



Single-Employer Plan

Variable Rate Premium
(See Part E for Item-by-Item Instructions)



PB0646

995706

Photocopies and downloaded forms may be filed (see instructions).

(a) Plan Year from Form 1 item 12(a): MM DD YYYY **01-01 2006** (b) EIN/PN from Form 1 item 3 (a) and (b): 9-digit EIN **11-1111111** 3-digit PN **555**

(c) Plan Name: **Form1/Sch. A ACM Large Plan**

SECTION ONE: FILING METHOD.

1. Check a single box and go to item 2. See Section Five for required certifications.
 (a) General Rule. (b) Alternative Calculation Method (ACM).
 (c) Modified ACM for Plan Terminating in Distress or Involuntary Termination with proposed termination date (on or before the snapshot date) of: MM DD YYYY

SECTION TWO: UNFUNDED VESTED BENEFITS.

2. Present Value of Vested Benefits: Plan Values are determined as of: MM DD YYYY **01-01-2005**

The assumed retirement age is **65** years. The adjusted values are based on a

Required Interest Rate of **4.84** % and an accrual factor of **1.07**

| | (a) Plan Value of Vested Benefits (ACM filers only) Value | Interest Rate | (b) Adjusted Value of Vested Benefits |
|---|--|---------------|---------------------------------------|
| (1) Retirees/beneficiaries receiving payments | 22,222,222.00 | 5.85 % | 23,655,293.00 |
| (2) Participants not receiving payments | 33,333,333.00 | 5.85 % | 43,839,050.00 |
| (3) Total (item(1) plus item (2)) | 55,555,555.00 | | 67,494,343.00 |

3. Value of Plan Assets: MM DD YYYY **01-01-2005**

(a) Enter value of Plan Assets as of **58,888,888.00**

(b) Enter contribution receivables included in item 3(a). **111,111.00**

(c) Discounted paid contributions. (Note: For plans with fewer than 500 participants, this item is optional) **22,222.00**

(d) Enter adjusted value of plan assets (item 3(a) minus item 3(b) plus item 3(c)). **58,799,999.00**

4. Significant Events (ACM or Modified ACM filers with 500 or more participants only):

(a) Check each significant event (S.E.) that occurred between the determination date entered in item 2 of this Schedule A and the premium snapshot date (see Part A.7 of instructions (pp. 3-6) for definitions):
 S.E. (1) S.E. (2) S.E. (3) S.E. (4) S.E. (5) S.E. (6) S.E. (7) No Significant Events

(b) Total amount of adjustment due to significant events (If this amount is negative, please check this box: **10,000.00**

5. Adjusted Unfunded Vested Benefits: Enter adjusted unfunded vested benefits. (ACM filers see instructions, pp. 38-40, for interest and significant events adjustments.) **9,126,000.00**



EIN/PN from Form 1 item 3 (a) and (b):

EIN

11-1111111

PN

555

SECTION THREE: VARIABLE-RATE PREMIUM.

6. Variable-Rate Premium: Enter here and on Form 1, item 14(c), either

164,169.00

- (a) \$0, if item 5 was \$0; or
(b) the amount in item 5 multiplied by 0.009.

SECTION FOUR: PARTICIPANT NOTICE.

7. Participant Notice Requirement

For the 2005 plan year, a Participant Notice under ERISA section 4011 and 29 CFR Part 4011:

- (1) Was not required to be issued; or
(2) [X] Was issued on time and in accordance with all other applicable requirements; or
(3) An explanation is attached.

SECTION FIVE: CERTIFICATIONS.

8. Certification of Plan Administrator. The plan administrator must sign and complete this item. See instructions, p. 40.

I certify under penalty of perjury that, to the best of my knowledge and belief, the information in this Form 1 (including Schedule A and attachments) is true, correct, and complete.

Signature of Single-Employer Plan Administrator

MM DD YYYY

10-11-2006

Date

Shelly Roth

sroth@testemail.net

Print or type first name of individual who signs Print or type last name of individual who signs Business E-mail Address (Optional)

9. Certification of Enrolled Actuary. An Enrolled Actuary must sign and complete the certification below if box 1 (a) is checked, or if the plan has 500 or more participants and box 1 (b) or 1 (c) is checked.

I certify under penalty of perjury that, to the best of my knowledge and belief, the information in items 2 through 6 is true, correct, and complete.

55512786

Enrollment Number

Signature of Enrolled Actuary

MM DD YYYY

10-10-2006

Date

Lisa White

Print or type first name of individual who signs Print or type last name of individual who signs

lisawhite@email.net

Business E-mail Address (Optional)

122 Cherry Lane

Street Address

888-888-8888

Telephone Number (Optional)

Cherry Valley MN 99090

City

State

Zip Code