# 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

**2019**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 04/01/2019 and ending 03/31/2020

**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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES

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

**1c** Effective date of plan 04/01/1987

**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)
STATELINE COOPERATIVE

PO BOX 67
BURT, IA 50522

**2b** Employer Identification Number (EIN) 42-1023410

**2c** Plan Sponsor's telephone number 515-924-3555

**2d** Business code (see instructions) 115110

**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. | 01/05/2021 | KELLY HAYERTZ |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 01/05/2021 | LINDA PETERSEN |
| | **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 |

**3a** Plan administrator's name and address ☐ Same as Plan Sponsor

ASSOCIATED BENEFITS CORPORATION

1415 28TH STREET, SUITE 100
WEST DES MOINES, IA 50266-1450

**3b** Administrator's EIN: 42-1279416

**3c** Administrator's telephone number: 515-226-0303

**4** If the name and/or EIN of the plan sponsor 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** | 298 |
| **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)** | 107 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 96 |
| **b** Retired or separated participants receiving benefits | **6b** | 110 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 87 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 293 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 293 |
| **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** | 1 |
| **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

**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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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

**2019**

**This Form is Open to Public Inspection**

For calendar plan year 2019 or fiscal plan year beginning 04/01/2019 and ending 03/31/2020

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

**A** Name of plan
THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES

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

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

**D** Employer Identification Number (EIN)
42-1023410

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

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

## Part I Basic Information

**1** Enter the valuation date: Month 04 Day 01 Year 2019

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 19810105 |
| **b** Actuarial value | **2b** | 19864873 |

**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 | 105 | 6938449 | 6938449 |
| **b** For terminated vested participants | 87 | 2165371 | 2165371 |
| **c** For active participants | 107 | 7385137 | 7564788 |
| **d** Total | 299 | 16488957 | 16668608 |

**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** | 5.60 % |
| **6** Target normal cost | **6** | 634484 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

Signature of actuary — Date: 12/14/2020

MARK A HENDRICKS — Type or print name of actuary

20-05452 — Most recent enrollment number

MERCER — Firm name

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

2405 GRAND BLVD, SUITE 900
KANSAS CITY, MO 64108

Address of the firm

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

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 2693514 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 2693514 |
| 10 | Interest on line 9 using prior year's actual return of 4.75 % | 0 | 127942 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 685470 |
| 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 5.77 % | | 39552 |
| b(2) | Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 725022 |
| d | Portion of (c) to be added to prefunding balance | | 725022 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 350220 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 3196258 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 100.00 % |
| 15 | Adjusted funding target attainment percentage | 15 | 119.17 % |
| 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 | 100.00 % |
| 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 |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 0 | 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 | 0 |

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: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 3.74 % | 5.35 % | 6.11 % | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 0 |
| **22** Weighted average retirement age | **22** | 63 |

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

## Part VI Miscellaneous Items

| | | |
|---|---|---|
| **24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment | | ☐ Yes ☒ No |
| **25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment | | ☐ Yes ☒ No |
| **26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment | | ☒ Yes ☐ No |
| **27** If the plan is 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** | 634484 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 7 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 0 | 0 |
| **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** | 634477 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 634477 | 634477 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 0 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 0 |
| **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) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2019**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2019 or fiscal plan year beginning 04/01/2019 and ending 03/31/2020

**A** Name of plan
THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
STATELINE COOPERATIVE

**D** Employer Identification Number (EIN)
42-1023410

## 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).. . . . . [X] 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

INVESCO CAPITAL MANAGEMENT, LLC
3500 LACEY ROAD, SUITE 700
DOWNERS GROVE, IL 60515

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

FIDELITY INVESTMENTS
245 SUMMER STREET
BOSTON, MA 02210

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

PIMCO FUNDS
PO BOX 55060
BOSTON, MA 02205-5060

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

ALPS CORE COMMODITY MANAGEMENT, LLC
PO BOX 44386
DENVER, CO 80203

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

AMERICAN FUNDS SERVICE CO.

PO BOX 6007
INDIANAPOLIS, IN 46206-6007

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

LAZARD ASSET MANAGEMENT

30 ROCKEFELLER PLAZA
NEW YORK, NY 10112

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

METWEST FUNDS

865 SOUTH FIGUEROA STREET
SUITE 1800
LOS ANGELES, CA 90017

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

OPPENHEIMER FUNDS SERVICES

PO BOX 5207
DENVER, CO 80217-5207

**(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)

WELLS FARGO BANK, N.A.

94-1347393

| (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? |
|---|---|---|---|---|---|---|
| 21 24 27 28 50 52 | NONE | 17383 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

MERCER

13-2934414

| (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? |
|---|---|---|---|---|---|---|
| 11 50 | NONE | 7799 | Yes [ ] No [X] | 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: | **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:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan 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

**2019**

**This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 04/01/2019 and ending 03/31/2020

**A** Name of plan
THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES

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

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
STATELINE COOPERATIVE

**D** Employer Identification Number (EIN)
42-1023410

**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: | WF/TRP INST LCG MGD CIT F | | |
| **b** Name of sponsor of entity listed in (a): | WELLS FARGO BANK, N.A. | | |
| **c** EIN-PN | 45-6648614-001 | **d** Entity code | C |
| **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1497823 | | |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | WF/BLACKROCK S&P 500 INDEX CIT F | | |
| **b** Name of sponsor of entity listed in (a): | WELLS FARGO BANK, N.A. | | |
| **c** EIN-PN | 94-3224211-001 | **d** Entity code | C |
| **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 2479967 | | |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | WELLS FARGO/MFS VALUE CIT F | | |
| **b** Name of sponsor of entity listed in (a): | WELLS FARGO BANK, N.A. | | |
| **c** EIN-PN | 45-6648640-001 | **d** Entity code | C |
| **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1380804 | | |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | WF/BLACKROCK S&P MIDCAP INDEX CIT F | | |
| **b** Name of sponsor of entity listed in (a): | WELLS FARGO BANK, N.A. | | |
| **c** EIN-PN | 52-2265235-001 | **d** Entity code | C |
| **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1446122 | | |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | WF/MULTI-MANAGER SMALL CAP CIT F | | |
| **b** Name of sponsor of entity listed in (a): | WELLS FARGO BANK, N.A. | | |
| **c** EIN-PN | 45-6648658-001 | **d** Entity code | C |
| **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 773965 | | |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | WF/BLACKROCK INTL EQUITY INDEX CIT | | |
| **b** Name of sponsor of entity listed in (a): | WELLS FARGO BANK, N.A. | | |
| **c** EIN-PN | 52-2265229-001 | **d** Entity code | C |
| **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1044753 | | |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | WELLS FARGO CORE BOND CIT F | | |
| **b** Name of sponsor of entity listed in (a): | WELLS FARGO BANK, N.A. | | |
| **c** EIN-PN | 94-3222878-001 | **d** Entity code | C |
| **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1265500 | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WF/FEDERATED TOTAL RETURN BOND CIT

**b** Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

| **c** EIN-PN 46-6584317-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1280129 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK ST INVESTMENT FUND F

**b** Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

| **c** EIN-PN 41-6292499-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 187615 |
|---|---|---|

**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 |

| | |
|---|---|
| **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

**2019**

**This Form is Open to Public Inspection**

For calendar plan year 2019 or fiscal plan year beginning 04/01/2019 and ending 03/31/2020

**A** Name of plan
THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
STATELINE COOPERATIVE

**D** Employer Identification Number (EIN)
42-1023410

## 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) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 498 | 169 |
| **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) | 12002126 | 11356678 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(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) | 7099192 | 6202938 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(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 | 19101816 | 17559785 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | 4476 | 4567 |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 4476 | 4567 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 19097340 | 17555218 |

## 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) | 737000 | |
| | **(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) | | 737000 |
| **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) | 210919 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 210919 |
| | **(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) | | -650511 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (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) | | -1054117 |
| c Other income | 2c | | 268 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | -756441 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 736567 | |
| (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) | | 736567 |
| 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) | 7799 | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | 17383 | |
| (4) Other | 2i(4) | 23932 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 49114 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 785681 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | -1542122 |
| 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)** ☐ Unmodified **(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: MERIWETHER, WILSON AND CO., PLLC **(2)** EIN: 42-0731256

**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:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **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.) | 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 4266265. (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

**2019**

**This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 04/01/2019 and ending 03/31/2020

**A** Name of plan
THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
STATELINE COOPERATIVE

**D** Employer Identification Number (EIN)
42-1023410

## 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 | 0 |

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): 41-6257133

**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 | 0 |

## 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

## 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 | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **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 | **15a** | |
| **b** The corresponding number for the second preceding plan year | **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 | **16a** | |
| **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 | **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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**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):

**20** **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

# The Restated Noncontributory Retirement Plan for Cooperatives

Administered by Associated Benefits Corporation
(Participating Employer – StateLine Cooperative, Group 190)
Employer Identification Number: 42-1023410
Plan Number: 020

Financial Statements as of and for the Years Ended
March 31, 2020 and 2019, Supplemental Schedules
as of March 31, 2020 and Independent Auditors' Report

THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES

Administered by Associated Benefits Corporation
(Participating Employer – StateLine Cooperative, Group 190)

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Meriwether
WILSON AND COMPANY, PLLC
*Certified Public Accountants*

# INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Associated Benefits Corporation
Plan Administrator for The Restated Noncontributory
Retirement Plan for Cooperatives and Participants
(Participating Employer – StateLine Cooperative, Group 190)

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Restated Noncontributory Retirement Plan for Cooperatives (Participating Employer – StateLine Cooperative, Group 190) ("Plan"), which comprise the Statements of Net Assets Available for Benefits as of March 31, 2020 and 2019, the related Statements of Changes in Net Assets Available for Benefits 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 accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from 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 audit in accordance with auditing standards generally accepted in the United States of America. 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 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 information summarized in Note 5, which was certified by Wells Fargo Bank, N.A. the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the custodian as of and for the years ended March 31, 2020 and 2019, that the information provided to the plan administrator by the custodian is complete and accurate.

## Disclaimer of Opinion

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.

**Other Matter**

The supplemental Schedule of Assets Held for Investment and Schedule of Reportable Transactions as of March 31, 2020, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer Opinion paragraph, we do not express an opinion on these supplemental schedules referred to above.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

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

Meriwether, Wilson and Company PLLC

MERIWETHER, WILSON AND COMPANY, PLLC
Certified Public Accountants

December 3, 2020
West Des Moines, Iowa

THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
Administered By Associated Benefits Corporation
(Participating Employer – StateLine Cooperative, Group 190)

## Statements of Net Assets Available for Benefits

As of March 31,

| | 2020 | 2019 |
|---|---|---|
| **Assets** | | |
| **Investments at Fair Value** | | |
| Cash - Interest Bearing | $ 187,615 | 190,064 |
| Common and Collective Trusts | 11,169,063 | 11,812,062 |
| Mutual Funds | 6,202,938 | 7,099,192 |
| Total Investments at Fair Value | 17,559,616 | 19,101,318 |
| **Receivables** | | |
| Investment Income Receivable | 169 | 498 |
| Total Receivables | 169 | 498 |
| Total Assets | 17,559,785 | 19,101,816 |
| **Liabilities** | | |
| **Current Liabilities** | | |
| Accrued Expenses | 4,567 | 4,476 |
| Total Liabilities | 4,567 | 4,476 |
| **Net Assets Available for Benefits** | $ 17,555,218 | 19,097,340 |

The accompanying notes are an integral part of these financial statements.

THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
Administered By Associated Benefits Corporation
(Participating Employer – StateLine Cooperative, Group 190)

**Statements of Changes in Net Assets Available for Benefits**

For the Years Ended March 31,

| | 2020 | 2019 |
|---|---|---|
| **Investment Income** | | |
| Net Appreciation in Fair Value of Investments | $ -- | 623,752 |
| Interest Income | 4,076 | 3,751 |
| Dividend Income | 210,919 | 232,727 |
| Other Income | 4,541 | 3,502 |
| Total Investment Income | 219,536 | 863,732 |
| Contribution from Employer | 737,000 | 601,000 |
| Total Additions | 956,536 | 1,464,732 |
| Net Depreciation in Fair Value of Investments | 1,712,977 | -- |
| Benefits Paid to Participants | 736,567 | 760,015 |
| Administrative Expenses | 49,114 | 47,618 |
| Total Deductions | 2,498,658 | 807,633 |
| **Net (Decrease) Increase** | (1,542,122) | 657,099 |
| **Net Assets Available for Benefits:** | | |
| Beginning of Year | 19,097,340 | 18,440,241 |
| End of Year | $ 17,555,218 | 19,097,340 |

The accompanying notes are an integral part of these financial statements.

THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
Administered by Associated Benefits Corporation
(Participating Employer – StateLine Cooperative, Group 190)

**Notes to Financial Statements**

As of and for the Years Ended March 31, 2020 and 2019

## 1. Description of the Plan

The following description of The Restated Noncontributory Retirement Plan for Cooperatives (Participating Employer – StateLine Cooperative, Group 190) ("Plan") is provided for general informational purposes only. Participants should refer to the Plan document for more complete information.

**General** – The Plan is a noncontributory defined benefit plan administered by Associated Benefits Corporation ("Plan Administrator") that covers substantially all full-time employees of StateLine Cooperative. Employees who work 1,000 hours or more per year are eligible on the first day of the first or the seventh month of the Plan year following the attainment of age 21 and 4 months of service. As of September 1, 2016, the Plan was frozen to new entrants. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Funding Policy** – Contributions to provide benefits under the Plan are made solely by the participating employer. The participating employer's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The participating employer met the minimum funding requirements of ERISA for the years ended March 31, 2020 and 2019. For financial statement purposes, all employer contributions made to meet the minimum funding requirements of ERISA are considered attributable to the current plan year and are accrued in the financial statements if not paid by year end. For PBGC funding purposes, all employer contributions made to the Plan prior to the filing of the Form 5500 are considered attributable to the previous year.

Although it has not expressed any intention to do so, the Company has the right under the plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

**Pension Benefits** – Participants can retire with their full pension on the first day of the month coincident with or immediately following the earlier of their 65th birthday (normal retirement), attainment of age 62 with at least five years of service, or upon satisfying the Rule of 85 by reaching a combined total of age and years of service of 85 total years.

The monthly pension benefit under the Plan is equal to 1.1 percent of average monthly earnings, as defined, multiplied by years of credited service. The normal form is a pension payable for the participant's lifetime. However, an actuarially reduced joint and 50 percent survivorship basis with 120 guaranteed monthly payments is the automatic form for married participants unless both the participant and spouse elect another form.

The computations of the actuarial present value of accumulated plan benefits were made as of April 1, 2019 and 2018. Had the valuations been prepared as of March 31, 2019 and 2018 there would be no material differences.

Participants become 100 percent vested in employer contributions and earnings thereon after completion of five years of service.

## 2. Summary of Significant Accounting Policies

**Recently Issued Accounting** – In July 2019, the AICPA Auditing Standards Board Issued Statement of Auditing Standards No. 136, Forming an Opinion and Reporting on Financial Statements of Employee Benefit Plans Subject to ERISA. SAS No. 136 prescribes certain new performance requirements for ERISA plan financial statement audits and changes the form and content of the related auditor's report to improve audit quality and enhance the communicative value and transparency of the auditor's report. SAS 136 also contains additional performance and new reporting requirements for ERISA Section 103(a)(3)(C) audits (previously referred to as "limited scope" audits.) SAS No. 136 will be effective for audits of ERISA plan financial statements for periods ending on or after December 15, 2021. Early adoption of this standard is prohibited. Management is currently evaluating the potential impact that the adoption of this new auditing guidance will have on its financial statements.

In July 2018, the FASB issued ASU 2018-09, Codification Improvements. ASU 2018-09 included, among other improvements, amendments to Plan Accounting - Defined Contribution Pension Plans - Investments Other (Subtopic 962-325). The amendment to Subtopic 962-325 removes the stable value common collective trust fund from the illustrative example in paragraph 962-325-55-17 to avoid the interpretation that such an investment would never have a readily determinable fair value and, therefore, would always use the net asset value per share practical expedient. Rather, the plan should evaluate whether a readily determinable fair value exists to determine whether those investments may qualify for the practical expedient to measure at net asset value in accordance with Topic 820. The update is effective for plan years beginning on or after December 15, 2019. Management is currently evaluating the potential impact that the adoption of this new auditing guidance will have on its financial statements.

**Basis of Accounting** – The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

**Use of Estimates** – The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition** – Investments are stated at fair value. Fair value of a financial instrument is the amount 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. See Note 6 for description of valuation methods.

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

**Administrative Expenses** – Administrative expenses consisting of Trustee fees, investment management fees, actuarial fees and payments to the Pension Benefit Guarantee Corporation (PBGC) are paid from Plan assets. Other administrative expenses, including expenses of the Plan Administrator, are paid by the participating employer. Trustee fees and investment management fees are deducted from investment income or loss.

**Payment of Benefits** – Benefit payments to participants are recorded upon distribution.

## 3. Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the employees' compensation and services employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries and (2) present employees or their beneficiaries. Benefits payable as a result of retirement, death, disability or termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by independent actuaries. The amount results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The more significant actuarial assumptions used in the valuations as of April 1, 2019 was as follows:

| | |
|---|---|
| Interest rate | 4.4% - 6.3% per anum |
| Mortality | RP2014 separate annuitant/non-annuitant mortality tables projected with improvement based on Scale MP 2017 with improvement based on Scale |
| Turnover | Based on selected rates of turnover for the first four years of service and on termination rates from Table T-5 of the Actuary's Pension Handbook |
| Spouse's benefit | 80% of employees are assumed married with male spouses 2 years older |
| Salaries | Will increase according to an age-related table ranging from 8.3% down to 2.8% |
| Expenses | Investment related expenses and administration expenses will be paid from investment income in excess of assumed rates of return |

In addition, eligible employees will retire according to the following schedule – employees eligible for the special rule of 85 benefit are assumed to retire according to the select rates shown below for the first year after becoming eligible. The ultimate rates apply to rule of 85 retirements after the first year since becoming eligible and regular retirements. The first year rates will not start before age 55 even if the rule of 85 applies earlier, nor will they ever fall below the ultimate rate for that age.

As of April 1, 2019, the rates of retirement assumed were as follows:

| | As determined on April 1,2019 |
|---|---|
| Age | Ultimate |
| 55 | 3 % |
| 56 | 3 |
| 57 | 3 |
| 58 | 3 |
| 59 | 3 |
| 60 | 3 |
| 61 | 10 |
| 62 | 30 |
| 63 | 25 |
| 64 | 25 |
| 65 | 40 |
| 66 | 25 |
| 67 | 25 |
| 68 | 25 |
| 69 | 25 |
| 70 and over | 100 |

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

The actuarial present value of accumulated Plan benefits, using the aggregate cost method, is determined as follows on April 1, 2019:

| | |
|---|---|
| Vested: | |
| Active Participants | $ 6,445,374 |
| Beneficiaries and Retirees | 6,176,720 |
| Other Participants (Including Participants Active at Other Groups) | 1,878,501 |
| | 14,500,595 |
| Nonvested Active Participants | 156,546 |
| Total Actuarial Present Value of Accumulated Plan Benefits | $ 14,657,141 |

The changes in the actuarial present value of the Plan's accumulated benefits from April 1, 2018 to April 1, 2019 are as follows:

| | |
|---|---|
| Acuarial Present Value of Accumulated Plan Benefits at Beginning of Year | $ 13,890,625 |
| Increase (Decrease) During the Year Attributable to: | |
| Benefit Accumulations/Actuarial Gains and Losses | 589,241 |
| Increase for Change in Actuarial Assumption | 21,534 |
| Increase for Interest Due to the Decrease in the Discount Period | 922,543 |
| Benefits Paid | (766,802) |
| Net Increase | 766,516 |
| Actuarial Present Value of Accumulated Plan Benefits at End of Year | $ 14,657,141 |

## 4. Plan Termination

Although, it has not expressed any intention to do so, the participating employer has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan document.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

5. **Certification**

The Company has obtained certification from Wells Fargo Bank N.A. that the following information is complete and accurate:

Earnings from Investments
Investment Valuations

6. **Fair Value Measurements**

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). This hierarchy consists of three broad levels:

Level 1 – Quoted prices in active markets for identical financial instruments that are accessible at the measurement date.

Level 2 – Quoted prices in active markets for similar financial instruments, quoted prices for identical or similar financial instruments in markets that are not active, and models and other valuation methodologies using inputs other than quoted prices that are observable.

Level 3 – Models and other valuation methodologies using significant inputs that are unobservable for financial instruments.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at March 31, 2020 and 2019.

*Mutual Funds*: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Common and Collective Trusts Funds*: Valued at the net asset value of the units of the trust.

Certain Investments in equity funds are valued based upon quoted prices from active markets. These investments in equity funds are categorized as Level 1.

Cash and money market funds held are primarily short-term money market commingled funds that are categorized as Level 2. They are valued at cost plus accrued interest, which approximates fair value.

Certain equity funds are valued at the net asset value of units of a bank collective trust. The net asset value (NAV) as provided by the trustee, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value. Participant transactions (purchased and sales) may occur daily. Were the plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure the securities liquidations will be carried out in an orderly business manner. As the practical expedient is utilized, these certain equity funds are not included in the fair value leveling table, but are included as a reconciling line item to the statements of net assets available for benefits.

The following tables set forth, by level within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2020 and 2019. Classification within the fair value hierarchy table is based on the lowest level any input that is significant to the fair value measurement:

| | Fair Value Measurements at March 31, 2020, Using | | | |
|---|---|---|---|---|
| | Fair Value | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Cash and Cash Equivalents | $ 187,615 | -- | 187,615 | -- |
| Mutual Funds | 6,202,938 | 6,202,938 | -- | -- |
| Total Assets in the Fair Value Hierarchy | 6,390,553 | 6,202,938 | 187,615 | -- |
| Investments Measured at Net Asset Value | 11,169,063 | | | |
| Total | $ 17,559,616 | | | |

| | Fair Value Measurements at March 31, 2019, Using | | | |
|---|---|---|---|---|
| | Fair Value | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Cash and Cash Equivalents | $ 190,064 | -- | 190,064 | -- |
| Mutual Funds | 7,099,192 | 7,099,192 | -- | -- |
| Total Assets in the Fair Value Hierarchy | 7,289,256 | 7,099,192 | 190,064 | -- |
| Investments Measured at Net Asset Value | 11,812,062 | | | |
| Total | $ 19,101,318 | | | |

The valuation methods as described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, 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.

**Transfers Between Levels** – The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. There were no transfers between levels for the years ended March 31, 2020 and 2019.

**Net Asset Value (NAV) per Share** – The Plan has disclosed the category, fair value, redemption frequency, and redemption notice period for those assets whose fair value is estimated using the net asset value per share as of March 31, 2020 and 2019. The following tables set forth a summary of the Plan and Trust's investments with a reported NAV.

| | Plan Assets with Fair Value Estimated Using Net Asset Value per Share March 31, 2020 | | | | |
|---|---|---|---|---|---|
| Investment | Fair Value* | Unfunded Commitment | Redemption Frequency | Other Redemption Restrictions | Redemption Notice Period |
| Common and Collective Trusts | $ 11,169,063 | $ -- | Immediate | None | 0-1 days |

| | Plan Assets with Fair Value Estimated Using Net Asset Value per Share March 31, 2019 | | | | |
|---|---|---|---|---|---|
| Investment | Fair Value* | Unfunded Commitment | Redemption Frequency | Other Redemption Restrictions | Redemption Notice Period |
| Common and Collective Trusts | $ 11,812,062 | $ -- | Immediate | None | 0-1 days |

*The fair values of the investments have been estimated using the net asset value of the investment.

7. **Risks and Uncertainties**

The plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with the certain investment securities, it is 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 financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits are 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

8. **Federal Income Tax Status**

The Internal Revenue Service has determined and informed the Plan Administrator by a letter dated April 26, 2017, that the Plan and related Trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

9. **Exempt Party-In-Interest Transactions**

Certain Trust investments are shares of mutual funds or common and collective trusts which are managed by Wells Fargo Bank, N.A. Wells Fargo Bank, N.A. is the trustee as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Trust for the investment management services are included as a reduction of the return on each fund. These transactions are exempt from the prohibited transactions rules of ERISA.

10. **Subsequent Events**

The Plan has evaluated events and transactions occurring after March 31, 2020 for potential items required to be recognized or disclosed in the financial statements. In March 2020, the global coronavirus pandemic began to disrupt the United States Economy. The length or severity of this pandemic, or the extent to which the disruption may materially impact the financial status and operations of the Plan and its sponsoring employer cannot be reasonably estimated. Subsequent events were evaluated through December 3, 2020, the date the financial statements were available to be issued.

THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
Administered By Associated Benefits Corporation
(Participating Employer - StateLine Cooperative, Group 190)
EIN Number: 42-1023410
Plan Number: 020

Supplemental Schedule

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
March 31, 2020

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| * | WELLS FARGO BANK, N.A. | BLACKROCK SHORT-TERM INV FUND | $ 187,615 | $ 187,615 |
| * | WELLS FARGO BANK, N.A. | COMMON/COLLECTIVE TRUST BLACKROCK INTERNATIONAL EQUITY | $ 1,180,744 | $ 1,044,753 |
| * | WELLS FARGO BANK, N.A. | COMMON/COLLECTIVE TRUST BLACKROCK S&P MIDCAP INDEX | $ 1,764,303 | $ 1,446,122 |
| * | WELLS FARGO BANK, N.A. | COMMON/COLLECTIVE TRUST BLACKROCK S&P 500 INDEX | $ 2,661,649 | $ 2,479,967 |
| * | WELLS FARGO BANK, N.A. | COMMON/COLLECTIVE TRUST FEDERATED TOTAL RETURN BOND | $ 1,207,947 | $ 1,280,129 |
| * | WELLS FARGO BANK, N.A. | COMMON/COLLECTIVE TRUST MFS VALUE | $ 1,542,036 | $ 1,380,804 |
| * | WELLS FARGO BANK, N.A. | COMMON/COLLECTIVE TRUST T. ROWE PRICE INST LCG MGD | $ 1,539,088 | $ 1,497,823 |
| | ALPS | REGISTERED INVESTMENT COMPANY ALPS CORECOMMODITY MANAGEMENT COMPLETE COMMODITIES STRATEGY | $ 1,285,682 | $ 952,743 |
| | AMERICAN FUNDS | REGISTERED INVESTMENT COMPANY AMERICAN FUNDS EUROPACIFIC GROWTH | $ 1,136,412 | $ 973,815 |
| | FIDELITY | REGISTERED INVESTMENT COMPANY FIDELITY EMERGING MARKETS INDEX | $ 580,719 | $ 472,545 |
| | FIDELITY | REGISTERED INVESTMENT COMPANY FIDELITY REAL ESTATE INDEX FUND | $ 1,915,291 | $ 1,480,053 |
| | METROPOLITAN WEST | REGISTERED INVESTMENT COMPANY METROPOLITAN WEST TOTAL RETURN BOND FUND | $ 1,228,188 | $ 1,279,074 |
| | OPPENHEIMER | REGISTERED INVESTMENT COMPANY OPPENHEIMER INTL BOND FUND | $ 712,123 | $ 598,891 |
| | PIMCO | REGISTERED INVESTMENT COMPANY PIMCO HIGH YIELD FUND | $ 493,300 | $ 445,817 |
| * | WELLS FARGO BANK, N.A. | COMMON/COLLECTIVE TRUST WELLS FARGO CORE BOND | $ 1,178,490 | $ 1,265,500 |
| * | WELLS FARGO BANK, N.A. | COMMON/COLLECTIVE TRUST WELLS FARGO MULTI-MANAGER SMALL CAP | $ 925,269 | $ 773,965 |

* Party-in-Interest

SEE INDEPENDENT AUDITOR'S REPORT

THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES
Administered By Associated Benefits Corporation
(Participating Employer - StateLine Cooperative, Group 190)
EIN Number: 42-1023410
Plan Number: 020

Supplemental Schedule

Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
For the Year Ended March 31, 2020

| (a) Identity of Party Involved | (b) Description of Asset | (c) Total Value of Purchases | (d) Total Value of Sales | (i) Net Gain or Loss |
|---|---|---|---|---|
| Wells Fargo Bank N.A. | BLACKROCK ST INV FUND | $ 1,525,804 | | -- |
| Wells Fargo Bank N.A. | BLACKROCK ST INV FUND | | $ 1,528,250 | -- |
| Metropolitan West | MET WEST TOTAL RETURN BOND | | $ 1,024,207 | $ 37,768 |
| Wells Fargo Bank N.A. | FEDERATED TOTAL RETURN BOND | | $ 968,891 | $ 106,821 |
| Wells Fargo Bank N.A. | CORE BOND | | $ 1,018,624 | $ 108,406 |

SEE INDEPENDENT AUDITOR'S REPORT

# 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

**2019**

**This Form is Open to Public Inspection**

For calendar plan year 2019 or fiscal plan year beginning 04/01/2019 and ending 03/31/2020

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

**A** Name of plan
THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES

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

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

**D** Employer Identification Number (EIN)
42-1023410

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

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

## Part I Basic Information

**1** Enter the valuation date: Month 04 Day 01 Year 2019

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 19,810,105 |
| **b** Actuarial value | **2b** | 19,864,873 |

**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 | 105 | 6,938,449 | 6,938,449 |
| **b** For terminated vested participants | 87 | 2,165,371 | 2,165,371 |
| **c** For active participants | 107 | 7,385,137 | 7,564,788 |
| **d** Total | 299 | 16,488,957 | 16,668,608 |

**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** | 5.60% |
| **6** Target normal cost | **6** | 634,484 |

**Statement by Enrolled Actuary**

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

**SIGN HERE** MARK A HENDRICKS MH — Signature of actuary

12-14-2020 — Date

MARK A HENDRICKS — Type or print name of actuary

2005452 — Most recent enrollment number

MERCER — Firm name

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

2405 GRAND BLVD, SUITE 900
KANSAS CITY MO 64108 — Address of the firm

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

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 2,693,514 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 2,693,514 |
| 10 | Interest on line 9 using prior year's actual return of 4.75% | 0 | 127,942 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | **a** Present value of excess contributions (line 38a from prior year) | | 685,470 |
| | **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 5.77% | | 39,552 |
| | **b(2)** Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | **c** Total available at beginning of current plan year to add to prefunding balance | | 725,022 |
| | **d** Portion of (c) to be added to prefunding balance | | 725,022 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 350,220 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 3,196,258 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 100.00% |
| 15 | Adjusted funding target attainment percentage | 15 | 119.17% |
| 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 | 100.00% |
| 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 |
|---|---|---|---|---|---|
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | Totals ▶ 18(b) | 0 | 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 | 0 |

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: | 2nd segment: | 3rd segment: | ☐ N/A, full yield curve used |
|---|---|---|---|
| 3.74 % | 5.35 % | 6.11% | |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 0 |
| **22** Weighted average retirement age | **22** | 63 |

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

## Part VI Miscellaneous Items

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

| | | |
|---|---|---|
| **27** If the plan is 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** | 634,484 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 7 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 0 | 0 |
| **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** | 634,477 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 634,477 | 634,477 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 0 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 0 |
| **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, line 22 – Description Of weighted average retirement age

| Age | Retirement Rate | LX Table |
|---|---|---|
| 55 | 3.00% | 100,000.00 |
| 56 | 3.00% | 97,000.00 |
| 57 | 3.00% | 94,090.00 |
| 58 | 3.00% | 91,267.30 |
| 59 | 3.00% | 88,529.28 |
| 60 | 3.00% | 85,873.40 |
| 61 | 10.00% | 83,297.20 |
| 62 | 30.00% | 74,967.48 |
| 63 | 25.00% | 52,477.24 |
| 64 | 25.00% | 39,357.93 |
| 65 | 40.00% | 29,518.45 |
| 66 | 25.00% | 17,711.07 |
| 67 | 25.00% | 13,283.30 |
| 68 | 25.00% | 9,962.48 |
| 69 | 25.00% | 7,471.86 |
| 70 | 100.00% | 5,603.90 |
| Average Retirement Age | | 62.90 |

## Schedule SB, Part V – Summary of Plan Provisions

Mercer has used and relied on the plan documents, including amendments, and interpretations of plan provisions, supplied by Associated Benefits Corporation as summarized below. Associated Benefits Corporation is solely responsible for the validity, accuracy and comprehensiveness of this information. If any plan provisions supplied are not accurate and complete, the results of any calculation may differ significantly from the results that would be obtained with accurate and complete information. Moreover, plan documents may be susceptible to different interpretations, each of which could be reasonable, and the results of estimates under each of the different interpretations could vary.

The following is a summary of what we understand to be the most relevant plan provisions for purposes of actuarial valuations. This summary should not be used for purposes of determining benefits under the plan.

### *Summary of Major Plan Provisions – Contributory*

| | |
|---|---|
| Effective date | May 1, 1953; amended to comply with ERISA effective May 1, 1975; restated January 1, 2017. |
| Participation date | April 1 and October 1 |
| Plan year | April 1 through March 31 |
| Eligibility | Employer chooses:<br>Employees who work at least 1,000 hours per year are eligible on the April 1st or October 1st following attainment of age 21 and completion of four months of employment.<br>Employees are eligible on the April 1st or October 1st following attainment of age 21.<br>Landus Cooperative (Group 78) – New employees hired on or after September 1, 2009 are not eligible to participate. For former West Central Cooperative (Group 138) – New employees hired on or after January 1, 2006 are not eligible to participate.<br>Five Star Cooperative (Group 168) – Eligibility is attainment of age 18.<br>United Farmers Cooperative (Group 175) – Employees of Penwell Grain Co. and Group 472 are not eligible to participate.<br>United Services Association (Group 193) – New employees hired on or after March 31, 2007 are not eligible to participate. |
| Employee contribution | Cedar County Cooperative (Group 121) – Contributions are currently suspended.<br>United Farmers Cooperative (Group 175) – Effective January 1, 2017, employees contribute 1% of their monthly earnings.<br>Heartland Co-op (Group 282) – Effective April 1, 2014, employees contribute 1% of their monthly earnings.<br>Central Valley Ag (Group 327) – Prior to July 1, 2009, employees contributed 3% of their monthly earnings. From July 1, 2009 through August 31, 2014, employees contributed 5% of their monthly earnings. Effective September 1, 2014, employees contribute 4% of their monthly earnings.<br>All other groups - employees contribute 2¾% of their monthly earnings. Several contributory groups currently waive the employee contribution requirement. |
| Contribution account | An account is established for each participant consisting of his employee contributions with interest through April 30, 1975. Employee contributions after May 1, 1975 are added to the Account and the Account is credited with interest. Effective for plan years after March 31, 1988, interest shall be credited at the |

## Schedule SB, Part V – Summary of Plan Provisions

| | |
|---|---|
| | annual rate of 120% of the Federal mid-term rate for April of the plan year. For 2018, this rate was 3.27%. For 2019, this rate is 3.06%. |
| Monthly earnings | Monthly Earnings are calculated by dividing the prior calendar year total earnings by the number of weeks worked and multiplying the result times 4 1/3 to obtain a monthly rate. Earnings are limited to $200,000 per year indexed as provided for by law – limit for 2019 is $280,000. |
| Average monthly earnings | Plan benefits are computed using the average of the monthly earnings for the highest five consecutive years prior to termination. |
| Credited service | Prior to May 1, 1975, Credited Service is the number of years and months from date of hire. Since May 1, 1975, Credited Service is the number of 1,000-hour plan years. If less than 1,000 hours in year of hire or termination, partial credit is given equal to the number of full months worked divided by 12. Employers who adopt the Plan choose whether to grant Credited Service prior to date of adoption. |
| Normal retirement date | Participants are entitled to retire and receive their full pension benefit on the first of the month coincident with or immediately following their 65th birthday. |
| Normal retirement benefit | The monthly pension is equal to the percent of Average Monthly Earnings specified in the Employer's Adoption Agreement multiplied by years of Credited Service.<br>The following employers (by group number) have selected a 1.25% benefit accrual formula: 175 and 282.<br>The following employers (by group number) have selected a 1.35% benefit accrual formula: 121.<br>The following employers (by group number) have selected the 1.55% post March 31, 1994 accrual formula: 32, 78, 168, and 328.<br>The following employers (by group number) have selected the 1.65% post March 31, 1994 accrual formula: 81 and 193. |
| | Participants have a minimum benefit equal to the accrued benefit frozen as of 3/31/1994 under the prior contributory formula (1.1% of Average Monthly Earnings up to $400 PLUS 1.65% of Average Monthly Earnings in excess of $400 multiplied by Credited Service) PLUS the future benefit percent of Average Monthly Earnings specified in the Employer's Adoption Agreement multiplied by years of Credited Service after April 1, 1994.<br>Prairie Ag Cooperative (Group 32) – Accruals frozen as of February 28, 2018.<br>Central Valley Ag (Group 327) – the monthly pension is equal to 1.25% of Average Monthly Earnings multiplied by years of Credited Service through June 30, 2009 plus 1.75% of Average Monthly Earnings multiplied by Years of Credited Service on and after July 1, 2009.<br>For plan years after March 31, 1994, participants are guaranteed a minimum accrual for each plan year. The minimum accrual is equal to one-half of the accrual on the benefit formulas since April 1, 1994 PLUS the benefit deemed to be purchased by employee contributions made since April 1, 1994 under IRC Section 411(c)(2). |
| Form of monthly retirement income | The standard form of receiving monthly retirement income will be for a participant’s lifetime. However, if the participant is married and unless he specifically elects the standard form or another alternate form of benefit and his spouse consents, his benefits will be paid on a joint and 50% survivorship basis with 120 guaranteed payments. |

## Schedule SB, Part V – Summary of Plan Provisions

| | |
|---|---|
| Optional forms | Lifetime with 60, 120 or 180 payments guaranteed.<br>Joint and ½, 2/3, ¾ or full, with 120 payments guaranteed.<br>60, 120 or 180 guaranteed payments only.<br>Lump sum, if actuarial value is less than $5,000. |
| Optional form conversion factors | For lifetime annuities: 8% and the 1984 Unisex Pension Mortality Table.<br>For lump sum and certain only annuities: the applicable interest rate under Internal Revenue Code 417(e)(3)(C) for the third calendar month preceding the month that contains the distribution and the applicable mortality table published in accordance with Internal Revenue Code Section 417(e)(3)(B). |
| Early retirement benefit | A participant may retire at (i) age 55 with 10 years of service, (ii) age 62 with five years of service, or (iii) any time after the sum of his attained age and service is 85 or more provided that he has at least 20 years of Credited Service and his last five years of service count as Credited Service. The benefit is calculated in the same manner as the normal retirement benefit, based on Credited Service to early retirement. If the participant qualifies under the rule of 85 described in (iii) above, there is no reduction in the benefit. Otherwise, the benefit is reduced 1/300 for each month by which the early retirement date precedes age 62. |
| Termination benefit (vested) | Participants who terminate employment after completing five years of service are 100% vested in their accrued benefit which is payable at age 65.<br>Employers with this vesting schedule (by group number): 32, 78, 81, 121, 168, 175, 193, 282, 327 and 328. |
| | Participants who are not vested are entitled to their Employee Contribution Benefit payable at age 65. At the time of termination, a participant may, by written request receive his Contribution Account. His accrued benefit is reduced by the portion of the benefit funded by his Contribution Account.<br>A terminated participant with 5 or more years of Service but less than 10 years of Service may elect immediate commencement of the vested benefit any time after attaining age 62, without reduction. A terminated participant with 10 or more years of Service may elect immediate commencement of the vested benefit any time after attaining age 55, reduced by 1/300th for each month of the commencement date precedes age 62. No reduction applies if the participant meets the Rule of 85 described above. |

## Schedule SB, Part V – Summary of Plan Provisions

| | |
|---|---|
| Death benefit | The spouse or beneficiary of a participant who dies after becoming eligible for early or normal retirement is entitled to receive a death benefit equal to the greater of the Actuarial Value of i) the survivor income payable had the participant retired and elected the joint and 100% survivor option on the first day of the month preceding his death, and ii) the participant's accrued benefit payable for 60 months.<br>If an active participant dies prior to meeting eligibility requirements for early or normal retirement, the spouse or beneficiary is entitled to receive a death benefit equal to the greater of the Actuarial Value of i) the survivor income payable had the participant terminated employment and immediately begun receiving benefits under 50% Joint & Survivor option, and ii) the member's accrued benefit payable for 60 months.<br>If survived by a spouse, the death benefit is paid as a life annuity equivalent in value to the greater of the Actuarial Values. The spouse may elect to receive the benefit as a 60 month certain annuity. If not survived by a spouse, the death benefit is paid as a 60 month annuity.<br>Such death benefit shall be paid first to the beneficiary designated by the participant. If no beneficiary is designated, it is paid first to the surviving spouse; if there is no surviving spouse, then in equal parts to the surviving children of the member; or if there are no surviving children, then in equal parts to the surviving parents of the member; or if there are no surviving parents, then in equal parts to the surviving siblings of the member. The death benefit is payable to the member's estate if the member is not survived by a spouse, child, parent, or sibling and has not designated a beneficiary. |
| Disability benefit | If a participant is determined to be totally and permanently disabled, he is entitled to an immediate monthly income equal to his accrued benefit reduced 1/300 per month for each month prior to age 62 down to age 55 and actuarially thereafter. A minimum monthly benefit of $50.00 is payable to a participant with at least five years of Credited Service at date of disability. |
| Late retirement | Benefit at actual retirement is based on Credited Service and Average Monthly Earnings to termination date. |
| Maximum benefits | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2019, the limit is $225,000. |
| Changes since prior valuation | Changes in the maximum compensation and maximum benefit limits were recognized. |
| Benefits not included in the valuation | To the best of our knowledge, no benefits were excluded from the valuation. |
| Significant events | None. |

## Schedule SB, Part V – Summary of Plan Provisions

### *Summary of Major Plan Provisions – NonContributory*

| | |
|---|---|
| Effective date | May 1, 1980; restated January 1, 2017. |
| Participation date | April 1 and October 1 |
| Plan year | April 1 through March 31 |
| Eligibility | Employer chooses:<br>Employees who work at least 1,000 hours per year are eligible on the April 1st or October 1st following attainment of age 21 and completion of four months of employment.<br>Employees are eligible on the April 1st or October 1st following attainment of age 21.<br>NEW Cooperative, Inc. (Group 23) – New employees hired on or after September 1, 2009 are not eligible to participate.<br>Farmers Cooperative Company (Group 76) – New employees hired on or after April 1, 2012 are not eligible to participate.<br>StateLine Cooperative (Group 190) – New employees hired on or after June 1, 2016 are not eligible to participate.<br>IAHC FC Stone Group, Inc. (Group 201) – New employees hired on or after April 1, 2006 are not eligible to participate.<br>New Vision Coop (Group 205) – New employees hired on or after April 1, 2010 are not eligible to participate.<br>River Valley Cooperative (Group 225) – New employees hired on or after April 1, 2006 are not eligible to participate. |
| Monthly earnings | Monthly Earnings are calculated by dividing the prior calendar year total earnings by the number of weeks worked and multiplying the result times 4 1/3 to obtain a monthly rate. Earnings are limited to $200,000 per year indexed as provided for by law – limit for 2019 is $280,000.<br>Note that total earnings include 401(k) and Section 125 elective deferrals. |
| Average monthly earnings | Plan benefits are computed using the average of the monthly earnings for the highest five consecutive years prior to termination. |
| Credited service | Prior to May 1, 1975, Credited Service is the number of years and months from date of hire. Since May 1, 1975, Credited Service is the number of 1,000-hour plan years. If less than 1,000 hours in year of hire or termination, partial credit is given equal to the number of full months worked divided by 12. Employers who adopt the Plan choose whether to grant Credited Service prior to date of adoption. |
| Normal retirement date | Participants are entitled to retire and receive their full pension benefit on the first of the month coincident with or immediately following their 65th birthday. |
| Normal retirement benefit | The monthly pension is equal to 1.1% of Average Monthly Earnings multiplied by years of Credited Service. Participants have a minimum benefit equal to the accrued benefit as of the later of March 31, 1989 and the date the Employer adopted the Noncontributory Plan, PLUS 1.1% of Average Monthly Earnings multiplied by years of Credited Service earned after the later of March 31, 1989 and the date of adoption. Section 401(a)(17) Members have an additional minimum benefit equal to the accrued benefit frozen as of 3/31/94 (determined limiting Earnings to $235,840) PLUS 1.1% of Average Monthly Earnings multiplied by Credited Service after April 1, 1994. |

## Schedule SB, Part V – Summary of Plan Provisions

The frozen March 31, 1994 accrued benefit is adjusted to reflect increases in the Member's Average Monthly Earnings after March 31, 1994 as allowed by 42 C.F.R. Section 1.401(a)(4)-13.

Ag Processing, Inc. (Group 4) & AGP Grain Marketing LLC (Group 527)– the monthly pension is equal to sum of the following:

0.8% of Average Monthly Earnings (AME) and 0.4% of AME less $1,250 all multiplied by years of credited service preceding January 1, 1984

1.15% of AME and 0.5% of AME less $833.33 multiplied by years of Credited Service following January 1, 1984

North Iowa Cooperative (Group 10) – the monthly pension is equal to 1.1% of Average Monthly Earnings multiplied by years of Credited Service prior to April 1, 2006 plus 0.90% of Average Monthly Earnings multiplied by years of Credited Service following April 1, 2006.

NEW Cooperative, Inc. (Group 23) – the monthly pension is equal to 1.4% of Average Monthly Earnings multiplied by years of Credited Service.

Ag Partners, LLC (Group 150) – Accruals frozen as of December 1, 2008.

Green Plains Grain Company LLC (Group 177) – Accruals frozen as of January 1, 2009.

IAHC FC Stone Group, Inc. (Group 201) – the monthly pension is equal to 1.25% of Average Monthly Earnings multiplied by years of Credited Service. Accruals frozen as of September 1, 2009.

Associated Benefits Corp. (Group 210) – the monthly pension is equal to 1.65% of Average Monthly Earnings multiplied by years of Credited Service.

River Valley Cooperative (Group 225) – employees whose sum of attained age and pensionable credited service did not equal or exceed 75 as of April 1, 2006 had their benefits frozen as of that date; the monthly pension is equal to the sum of the following:

- 1.00% of Average Monthly Earnings (AME) and 0.5% of AVE less $650 multiplied by years of Credited Service preceding September 1, 1999
- 1.5% of AME multiplied by Credited Service from September 1, 1999 to April 1, 2003
- 1.1% of AME multiplied by years of credited service from April 1, 2003 to April 1, 2006
- 0.1% of AME multiplied by years of credited service after April 1, 2006

Farmer Direct Foods, Inc. (Group 294) – Accruals frozen as of January 1, 2016.

Golden Growers Cooperative (Group 323) – the monthly pension is equal to 1.836% of Average Monthly Earnings multiplied by years of Credited Service. Accruals frozen as of January 1, 2013.

Buckingham Co-operative Co. (Group 326) – Accruals frozen as of August 1, 2018.

Calhoun Cooperative Creamery (Group 371) – Accruals frozen as of February 1, 2019.

Innovative Ag Services Co. (Group 423) – the monthly pension is equal to 1.50% of Average Monthly Earnings multiplied by years of Credited Service through March 31, 2009 plus 0.8% of Average Monthly Earnings multiplied by

## Schedule SB, Part V – Summary of Plan Provisions

| | |
|---|---|
| | years of Credited Service from April 1, 2009 through August 31, 2011 plus 1.10% of Average Monthly Earnings multiplied by years of Credited Service on and after September 1, 2011.<br>Other plans with no active participants: 509, 510, 513, 514, 516, 8027, 8110, 8183, 8195, 8337. |
| Form of monthly retirement income | The standard form of receiving monthly retirement income will be for a participant's lifetime. However, if the participant is married and unless he specifically elects the standard form or another alternate form of benefit and his spouse consents, his benefits will be paid on a joint and 50% survivorship basis with 120 guaranteed payments. |
| Optional forms | Lifetime with 60, 120 or 180 payments guaranteed.<br>Joint and ½, ⅔, ¾ or full, with 120 payments guaranteed.<br>60, 120 or 180 guaranteed payments only.<br>Lump sum, if actuarial value is less than $5,000. |
| Optional form conversion factors | For lifetime annuities: 8% and the 1984 Unisex Pension Mortality Table.<br>For lump sum and certain only annuities: the applicable interest rate under Internal Revenue Code 417(e)(3)(C) for the third calendar month preceding the month that contains the distribution and the applicable mortality table published in accordance with Internal Revenue Code Section 417(e)(3)(B). |
| Early retirement benefit | A participant may retire at (i) age 55 with 10 years of service, (ii) age 62 with five years of service, or (iii) any time after the sum of his attained age and service is 85 or more provided that he has at least 20 years of Credited Service and his last five years of service count as Credited Service. The benefit is calculated in the same manner as the normal retirement benefit, based on Credited Service to early retirement. If the participant qualifies under the rule of 85 described in (iii) above, there is no reduction in the benefit. Otherwise, the benefit is reduced 1/300 for each month by which the early retirement date precedes age 62. |
| Termination benefit (vested) | Participants who terminate employment after completing five years of service are 100% vested in their accrued benefit which is payable at age 65.<br><br>Employers with 5-year cliff vesting (by group number): 23, 136, 150, 170, 190, 205, 226, 323, 324, 326, 334, 351, 371, 423 and 471 |
| | Employers with graded vesting (by group number): 4, 10, 36, 135, 156, 173, 177, 201, 210, 216, 223, 225, 229, 258, 294, 302, 345, 415, and 527 |

| Years of Service | Vested % |
|---|---|
| Less than 2 years | 0% |
| 2 years | 20% |
| 3 years | 40% |
| 4 years | 60% |
| 5 years | 80% |
| 6 years or more | 100% |

## Schedule SB, Part V – Summary of Plan Provisions

| | |
|---|---|
| Death benefit | The spouse or beneficiary of a participant who dies after becoming eligible for early or normal retirement is entitled to receive a death benefit equal to the greater of the Actuarial Value of i) the survivor income payable had the participant retired and elected the joint and 100% survivor option on the first day of the month preceding his death, and ii) the participant's accrued benefit payable for 60 months.<br><br>If an active participant dies prior to meeting eligibility requirements for early or normal retirement, the spouse or beneficiary is entitled to receive a death benefit equal to the greater of the Actuarial Value of i) the survivor income payable had the participant terminated employment and immediately begun receiving benefits under 50% Joint & Survivor option, and ii) the member's accrued benefit payable for 60 months.<br><br>If survived by a spouse, the death benefit is paid as a life annuity equivalent in value to the greater of the Actuarial Values. The spouse may elect to receive the benefit as a 60 month certain annuity. If not survived by a spouse, the death benefit is paid as a 60 month annuity.<br>Such death benefit shall be paid first to the beneficiary designated by the participant. If no beneficiary is designated, it is paid first to the surviving spouse; if there is no surviving spouse, then in equal parts to the surviving children of the member; or if there are no surviving children, then in equal parts to the surviving parents of the member; or if there are no surviving parents, then in equal parts to the surviving siblings of the member. The death benefit is payable to the member's estate if the member is not survived by a spouse, child, parent, or sibling and has not designated a beneficiary. |
| Disability benefit | If a participant is determined to be totally and permanently disabled, he is entitled to an immediate monthly income equal to his accrued benefit reduced 1/300 per month for each month prior to age 62 down to age 55 and actuarially thereafter. A minimum monthly benefit of $50.00 is payable to a participant with at least five years of Credited Service at date of disability. |
| Late retirement | Benefit at actual retirement is based on Credited Service and Average Monthly Earnings to termination date. |
| Maximum benefits | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2019, the limit is $225,000 |
| Changes since prior valuation | Benefits were frozen for Buckingham Co-operative Co. (Group 326) and Calhoun Cooperative Creamery (Group 371).<br><br>Changes in the maximum compensation and maximum benefit limits were recognized. |
| Benefits not included in the valuation | To the best of our knowledge, no benefits were excluded from the valuation. |
| Significant events | None. |

### *Benefits Included or Excluded*

Unless noted below, all benefits provided by the plans, as restated effective January 1, 2017, are included in this valuation.

## Schedule SB, Part V – Summary of Plan Provisions

- **Most recent plan amendments included:** The plans were restated effective January 1, 2017.
- **Plan amendments excluded:** None.
- **Late retirement increases**:
  - *Active participants:* This valuation does not reflect actuarial increases for participants over age 70½.
  - *Deferred vested participants:* This valuation does not reflect actuarial increases for participants over age 70½.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 401(a)(17) have been incorporated into our calculations. The limitation of Internal Revenue Code Section 415(b) was assumed not to apply.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether any plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). The funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

*Plan Provisions Specific to Funding*
*Additional Benefits Included or Excluded*

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* None.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

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

# Actuarial Assumptions

| DISCOUNT RATE SPONSOR ELECTIONS | | | |
|---|---|---|---|
| • Segment rates or full yield curve | Segment | | |
| • Look-back months | 0 | | |
| | Stabilized | Nonstabilized | |
| • First 5 years | 3.74% | 2.68% | |
| • Next 15 years | 5.35% | 3.95% | |
| • Over 20 years | 6.11% | 4.46% | |
| | These rates were updated since the prior valuation, as prescribed by the IRS. | | |
| • Expenses | Administrative related expenses (actuarial fees, PBGC premiums, and legal fees) assumed to equal the current year flat-rate PBGC premium plus 0.08% of the market value of assets. This is based on analysis of expenses paid in the 2013-2014 plan year. | | |
| • Mortality | Funding: Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2014 mortality tables, adjusted to remove post-2006 projection factors, and projected with mortality improvement to specified years depending on age and gender based on Scale MP-2017. | | |
| • Turnover | Based on select rates of turnover for the first four years of service and ultimate rates thereafter. Turnover rates reflect findings from the analysis of plan experience for the 2007-2010 valuation years and the expectation that future termination patterns and the circumstances of the employers will not differ significantly from the period studied. Sample rates are shown below. | | |

| | Rate of turnover<br>Completed years of service | | | | |
|---|---|---|---|---|---|
| Age | 0 | 1 | 2 | 3 | 4+ |
| 25 | 25.00% | 25.00% | 20.00% | 15.00% | 11.00% |
| 30 | 25.00 | 25.00 | 20.00 | 15.00 | 11.00 |
| 35 | 20.00 | 20.00 | 15.00 | 15.00 | 8.66 |
| 40 | 20.00 | 20.00 | 15.00 | 15.00 | 7.31 |
| 45 | 16.00 | 16.00 | 12.00 | 8.00 | 6.00 |
| 50 | 16.00 | 16.00 | 12.00 | 8.00 | 4.75 |
| 55 | 12.00 | 12.00 | 10.00 | 8.00 | 4.00 |
| 60 | 12.00 | 12.00 | 10.00 | 8.00 | 4.00 |

Groups 216, 323, 326 and 415 assume no withdrawal

Groups 509, 510, 513, 514, and 516 assume only the ultimate (4+ years of service) withdrawal rates

Groups 4 and 527 use the rates above for 0 - 3 years of service but different ultimate rates. Sample rates are shown below

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

| | |
|---|---|
| | Age: 25 — Rate of turnover: 9.00%<br>Age: 30 — Rate of turnover: 9.00%<br>Age: 35 — Rate of turnover: 8.00%<br>Age: 40 — Rate of turnover: 6.00%<br>Age: 45 — Rate of turnover: 4.00%<br>Age: 50 — Rate of turnover: 3.00%<br>Age: 55 — Rate of turnover: 2.00%<br>Age: 60 — Rate of turnover: 2.00% |
| • Disability | None Assumed |
| • Expected Return on Plan Assets | Varies based on which asset pool the plan sponsor was invested in on each valuation date. For calculating the actuarial value of assets, rates are limited by the 3rd segment rate for each year; rates for this purpose for 2019 are to be determined. |
| | ▪ Pool A — 2018: 6.29% — 2017: 6.48%<br>▪ Pool B — 2018: 6.29% — 2017: 6.48%<br>▪ Pool C — 2018: 6.29% — 2017: 6.32%<br>▪ Pool D — 2018: 5.18% — 2017: 5.18%<br>▪ Pool E — 2018: 4.35% — 2017: 4.35% |
| | The expected rate of return on plan assets is based on projected rates of return using capital market assumptions prepared by Wells Fargo to the extent they are consistent with those published in Mercer Investment Consulting's Capital Markets Outlook for the plan's target asset mix. The expected return on assets assumption is net of an adjustment of 10 bps for expenses assumed to be paid from plan assets. |
| • Salary increases | Salaries will increase according to an age-related table ranging from 8.25% down to 2.75% per annum. Illustrative future salary increase information is as follows: |
| | Age: 20 — Salary increase: 8.25%<br>Age: 25 — Salary increase: 7.50%<br>Age: 30 — Salary increase: 6.25%<br>Age: 35 — Salary increase: 5.50%<br>Age: 40 — Salary increase: 5.00%<br>Age: 45 — Salary increase: 4.25%<br>Age: 50 — Salary increase: 4.00%<br>Age: 55 — Salary increase: 3.75%<br>Age: 60 — Salary increase: 2.75%<br>Age: 65 — Salary increase: 2.75% |
| | The salary increase assumption reflects findings from the analysis of plan experience for the 2007-2010 calendar years and the expectation that future wage increases and the circumstances of the employers will not differ significantly from the period studied. |

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

| | |
|---|---|
| • Incidence of retirement | Age / Rate of Retirement<br>55 3%<br>56 3<br>57 3<br>58 3<br>59 3<br>60 3<br>61 10<br>62 30<br>63 25<br>64 25<br>65 40<br>66 25<br>67 25<br>68 25<br>69 25<br>70 & Over 100 |
| | For employees who become eligible to retire prior to age 55, turnover rates are used.<br>For frozen groups 177 and 201, same assumptions until eligible for unreduced retirement, but then 100% at unreduced retirement age.<br>For groups 216 and 326, all retirements are assumed at age 62.<br>For group 415, all retirements are assumed at age 65. |
| | Retirement rates reflect findings from the analysis of plan experience for the 2007-2010 valuation years and the expectation that future retirement patterns and the circumstances of the employers will not differ significantly from the period studied. |
| • Spouse's benefit | 80% of all employees are assumed married with husbands two years older than their wives.<br>This assumption is based on an examination of historical data as of March 31, 2012. |
| • Form of payment | 1/3 of participants are expected to commence benefits as a Life Only annuity, 1/3 as a 100% J&S annuity, and 1/3 as a 5-Year Certain annuity.<br>This assumption is based on an examination of historical election patterns as of March 31, 2012. |
| • Commencement for vested terminations | Age 62 for participants with 5 or more years of service; Age 65 otherwise. This assumption is based on the date that unreduced benefits are available. |
| • Conversion basis | For the Contributory Plan and Modified Contributory Plan, contribution accounts are converted to equivalent monthly benefits using stabilized interest rates and the current year 417(e) mortality table, as required under IRS regulations. |

| | |
|---|---|
| • Interest earned by employee contributions | **Year** / **Interest rate**<br>2019 3.50%<br>2020 4.00%<br>2021 4.50%<br>2022 4.75%<br>2023 and later 5.00% |
| | Historically, the required interest rate for employee contributions has been substantially similar to yields on five-year corporate bonds of high quality. These rates are based on five-year bond yields implied from the IRS Funding Yield Curve for January 2017. |
| • Inflation | The inflation assumption used to project the maximum salary limitation for future years is 2.2%. This assumption is based on the inflation assumption periodically published by Mercer Investment Consulting in their Capital Markets Outlook with adjustments to reflect historical average inflation rates. |

## Actuarial Methods

An actuarial valuation is only a snapshot of a plan's estimated financial condition at a particular point in time; it does not predict the plan's future financial condition or its ability to pay benefits in the future and does not provide any guarantee of future financial soundness of the plan. Over time, a plan's total cost will depend on a number of factors, including the amount of benefits the plan pays, the number of people paid benefits, the period of time over which benefits are paid, plan expenses and the amount earned on any assets invested to pay benefits. These amounts and other variables are uncertain and unknowable at the valuation date.

Because modeling all aspects of a situation is not possible or practical, we may use summary information, estimates, or simplifications of estimates to facilitate the modeling of future events in an efficient and cost-effective manner. We may also exclude factors or data that, if used, in our judgment, would not have significantly affected our results. Use of such simplifying techniques does not, in our judgment, affect the reasonableness of valuation results for the plan.

Valuations do not affect the ultimate cost of the plan, only the timing of when benefit costs are recognized. Cost recognition occurs over time. If the costs recognized over a period of years are lower or higher than necessary, for whatever reason, normal and expected practice is to adjust future cost levels to recognize the entire cost of the plan over time.

### *Asset Valuation Method*

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430. Contributions made after April 1, 2018 have not been reflected in these initial results.

For purposes of the asset valuation method only, contributions during the plan year are assumed to be made in the middle of the month in which they are contributed and receivable contributions are assumed to be made on the last day of the month in which they are contributed, except for contributions during December, which are assumed to be in the middle of the month.

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

### *Participant Methods*

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

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

### *Actuarial Cost Method*

*Method for Minimum Funding*

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

A detailed description of the calculation follows:

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

The Restated Noncontributory Retirement Plan for Cooperatives
Valuation Date: April 1, 2019
Schedule SB, Line 26 – Schedule of Active Participant Data
Group 190 - StateLine Cooperative EIN/PN: 42-1023410/20

| Attained age | Service | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Under 1 | 1–4 | 5–9 | 10–14 | 15–19 | 20–24 | 25–29 | 30–34 | 35–39 | 40 & up | Total |
| Under 25 | | 1 | | | | | | | | | 1 |
| 25–29 | | 2 | 9 | | | | | | | | 11 |
| 30–34 | | 4 | 4 | | | | | | | | 8 |
| 35–39 | | 1 | 5 | | | | | | | | 6 |
| 40–44 | | 1 | 1 | 2 | | 2 | 1 | | | | 7 |
| 45–49 | | 1 | 2 | | 2 | 2 | | | | | 7 |
| 50–54 | | 3 | 3 | 7 | | 2 | | | | | 15 |
| 55–59 | | 2 | 3 | 5 | 2 | 4 | 2 | 1 | 2 | 1 | 22 |
| 60–64 | | 1 | 5 | 4 | 3 | 6 | 1 | | 1 | 1 | 22 |
| 65–69 | | 1 | | 1 | 1 | 2 | 1 | | | | 6 |
| 70 & up | | 2 | | | | | | | | | 2 |
| Total | **0** | **19** | **32** | **19** | **8** | **18** | **5** | **1** | **3** | **2** | **107** |

**Plan Name:** **The Restated Noncontributory Retirement Plan for Cooperatives**
**Plan Sponsor EIN:** **42-1023410**
**ERISA 3-digit Plan #:** **020**
**Plan Year Ending:** **03/31/2020**

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

| Form/Schedule | Line # | Description | Attachment |
|---|---|---|---|
| 5500 Sch. SB | | Actuarial Assumptions and Methods | X |
| 5500 Sch. SB | | Summary of Plan Provisions | X |
| 5500 Sch. SB | | Statement of Enrolled Actuary | X |
| 5500 Sch. SB | 7 | Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance | |
| 5500 Sch. SB | 18 | Contributions | |
| 5500 Sch. SB | 19 | Discounted Employer Contributions | |
| 5500 Sch. SB | 22 | Description of Weighted Average Retirement Age | X |
| 5500 Sch. SB | 24 | Change in Actuarial Assumptions | |
| 5500 Sch. SB | 25 | Change in Method | |
| 5500 Sch. SB | 26 | Schedule of Active Participant Data | X |
| 5500 Sch. SB | 32 | Schedule of Amortization Bases | |

Pool A - Schedule C, Line 2(h) Formula Description

| Category/Fund | Asset Class | Ticker | Target Allocation | Expense Ratio | Revenue Share | Net Exp Ratio |
|---|---|---|---|---|---|---|
| Equities: | | | | | | |
| WF/T. Rowe Price Inst'l Large Cap Gr CIT F | Large Cap Growth | n/a | 8.00% | 0.317% | 0.00% | 0.317% |
| WF/Blackrock S&P 500 Index CIT F | Large Cap Core-passive | n/a | 13.75% | 0.013% | 0.00% | 0.013% |
| WF/MFS Value CIT F | Large Cap Value | n/a | 8.00% | 0.367% | 0.00% | 0.367% |
| WF/Blackrock S&P Midcap Index CIT F | Midcap Core-passive | n/a | 8.00% | 0.024% | 0.00% | 0.024% |
| WF/Multi-Manager Small Cap CIT F | Small Core | n/a | 4.25% | 0.614% | 0.00% | 0.614% |
| WF/Blackrock Intl Equity Index CIT F | Foreign Lg Bl-passive | n/a | 5.60% | 0.053% | 0.00% | 0.053% |
| Am Funds EuroPacific Growth R6 | Foreign Large Blend | RERGX | 5.60% | 0.490% | 0.00% | 0.490% |
| Fidelity Emerging Markets Index | Diver. Em Mkts-passive | FPADX | 2.80% | 0.080% | 0.00% | 0.080% |
| | | | 56.00% | | | |
| Core Fixed Income: | | | | | | |
| WF Core Bond CIT F | Fixed - intermediate | n/a | 8.00% | 0.170% | 0.00% | 0.170% |
| MetWest Total Return Bond I | Fixed - intermediate | MWTIX | 8.00% | 0.460% | 0.10% | 0.350% |
| WF/Federated Total Return Bond CIT F | Fixed - intermediate | n/a | 8.00% | 0.164% | 0.00% | 0.164% |
| | | | 24.00% | | | |
| Specialty Fixed Income: | | | | | | |
| PIMCO High Yield Inst'l | High Yield | PHIYX | 2.50% | 0.590% | 0.00% | 0.590% |
| Invesco Oppenheimer International Bond Inst'l | Dev Mkt Int'l Fixed | OIBIX | 1.50% | 0.560% | 0.00% | 0.560% |
| Lazard Emerging Markets Debt Inst'l | Emerging Mkt Fixed | LEDIX | 2.00% | 0.930% | 0.10% | 0.830% |
| | | | 6.00% | | | |
| Real Assets and Alternatives: | | | | | | |
| Fidelity Real Estate Index | Real Estate-passive | FSRNX | 8.40% | 0.070% | 0.00% | 0.070% |
| ALPS\|CoreComdty Mgmt CompleteCmdty Strategy I | Commodities | JCRIX | 5.60% | 1.130% | 0.16% | 0.970% |
| | | | 14.00% | | | |
| | | | 100.00% | | | |
| | Composite Expense Ratio: | | 0.272% | | | |

**Plan Name:** **The Restated Noncontributory Retirement Plan for Cooperatives**
**Plan Sponsor EIN:** **42-1023410**
**ERISA 3-digit Plan #:** **020**
**Plan Year Ending:** **03/31/2020**

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

| Form/Schedule | Line # | Description | Attachment |
|---|---|---|---|
| 5500 Sch. SB | | Actuarial Assumptions and Methods | X |
| 5500 Sch. SB | | Summary of Plan Provisions | X |
| 5500 Sch. SB | | Statement of Enrolled Actuary | X |
| 5500 Sch. SB | 7 | Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance | |
| 5500 Sch. SB | 18 | Contributions | |
| 5500 Sch. SB | 19 | Discounted Employer Contributions | |
| 5500 Sch. SB | 22 | Description of Weighted Average Retirement Age | X |
| 5500 Sch. SB | 24 | Change in Actuarial Assumptions | |
| 5500 Sch. SB | 25 | Change in Method | |
| 5500 Sch. SB | 26 | Schedule of Active Participant Data | X |
| 5500 Sch. SB | 32 | Schedule of Amortization Bases | |

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**The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Schedule H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant ("IQPA").**

| Form/Schedule | Line # | Description | Attachment |
|---|---|---|---|
| 5500 Sch. H | Line 3 | Financial Statements used in formulating the IQPA's opinion | X |
| 5500 Sch. H | Line 4i | Schedule of Assets (Held at End of Year) | X |
| 5500 Sch. H | Line 4i | Schedule of Assets (Acquired and Disposed of Within Year) | |
| 5500 Sch. H | Line 4j | Schedule of Reportable Transactions | X |
| 5500 Sch. H | Line 4a | Schedule of Delinquent Participant Contributions | |
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