

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans 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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div> This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>ADM RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/28/1943</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>12/28/1943</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>12/28/1943</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ARCHER DANIELS MIDLAND COMPANY</u> <u>P.O. BOX 1470</u> <u>DECATUR, IL 62525</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>41-0129150</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>312-634-8140</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>311900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>41-0129150</u>	2c Plan Sponsor's telephone number <u>312-634-8140</u>	2d Business code (see instructions) <u>311900</u>	
2b Employer Identification Number (EIN) <u>41-0129150</u>					
2c Plan Sponsor's telephone number <u>312-634-8140</u>					
2d Business code (see instructions) <u>311900</u>					

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2019	MICHAEL D'AMBROSE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 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: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 13538
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 7796 6a(2) 7896 6b 225 6c 1976 6d 10097 6e 33 6f 10130 6g 6h 173
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1C 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>	
▶ 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 <u>ADM RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ARCHER DANIELS MIDLAND COMPANY</u>	D Employer Identification Number (EIN) <u>41-0129150</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
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>	
2 Assets:	
a Market value.....	2a <u>1484851203</u>
b Actuarial value	2b <u>1372458937</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>3943</u> (2) Vested Funding Target <u>482760336</u> (3) Total Funding Target <u>482760336</u>
b For terminated vested participants	<u>1855</u> <u>96165869</u> <u>96165869</u>
c For active participants	<u>7796</u> <u>496270116</u> <u>516651222</u>
d Total	<u>13594</u> <u>1075196321</u> <u>1095577427</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.80 %</u>
6 Target normal cost	6 <u>39298458</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.

SIGN HERE	
<u>JASON M. BRAVO</u>	<u>10/02/2019</u>
Signature of actuary	Date
<u>AON CONSULTING, INC.</u>	<u>17-05569</u>
Type or print name of actuary	Most recent enrollment number
<u>CROWN CENTRE, SUITE 1000</u> <u>5005 ROCKSIDE RD.</u> <u>INDEPENDENCE, OH 44131</u>	<u>216-573-9700</u>
Firm name	Telephone number (including area code)
<u></u>	
Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	247183765
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	22580593
9 Amount remaining (line 7 minus line 8)	0	224603172
10 Interest on line 9 using prior year's actual return of <u>18.14</u> %	0	40743015
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		32821002
b(1) 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>6.00</u> %		614425
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		4096120
c Total available at beginning of current plan year to add to prefunding balance		37531547
d Portion of (c) to be added to prefunding balance		37531547
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	302877734

Part III Funding Percentages

14 Funding target attainment percentage	14	97.62%
15 Adjusted funding target attainment percentage	15	125.27%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.37%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2019	24000000	0			
Totals ▶			18(b)	24000000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	22058875

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	39298458	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	25996224		4243879
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	43542337	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	21483462	21483462
36 Additional cash requirement (line 34 minus line 35)	36	22058875	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	22058875	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan ADM RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ARCHER DANIELS MIDLAND COMPANY	D Employer Identification Number (EIN) 41-0129150	

Part I	Service Provider Information (see instructions)
---------------	--

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	CEDY JURY	b EIN:	22-2232264
c Position:	ENROLLED ACTUARY		
d Address:	200 EAST RANDOLPH STREET CHICAGO, IL 60601	e Telephone:	312-381-1000

Explanation: AS A RESULT OF AN INTERNAL CHANGE IN ASSIGNMENTS AT AON, THE ENROLLED ACTUARY HAS CHANGED.

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

<div>SCHEDULE D (Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018					
A Name of plan ADM RETIREMENT PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ARCHER DANIELS MIDLAND COMPANY				D Employer Identification Number (EIN) 41-0129150	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: ADM MASTER RETIREMENT TRUST					
b Name of sponsor of entity listed in (a): ARCHER DANIELS MIDLAND COMPANY					
c EIN-PN 27-1701181-004		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 840274060	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan ADM RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ARCHER DANIELS MIDLAND COMPANY	D Employer Identification Number (EIN) 41-0129150	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	40000000	24000000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	1446360913	840274060
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1486360913	864274060

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1486360913	864274060
---	-----------	------------	-----------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	24000000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		24000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-70599382
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-46599382

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	575487471	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		575487471
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		575487471

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-622086853
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: ERNST & YOUNG LLP

(2) EIN: 34-6565596

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c 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 4157149. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>ADM RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ARCHER DANIELS MIDLAND COMPANY</u>	D Employer Identification Number (EIN) <u>41-0129150</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-1561860</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>299</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a**16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 58.3% Investment-Grade Debt: 39.3% High-Yield Debt: 1.3% Real Estate: 1.1% Other: 0.0%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☒ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify):

ADM Retirement Plan
ADM Pension Plan for Hourly-Wage Employees
Years Ended December 31, 2018 and 2017
With Report of Independent Auditors

ADM Retirement Plan
ADM Pension Plan for Hourly-Wage Employees

Financial Statements
(Modified Cash Basis)

Years Ended December 31, 2018 and 2017

Contents

Report of Independent Auditors.....	1
Financial Statements (Modified Cash Basis)	
Statements of Net Assets Available for Benefits (Modified Cash Basis).....	3
Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis).....	4
Notes to Financial Statements (Modified Cash Basis)	6

Report of Independent Auditors

The Benefit Plans Committee
ADM Retirement Plan
ADM Pension Plan for Hourly-Wage Employees

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the ADM Retirement Plan and the ADM Pension Plan for Hourly-Wage Employees, which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with the modified cash basis of accounting as described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management also is responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified investment information described in Note 3, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entity that certified the investment information meets the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of December 31, 2018 and 2017, and for the years then ended, stating that the investment information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion on Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Modified Cash Basis of Accounting

As described in Note 2 to the financial statements, the financial statements have been prepared on the modified cash basis of accounting, which is a basis of accounting other than U.S. generally accepted accounting principles. Our disclaimer of opinion is not modified with respect to this matter.

Report on Compliance of Form and Content with Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ernst + Young LLP

October 9, 2019

ADM Retirement Plan
ADM Pension Plan for Hourly-Wage Employees

Statements of Net Assets Available for Benefits
(Modified Cash Basis)

	December 31 , 2018	
	Retirement Plan	Hourly Plan
Assets		
Interest in Master Trust	\$ 840,274,060	\$ 418,582,437
Net assets available for benefits	<u>\$ 840,274,060</u>	<u>\$ 418,582,437</u>

	December 31 , 2017	
	Retirement Plan	Hourly Plan
Assets		
Interest in Master Trust	\$ 1,446,360,913	\$ 469,813,740
Net assets available for benefits	<u>\$ 1,446,360,913</u>	<u>\$ 469,813,740</u>

See accompanying notes.

ADM Retirement Plan
ADM Pension Plan for Hourly-Wage Employees

Statements of Changes in Net Assets Available for Benefits
(Modified Cash Basis)

	Year Ended December 31, 2018	
	Retirement	
	Plan	Hourly Plan
Additions:		
Employer contributions	\$ 40,000,000	\$ -
Interest and dividends	28,456,591	10,051,344
	<u>68,456,591</u>	<u>10,051,344</u>
Deductions:		
Pension benefit payments	(47,556,684)	(19,654,591)
Annuity contract purchase	(527,930,787)	-
Trust fees and commissions	(3,621,565)	(1,265,539)
	<u>(579,109,036)</u>	<u>(20,920,130)</u>
Net realized and unrealized depreciation in fair value of investments	<u>(95,434,408)</u>	<u>(40,362,517)</u>
Net decrease	<u>(606,086,853)</u>	<u>(51,231,303)</u>
Net assets available for benefits at beginning of year	<u>1,446,360,913</u>	<u>469,813,740</u>
Net assets available for benefits at end of year	<u>\$ 840,274,060</u>	<u>\$ 418,582,437</u>

ADM Retirement Plan
ADM Pension Plan for Hourly-Wage Employees

Statements of Changes in Net Assets Available for Benefits
(Modified Cash Basis)

	Year Ended December 31, 2017	
	Retirement	
	Plan	Hourly Plan
Additions:		
Interest and dividends	\$ 37,386,486	\$ 12,179,509
Deductions:		
Pension benefit payments	(45,982,542)	(16,752,398)
Trust fees and commissions	(3,706,701)	(1,207,610)
	(49,689,243)	(17,960,008)
Net realized and unrealized appreciation in fair value of investments	191,766,305	62,476,522
Net increase	179,463,548	56,696,023
Net assets available for benefits at beginning of year	1,266,897,365	413,117,717
Net assets available for benefits at end of year	<u>\$ 1,446,360,913</u>	<u>\$ 469,813,740</u>

ADM Retirement Plan
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements
(Modified Cash Basis)

1. Description of the Plans

The accompanying financial statements comprise the ADM Retirement Plan (the Retirement Plan) and the ADM Pension Plan for Hourly-Wage Employees (the Hourly Plan) (collectively, the Plans) of Archer-Daniels-Midland Company (ADM or the Company) that participate in the Archer Daniels Midland Master Retirement Trust (the Master Trust).

The Company's funding policy with respect to the Plans is to contribute at least the necessary amount each year to meet the minimum amount required by the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plans have met the ERISA minimum funding requirements for 2018 and 2017.

The Company is free to terminate the Plans at any time, subject to the provisions of ERISA and the collective bargaining agreements. In the event of the termination of the Plans, the net assets of Plans shall be allocated to provide benefits in the order of priority prescribed by ERISA. However, the Pension Benefit Guaranty Corporation guarantees the payment of all nonforfeitable basic benefits, subject to certain limitations prescribed by ERISA.

More complete information about the Plans, including vesting and benefit provisions, is contained in the plan documents available from the Company.

On October 29, 2018, the Plan was amended to enter into a binding agreement to purchase a group annuity contract from The Prudential Insurance Company of America (Prudential), irrevocably transferring the future benefit obligations and annuity administration for approximately 3,800 retirees from the Retirement Plan to Prudential. The purchase of the group annuity contract, which was funded directly by the Retirement Plan's assets, was completed on November 2, 2018. The accumulated benefit obligation disclosed in Note 5 does not reflect the impact of this amendment.

On December 22, 2017, ADM approved an amendment effective October 1, 2017, to sunset the age and service accruals for traditional formula participants in the Retirement Plan as of December 31, 2021. No employee will be eligible to participate in the traditional formula on or after January 1, 2022. Effective January 1, 2022, traditional formula participants will transition to the cash balance formula, while maintaining their frozen traditional formula accrued benefit.

ADM Retirement Plan

The Retirement Plan is a defined benefit plan covering substantially all regular salaried employees of ADM and its participating affiliates.

From time to time, the assets and liabilities of acquired pension plans covering the salaried employees of acquired ADM subsidiaries or locations are merged into the Retirement Plan, as is the policy of ADM.

ADM Retirement Plan
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements
(Modified Cash Basis)

1. Description of the Plans (continued)

ADM Pension Plan for Hourly-Wage Employees

The Hourly Plan is a defined benefit plan covering those employees of ADM and its participating affiliates working at participating locations (as described in the plan document) and paid on an hourly rate basis. The Hourly Plan provisions for those locations that are not represented by a collective bargaining agreement, as well as those represented by a collective bargaining agreement, have been modified by the addition of appendices to the Hourly Plan specifying those provisions for the locations that differ from the corresponding provisions of the basic plan provisions.

From time to time, the assets and liabilities of acquired pension plans covering the hourly employees of acquired ADM subsidiaries or locations are merged into the Hourly Plan, as is the policy of ADM.

2. Significant Accounting Policies

Basis of Accounting

The accounting records of the Plans are maintained on a modified cash basis, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Under the modified cash basis, investments are recorded at fair value, and transactions are recorded when cash is received or paid rather than in the time period in which income is earned or expenses are incurred.

Benefits Paid

Benefits are recorded when paid.

Investments

The Plans' investments held in the Master Trust are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Further information regarding the valuation techniques used to measure the fair value of investment assets held in the Master Trust is included in Note 4.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Master Trust's gains and losses on investments bought and sold, as well as held, during the year.

ADM Retirement Plan
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements
(Modified Cash Basis)

2. Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 5) are those estimated future periodic payments, including lump-sum distributions, attributable under the Plans' provisions to services rendered by employees through the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits payable under all circumstances, including retirement, death, disability and termination of employment, are included to the extent they are deemed attributable to employee service rendered through the valuation date.

ADM Retirement Plan

Effective January 1, 2009, salaried employees who were vested (five or more years of service before January 1, 2009) continued with the existing traditional pension formula and will continue until 2021. Salaried employees with less than five years of service before January 1, 2009, participate in a point-based cash balance pension formula with a three-year vesting schedule.

Benefits for retired or terminated employees or their beneficiaries under the traditional pension formula are based on the employee's highest average monthly salary for 60 consecutive months out of the last 180 consecutive months of credited service. Benefits for retired or terminated employees or their beneficiaries under the cash balance pension formula are based on the employee's cash balance account.

ADM Pension Plan for Hourly-Wage Employees

Effective January 1, 2009, most non-bargaining hourly employees, as well as those represented by a collective bargaining agreement, who were hired prior to January 1, 2009, that have a pension plan at their location continued with the existing traditional pension formula. Non-bargaining hourly employees who are hired or rehired on or after January 1, 2009, participate in a point-based cash balance pension formula. Employees represented by a collective bargaining agreement who were hired or rehired on or after January 1, 2009, participate in the pension formula applicable to their respective location.

Benefits for retired or terminated employees or their beneficiaries under the traditional formula are based on the applicable benefit level and the employees' credited service as determined by hours worked. Benefits for retired or terminated employees or their beneficiaries under the cash balance pension formula are based on the employee's cash balance account.

ADM Retirement Plan
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements
(Modified Cash Basis)

2. Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Plan Expenses

All costs and expenses incurred in connection with the operation of the Plans with regard to the purchase and sale of investments, as well as certain professional fees, are paid out of the Master Trust. Other administrative expenses and actuarial and audit fees are paid by ADM, the plan sponsor.

New Accounting Pronouncements

In July 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2018-09, *Codification Improvements*, which, among other things, amends an illustrative example of a fair value hierarchy disclosure to indicate that a certain type of investment should not always be considered to be eligible to use the net asset value per share practical expedient. Also, it further clarifies that an entity should evaluate whether a readily determinable fair value exists or whether its investments qualify for the net asset value per share practical expedient in accordance with *FASB Accounting Standards Codification* (ASC) Topic 820, Fair Value Measurement. Adoption of the amended guidance, which is to be applied prospectively, affects the fair value disclosures, but does not change the fair value measurement of the investments. ASU 2018-09 is effective for fiscal years beginning after December 15, 2019. Early adoption is permitted. Management is currently evaluating the impact of the adoption to the Plans' financial statement disclosures.

In February 2017, FASB issued ASU No. 2017-06, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): Employee Benefit Plan Master Trust Reporting*. ASU 2017-06 requires a plan to present its interest in a master trust and the change in that interest in separate line items in the statement of net assets available for benefits and in the statement of changes in net assets available for benefits, respectively. It also requires a plan to disclose the master trust's investments and other assets and liabilities, as well as the dollar amount of its interest in these balances. ASU 2017-06 is effective for entities for fiscal years beginning after December 15, 2018, with retrospective application to all periods presented. Early application is permitted. Management is currently evaluating the impact of the adoption to the Plans' financial statement disclosures.

ADM Retirement Plan
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements
(Modified Cash Basis)

3. Master Trust Investment Information

Certain investment information disclosed in the accompanying financial statements for the Plans and Master Trust, including investments held at December 31, 2018 and 2017, and net appreciation (depreciation) in fair value of investments, interest, dividends and investment expenses for the years ended December 31, 2018 and 2017, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Northern Trust Company, the custodian.

The Plans' investments are held in the Master Trust established for the investment of assets of the Plans. Each participating retirement plan has an undivided interest in the Master Trust. The Retirement Plan's and Hourly Plan's interest in the net assets of the Master Trust was approximately 67 percent and 33 percent, at December 31, 2018, and 75 percent and 25 percent at December 31, 2017, respectively.

Investment income (loss) and expenses are allocated among the Plans based upon each plan's pro rata share in the net assets of the Master Trust.

ADM Retirement Plan
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements
(Modified Cash Basis)

3. Master Trust Investment Information (continued)

The following table presents the net assets of the Master Trust:

	December 31	
	2018	2017
Investments at fair value:		
Common stock	\$ 151,810,384	\$ 258,791,662
Mutual funds	148,382,823	750,610,055
Common collective trust funds	403,691,277	158,414,294
U.S. Treasury instruments	181,946,826	153,131,513
U.S. government agency, state and local government bonds	39,441,710	43,421,869
Corporate debt instruments	400,034,479	594,200,152
Other	7,148,392	18,795,538
	<u>\$ 1,332,455,891</u>	<u>\$ 1,977,365,083</u>
Pending transactions (net purchases and sales)	(79,530,157)	(69,639,436)
Income receivable	5,930,763	8,449,006
	<u>\$ 1,258,856,497</u>	<u>\$ 1,916,174,653</u>

Investment (loss) income for the Master Trust was as follows:

	Years Ended December 31	
	2018	2017
Net realized and unrealized (depreciation) appreciation in fair value of investments	(135,796,925)	254,242,827
Interest and dividend income	38,507,935	49,565,995
	<u>\$ (97,288,990)</u>	<u>\$ 303,808,822</u>

ADM Retirement Plan
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements
(Modified Cash Basis)

4. Fair Value Measurements

The Master Trust assets are valued as required by ASC Topic 820. ASC 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement). The three levels are described below:

Level 1: Inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities.

Level 2: Inputs are observable, including Level 1 prices that have been adjusted, quoted prices for similar assets or liabilities, quoted prices in markets that are less active than traded exchanges, and other inputs that are observable or can be substantially corroborated by observable market data.

Level 3: Inputs are unobservable and are supported by little or no market activity and are a significant component of the fair value of the assets or liabilities.

Following is a description of the valuation techniques and inputs used for investments measured at fair value, including the general classification of such investments pursuant to the valuation hierarchy:

Common stock:

Equity securities are valued based on quoted exchange prices and are classified within Level 1 of the valuation hierarchy.

Mutual funds:

Mutual funds are valued at the closing price reported on the active market on which they are traded and are classified within Level 1 of the valuation hierarchy.

Common collective trust (CCT) funds:

The fair values of the CCTs are valued using net asset value (NAV practical expedient). The investments in CCTs consist of international equity and short-term investments. The investments are valued at NAV provided by administrators of the funds. Accordingly, they are not classified within the fair value hierarchy.

U.S. Treasury instruments:

U.S. Treasury instruments are valued at the closing price reported on the active market on which they are traded and classified within Level 1 of the valuation hierarchy.

ADM Retirement Plan
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements
(Modified Cash Basis)

4. Fair Value Measurements (continued)

U.S. government agency, state and local government bonds:

U.S. government agency obligations and state and municipal debt securities are valued using third-party pricing services and are classified within Level 2 of the valuation hierarchy.

Corporate debt instruments:

Corporate debt instruments are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available for comparable securities of issuers with similar credit ratings. These debt instruments are classified within Level 2 of the valuation hierarchy.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the plan administrator of the Plans believes the valuation methods are appropriate and consistent with other market participants' methods, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

ADM Retirement Plan
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements
(Modified Cash Basis)

4. Fair Value Measurements (continued)

The following tables set forth, by level within the fair value hierarchy, the investments included in the Master Trust at fair value as of December 31, 2018 and 2017.

	December 31, 2018			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Common stock	\$ 151,810,384	\$ -	\$ -	\$ 151,810,384
Mutual funds	148,382,823	-	-	148,382,823
U.S. Treasury instruments	181,946,826	-	-	181,946,826
U.S. government agency, state and local government bonds	-	39,441,710	-	39,441,710
Corporate debt instruments	-	400,034,479	-	400,034,479
Other	-	7,148,392	-	7,148,392
	<u>\$ 482,140,033</u>	<u>\$ 446,624,581</u>	<u>\$ -</u>	<u>\$ 928,764,614</u>
Common collective trust funds at NAV:				
Short-term investments (a)				11,035,381
International equity (b)				<u>392,655,896</u>
Total assets at fair value				<u><u>\$ 1,332,455,891</u></u>

ADM Retirement Plan
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements
(Modified Cash Basis)

4. Fair Value Measurements (continued)

	December 31, 2017			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Common stock	\$ 258,791,662	\$ -	\$ -	\$ 258,791,662
Mutual funds	750,610,055	-	-	750,610,055
U.S. Treasury instruments	153,131,513	-	-	153,131,513
U.S. government agency, state and local government bonds	-	43,421,869	-	43,421,869
Corporate debt instruments	-	594,200,152	-	594,200,152
Other	-	18,795,538	-	18,795,538
	<u>\$1,162,533,230</u>	<u>\$ 656,417,559</u>	<u>\$ -</u>	<u>\$ 1,818,950,789</u>
Common collective trust funds at NAV:				
Short-term investments (a)				16,931,096
International equity (b)				<u>141,483,198</u>
Total assets at fair value				<u><u>\$ 1,977,365,083</u></u>

(a) Short-term investments: The fund's objective is to provide an investment vehicle for cash reserves while offering a competitive rate of return. Securities are valued at fair value. There are no redemption restrictions for this fund. The fund units are valued at NAV provided by administrators of the fund.

(b) International equity: The fund's investment objective is to seek long-term growth of capital and income through investing primarily in foreign equity securities. Issuances and redemptions are restricted to the last day of the month. The fund units are valued at NAV provided by administrators of the funds.

Level 3 gains and losses:

There are no assets in the Plans classified as Level 3 in the fair value hierarchy.

ADM Retirement Plan
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements
(Modified Cash Basis)

4. Fair Value Measurements (continued)

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using NAV per share as of December 31, 2018 and 2017:

Investment	Fair Value		Unfunded Commitment	Redemption Frequency	Redemption Notice Period
	2018	2017			
CF CAUSEWAY INTL VALUE GROUP TRUST (c)	\$ 80,838,082	\$ 141,483,197	\$ -	Daily	None
CF VANGUARD INSTITUTIONAL (c)					
500 INDEX TRUST (d)	311,817,815	-	-	Daily	None
COLTV SHORT TERM INVT FD (d)	11,035,381	16,931,096	-	Daily	None
	<u>\$ 403,691,277</u>	<u>\$ 158,414,294</u>			

(c) In accordance with ASC 820, for investments that file a U.S. Department of Labor Form 5500, Annual return/Report of Employee Benefit Fund, as a direct filing entity, disclosures of that investment's strategy is not required. These investment funds file Form 5500 annually.

(d) The fund invests in high quality securities with the most attractive yields. The investment fund offers a competitive rate of return through a portfolio of high-grade, short term, money market instruments. Principal preservation is the prime objective, with liquidity management also emphasized to provide for redemption of units on any business day.

5. Accumulated Plan Benefits

The Plans' consulting actuaries estimate the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, disability, withdrawal or retirement) between the valuation date and the expected payment date.

ADM Retirement Plan
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements
(Modified Cash Basis)

5. Accumulated Plan Benefits (continued)

The present values of accumulated plan benefits were as follows as of December 31, 2017:

	<u>December 31, 2017</u>	
	Retirement Plan	Hourly Plan
Actuarial present value of accumulated plan benefits:		
Participants and other beneficiaries		
currently receiving payments	\$ 617,321,353	\$ 197,535,270
Other participants	940,622,470	286,381,290
	<u>1,557,943,823</u>	<u>483,916,560</u>
Actuarial present value of non-vested benefits	29,692,742	3,421,295
Total actuarial present value of accumulated plan benefits	<u>\$ 1,587,636,565</u>	<u>\$ 487,337,855</u>

The following tables shows the changes in accumulated plan benefits for the year ended December 31, 2017:

	<u>December 31, 2017</u>	
	Retirement Plan	Hourly Plan
Actuarial present value of accumulated plan benefits, beginning of year	\$ 1,414,060,223	\$ 449,082,517
Increase(decrease) during the year attributable to:		
Interest accumulated	57,017,742	17,656,474
Assumption changes	90,581,090	20,914,705
Benefits paid	(47,241,709)	(15,493,231)
Other changes	73,219,219	15,177,390
Net increase	<u>173,576,342</u>	<u>38,255,338</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 1,587,636,565</u>	<u>\$ 487,337,855</u>

The following actuarial assumptions are based on the presumption that the Plans will continue. In the event of a plan termination, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. Significant assumptions underlying actuarial computations are:

ADM Retirement Plan
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements
(Modified Cash Basis)

5. Accumulated Plan Benefits (continued)

Discount rate and cash balance interest rate:

December 31, 2017

	Retirement Plan	Hourly Plan
Discount rate	3.73%	3.68%
Cash balance interest rate	2.88%	2.88%

December 31, 2016

	Retirement Plan	Hourly Plan
Discount rate	4.10%	4.00%
Cash balance interest rate	2.50%	2.50%

Retirement age:

Retirement Plan		Hourly Plan	
<u>Age(s)</u>	<u>Rate</u>	<u>Age(s)</u>	<u>Rate</u>
55-58	3%	55-59	4%
59	8%	60	7%
60	12%	61	15%
61	15%	62	25%
62-64	20%	63-64	20%
65	30%	65	35%
66-69	25%	66	25%
70 and over	100%	67-69	30%
		70 and over	100%

ADM Retirement Plan
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements
(Modified Cash Basis)

5. Accumulated Plan Benefits (continued)

Mortality – December 31, 2017:

Disabled lives:	RP-2014 Disabled Retirement Mortality Table (fully generational projection using scale MP-2018)
Healthy lives:	RP-2014 Mortality Table for employees and healthy annuitants (with fully generational projection using scale MP-2018), with collar adjustments to reflect a 100% white collar population for the Retirement Plan, and to reflect a 100% blue collar population for the Hourly Plan.

Mortality – December 31, 2016:

Disabled lives:	RP-2014 Disabled Retirement Mortality Table (fully generational projection using scale MP-2017)
Healthy lives:	RP-2014 Mortality Table for employees and healthy annuitants (with fully generational projection using scale MP-2017), with collar adjustments to reflect a 100% white collar population for the Retirement Plan, and to reflect a 100% blue collar population for the Hourly Plan.

6. Derivatives

In the normal course of operations, the Master Trust investment managers use derivative financial instruments (swaps, forwards and futures) to mitigate the risk of changes in interest rates and foreign currencies impacting the fair values of certain investments held by the Master Trust. These derivatives may involve, in varying degrees, elements of credit and market risks in excess of more traditional investment holdings, such as equity and debt instruments.

The contract or notional amounts disclosed in this note and the amounts of realized and unrealized gains and losses on derivative instruments during the period presented below provide a measure of the involvement in such instruments but are not indicative of potential loss. The Master Trust fiduciaries do not anticipate any material adverse effect on the financial position of the Master Trust resulting from its use of these instruments.

Using derivative financial instruments means assuming counterparty credit risk. Counterparty credit risk relates to the loss the Master Trust would incur if a counterparty were to default on a derivative contract. The amount of counterparty credit exposure is limited to the unrealized gains, if any, on such derivative contracts.

ADM Retirement Plan
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements
(Modified Cash Basis)

6. Derivatives (continued)

The fair value of forwards and futures and the realized and unrealized gain or loss on forwards and futures were not material to the Master Trust at December 31, 2018 and 2017, and for the years then ended. The Plan has recorded interest rate swaps in an asset position of \$331,386, and in a liability position of \$153,890 as of December 31, 2018. The fair value of these instruments is included in the investment in Master Trust balance on the statement of net assets available for benefits, and is reflected in the “other” balance in the fair value table in Note 4.

The notional amount represents the contract amount, not the amount at risk. The approximate notional amount of swaps within the Master Trust at December 31, 2018 and 2017, is as follows:

	December 31	
	2018	2017
Swaps	\$ 559,422,936	\$ 707,179,826

The following table presents realized gains and changes in unrealized gains with respect to swaps. The gains are located on the statements of changes in net assets available for benefits as net appreciation in the fair value of investments.

	Years Ended December 31	
	2018	2017
Swaps	\$ 534,668	\$ 250,134

7. Reconciliation of Financial Statements to the Form 5500

The following is a reconciliation of net assets available for benefits per the Plans’ financial statements to the Form 5500:

	December 31 , 2018	
	Retirement Plan	Hourly Plan
Net assets available for benefits per financial statements	\$ 840,274,060	\$ 418,582,437
Plus contributions receivable	24,000,000	15,000,000
Net assets available for benefits per Form 5500	<u>\$ 864,274,060</u>	<u>\$ 433,582,437</u>

ADM Retirement Plan
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements
(Modified Cash Basis)

7. Reconciliation of Financial Statements to the Form 5500 (continued)

	December 31 , 2017	
	Retirement	
	Plan	Hourly Plan
Net assets available for benefits per financial statements	\$ 1,446,360,913	\$ 469,813,740
Plus contributions receivable	40,000,000	-
Net assets available for benefits per Form 5500	<u>\$ 1,486,360,913</u>	<u>\$ 469,813,740</u>

The following is a reconciliation of total decrease per the financial statements to the net income on the Form 5500 for the years ended December 31, 2018:

	Year Ended December 31, 2018	
	Retirement	
	Plan	Hourly Plan
Net decrease in net assets available for benefits per the financial statements	\$ (606,086,853)	\$ (51,231,303)
Employer contribution receivable paid in 2019	24,000,000	15,000,000
Employer contribution receivable paid in 2018	(40,000,000)	-
Net income (loss) per the Form 5500	<u>\$ (622,086,853)</u>	<u>\$ (36,231,303)</u>

8. Income Tax Status

The Plans have received determination letters from the Internal Revenue Service (IRS) dated June 29, 2017, stating the Plans are qualified under section 401(a) of the Internal Revenue Code (the Code) and, therefore, the Master Trust is exempt from taxation. Subsequent to this determination by the IRS, the Plans were amended and restated. Once qualified, the Plans are required to operate in conformity with the Code to maintain their qualified status. ADM believes the Plans are being operated in compliance with the applicable requirements of the Code and therefore believes the Plans as amended and restated are qualified and the related Master Trust is tax-exempt.

ADM Retirement Plan
ADM Pension Plan for Hourly-Wage Employees

Notes to Financial Statements
(Modified Cash Basis)

8. Income Tax Status (continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plans and recognize a tax liability if the Plans have taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plans and has concluded that there are no uncertain positions taken or expected to be taken. The Plans are subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. Risks and Uncertainties

The Master Trust invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risks associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the assumptions and estimation process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

10. Subsequent Events

Management evaluated subsequent events for the Plans through October 9, 2019, the date that these financial statements were available to be issued.

On June 25, 2019 the Company amended the Retirement Plan and offered to pay certain eligible individuals' pension benefit in lump sum. Individuals eligible for the voluntary lump sum payment option were generally Traditional Formula Participants who accepted the early retirement window program offered by ADM during the election period, and who retired during the period established under the Program.

Participants who had a Termination of Employment other than for death on or after February 1, 2019 and prior to the availability of the Program, and who would have satisfied all conditions to participate in the Program had they continued in employment through June 30, 2019, were also eligible to participate in the program.

The 2019 voluntary lump sum payments can be elected by eligible participants with a Benefit Commencement Date during the election period of July 1, 2019, to June 1, 2020.

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2018

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	124	242	3							
	\$56,134	\$61,749								
	\$679	\$1,801								
25-29	86	548	215	12						
	\$61,897	\$64,803	\$75,613							
	\$682	\$3,275	\$7,238							
30-34	69	320	352	198	9					
	\$72,787	\$73,361	\$83,404	\$94,194						
	\$792	\$3,514	\$9,834	\$12,121						
35-39	46	253	179	225	188	13				
	\$77,055	\$80,430	\$84,103	\$95,147	\$98,796					
	\$898	\$3,955	\$9,979	\$11,320	\$246					
40-44	43	194	132	160	244	129	9			
	\$86,973	\$96,229	\$88,347	\$92,568	\$113,592	\$114,019				
	\$997	\$5,182	\$11,775	\$13,610	\$220	\$140				
45-49	50	185	131	102	186	161	78	5		
	\$111,449	\$99,151	\$92,238	\$90,481	\$92,002	\$107,241	\$109,828			
	\$1,649	\$5,825	\$14,035	\$18,564	\$521	\$240	\$77			
50-54	48	180	100	121	204	118	140	58	5	1
	\$105,318	\$108,638	\$77,162	\$91,688	\$87,231	\$98,833	\$115,357	\$129,766		
	\$1,598	\$7,018	\$12,187	\$21,692	\$179	\$703	\$262	\$0		
55-59	28	124	110	121	190	104	152	83	114	9
	\$104,022	\$105,353	\$90,288	\$95,887	\$94,985	\$98,568	\$96,793	\$124,204	\$128,386	
	\$1,518	\$7,242	\$17,229	\$26,906	\$351	\$103	\$296	\$23	\$0	
60-64	17	96	63	86	162	82	76	37	49	27
		\$111,655	\$74,802	\$87,818	\$95,594	\$94,504	\$95,081	\$116,595	\$117,109	\$98,471
		\$8,757	\$16,138	\$31,574	\$239	\$409	\$188	\$200	\$0	\$0
65-69	2	23	28	22	31	11	20	6	2	10
		\$85,758	\$56,382	\$71,858	\$91,658		\$83,961			
		\$6,614	\$13,874	\$36,348	\$42		\$171			
70+	4	11	6	8	5	4	2	1	3	1

N-7,796

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2017), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.92%
2nd Segment Rate	5.52%
3rd Segment Rate	6.29%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2017), without regard to interest rate stabilization
1st Segment Rate	1.75%
2nd Segment Rate	3.76%
3rd Segment Rate	4.66%
Salary Increases	
Minimum Funding Target Normal Cost	See Table 1
Maximum Tax Expected Benefit Increase	See Table 1
Cash Balance Interest Crediting Rate	2.88%
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.00% per year.
Optional Payment Form Election Percentage	Traditional Plan participants: Single Participants: 100% Life Annuity Married Participants: 25% Life Annuity, 25% Joint and 50% Survivor Annuity, 50% Joint and 100% Survivor Annuity. Cash Balance participants: Retirement: 70% Lump Sum, 30% Life Annuity Termination: 80% Immediate Lump Sum, 20% Lump Sum Deferred to Age 62 Golden Peanut Participants without Cash Balance: 75% lump sum, 10% life annuity, 5% joint and 50% survivor annuity, 10% joint and 100% survivor annuity.
Retirement Age	
Active Participants	See Table 2-3
Terminated Vested Participants	Age 62

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Mortality Rates	
Healthy and Disabled	2018 static mortality table (with new basis adoption deferred to 2019) for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Tables 4-5
Disability Rates	See Table 6
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are two years older than their spouses.
Valuation Compensation	2017 Pensionable earnings rolled forward one year with the salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$220,000 and the IRC section 401(a)(17) compensation limit of \$275,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2016 Plan Year	7.50%, limited to 6.65%
2017 Plan Year	7.25%, limited to 6.48%
2018 Plan Year	7.25%, limited to 6.29%
Trust Expenses Included in Target Normal Cost	None

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2018

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Table 1

Salary Merit Increase Rates

Age	Rate	Age	Rate
15	15.50%	45	4.50%
16	15.50%	46	4.50%
17	15.50%	47	4.50%
18	15.50%	48	4.50%
19	15.50%	49	4.50%
20	15.50%	50	3.50%
21	15.50%	51	3.50%
22	15.50%	52	3.50%
23	15.50%	53	3.50%
24	15.50%	54	3.50%
25	8.00%	55	3.50%
26	8.00%	55	3.50%
27	8.00%	55	3.50%
28	8.00%	55	3.50%
29	8.00%	55	3.50%
30	7.00%	55	3.50%
31	7.00%	55	3.50%
32	7.00%	55	3.50%
33	7.00%	55	3.50%
34	7.00%	55	3.50%
35	6.00%	65+	3.00%
36	6.00%		
37	6.00%		
38	6.00%		
39	6.00%		
40	5.00%		
41	5.00%		
42	5.00%		
43	5.00%		
44	5.00%		

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Table 2

Retirement Rates—Cash Balance Participants

<u>Age</u>	<u>Rate</u>
55	5.00%
56	5.00%
57	10.00%
58	10.00%
59	10.00%
60	10.00%
61	10.00%
62	10.00%
63	10.00%
64	10.00%
65	20.00%
66	20.00%
67	20.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Table 3

Retirement Rates—Non Cash Balance Participants

<u>Age</u>	<u>Rate</u>
55	3.00%
56	3.00%
57	3.00%
58	3.00%
59	8.00%
60	12.00%
61	15.00%
62	20.00%
63	20.00%
64	20.00%
65	30.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Table 4—Page 1 of 2

Withdrawal Rates—Cash Balance Participants

Age	Years of Service			
	0	1	2	3+
15	61.00%	38.00%	33.50%	27.50%
16	57.00%	36.00%	31.50%	26.00%
17	53.00%	34.00%	30.00%	25.00%
18	48.50%	32.50%	28.50%	24.00%
19	44.50%	30.50%	26.50%	22.50%
20	40.50%	28.50%	25.00%	21.50%
21	36.50%	26.50%	23.50%	20.00%
22	32.50%	25.00%	22.00%	19.00%
23	30.50%	24.00%	20.00%	17.00%
24	28.50%	23.00%	18.50%	15.50%
25	26.50%	22.00%	17.00%	14.00%
26	25.00%	21.50%	15.50%	13.50%
27	23.00%	20.50%	14.00%	13.50%
28	23.00%	20.00%	14.00%	13.00%
29	22.50%	19.00%	13.50%	12.50%
30	22.50%	18.50%	13.50%	12.50%
31	22.00%	17.50%	13.00%	12.00%
32	22.00%	17.00%	13.00%	12.00%
33	22.00%	16.50%	12.50%	11.50%
34	21.50%	16.50%	12.50%	11.00%
35	21.50%	16.50%	12.00%	11.00%
36	21.00%	16.50%	12.00%	10.50%
37	21.00%	16.50%	11.50%	10.50%
38	20.50%	16.00%	11.00%	10.00%
39	20.00%	16.00%	11.00%	10.00%
40	20.00%	15.50%	10.50%	9.50%
41	19.50%	15.50%	10.50%	9.50%
42	19.00%	15.00%	10.00%	9.00%
43	18.50%	14.50%	9.50%	9.00%
44	18.00%	14.50%	9.50%	9.00%

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Table 4—Page 2 of 2

Withdrawal Rates—Cash Balance Participants

Age	Years of Service			
	0	1	2	3+
45	18.00%	14.00%	9.00%	9.00%
46	17.50%	14.00%	9.00%	8.50%
47	17.00%	13.50%	8.50%	8.50%
48	17.00%	13.50%	8.50%	8.50%
49	16.50%	13.00%	8.50%	8.50%
50	16.00%	13.00%	8.00%	8.50%
51	15.50%	12.50%	8.00%	8.50%
52	15.50%	12.50%	8.00%	8.50%
53	15.00%	12.50%	8.00%	8.50%
54	14.50%	12.00%	8.00%	8.50%
55	14.50%	12.00%	8.00%	8.50%
56	14.50%	12.00%	8.00%	8.50%
57	14.50%	12.00%	8.00%	8.50%
58	14.50%	12.00%	8.00%	8.50%
59	14.50%	12.00%	8.00%	8.50%
60	14.50%	12.00%	8.00%	8.50%
61	14.50%	12.00%	8.00%	8.50%
62	14.50%	12.00%	8.00%	8.50%
63	14.50%	12.00%	8.00%	8.50%
64	14.50%	12.00%	8.00%	8.50%
65+	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Table 5—Page 1 of 2

Withdrawal Rates—Non Cash Balance Participants

Age	Years of Service			
	0	1	2	3+
15	40.50%	28.50%	25.00%	9.50%
16	40.50%	28.50%	25.00%	9.50%
17	40.50%	28.50%	25.00%	9.50%
18	40.50%	28.50%	25.00%	9.50%
19	40.50%	28.50%	25.00%	9.50%
20	40.50%	28.50%	25.00%	9.50%
21	36.50%	26.50%	23.50%	9.00%
22	32.50%	25.00%	22.00%	9.00%
23	30.50%	24.00%	20.00%	8.50%
24	28.50%	23.00%	18.50%	8.00%
25	26.50%	22.00%	17.00%	8.00%
26	25.00%	21.50%	15.50%	7.50%
27	23.00%	20.50%	14.00%	7.50%
28	23.00%	20.00%	14.00%	7.00%
29	22.50%	19.00%	13.50%	6.50%
30	22.50%	18.50%	13.50%	6.00%
31	22.00%	17.50%	13.00%	6.00%
32	22.00%	17.00%	13.00%	5.50%
33	22.00%	16.50%	12.50%	5.00%
34	21.50%	16.50%	12.50%	5.00%
35	21.50%	16.50%	12.00%	5.00%
36	21.00%	16.50%	12.00%	5.00%
37	21.00%	16.50%	11.50%	5.00%
38	20.50%	16.00%	11.00%	5.00%
39	20.00%	16.00%	11.00%	4.50%
40	20.00%	15.50%	10.50%	4.50%
41	19.50%	15.50%	10.50%	4.00%
42	19.00%	15.00%	10.00%	4.00%
43	18.50%	14.50%	9.50%	3.50%
44	18.00%	14.50%	9.50%	3.50%

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Table 5—Page 2 of 2

Withdrawal Rates—Non Cash Balance Participants

Age	Years of Service			
	0	1	2	3+
45	18.00%	14.00%	9.00%	3.50%
46	17.50%	14.00%	9.00%	3.50%
47	17.00%	13.50%	8.50%	3.50%
48	17.00%	13.50%	8.50%	3.50%
49	16.50%	13.00%	8.50%	3.50%
50	16.00%	13.00%	8.00%	3.50%
51	15.50%	12.50%	8.00%	3.50%
52	15.50%	12.50%	8.00%	3.50%
53	15.00%	12.50%	8.00%	3.50%
54	14.50%	12.00%	8.00%	3.50%
55	14.50%	12.00%	8.00%	3.50%
56	14.50%	12.00%	8.00%	3.50%
57	14.50%	12.00%	8.00%	3.50%
58	14.50%	12.00%	8.00%	3.50%
59	14.50%	12.00%	8.00%	3.50%
60	14.50%	12.00%	8.00%	3.50%
61	14.50%	12.00%	8.00%	3.50%
62	14.50%	12.00%	8.00%	3.50%
63	14.50%	12.00%	8.00%	3.50%
64	14.50%	12.00%	8.00%	3.50%
65+	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Table 6

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.015%	0.015%	45	0.080%	0.120%
16	0.015%	0.015%	46	0.090%	0.135%
17	0.020%	0.015%	47	0.105%	0.150%
18	0.020%	0.015%	48	0.125%	0.165%
19	0.020%	0.015%	49	0.140%	0.180%
20	0.015%	0.015%	50	0.165%	0.200%
21	0.015%	0.015%	51	0.195%	0.220%
22	0.015%	0.015%	52	0.230%	0.245%
23	0.015%	0.015%	53	0.265%	0.270%
24	0.015%	0.015%	54	0.305%	0.295%
25	0.015%	0.015%	55	0.345%	0.320%
26	0.015%	0.015%	56	0.385%	0.345%
27	0.015%	0.015%	57	0.430%	0.370%
28	0.015%	0.020%	58	0.475%	0.400%
29	0.015%	0.020%	59	0.525%	0.425%
30	0.015%	0.020%	60	0.575%	0.450%
31	0.015%	0.025%	61	0.630%	0.480%
32	0.015%	0.025%	62	0.690%	0.505%
33	0.015%	0.030%	63	0.755%	0.525%
34	0.015%	0.030%	64	0.820%	0.545%
35	0.020%	0.035%	65+	0.000%	0.000%
36	0.020%	0.040%			
37	0.025%	0.045%			
38	0.030%	0.050%			
39	0.035%	0.060%			
40	0.040%	0.065%			
41	0.045%	0.075%			
42	0.050%	0.085%			
43	0.060%	0.095%			
44	0.070%	0.110%			

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2018 This Form is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information	
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information											
1a Name of plan ADM RETIREMENT PLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ARCHER DANIELS MIDLAND COMPANY P.O. BOX 1470 DECATUR IL 62525	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 50%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 12/28/1943</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 41-0129150</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 312-634-8140</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 311900</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 12/28/1943		2b Employer Identification Number (EIN) 41-0129150		2c Plan Sponsor's telephone number 312-634-8140		2d Business code (see instructions) 311900	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 12/28/1943											
2b Employer Identification Number (EIN) 41-0129150											
2c Plan Sponsor's telephone number 312-634-8140											
2d Business code (see instructions) 311900											

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		10/11/19	MICHAEL D'AMBROSE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 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: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 13,538
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 7,796
a(2) Total number of active participants at the end of the plan year	6a(2) 7,896
b Retired or separated participants receiving benefits.....	6b 225
c Other retired or separated participants entitled to future benefits	6c 1,976
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d 10,097
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 33
f Total. Add lines 6d and 6e.....	6f 10,130
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 173
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information - Small Plan)
- (3) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

► **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.

A Name of plan ADM RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ARCHER DANIELS MIDLAND COMPANY	D Employer Identification Number (EIN) 41-0129150	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>			
2 Assets:			
a Market value.....	2a	1,484,851,203	
b Actuarial value.....	2b	1,372,458,937	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	3,943	482,760,336	482,760,336
b For terminated vested participants	1,855	96,165,869	96,165,869
c For active participants	7,796	496,270,116	516,651,222
d Total	13,594	1,075,196,321	1,095,577,427
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	5.80%	
6 Target normal cost	6	39,298,458	

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	 Jason M. Bravo	10/02/2019 Date
	Signature of actuary JASON M. BRAVO	1705569 Most recent enrollment number
	Type or print name of actuary Aon Consulting, Inc.	216-573-9700 Telephone number (including area code)
	Firm name CROWN CENTRE, SUITE 1000 5005 ROCKSIDE RD. INDEPENDENCE OH 44131	
	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) 2018
v. 171027

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

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	247,183,765
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	22,580,593
9	Amount remaining (line 7 minus line 8).....	0	224,603,172
10	Interest on line 9 using prior year's actual return of <u>18.14%</u>	0	40,743,015
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		32,821,002
	b(1) 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>6.00%</u>		614,425
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		4,096,120
	c Total available at beginning of current plan year to add to prefunding balance		37,531,547
	d Portion of (c) to be added to prefunding balance.....		37,531,547
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	302,877,734

Part III	Funding Percentages
-----------------	----------------------------

14	Funding target attainment percentage	14	97.62%
15	Adjusted funding target attainment percentage.....	15	125.27%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.37%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

18 Contributions made to the plan for the plan year by employer(s) and employee(s)							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)		(b) Amount paid by employer(s)	(c) Amount paid by employees	
07/01/2019	24,000,000	0					

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	22,058,875

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	39,298,458	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	25,996,224	4,243,879	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	43,542,337	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	21,483,462	21,483,462
36 Additional cash requirement (line 34 minus line 35)	36	22,058,875	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	22,058,875	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Schedule SB, line 19—Discounted Employer Contributions
Year applied for contributions: 2018

Date	Amount	Days to Discount to 1/1/2018 at 5.80%	Interest Adjusted Contribution
July 1, 2019	24,000,000	546	22,058,875
Total Contribution	\$ 24,000,000		\$ 22,058,875

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

Cash Balance Participants			(d)
(a)	(b)	(c)	Product
Age	Rate	Weight	(a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	10.00%	0.9025	5.19
58.5	10.00%	0.8123	4.75
59.5	10.00%	0.7310	4.35
60.5	10.00%	0.6579	3.98
61.5	10.00%	0.5921	3.64
62.5	10.00%	0.5329	3.33
63.5	10.00%	0.4796	3.05
64.5	10.00%	0.4317	2.78
65.5	20.00%	0.3885	5.09
66.5	20.00%	0.3108	4.13
67.5	20.00%	0.2486	3.36
68.5	25.00%	0.1989	3.41
69.5	25.00%	0.1492	2.59
70	100.00%	0.1119	7.83
Weighted Average			62.94

Non-Cash Balance Participants			(d)
(a)	(b)	(c)	Product
Age	Rate	Weight	(a) × (b) × (c)
55.5	3.00%	1.0000	1.67
56.5	3.00%	0.9700	1.64
57.5	3.00%	0.9409	1.62
58.5	3.00%	0.9127	1.60
59.5	8.00%	0.8853	4.21
60.5	12.00%	0.8145	5.91
61.5	15.00%	0.7167	6.61
62.5	20.00%	0.6092	7.62
63.5	20.00%	0.4874	6.19
64.5	20.00%	0.3899	5.03
65.5	30.00%	0.3119	6.13
66.5	25.00%	0.2183	3.63
67.5	25.00%	0.1638	2.76
68.5	25.00%	0.1228	2.10
69.5	25.00%	0.0921	1.60
70	100.00%	0.0691	4.84
Weighted Average			63.16

	Average Age	% of Active Participants
Cash Balance Participants	62.94	60.93%
Non-Cash Balance Participants	63.16	39.07%
Weighted Average Retirement Age	63.03	

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2017), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.92%
2nd Segment Rate	5.52%
3rd Segment Rate	6.29%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2017), without regard to interest rate stabilization
1st Segment Rate	1.75%
2nd Segment Rate	3.76%
3rd Segment Rate	4.66%
Salary Increases	
Minimum Funding Target Normal Cost	See Table 1
Maximum Tax Expected Benefit Increase	See Table 1
Cash Balance Interest Crediting Rate	2.88%
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.00% per year.
Optional Payment Form Election Percentage	<p>Traditional Plan participants: Single Participants: 100% Life Annuity Married Participants: 25% Life Annuity, 25% Joint and 50% Survivor Annuity, 50% Joint and 100% Survivor Annuity.</p> <p>Cash Balance participants: Retirement: 70% Lump Sum, 30% Life Annuity Termination: 80% Immediate Lump Sum, 20% Lump Sum Deferred to Age 62</p> <p>Golden Peanut Participants without Cash Balance: 75% lump sum, 10% life annuity, 5% joint and 50% survivor annuity, 10% joint and 100% survivor annuity.</p>
Retirement Age	
Active Participants	See Table 2-3
Terminated Vested Participants	Age 62

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Mortality Rates Healthy and Disabled	2018 static mortality table (with new basis adoption deferred to 2019) for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Tables 4-5
Disability Rates	See Table 6
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are two years older than their spouses.
Valuation Compensation	2017 Pensionable earnings rolled forward one year with the salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$220,000 and the IRC section 401(a)(17) compensation limit of \$275,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2016 Plan Year	7.50%, limited to 6.65%
2017 Plan Year	7.25%, limited to 6.48%
2018 Plan Year	7.25%, limited to 6.29%
Trust Expenses Included in Target Normal Cost	None

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2018

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Table 1

Salary Merit Increase Rates

Age	Rate	Age	Rate
15	15.50%	45	4.50%
16	15.50%	46	4.50%
17	15.50%	47	4.50%
18	15.50%	48	4.50%
19	15.50%	49	4.50%
20	15.50%	50	3.50%
21	15.50%	51	3.50%
22	15.50%	52	3.50%
23	15.50%	53	3.50%
24	15.50%	54	3.50%
25	8.00%	55	3.50%
26	8.00%	55	3.50%
27	8.00%	55	3.50%
28	8.00%	55	3.50%
29	8.00%	55	3.50%
30	7.00%	55	3.50%
31	7.00%	55	3.50%
32	7.00%	55	3.50%
33	7.00%	55	3.50%
34	7.00%	55	3.50%
35	6.00%	65+	3.00%
36	6.00%		
37	6.00%		
38	6.00%		
39	6.00%		
40	5.00%		
41	5.00%		
42	5.00%		
43	5.00%		
44	5.00%		

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Table 2

Retirement Rates—Cash Balance Participants

<u>Age</u>	<u>Rate</u>
55	5.00%
56	5.00%
57	10.00%
58	10.00%
59	10.00%
60	10.00%
61	10.00%
62	10.00%
63	10.00%
64	10.00%
65	20.00%
66	20.00%
67	20.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Table 3

Retirement Rates—Non Cash Balance Participants

<u>Age</u>	<u>Rate</u>
55	3.00%
56	3.00%
57	3.00%
58	3.00%
59	8.00%
60	12.00%
61	15.00%
62	20.00%
63	20.00%
64	20.00%
65	30.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Table 4—Page 1 of 2

Withdrawal Rates—Cash Balance Participants

Age	Years of Service			
	0	1	2	3+
15	61.00%	38.00%	33.50%	27.50%
16	57.00%	36.00%	31.50%	26.00%
17	53.00%	34.00%	30.00%	25.00%
18	48.50%	32.50%	28.50%	24.00%
19	44.50%	30.50%	26.50%	22.50%
20	40.50%	28.50%	25.00%	21.50%
21	36.50%	26.50%	23.50%	20.00%
22	32.50%	25.00%	22.00%	19.00%
23	30.50%	24.00%	20.00%	17.00%
24	28.50%	23.00%	18.50%	15.50%
25	26.50%	22.00%	17.00%	14.00%
26	25.00%	21.50%	15.50%	13.50%
27	23.00%	20.50%	14.00%	13.50%
28	23.00%	20.00%	14.00%	13.00%
29	22.50%	19.00%	13.50%	12.50%
30	22.50%	18.50%	13.50%	12.50%
31	22.00%	17.50%	13.00%	12.00%
32	22.00%	17.00%	13.00%	12.00%
33	22.00%	16.50%	12.50%	11.50%
34	21.50%	16.50%	12.50%	11.00%
35	21.50%	16.50%	12.00%	11.00%
36	21.00%	16.50%	12.00%	10.50%
37	21.00%	16.50%	11.50%	10.50%
38	20.50%	16.00%	11.00%	10.00%
39	20.00%	16.00%	11.00%	10.00%
40	20.00%	15.50%	10.50%	9.50%
41	19.50%	15.50%	10.50%	9.50%
42	19.00%	15.00%	10.00%	9.00%
43	18.50%	14.50%	9.50%	9.00%
44	18.00%	14.50%	9.50%	9.00%

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Table 4—Page 2 of 2

Withdrawal Rates—Cash Balance Participants

Age	Years of Service			
	0	1	2	3+
45	18.00%	14.00%	9.00%	9.00%
46	17.50%	14.00%	9.00%	8.50%
47	17.00%	13.50%	8.50%	8.50%
48	17.00%	13.50%	8.50%	8.50%
49	16.50%	13.00%	8.50%	8.50%
50	16.00%	13.00%	8.00%	8.50%
51	15.50%	12.50%	8.00%	8.50%
52	15.50%	12.50%	8.00%	8.50%
53	15.00%	12.50%	8.00%	8.50%
54	14.50%	12.00%	8.00%	8.50%
55	14.50%	12.00%	8.00%	8.50%
56	14.50%	12.00%	8.00%	8.50%
57	14.50%	12.00%	8.00%	8.50%
58	14.50%	12.00%	8.00%	8.50%
59	14.50%	12.00%	8.00%	8.50%
60	14.50%	12.00%	8.00%	8.50%
61	14.50%	12.00%	8.00%	8.50%
62	14.50%	12.00%	8.00%	8.50%
63	14.50%	12.00%	8.00%	8.50%
64	14.50%	12.00%	8.00%	8.50%
65+	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Table 5—Page 1 of 2

Withdrawal Rates—Non Cash Balance Participants

Age	Years of Service			
	0	1	2	3+
15	40.50%	28.50%	25.00%	9.50%
16	40.50%	28.50%	25.00%	9.50%
17	40.50%	28.50%	25.00%	9.50%
18	40.50%	28.50%	25.00%	9.50%
19	40.50%	28.50%	25.00%	9.50%
20	40.50%	28.50%	25.00%	9.50%
21	36.50%	26.50%	23.50%	9.00%
22	32.50%	25.00%	22.00%	9.00%
23	30.50%	24.00%	20.00%	8.50%
24	28.50%	23.00%	18.50%	8.00%
25	26.50%	22.00%	17.00%	8.00%
26	25.00%	21.50%	15.50%	7.50%
27	23.00%	20.50%	14.00%	7.50%
28	23.00%	20.00%	14.00%	7.00%
29	22.50%	19.00%	13.50%	6.50%
30	22.50%	18.50%	13.50%	6.00%
31	22.00%	17.50%	13.00%	6.00%
32	22.00%	17.00%	13.00%	5.50%
33	22.00%	16.50%	12.50%	5.00%
34	21.50%	16.50%	12.50%	5.00%
35	21.50%	16.50%	12.00%	5.00%
36	21.00%	16.50%	12.00%	5.00%
37	21.00%	16.50%	11.50%	5.00%
38	20.50%	16.00%	11.00%	5.00%
39	20.00%	16.00%	11.00%	4.50%
40	20.00%	15.50%	10.50%	4.50%
41	19.50%	15.50%	10.50%	4.00%
42	19.00%	15.00%	10.00%	4.00%
43	18.50%	14.50%	9.50%	3.50%
44	18.00%	14.50%	9.50%	3.50%

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Table 5—Page 2 of 2

Withdrawal Rates—Non Cash Balance Participants

Age	Years of Service			
	0	1	2	3+
45	18.00%	14.00%	9.00%	3.50%
46	17.50%	14.00%	9.00%	3.50%
47	17.00%	13.50%	8.50%	3.50%
48	17.00%	13.50%	8.50%	3.50%
49	16.50%	13.00%	8.50%	3.50%
50	16.00%	13.00%	8.00%	3.50%
51	15.50%	12.50%	8.00%	3.50%
52	15.50%	12.50%	8.00%	3.50%
53	15.00%	12.50%	8.00%	3.50%
54	14.50%	12.00%	8.00%	3.50%
55	14.50%	12.00%	8.00%	3.50%
56	14.50%	12.00%	8.00%	3.50%
57	14.50%	12.00%	8.00%	3.50%
58	14.50%	12.00%	8.00%	3.50%
59	14.50%	12.00%	8.00%	3.50%
60	14.50%	12.00%	8.00%	3.50%
61	14.50%	12.00%	8.00%	3.50%
62	14.50%	12.00%	8.00%	3.50%
63	14.50%	12.00%	8.00%	3.50%
64	14.50%	12.00%	8.00%	3.50%
65+	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Table 6

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.015%	0.015%	45	0.080%	0.120%
16	0.015%	0.015%	46	0.090%	0.135%
17	0.020%	0.015%	47	0.105%	0.150%
18	0.020%	0.015%	48	0.125%	0.165%
19	0.020%	0.015%	49	0.140%	0.180%
20	0.015%	0.015%	50	0.165%	0.200%
21	0.015%	0.015%	51	0.195%	0.220%
22	0.015%	0.015%	52	0.230%	0.245%
23	0.015%	0.015%	53	0.265%	0.270%
24	0.015%	0.015%	54	0.305%	0.295%
25	0.015%	0.015%	55	0.345%	0.320%
26	0.015%	0.015%	56	0.385%	0.345%
27	0.015%	0.015%	57	0.430%	0.370%
28	0.015%	0.020%	58	0.475%	0.400%
29	0.015%	0.020%	59	0.525%	0.425%
30	0.015%	0.020%	60	0.575%	0.450%
31	0.015%	0.025%	61	0.630%	0.480%
32	0.015%	0.025%	62	0.690%	0.505%
33	0.015%	0.030%	63	0.755%	0.525%
34	0.015%	0.030%	64	0.820%	0.545%
35	0.020%	0.035%	65+	0.000%	0.000%
36	0.020%	0.040%			
37	0.025%	0.045%			
38	0.030%	0.050%			
39	0.035%	0.060%			
40	0.040%	0.065%			
41	0.045%	0.075%			
42	0.050%	0.085%			
43	0.060%	0.095%			
44	0.070%	0.110%			

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

History of Plan

The Archer Daniels Midland Retirement Plan was established effective December 27, 1943, as a group annuity contract with the Equitable Life Assurance Society. Effective September 1, 1952, a separate plan was established for hourly employees.

In December 1954, a change was made in financing the plan from a deposit administrative group annuity contract to a trustee basis. No further contributions were made to the Equitable deposit administration fund. The existing deposit administration contract funds were used to purchase benefits upon retirement and such funds were sufficient to purchase the benefits of all participants who retired prior to July 31, 1963. The Trustee currently is the National City Bank of Minneapolis.

Effective January 1, 1968, the benefit formula was changed from a career average pay formula to a final average pay formula. The final average pay formula adopted was 1% of all pay plus ½% of pay in excess of an average Social Security wage base for all years of service up to 35 years.

Effective January 1, 1973, the method of integrating the benefit formula with Social Security was changed from a step rate basis (a higher benefit rate on pay over a wage base) to an offset basis (same benefit rate on all pay with the plan benefit reduced by some portion of Social Security benefits). The formula adopted was 56% of final average compensation minus 50% of primary Social Security, times the ratio of credited service to 35 years. In addition, a minimum benefit formula of 9.00 times credited service up to 35 years was added, the disability benefit was removed (now covered by an insured long-term disability plan), the retirement death benefit provisions were liberalized, and the eligibility provisions for vesting were liberalized.

Effective January 1, 1976, the plan was amended to comply with the Employee Retirement Income Security Act of 1974 (ERISA). These changes included providing the rule of 45 for vesting.

During 1978, the plan was amended retroactive to January 1, 1976, to increase the minimum benefit to \$9.00 times credited service.

Effective January 1, 1983, the plan was amended to be in accordance with the maximum benefit rules of TEFRA.

The plan was amended effective August 1, 1984, to extend preretirement death coverage to terminated vested employees on an employee paid basis as required by the Retirement Equity Act.

Effective January 1, 1987, the plan was amended to be in accordance with the maximum benefit rules of TRA-86.

Effective January 1, 1989, in accordance with the Tax Reform Act of 1986, a five-year cliff vesting schedule was adopted and the maximum compensation taken into account in determining benefits was limited to \$200,000 subject to future indexing.

During 1990, Collingwood Grain was merged into this plan. The benefit for former Collingwood Grain employees is based on the accrued benefit payable at age 65 as of December 31, 1989 with Collingwood Grain plus service from January 1, 1990 under the ADM Salaried Plan.

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Effective December 15, 1990, Pfizer was merged into this plan. The benefit for former Pfizer employees is based on Pfizer plan provisions.

During 1992, Agri-Trans was merged into this plan. The benefit for former Agri-Trans employees is calculated in accordance with the ADM Salaried Plan.

Effective January 1, 1993, Dixie Portland salaried employees were merged into the plan. The benefit for former Dixie Portland employees is based on the larger of the accrued benefit payable at age 65 as of December 31, 1992, under Dixie Portland plan formula plus service from January 1, 1993, under the ADM Salaried Plan, or the ADM plan formula based on Dixie Portland and ADM service.

Effective January 1, 1993, the benefit for former Pfizer employees was changed to be the larger of the accrued benefit payable at age 65 as of December 31, 1992, under the Pfizer plan formula plus service from January 1, 1993, under the ADM Salaried Plan, or the ADM plan formula based on Pfizer and ADM service.

Effective January 1, 1996, the Premiere salaried employees were merged into the plan. The benefit for former Premiere employees is based on the larger of the accrued benefit payable at age 65 as of October 31, 1994, under the Premiere plan formula plus service from November 1, 1994, under the ADM salaried formula, or the ADM plan formula based on total service.

Effective September 30, 1996, Southern Cellulose salaried employees were merged into the plan. The benefit for former Southern Cellulose employees is based on the accrued benefit payable at age 65 of September 30, 1996 with Southern Cellulose plus the benefit for service from October 1, 1996 under the ADM Salaried Plan.

Effective May 31, 1997, Benson-Quinn employees were merged into the plan. The benefit for former Benson-Quinn employees is based on the accrued benefit payable at age 65 as of May 31, 1998 with Benson-Quinn plus service from June 1, 1998 under the ADM Salaried Plan.

Effective January 1, 1998, the ADM salaried plan benefit formula was changed to an excess step-rate formula of 36% of final average pay up to covered compensation plus 16.5% of final average pay in excess of covered compensation, reduced proportionately for service less the 30 years, plus 0.5% of final average pay times service over 30 years.

Effective December 31, 1999, the Moorman salaried employees and retired employees were merged into the plan. The Moorman salaried employees were granted the ADM salaried plan benefit for all years of service with Moorman and ADM.

Effective January 1, 2000, ADM unpurchased annuities previously purchased from an insurance carrier for former Moorman employees and will now pay trust benefits from the ADM plan. ADM also adopted a 415(d) COLA which increases the maximum benefit payable from a qualified plan and eliminated the two-plan limits from the qualified plan.

Effective December 31, 2001, the Consolidated Nutrition salaried employees were merged into the plan.

Effective January 1, 2009, employees who did not have five years of continuous service as of December 31, 2008, and all new hires on or after January 1, 2009, are eligible for the cash balance formula. All other employees continue to have benefits calculated under the traditional formula.

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Effective December 31, 2011, the Golden Peanut Pension Plan salaried group was merged into this plan.

Nonvested participants from CRS who were divested on May 1, 2017 were granted 100% vesting for their Salaried plan benefits.

On July 31, 2017, ADM announced that beginning January 1, 2022 all participants in the Salaried pension plan and the SERP will begin accruing benefits under the cash balance formula. Benefits for participants who were accruing under the final average pay formula will be frozen as of December 31, 2021, including pay and service through that date.

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Summary of Plan Provisions

Effective Date	December 27, 1943. Amended and restated effective January 1, 1998 with certain amendments effective since restatement.
Eligibility for Participation	<p>All regular salaried employees after completion of one year of aggregate continuous service.</p> <p>Effective January 1, 2009, the cash balance formula will apply to the following participants:</p> <ol style="list-style-type: none">1. Any eligible employee hired on or after January 1, 2009;2. Any eligible employee who did not have five years of continuous service as of December 31, 2008. <p>Effective January 1, 2022, the cash balance formula will apply to all participants.</p>
Eligibility for Benefits (Traditional Formula)	
Normal	Age 65.
Early	Age 55 and 10 years of continuous service. For former Pfizer employees, age 50 with 10 years credited service and 65 points.
Disability	Eligible for long-term disability plan. For former Pfizer employees, five years of continuous service and eligible for long-term disability plan.
Deferred Vested	Five years of continuous service.
Preretirement Surviving Spouse	Upon death of employee who was married for at least one year and was eligible for a deferred vested benefit.
Eligibility for Benefits (Cash Balance Formula)	
Normal	Age 65.
Disability	Eligible for long-term disability plan.
Deferred Vested	Three years of continuous service.
Preretirement Surviving Spouse	Upon death of employee who was eligible for a deferred vested benefit.

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Amount of Benefits (Traditional Formula)

Normal

A monthly amount equal to:

1. 36% of final average compensation, plus 16.5% of final average compensation in excess of covered compensation reduced proportionately for service less than 30 years; plus
2. 0.5% of final average compensation times service over 30 years.

Service and final average compensation will be frozen as of December 31, 2021.

Early

The normal benefit, reduced for payments prior to age 65 as in the table on page 64.

Disability

The normal benefit payable at 65. Employee assumed to have continued employment to age 65 at same pay when disabled. Social Security is determined as though termination of employment occurred at the end of long-term disability and the participant has attained his normal retirement age.

Deferred Vested

The normal benefit payable at 65 accrued to date of termination. If payments commence prior to age 65, reduction is 6⅔% for each of the first five years and 3⅓% for each additional year. Benefits cannot begin before age 55. For former Pfizer employees, reduction is 4% per year with benefits commencing no earlier than age 50.

Preretirement Surviving Spouse Annuity
Death While Active and Before
Eligible for Early Retirement

One-half of the vested benefit payable immediately to the surviving spouse until death. For former Pfizer employees, 50% of the amount the deceased participant would have been entitled to receive if the employee had survived to age 50 and then retired the day before death with a 50% joint and survivor annuity. The benefit is payable to the spouse for life and may commence no earlier than the participant's attainment of age 50.

Death While Active and After
Eligible for Early Retirement

One-half of the vested benefit payable immediately to the spouse until death.

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Death While Inactive and Before
Benefit Commencement

50% of the amount the deceased participant would have been entitled to receive if the employee had retired if over 55 or survived to age 55 and then retired the day before death and chose the qualified joint and survivor annuity. The benefit is payable to the spouse for life and may commence no earlier than the participant's attainment of age 55. For former Pfizer employees, same as for active deaths.

Amount of Benefits (Cash Balance Formula)
Initial Cash Balance Account Balance

An eligible employee who did not have five years of continuous service as of December 31, 2008 will have an initial account balance established as of January 1, 2009. It will equal the actuarial equivalent lump-sum value of his/her traditional formula accrued benefit as of December 31, 2008.

Pay Credits

The cash balance account will be credited with an amount equal to the applicable percentage based the employees points as of the last day of the plan year (see table below) multiplied by compensation.

Points	Percentage
Less than 40	2.00%
At least 40 but less than 50	2.25%
At least 50 but less than 60	2.50%
At least 60 but less than 70	3.00%
At least 70 but less than 80	3.50%
80 or more	4.00%

Interest Credits

The employee's account shall be credited with interest, based on the beginning of year balance, which is added to the account balance at the end of the year. The credited interest rate is equal to the greater of the average annual interest rate on 30-year Treasury rate for third month prior to the beginning of the plan year or 1.95%.

Death Benefit for Vested Employees

Lump sum or actuarially equivalent life annuity paid to spouse or certified domestic partner. Lump sum for all other beneficiaries.

Forms of Payment

Normal Form

Without Spouse

Life annuity.

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

With Spouse

Actuarially reduced accrued benefit payable for employee's life, with 50% of such reduced amount payable during spouse's remaining lifetime following employee's death.

Optional Form

Life annuity; 100%, 75%, and 50% joint and survivor. For former Pfizer employees, 100% and 50% joint and survivor, and Social Security level income options. For cash balance formula employees, a single lump-sum payment in addition to the other optional forms listed.

Historical Benefit Level

Not applicable.

The following chart shows the history of limits on compensation and benefits since 1987:

Year	Maximum Benefit	Maximum Compensation
1987	\$ 90,000	N/A
1988	\$ 94,023	N/A
1989	\$ 98,064	\$200,000
1990	\$102,582	\$209,200
1991	\$108,963	\$222,220
1992	\$112,221	\$228,860
1993	\$115,641	\$235,840
1994	\$118,800	\$150,000
1995	\$120,000	\$150,000
1996	\$120,000	\$150,000
1998	\$125,000	\$160,000
1999	\$130,000	\$160,000
2000	\$130,000	\$170,000
2001	\$140,000	\$170,000
2002	\$160,000	\$200,000
2003	\$160,000	\$200,000
2004	\$165,000	\$205,000
2005	\$170,000	\$210,000
2006	\$175,000	\$220,000
2007	\$180,000	\$225,000
2008	\$185,000	\$230,000
2009	\$195,000	\$245,000
2010	\$195,000	\$245,000
2011	\$195,000	\$245,000
2012	\$200,000	\$250,000
2013	\$205,000	\$255,000
2014	\$210,000	\$260,000
2015	\$210,000	\$265,000
2016	\$210,000	\$265,000
2017	\$215,000	\$270,000

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Credited Service

Full years and days of continuous service with a participating employer from date of acquisition. Credited service under the Traditional Formula will be frozen as of December 31, 2021.

Early Retirement Reduction Table
(Traditional Formula)

Age	Factor
65	100.00%
64	97.00%
63	93.00%
62	88.00%
61	83.00%
60	78.00%
59	73.00%
58	68.00%
57	62.00%
56	56.00%
55	50.00%

Definitions

Continuous Service

Uninterrupted service as an employee of one or more of the participating employers, affiliates and predecessor companies.

Covered Compensation

The average of the Social Security wage bases in place during the 35-year period ending with the year of attaining Social Security normal retirement age.

Final Average Compensation

Average monthly compensation for the 60 consecutive months during the last 180 consecutive months of service as a qualified employee that produce the highest average. Final average compensation will be frozen on December 31, 2021

Primary Social Security Benefit

The primary old-age insurance benefit to which an employee is or would be entitled under the provisions of the Social Security Act then in effect, commencing at normal retirement date, assuming continued employment and pay at date of retirement or termination.

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Former Golden Peanut Pension Plan—Salaried Employees Only

Provisions Through December 31, 2011

The following plan provisions apply for benefits accrued by Golden Peanut Salaried participants through December 31, 2011. After December 31, 2011, benefits are accrued under the salaried cash balance formula if the vesting service as of December 31, 2010 was less than five years; and under the salaried traditional formula if the vesting service as of December 31, 2010 was greater than or equal to five.

Effective Date

Established July 1, 1947 as the Cotton Producers Association Plan. Effective May 1, 2013, the Golden Peanut Pension Plan was spun-off. Most recent restatement effective January 1, 2008.

Eligibility for Participation

Each employee becomes a participant on the first day of the next month following attainment of age 21 and the completion of one year of service.

Eligibility for Benefits
Normal

Age 65.

Early

Age 55.

Disability

Any age after completion of five years of continuous service.

Deferred Vested

Age 55 or any age after completion of five years of continuous service.

Preretirement Surviving Spouse

Upon death of employee who was married for at least one year and was eligible for a deferred vested benefit.

Amount of Benefits
Normal

Employees with at least 30 years of credited service receive a benefit of 50% of final average compensation less 50% of primary Social Security benefit. Benefits are reduced on a pro rata basis for fewer than 30 years of credited service. The minimum monthly pension is \$15.00 for each year of credited service. If an employee's age plus 90-point service totals 90 or more, the 50% of primary Social Security benefit offset above is reduced if the employee is below age 63.

Early

The normal benefit reduced by 5/12 of 1% for each month by which early retirement precedes age 65. If an employee's age plus 90-point service totals 90 or more, the benefit is unreduced.

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Disability	The normal benefit at date of disability, with credited service continuing to accrue while disabled. The benefit payments commence when eligible for Social Security and continue as long as the employee is totally and permanently disabled.
Deferred Vested	The normal benefit accrued to date of termination, payable at the later of date of termination or age 55. If terminated at age 55 or older, the benefit is reduced 5/12 of 1% per month if payments commence after age 55 but before age 65. If terminated prior to age 55, the benefit is actuarially reduced.
Preretirement Surviving Spouse Annuity	One-half of the benefit the deceased participant would have received if he had retired the day before his death and elected the qualified joint and survivor option payable immediately to surviving spouse for life.
Forms of Payment	
Normal Form	
Without Spouse	Life annuity.
With Spouse	Already reduced accrued benefit payable for employee's life, with 50% of such reduced amount payable during spouse's remaining lifetime following employee's death.
Optional Form	If employee cancels normal form with spouse, the accrued benefit is not reduced and no benefit is payable to the spouse following the employee's death. 75% joint and survivor annuity, life annuity with 120 monthly payments guaranteed, one time lump sum payment and Social Security level income option are also available.
Credited Service	Each year of service with proportionate allowance for fractional years after meeting the eligibility requirements.
Compensation	Gross income including W-2 compensation, employee contributions to 401(k) plan, and salary reductions pursuant to a cafeteria plan, but excluding severance compensation, distributions from a nonqualified deferred compensation plan, and earnings in excess of the section 401(a)(17) recognizable pay limit.
Final Average Compensation	The average of the highest consecutive five years of compensation paid during the final 10 consecutive years of employment.

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Primary Social Security Benefit

Estimated amount of employee's primary Social Security benefit based on the law in effect on the date the accrued benefit is determined.

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- The legislated increase in the Section 401(a)(17) recognizable pay limit from \$270,000 for 2017 to \$275,000 for 2018.
- The legislated increase in the Section 415 dollar limits for defined benefit plans from \$215,000 for 2017 to \$220,000 for 2018.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

- The cash balance interest crediting rate was updated from 2.50% (October 2016 30-year Treasury rate) to 2.88% (October 2017 30-year Treasury rate).

The non-prescribed changes were made to better reflect the anticipated plan experience. These changes did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2018

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	124	242	3							
	\$56,134	\$61,749								
	\$679	\$1,801								
25-29	86	548	215	12						
	\$61,897	\$64,803	\$75,613							
	\$682	\$3,275	\$7,238							
30-34	69	320	352	198	9					
	\$72,787	\$73,361	\$83,404	\$94,194						
	\$792	\$3,514	\$9,834	\$12,121						
35-39	46	253	179	225	188	13				
	\$77,055	\$80,430	\$84,103	\$95,147	\$98,796					
	\$898	\$3,955	\$9,979	\$11,320	\$246					
40-44	43	194	132	160	244	129	9			
	\$86,973	\$96,229	\$88,347	\$92,568	\$113,592	\$114,019				
	\$997	\$5,182	\$11,775	\$13,610	\$220	\$140				
45-49	50	185	131	102	186	161	78	5		
	\$111,449	\$99,151	\$92,238	\$90,481	\$92,002	\$107,241	\$109,828			
	\$1,649	\$5,825	\$14,035	\$18,564	\$521	\$240	\$77			
50-54	48	180	100	121	204	118	140	58	5	1
	\$105,318	\$108,638	\$77,162	\$91,688	\$87,231	\$98,833	\$115,357	\$129,766		
	\$1,598	\$7,018	\$12,187	\$21,692	\$179	\$703	\$262	\$0		
55-59	28	124	110	121	190	104	152	83	114	9
	\$104,022	\$105,353	\$90,288	\$95,887	\$94,985	\$98,568	\$96,793	\$124,204	\$128,386	
	\$1,518	\$7,242	\$17,229	\$26,906	\$351	\$103	\$296	\$23	\$0	
60-64	17	96	63	86	162	82	76	37	49	27
		\$111,655	\$74,802	\$87,818	\$95,594	\$94,504	\$95,081	\$116,595	\$117,109	\$98,471
		\$8,757	\$16,138	\$31,574	\$239	\$409	\$188	\$200	\$0	\$0
65-69	2	23	28	22	31	11	20	6	2	10
		\$85,758	\$56,382	\$71,858	\$91,658		\$83,961			
		\$6,614	\$13,874	\$36,348	\$42		\$171			
70+	4	11	6	8	5	4	2	1	3	1

N-7,796

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 25,996,224	January 1, 2018	7	\$ 4,243,879

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2018

Date	Amount	Days to Discount to 1/1/2018 at 5.80%	Interest Adjusted Contribution
July 1, 2019	24,000,000	546	22,058,875
Total Contribution	\$ 24,000,000		\$ 22,058,875

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

Cash Balance Participants			(d)
(a) Age	(b) Rate	(c) Weight	Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	10.00%	0.9025	5.19
58.5	10.00%	0.8123	4.75
59.5	10.00%	0.7310	4.35
60.5	10.00%	0.6579	3.98
61.5	10.00%	0.5921	3.64
62.5	10.00%	0.5329	3.33
63.5	10.00%	0.4796	3.05
64.5	10.00%	0.4317	2.78
65.5	20.00%	0.3885	5.09
66.5	20.00%	0.3108	4.13
67.5	20.00%	0.2486	3.36
68.5	25.00%	0.1989	3.41
69.5	25.00%	0.1492	2.59
70	100.00%	0.1119	7.83
Weighted Average			62.94

Non-Cash Balance Participants			(d)
(a) Age	(b) Rate	(c) Weight	Product (a) × (b) × (c)
55.5	3.00%	1.0000	1.67
56.5	3.00%	0.9700	1.64
57.5	3.00%	0.9409	1.62
58.5	3.00%	0.9127	1.60
59.5	8.00%	0.8853	4.21
60.5	12.00%	0.8145	5.91
61.5	15.00%	0.7167	6.61
62.5	20.00%	0.6092	7.62
63.5	20.00%	0.4874	6.19
64.5	20.00%	0.3899	5.03
65.5	30.00%	0.3119	6.13
66.5	25.00%	0.2183	3.63
67.5	25.00%	0.1638	2.76
68.5	25.00%	0.1228	2.10
69.5	25.00%	0.0921	1.60
70	100.00%	0.0691	4.84
Weighted Average			63.16

	Average Age	% of Active Participants
Cash Balance Participants	62.94	60.93%
Non-Cash Balance Participants	63.16	39.07%
Weighted Average Retirement Age	63.03	

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

History of Plan

The Archer Daniels Midland Retirement Plan was established effective December 27, 1943, as a group annuity contract with the Equitable Life Assurance Society. Effective September 1, 1952, a separate plan was established for hourly employees.

In December 1954, a change was made in financing the plan from a deposit administrative group annuity contract to a trustee basis. No further contributions were made to the Equitable deposit administration fund. The existing deposit administration contract funds were used to purchase benefits upon retirement and such funds were sufficient to purchase the benefits of all participants who retired prior to July 31, 1963. The Trustee currently is the National City Bank of Minneapolis.

Effective January 1, 1968, the benefit formula was changed from a career average pay formula to a final average pay formula. The final average pay formula adopted was 1% of all pay plus ½% of pay in excess of an average Social Security wage base for all years of service up to 35 years.

Effective January 1, 1973, the method of integrating the benefit formula with Social Security was changed from a step rate basis (a higher benefit rate on pay over a wage base) to an offset basis (same benefit rate on all pay with the plan benefit reduced by some portion of Social Security benefits). The formula adopted was 56% of final average compensation minus 50% of primary Social Security, times the ratio of credited service to 35 years. In addition, a minimum benefit formula of 9.00 times credited service up to 35 years was added, the disability benefit was removed (now covered by an insured long-term disability plan), the retirement death benefit provisions were liberalized, and the eligibility provisions for vesting were liberalized.

Effective January 1, 1976, the plan was amended to comply with the Employee Retirement Income Security Act of 1974 (ERISA). These changes included providing the rule of 45 for vesting.

During 1978, the plan was amended retroactive to January 1, 1976, to increase the minimum benefit to \$9.00 times credited service.

Effective January 1, 1983, the plan was amended to be in accordance with the maximum benefit rules of TEFRA.

The plan was amended effective August 1, 1984, to extend preretirement death coverage to terminated vested employees on an employee paid basis as required by the Retirement Equity Act.

Effective January 1, 1987, the plan was amended to be in accordance with the maximum benefit rules of TRA-86.

Effective January 1, 1989, in accordance with the Tax Reform Act of 1986, a five-year cliff vesting schedule was adopted and the maximum compensation taken into account in determining benefits was limited to \$200,000 subject to future indexing.

During 1990, Collingwood Grain was merged into this plan. The benefit for former Collingwood Grain employees is based on the accrued benefit payable at age 65 as of December 31, 1989 with Collingwood Grain plus service from January 1, 1990 under the ADM Salaried Plan.

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Effective December 15, 1990, Pfizer was merged into this plan. The benefit for former Pfizer employees is based on Pfizer plan provisions.

During 1992, Agri-Trans was merged into this plan. The benefit for former Agri-Trans employees is calculated in accordance with the ADM Salaried Plan.

Effective January 1, 1993, Dixie Portland salaried employees were merged into the plan. The benefit for former Dixie Portland employees is based on the larger of the accrued benefit payable at age 65 as of December 31, 1992, under Dixie Portland plan formula plus service from January 1, 1993, under the ADM Salaried Plan, or the ADM plan formula based on Dixie Portland and ADM service.

Effective January 1, 1993, the benefit for former Pfizer employees was changed to be the larger of the accrued benefit payable at age 65 as of December 31, 1992, under the Pfizer plan formula plus service from January 1, 1993, under the ADM Salaried Plan, or the ADM plan formula based on Pfizer and ADM service.

Effective January 1, 1996, the Premiere salaried employees were merged into the plan. The benefit for former Premiere employees is based on the larger of the accrued benefit payable at age 65 as of October 31, 1994, under the Premiere plan formula plus service from November 1, 1994, under the ADM salaried formula, or the ADM plan formula based on total service.

Effective September 30, 1996, Southern Cellulose salaried employees were merged into the plan. The benefit for former Southern Cellulose employees is based on the accrued benefit payable at age 65 of September 30, 1996 with Southern Cellulose plus the benefit for service from October 1, 1996 under the ADM Salaried Plan.

Effective May 31, 1997, Benson-Quinn employees were merged into the plan. The benefit for former Benson-Quinn employees is based on the accrued benefit payable at age 65 as of May 31, 1998 with Benson-Quinn plus service from June 1, 1998 under the ADM Salaried Plan.

Effective January 1, 1998, the ADM salaried plan benefit formula was changed to an excess step-rate formula of 36% of final average pay up to covered compensation plus 16.5% of final average pay in excess of covered compensation, reduced proportionately for service less the 30 years, plus 0.5% of final average pay times service over 30 years.

Effective December 31, 1999, the Moorman salaried employees and retired employees were merged into the plan. The Moorman salaried employees were granted the ADM salaried plan benefit for all years of service with Moorman and ADM.

Effective January 1, 2000, ADM unpurchased annuities previously purchased from an insurance carrier for former Moorman employees and will now pay trust benefits from the ADM plan. ADM also adopted a 415(d) COLA which increases the maximum benefit payable from a qualified plan and eliminated the two-plan limits from the qualified plan.

Effective December 31, 2001, the Consolidated Nutrition salaried employees were merged into the plan.

Effective January 1, 2009, employees who did not have five years of continuous service as of December 31, 2008, and all new hires on or after January 1, 2009, are eligible for the cash balance formula. All other employees continue to have benefits calculated under the traditional formula.

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Effective December 31, 2011, the Golden Peanut Pension Plan salaried group was merged into this plan.

Nonvested participants from CRS who were divested on May 1, 2017 were granted 100% vesting for their Salaried plan benefits.

On July 31, 2017, ADM announced that beginning January 1, 2022 all participants in the Salaried pension plan and the SERP will begin accruing benefits under the cash balance formula. Benefits for participants who were accruing under the final average pay formula will be frozen as of December 31, 2021, including pay and service through that date.

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Summary of Plan Provisions

Effective Date	December 27, 1943. Amended and restated effective January 1, 1998 with certain amendments effective since restatement.
Eligibility for Participation	<p>All regular salaried employees after completion of one year of aggregate continuous service.</p> <p>Effective January 1, 2009, the cash balance formula will apply to the following participants:</p> <ol style="list-style-type: none">1. Any eligible employee hired on or after January 1, 2009;2. Any eligible employee who did not have five years of continuous service as of December 31, 2008. <p>Effective January 1, 2022, the cash balance formula will apply to all participants.</p>
Eligibility for Benefits (Traditional Formula)	
Normal	Age 65.
Early	Age 55 and 10 years of continuous service. For former Pfizer employees, age 50 with 10 years credited service and 65 points.
Disability	Eligible for long-term disability plan. For former Pfizer employees, five years of continuous service and eligible for long-term disability plan.
Deferred Vested	Five years of continuous service.
Preretirement Surviving Spouse	Upon death of employee who was married for at least one year and was eligible for a deferred vested benefit.
Eligibility for Benefits (Cash Balance Formula)	
Normal	Age 65.
Disability	Eligible for long-term disability plan.
Deferred Vested	Three years of continuous service.
Preretirement Surviving Spouse	Upon death of employee who was eligible for a deferred vested benefit.

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Amount of Benefits (Traditional Formula)
Normal

A monthly amount equal to:

1. 36% of final average compensation, plus 16.5% of final average compensation in excess of covered compensation reduced proportionately for service less than 30 years; plus
2. 0.5% of final average compensation times service over 30 years.

Service and final average compensation will be frozen as of December 31, 2021.

Early

The normal benefit, reduced for payments prior to age 65 as in the table on page 64.

Disability

The normal benefit payable at 65. Employee assumed to have continued employment to age 65 at same pay when disabled. Social Security is determined as though termination of employment occurred at the end of long-term disability and the participant has attained his normal retirement age.

Deferred Vested

The normal benefit payable at 65 accrued to date of termination. If payments commence prior to age 65, reduction is $6\frac{2}{3}\%$ for each of the first five years and $3\frac{1}{3}\%$ for each additional year. Benefits cannot begin before age 55. For former Pfizer employees, reduction is 4% per year with benefits commencing no earlier than age 50.

Preretirement Surviving Spouse Annuity
Death While Active and Before
Eligible for Early Retirement

One-half of the vested benefit payable immediately to the surviving spouse until death. For former Pfizer employees, 50% of the amount the deceased participant would have been entitled to receive if the employee had survived to age 50 and then retired the day before death with a 50% joint and survivor annuity. The benefit is payable to the spouse for life and may commence no earlier than the participant's attainment of age 50.

Death While Active and After
Eligible for Early Retirement

One-half of the vested benefit payable immediately to the spouse until death.

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Death While Inactive and Before
Benefit Commencement

50% of the amount the deceased participant would have been entitled to receive if the employee had retired if over 55 or survived to age 55 and then retired the day before death and chose the qualified joint and survivor annuity. The benefit is payable to the spouse for life and may commence no earlier than the participant's attainment of age 55. For former Pfizer employees, same as for active deaths.

Amount of Benefits (Cash Balance Formula)
Initial Cash Balance Account Balance

An eligible employee who did not have five years of continuous service as of December 31, 2008 will have an initial account balance established as of January 1, 2009. It will equal the actuarial equivalent lump-sum value of his/her traditional formula accrued benefit as of December 31, 2008.

Pay Credits

The cash balance account will be credited with an amount equal to the applicable percentage based the employees points as of the last day of the plan year (see table below) multiplied by compensation.

Points	Percentage
Less than 40	2.00%
At least 40 but less than 50	2.25%
At least 50 but less than 60	2.50%
At least 60 but less than 70	3.00%
At least 70 but less than 80	3.50%
80 or more	4.00%

Interest Credits

The employee's account shall be credited with interest, based on the beginning of year balance, which is added to the account balance at the end of the year. The credited interest rate is equal to the greater of the average annual interest rate on 30-year Treasury rate for third month prior to the beginning of the plan year or 1.95%.

Death Benefit for Vested Employees

Lump sum or actuarially equivalent life annuity paid to spouse or certified domestic partner. Lump sum for all other beneficiaries.

Forms of Payment

Normal Form
Without Spouse

Life annuity.

Schedule SB Attachment (Form 5500)—2018 Plan Year

ADM Retirement Plan

EIN: 41-0129150 PN: 001

With Spouse

Actuarially reduced accrued benefit payable for employee's life, with 50% of such reduced amount payable during spouse's remaining lifetime following employee's death.

Optional Form

Life annuity; 100%, 75%, and 50% joint and survivor. For former Pfizer employees, 100% and 50% joint and survivor, and Social Security level income options. For cash balance formula employees, a single lump-sum payment in addition to the other optional forms listed.

Historical Benefit Level

Not applicable.

The following chart shows the history of limits on compensation and benefits since 1987:

Year	Maximum Benefit	Maximum Compensation
1987	\$ 90,000	N/A
1988	\$ 94,023	N/A
1989	\$ 98,064	\$200,000
1990	\$102,582	\$209,200
1991	\$108,963	\$222,220
1992	\$112,221	\$228,860
1993	\$115,641	\$235,840
1994	\$118,800	\$150,000
1995	\$120,000	\$150,000
1996	\$120,000	\$150,000
1998	\$125,000	\$160,000
1999	\$130,000	\$160,000
2000	\$130,000	\$170,000
2001	\$140,000	\$170,000
2002	\$160,000	\$200,000
2003	\$160,000	\$200,000
2004	\$165,000	\$205,000
2005	\$170,000	\$210,000
2006	\$175,000	\$220,000
2007	\$180,000	\$225,000
2008	\$185,000	\$230,000
2009	\$195,000	\$245,000
2010	\$195,000	\$245,000
2011	\$195,000	\$245,000
2012	\$200,000	\$250,000
2013	\$205,000	\$255,000
2014	\$210,000	\$260,000
2015	\$210,000	\$265,000
2016	\$210,000	\$265,000
2017	\$215,000	\$270,000

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Credited Service

Full years and days of continuous service with a participating employer from date of acquisition. Credited service under the Traditional Formula will be frozen as of December 31, 2021.

Early Retirement Reduction Table
(Traditional Formula)

Age	Factor
65	100.00%
64	97.00%
63	93.00%
62	88.00%
61	83.00%
60	78.00%
59	73.00%
58	68.00%
57	62.00%
56	56.00%
55	50.00%

Definitions

Continuous Service

Uninterrupted service as an employee of one or more of the participating employers, affiliates and predecessor companies.

Covered Compensation

The average of the Social Security wage bases in place during the 35-year period ending with the year of attaining Social Security normal retirement age.

Final Average Compensation

Average monthly compensation for the 60 consecutive months during the last 180 consecutive months of service as a qualified employee that produce the highest average. Final average compensation will be frozen on December 31, 2021

Primary Social Security Benefit

The primary old-age insurance benefit to which an employee is or would be entitled under the provisions of the Social Security Act then in effect, commencing at normal retirement date, assuming continued employment and pay at date of retirement or termination.

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Former Golden Peanut Pension Plan—Salaried Employees Only

Provisions Through December 31, 2011

The following plan provisions apply for benefits accrued by Golden Peanut Salaried participants through December 31, 2011. After December 31, 2011, benefits are accrued under the salaried cash balance formula if the vesting service as of December 31, 2010 was less than five years; and under the salaried traditional formula if the vesting service as of December 31, 2010 was greater than or equal to five.

Effective Date

Established July 1, 1947 as the Cotton Producers Association Plan. Effective May 1, 2013, the Golden Peanut Pension Plan was spun-off. Most recent restatement effective January 1, 2008.

Eligibility for Participation

Each employee becomes a participant on the first day of the next month following attainment of age 21 and the completion of one year of service.

Eligibility for Benefits

Normal

Age 65.

Early

Age 55.

Disability

Any age after completion of five years of continuous service.

Deferred Vested

Age 55 or any age after completion of five years of continuous service.

Preretirement Surviving Spouse

Upon death of employee who was married for at least one year and was eligible for a deferred vested benefit.

Amount of Benefits

Normal

Employees with at least 30 years of credited service receive a benefit of 50% of final average compensation less 50% of primary Social Security benefit. Benefits are reduced on a pro rata basis for fewer than 30 years of credited service. The minimum monthly pension is \$15.00 for each year of credited service. If an employee's age plus 90-point service totals 90 or more, the 50% of primary Social Security benefit offset above is reduced if the employee is below age 63.

Early

The normal benefit reduced by 5/12 of 1% for each month by which early retirement precedes age 65. If an employee's age plus 90-point service totals 90 or more, the benefit is unreduced.

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Disability	The normal benefit at date of disability, with credited service continuing to accrue while disabled. The benefit payments commence when eligible for Social Security and continue as long as the employee is totally and permanently disabled.
Deferred Vested	The normal benefit accrued to date of termination, payable at the later of date of termination or age 55. If terminated at age 55 or older, the benefit is reduced 5/12 of 1% per month if payments commence after age 55 but before age 65. If terminated prior to age 55, the benefit is actuarially reduced.
Preretirement Surviving Spouse Annuity	One-half of the benefit the deceased participant would have received if he had retired the day before his death and elected the qualified joint and survivor option payable immediately to surviving spouse for life.
Forms of Payment	
Normal Form	
Without Spouse	Life annuity.
With Spouse	Already reduced accrued benefit payable for employee's life, with 50% of such reduced amount payable during spouse's remaining lifetime following employee's death.
Optional Form	If employee cancels normal form with spouse, the accrued benefit is not reduced and no benefit is payable to the spouse following the employee's death. 75% joint and survivor annuity, life annuity with 120 monthly payments guaranteed, one time lump sum payment and Social Security level income option are also available.
Credited Service	Each year of service with proportionate allowance for fractional years after meeting the eligibility requirements.
Compensation	Gross income including W-2 compensation, employee contributions to 401(k) plan, and salary reductions pursuant to a cafeteria plan, but excluding severance compensation, distributions from a nonqualified deferred compensation plan, and earnings in excess of the section 401(a)(17) recognizable pay limit.
Final Average Compensation	The average of the highest consecutive five years of compensation paid during the final 10 consecutive years of employment.

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Primary Social Security Benefit

Estimated amount of employee's primary Social Security benefit based on the law in effect on the date the accrued benefit is determined.

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- The legislated increase in the Section 401(a)(17) recognizable pay limit from \$270,000 for 2017 to \$275,000 for 2018.
- The legislated increase in the Section 415 dollar limits for defined benefit plans from \$215,000 for 2017 to \$220,000 for 2018.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 25,996,224	January 1, 2018	7	\$ 4,243,879

Schedule SB Attachment (Form 5500)—2018 Plan Year
ADM Retirement Plan
EIN: 41-0129150 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

- The cash balance interest crediting rate was updated from 2.50% (October 2016 30-year Treasury rate) to 2.88% (October 2017 30-year Treasury rate).

The non-prescribed changes were made to better reflect the anticipated plan experience. These changes did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.