) ..... | <b>8d</b>    | 194682                       |                        |
| <b>e</b> Certain deemed and/or corrective distributions (see instructions) ....                      | <b>8e</b>    |                              |                        |
| <b>f</b> Administrative service providers (salaries, fees, commissions) .....                        | <b>8f</b>    | 5064                         |                        |
| <b>g</b> Other expenses .....                                                                        | <b>8g</b>    | 7448                         |                        |
| <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....                                         | <b>8h</b>    |                              | 207194                 |
| <b>i</b> Net income (loss) (subtract line 8h from line 8c) .....                                     | <b>8i</b>    |                              | 269119                 |
| <b>j</b> Transfers to (from) the plan (see instructions) .....                                       | <b>8j</b>    |                              |                        |

**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 1I 3H
- 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**

| <b>10</b> During the plan year:                                                                                                                                                                                                           |            | <b>Yes</b>                          | <b>No</b>                           | <b>Amount</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------|-------------------------------------|---------------|
| <b>a</b> 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) .....                       | <b>10a</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....                                                                                                      | <b>10b</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>c</b> Was the plan covered by a fidelity bond? .....                                                                                                                                                                                   | <b>10c</b> | <input checked="" type="checkbox"/> |                                     | 3500000       |
| <b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                   | <b>10d</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>e</b> 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.) ..... | <b>10e</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>f</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                        | <b>10f</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....                                                                                                                                          | <b>10g</b> |                                     | <input checked="" type="checkbox"/> |               |
| <b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                              | <b>10h</b> |                                     |                                     |               |
| <b>i</b> 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 .....                                                       | <b>10i</b> |                                     |                                     |               |

**Part VI Pension Funding Compliance**

|                                                                                                                |                                                                                                                                                                                                                                  |                                                                                       |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>11</b>                                                                                                      | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) .....                                                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                   |
| <b>11a</b>                                                                                                     | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 .....                                                                                                                         | <b>11a</b> <span style="float: right;">0</span>                                       |
| <b>12</b>                                                                                                      | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .....<br>(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                   |
| <b>a</b>                                                                                                       | 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 _____          |                                                                                       |
| <b>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.</b> |                                                                                                                                                                                                                                  |                                                                                       |
| <b>b</b>                                                                                                       | Enter the minimum required contribution for this plan year .....                                                                                                                                                                 | <b>12b</b>                                                                            |
| <b>c</b>                                                                                                       | Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                | <b>12c</b>                                                                            |
| <b>d</b>                                                                                                       | 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) .....                                                                                        | <b>12d</b>                                                                            |
| <b>e</b>                                                                                                       | Will the minimum funding amount reported on line 12d be met by the funding deadline? .....                                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

**Part VII Plan Terminations and Transfers of Assets**

|                                |                                                                                                                                                                                                    |                                                                     |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>13a</b>                     | Has a resolution to terminate the plan been adopted in any plan year? .....                                                                                                                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                                | If "Yes," enter the amount of any plan assets that reverted to the employer this year .....                                                                                                        | <b>13a</b>                                                          |
| <b>b</b>                       | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>c</b>                       | 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.) |                                                                     |
| <b>13c(1)</b> Name of plan(s): |                                                                                                                                                                                                    | <b>13c(2)</b> EIN(s)                                                |
|                                |                                                                                                                                                                                                    | <b>13c(3)</b> PN(s)                                                 |
|                                |                                                                                                                                                                                                    |                                                                     |

|                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan<br/>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2017</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2017 or fiscal plan year beginning 04/01/2017 and ending 03/31/2018

▶ **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.

|                                                                                                              |                                                                    |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>THE RESTATED AG PROCESSING INC RETIREMENT PLAN</u>                               | <b>B</b> Three-digit plan number (PN) ▶ <u>020</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>AGP CORN PROCESSING, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>47-0789272</u> |

**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**

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2017</u>                                                                                                                               |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | <u>6074131</u>            |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | <u>5959344</u>            |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <u>16</u>                  | <u>1330848</u>            | <u>1330848</u>           |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <u>88</u>                  | <u>3353808</u>            | <u>3353808</u>           |
| <b>c</b> For active participants .....                                                                                                                                                                          | <u>0</u>                   | <u>0</u>                  | <u>0</u>                 |
| <b>d</b> Total .....                                                                                                                                                                                            | <u>104</u>                 | <u>4684656</u>            | <u>4684656</u>           |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | <u>6.11</u> %             |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | <u>11723</u>              |                          |

**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.

|                                                                            |  |                                        |
|----------------------------------------------------------------------------|--|----------------------------------------|
| <b>SIGN HERE</b>                                                           |  | <u>12/07/2018</u>                      |
| Signature of actuary                                                       |  | Date                                   |
| <u>DOUGLAS S. LANE</u>                                                     |  | <u>17-04376</u>                        |
| Type or print name of actuary                                              |  | Most recent enrollment number          |
| <u>KIDDER-LANE ACTUARIAL SERVICES, LLC</u>                                 |  | <u>515-453-8589</u>                    |
| Firm name                                                                  |  | Telephone number (including area code) |
| <u>5700 WESTOWN PARKWAY, SUITE 100</u><br><u>WEST DES MOINES, IA 50266</u> |  |                                        |
| 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 844304                 |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 844304                 |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>7.52</u> % .....                                                                                 | 0                     | 63492                  |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 368085                 |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.31</u> % ..... |                       | 23226                  |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 391311                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 391311                 |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 36142                  |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 1262965                |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 100.25% |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 127.20% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 101.85% |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | <b>17</b> | %       |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 08/10/2018               | 270000                            |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 270000                            | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |        |
|-------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                    | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 249094 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 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**

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.16 % | 2nd segment:<br>5.72 % | 3rd segment:<br>6.48 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age.....                                                                                                                                               |                        |                        |                        | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 11723              |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 11723              |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 249094             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 249094             |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |                                         |                                   |                               |                               |
|------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                         |                                   |                               |                               |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years | <input type="checkbox"/> 15 years |                               |                               |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008           | <input type="checkbox"/> 2009     | <input type="checkbox"/> 2010 | <input type="checkbox"/> 2011 |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                               |                                   |                               |                               |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                               |                                   |                               |                               |

**Plan Name:** The Restated Ag Processing Inc Retirement Plan  
**Plan Sponsor EIN:** 47-0789272  
**ERISA 3-digit Plan #:** 020  
**Plan Year Ending:** 03/31/2018

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                                                                   |            |
| 5500 Sch. SB  | 26     | Schedule of Active Participant Data                                                               |            |
| 5500 Sch. SB  | 32     | Schedule of Amortization Bases                                                                    |            |

**Plan Name:** The Restated Ag Processing Inc Retirement Plan  
**Plan Sponsor EIN:** 47-0789272  
**ERISA 3-digit Plan #:** 020  
**Plan Year Ending:** 03/31/2018

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                                                                   |            |
| 5500 Sch. SB  | 26     | Schedule of Active Participant Data                                                               |            |
| 5500 Sch. SB  | 32     | Schedule of Amortization Bases                                                                    |            |

**Plan Name:** The Restated Ag Processing Inc Retirement Plan  
**Plan Sponsor EIN:** 47-0789272  
**ERISA 3-digit Plan #:** 020  
**Plan Year Ending:** 03/31/2018

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                                                                   |            |
| 5500 Sch. SB  | 26     | Schedule of Active Participant Data                                                               |            |
| 5500 Sch. SB  | 32     | Schedule of Amortization Bases                                                                    |            |

|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration<br/>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2017</b><br><br>This Form is Open to Public Inspection |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

For calendar plan year 2017 or fiscal plan year beginning 04/01/2017 and ending 03/31/2018

► 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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>THE RESTATED AG PROCESSING INC RETIREMENT PLAN                                                                   | <b>B</b> Three-digit plan number (PN) <u>020</u>                                                                                                        |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>AGP CORN PROCESSING, INC.                                     | <b>D</b> Employer Identification Number (EIN)<br>47-0789272                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

| Part I Basic Information |                                                                                                                                                                                                         |                            |                           |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| <b>1</b>                 | Enter the valuation date: Month <u>4</u> Day <u>1</u> Year <u>2017</u>                                                                                                                                  |                            |                           |
| <b>2</b>                 | Assets:                                                                                                                                                                                                 |                            |                           |
|                          | a Market value.....                                                                                                                                                                                     | <b>2a</b>                  | 6,074,131                 |
|                          | b Actuarial value.....                                                                                                                                                                                  | <b>2b</b>                  | 5,959,344                 |
| <b>3</b>                 | Funding target/participant count breakdown                                                                                                                                                              | (1) Number of participants | (2) Vested Funding Target |
|                          | a For retired participants and beneficiaries receiving payment.....                                                                                                                                     | 16                         | 1,330,848                 |
|                          | b For terminated vested participants.....                                                                                                                                                               | 88                         | 3,353,808                 |
|                          | c For active participants.....                                                                                                                                                                          | 0                          | 0                         |
|                          | d Total.....                                                                                                                                                                                            | 104                        | 4,684,656                 |
| <b>4</b>                 | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                            |                            |                           |
|                          | a Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                       | <b>4a</b>                  |                           |
|                          | 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..... | <b>4b</b>                  |                           |
| <b>5</b>                 | Effective interest rate.....                                                                                                                                                                            | <b>5</b>                   | 6.11 %                    |
| <b>6</b>                 | Target normal cost.....                                                                                                                                                                                 | <b>6</b>                   | 11,723                    |

**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.

|                  |                                                               |                                                                 |
|------------------|---------------------------------------------------------------|-----------------------------------------------------------------|
| <b>SIGN HERE</b> | <br>Signature of actuary                                      | <u>12/7/18</u><br>Date                                          |
|                  | <u>Douglas S. Lane</u><br>Type or print name of actuary       | <u>17-04376</u><br>Most recent enrollment number                |
|                  | <u>Kidder-Lane Actuarial Services, LLC</u><br>Firm name       | <u>(515) 453-8589</u><br>Telephone number (including area code) |
|                  | <u>5700 Westown Parkway, Suite 100</u><br>Address of the firm |                                                                 |
|                  | <u>West Des Moines IA 50266</u><br>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, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2017  
v. 170203

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b> |                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>                                                           | Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                                       | 0                     | 844,304                |
| <b>8</b>                                                           | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                   | 0                     | 0                      |
| <b>9</b>                                                           | Amount remaining (line 7 minus line 8).....                                                                                                                          | 0                     | 844,304                |
| <b>10</b>                                                          | Interest on line 9 using prior year's actual return of <u>7.52</u> % .....                                                                                           | 0                     | 63492                  |
| <b>11</b>                                                          | Prior year's excess contributions to be added to prefunding balance:                                                                                                 |                       |                        |
|                                                                    | <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                       |                       | 368085                 |
|                                                                    | <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.31</u> % ..... |                       | 23226                  |
|                                                                    | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return.....                                                                  |                       | 0                      |
|                                                                    | <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                         |                       | 391311                 |
|                                                                    | <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                       |                       | 391311                 |
| <b>12</b>                                                          | Other reductions in balances due to elections or deemed elections.....                                                                                               | 0                     | 36142                  |
| <b>13</b>                                                          | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                                    | 0                     | 1262965                |

| <b>Part III Funding Percentages</b> |                                                                                                                                                                  |           |         |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b>                           | Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 100.25% |
| <b>15</b>                           | Adjusted funding target attainment percentage.....                                                                                                               | <b>15</b> | 127.20% |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 101.85% |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | <b>17</b> | %       |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 08/10/2018                                                                               | 270,000                           |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 270,000                           | <b>18(c)</b>                    |
|                                                                                          |                                   |                                 |                          |                                   | 0                               |

|                                                                                                                                                                                 |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                            |                    |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                                                                             | <b>19a</b> 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                              | <b>19b</b> 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....                                                          | <b>19c</b> 249,094 |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                     |                    |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |                    |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |
| <b>c</b> If line 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**

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.16 % | 2nd segment:<br>5.72 % | 3rd segment:<br>6.48 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            | <b>31a</b>          | 11,723             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 11,723             |               |
| <b>32</b> Amortization installments:                                                                                                                                                 |                     |                    |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>b</b> Waiver amortization installment.....                                                                                                                                        | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 249,094            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 249,094            |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....                                                                       | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               |  |  |

**Attachment to 2017 Form 5500**  
**Schedule SB, line 22 - Description of Weighted Average Retirement Age**

|                                                                        |                               |
|------------------------------------------------------------------------|-------------------------------|
| <b>Plan Name</b> <u>THE RESTATED AG PROCESSING INC RETIREMENT PLAN</u> | <b>EIN:</b> <u>47-0789272</u> |
| <b>Plan Sponsor's Name</b> <u>AGP CORN PROCESSING, INC.</u>            | <b>PN:</b> <u>020</u>         |

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.

# Actuarial Assumptions and Methods

## *Actuarial Assumptions*

The actuarial assumptions used in the valuation of the Contributory and Noncontributory Plans are shown below. The assumptions used are the same assumptions that were used in the April 1, 2015 valuation except as noted below.

### **Interest**

#### Segment Rates

Segment 1 – 4.16%

Segment 2 – 5.72%

Segment 3 – 6.48%

#### Prior Year: Segment Rates

Segment 1 – 4.43%

Segment 2 – 5.91%

Segment 3 – 6.65%

The Employee Accum Interest Rate is 2.55%, the prior year used 1.74% per annum for applicable groups.

### **Mortality**

RP 2000 (Separate Male and Female Tables). 2017 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). 2016 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 Groups 4 and 527 use the same select rates of turnover but have different ultimate rates in a separate column. Sample rates are shown below.

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

Groups 509, 510, 513, 514, and 516 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+ 004 & 527 |
| 25         | 25.00%                            | 25.00% | 20.00% | 15.00% | 11.00%      | 9.00%        |
| 30         | 25.00%                            | 25.00% | 20.00% | 15.00% | 11.00%      | 9.00%        |
| 35         | 20.00%                            | 20.00% | 15.00% | 15.00% | 8.66%       | 8.00%        |
| 40         | 20.00%                            | 20.00% | 15.00% | 15.00% | 7.31%       | 6.00%        |
| 45         | 16.00%                            | 16.00% | 12.00% | 8.00%  | 6.00%       | 4.00%        |
| 50         | 16.00%                            | 16.00% | 12.00% | 8.00%  | 4.75%       | 3.00%        |
| 55         | 12.00%                            | 12.00% | 10.00% | 8.00%  | 4.00%       | 2.00%        |
| 60         | 12.00%                            | 12.00% | 10.00% | 8.00%  | 4.00%       | 2.00%        |

### 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         | 7.50%                          |
| 30         | 6.25                           |
| 35         | 5.50                           |
| 40         | 5.00                           |
| 45         | 4.25                           |
| 50         | 4.00                           |
| 55         | 3.75                           |
| 60         | 2.75                           |

### 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 216 and 326 do not have a retirement age probability table; all retirements are assumed to occur at age 62. For Group 415 all retirements are assumed to 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%                  | 3%              |
| 59         | 6%                  | 3%              |
| 60         | 6%                  | 3%              |
| 61         | -                   | 10%             |
| 62         | -                   | 30%             |
| 63         | -                   | 25%             |
| 64         | -                   | 25%             |
| 65         | -                   | 40%             |
| 66         | -                   | 25%             |
| 67         | -                   | 25%             |
| 68         | -                   | 25%             |
| 69         | -                   | 25%             |
| 70 & 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 0.08% of the Market Value of Assets was added to the Target Normal Cost, the prior year also used 0.08%.

The Target Normal Cost includes the plan's flat rate PBGC expense of \$69 per participant, last year was \$64 per participant.

**Contingency  
Fund Charge**

The contingency fund benefits were allocated to the appropriate group and are no longer funded by a charge. Last year the charge was 0.3726% of covered payroll, while groups 4 and 527 used 0.0507% of covered payroll.

## ***Asset Valuation Method***

The 2017 Valuation continues to utilize the PPA approved spread. This method was further described in IRS Notice 2009-22.

## 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"> <li>1. Attainment of age 21, 4 months of employment, and works at least 1000 hours per year.</li> <li>2. Attainment of age 21.</li> </ol>                                                      |
| Employee Contribution             | Not applicable for the Noncontributory Plans.<br>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 <sup>th</sup> 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"> <li>100% after 5 years of service.</li> <li>Follow the table below: <table> <tr> <th>Service</th><th>Vesting %</th></tr> <tr> <td>&lt; 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>&gt; 6 years</td><td>100%</td></tr> </table> </li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 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 &amp; 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |           |           |    |         |     |         |     |         |     |         |     |           |      |

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>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>2017</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                         |                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2017 or fiscal plan year beginning _____ and ending _____                                        |                                                                                                                                       |
| ▶ 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                                                                                                          | B Three-digit plan number (PN) ▶                                                                                                      |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF                                                       | D Employer Identification Number (EIN)                                                                                                |
| E Type of plan: <input type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                        |                            |                           |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| Part I | Basic Information                                                                                                                                                                                      |                            |                           |
| 1      | Enter the valuation date: Month _____ Day _____ Year _____                                                                                                                                             |                            |                           |
| 2      | Assets:                                                                                                                                                                                                |                            |                           |
| a      | Market value.....                                                                                                                                                                                      | 2a                         |                           |
| b      | Actuarial value .....                                                                                                                                                                                  | 2b                         |                           |
| 3      | Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target |
| a      | For retired participants and beneficiaries receiving payment .....                                                                                                                                     |                            | (3) Total Funding Target  |
| b      | For terminated vested participants .....                                                                                                                                                               |                            |                           |
| c      | For active participants .....                                                                                                                                                                          |                            |                           |
| d      | Total .....                                                                                                                                                                                            |                            |                           |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                            |                           |
| 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                          | %                         |
| 6      | Target normal cost .....                                                                                                                                                                               | 6                          |                           |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 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                                   |
| Type or print name of actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Most recent enrollment number          |
| Firm name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Telephone number (including area code) |
| Address of the firm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                       |                       |                        |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                    |                       |                        |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                          |                       |                        |
| <b>10</b> Interest on line 9 using prior year's actual return of _____ % .....                                                                                 |                       |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                 |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                |                       |                        |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____ % ..... |                       |                        |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                           |                       |                        |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                  |                       |                        |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                              |                       |                        |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                   |                       |                        |

**Part III Funding Percentages**

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

**Part IV Contributions and Liquidity Shortfalls**

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | <b>18(c)</b>                      |                                 |

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

|                                                                                                                         |            |  |
|-------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> |  |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> |  |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> |  |

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? ..... ☐ Yes ☐ No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... ☐ Yes ☐ No

**c** If line 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**

|                                                                                                                                                                                   |                   |                   |                   |                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                          |                   |                   |                   |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                           | 1st segment:<br>% | 2nd segment:<br>% | 3rd segment:<br>% | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                       |                   |                   |                   | <b>21b</b>                                          |
| <b>22</b> Weighted average retirement age .....                                                                                                                                   |                   |                   |                   | <b>22</b>                                           |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                   |                   |                   |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment .....                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment .....                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   | <b>27</b>                                                |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          |                    |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          |                    |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 |                     |                    |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                     |                    |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          | <b>34</b>           |                    |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                |                     |                    |               |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           |                    |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           |                    |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          |                    |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          |                    |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....                                                                       | <b>39</b>           |                    |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           |                    |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               |  |  |

**Attachment to 2017 Form 5500**  
**Schedule SB, line 22 - Description of Weighted Average Retirement Age**

**Plan Name** THE RESTATED AG PROCESSING INC RETIREMENT PLAN

**EIN:** 47-0789272

**Plan Sponsor's Name** AGP CORN PROCESSING, INC.

**PN:** 020

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.