

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2017 or fiscal plan year beginning <u>07/01/2017</u> and ending <u>06/30/2018</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan ☐ a DFE (specify) ____		
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ▶ ☐		
D	Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ special extension (enter description)	☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>AMERICAN POP CORN COMPANY PENSION PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>07/01/1964</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AMERICAN POP CORN COMPANY</u> <u>P.O. BOX 178</u> <u>SIOUX CITY, IA 51102</u>	2b	Employer Identification Number (EIN) <u>42-0113600</u>
		2c	Plan Sponsor's telephone number <u>712-239-1232</u>
		2d	Business code (see instructions) <u>311900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/16/2019	TED TOWNLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/16/2019	TED TOWNLEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 246
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) 139
a(2) Total number of active participants at the end of the plan year	6a(2) 131
b Retired or separated participants receiving benefits	6b 89
c Other retired or separated participants entitled to future benefits	6c 20
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 240
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e	6f 240
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 4
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 3D

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
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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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2017 or fiscal plan year beginning 07/01/2017 and ending 06/30/2018	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan AMERICAN POP CORN COMPANY PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMERICAN POP CORN COMPANY	D Employer Identification Number (EIN) 42-0113600
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 07 Day 01 Year 2017			
2	Assets:			
a	Market value	2a	14361830	
b	Actuarial value	2b	14101929	
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	89	7155133	7155133
b	For terminated vested participants	20	463976	463976
c	For active participants	131	5183197	5443648
d	Total	240	12802306	13062757
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	5.88 %	
6	Target normal cost	6	287635	

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
	THERESE MARSKE	17-05155
	Type or print name of actuary	Most recent enrollment number
	MILLIMAN, INC.	312-499-5589
	Firm name	Telephone number (including area code)
	71 S. WACKER DR., 31ST FLOOR CHICAGO, IL 60606-4637	
	Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	706744
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)		706744
10 Interest on line 9 using prior year's actual return of <u>12.58</u> %		88908
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		472105
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.08</u> %		28704
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		500809
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	795652

Part III Funding Percentages

14 Funding target attainment percentage	14	101.86%
15 Adjusted funding target attainment percentage	15	107.95%
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	105.82%
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)		18(c)

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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

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: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age.....				22 64
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	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
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	287635	
b Excess assets, if applicable, but not greater than line 31a	31b	243520	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....			
b Waiver amortization installment			
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	44115	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....		44115	44115
36 Additional cash requirement (line 34 minus line 35)	36		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a		
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
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		

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 07/01/2017 and ending 06/30/2018		
A Name of plan AMERICAN POP CORN COMPANY PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN POP CORN COMPANY	D Employer Identification Number (EIN) 42-0113600	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

SECURITY NATIONAL BANK

42-0943319

(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?
28 13	NONE	44990	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>07/01/2017</u> and ending <u>06/30/2018</u>		
A Name of plan <u>AMERICAN POP CORN COMPANY PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN POP CORN COMPANY</u>	D Employer Identification Number (EIN) <u>42-0113600</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	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)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	216864	115193
	(2) U.S. Government securities.....	1c(2)	449300	947465
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)	3064265	2439848
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	528480	513480
	(B) Common	1c(4)(B)	3806200	3761079
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	6296721	6768907

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	14361830	14545972

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	14361830	14545972
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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)	0	
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2081	
(B) U.S. Government securities	2b(1)(B)	10312	
(C) Corporate debt instruments	2b(1)(C)	91285	
(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)		103678
(2) Dividends: (A) Preferred stock	2b(2)(A)	30909	
(B) Common stock	2b(2)(B)	97550	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	124153	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		252612
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2648288	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2325899	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		322389
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	278334	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		278334

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		957013

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	727881	
(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)		727881
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	2146	
(3) Investment advisory and management fees	2i(3)	42844	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		44990
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		772871

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		184142
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☐ Yes ☒ No

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

(1) Name: KING, REINSCH, PROSSER & CO., L.L.P

(2) EIN: 42-0941961

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
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		X	
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		X	

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 _____. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 07/01/2017 and ending 06/30/2018		
A Name of plan AMERICAN POP CORN COMPANY PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN POP CORN COMPANY		D Employer Identification Number (EIN) 42-0113600
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
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): 23-3060382		
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 10
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No		
11 a Does the ESOP hold any preferred stock? Yes No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

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): _____		

- 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): _____



INDEPENDENT AUDITOR'S REPORT

To the Trustees
American Pop Corn Company Pension Plan
Sioux City, Iowa

Report on the Financial Statements

We have audited the accompanying financial statements of American Pop Corn Company Pension Plan (the Plan), which comprise the statements of net assets available for benefits (modified cash basis) as of June 30, 2018 and 2017, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended and the statement of accumulated plan benefits (modified cash basis) as of June 30, 2017, and the related statement of changes in accumulated plan benefits (modified cash basis) for the year 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 the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also



includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits (modified cash basis) as of June 30, 2018 and 2017, and the changes therein for the years then ended, and its financial status as of June 30, 2017 and changes therein for the year then ended in accordance with the modified cash basis of accounting described in Note B.

Basis of Accounting

We draw attention to Note B to the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules (modified cash basis) on pages 16 through 20, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Sioux City, Iowa
January 17, 2019

King, Reinsch, Prosser & Co., LLP.

AMERICAN POP CORN COMPANY PENSION PLAN

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER: 42-0113600

PLAN NUMBER: 001

JUNE 30, 2018

(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
U.S. Treasury NT Infl.	107,364 par, 0.625% due 01/15/24	\$ 102,684	\$ 107,221
U.S. Treasury NT Infl.	52,819 par, 0.375% due 07/15/25	51,647	51,880
U.S. Treasury NT Infl.	52,715 par, 0.625% due 01/15/26	52,299	52,428
Goldman Sachs Short Duration Government Fund	19,077 shares	195,124	185,623
Vanguard Inflation-Protected Securities Fund	10,100 shares	268,030	255,842
Vanguard Short Term Federal Fund	28,018 shares	<u>301,107</u>	<u>294,471</u>
Total U.S. Government Agency securities		<u>\$ 970,891</u>	<u>\$ 947,465</u>
Blackrock High Yield Bond Fund	20,517 shares	\$ 159,620	\$ 156,138
Goldman Sachs Emerging Market Debt Fund	12,525 shares	155,814	147,924
ISHares S&P Preferred Stock Index Fund	7,280 shares	284,061	274,529
Janus Flexible Bond Fund	37,954 shares	404,076	380,677
PIMCO Income Fund	29,943 shares	365,000	359,011
PIMCO Total Return Fund	36,251 shares	373,961	361,418
Sterling Capital Total Return Fund	38,707 shares	412,987	397,136
Vanguard Total Bond Market Index Fund	34,805 shares	<u>379,753</u>	<u>363,015</u>
Total corporate securities		<u>\$ 2,535,272</u>	<u>\$ 2,439,848</u>
Cash		\$ 1	\$ 1
G.S. Financial Square MM Government	115,192 shares	<u>115,192</u>	<u>115,192</u>
Total cash and cash equivalents		<u>\$ 115,193</u>	<u>\$ 115,193</u>
Allstate Corp.	2,000 shares, 6.750% Preferred	\$ 52,780	\$ 50,960
Bank of America Corp.	2,000 shares, 6.500% Preferred Series Y	54,200	52,660
BB&T Corporation	2,000 shares, 5.625% Preferred Series E	49,600	50,900
Commerce Bancshares, Inc.	2,000 shares, 6.000% Preferred	50,000	51,540
First Rep Bank	2,000 shares, 7.000% Preferred	50,535	51,400
HSBC Holdings PLC	2,000 shares, 6.200% Series A Preferred	50,000	53,160
JP Morgan Chase	2,000 shares, 6.125% Series Y Preferred	50,000	52,360
Sce Trust VI	2,000 shares, 5.000% Preferred	50,640	46,860
State Street Corp.	2,000 shares, Series G Preferred	55,496	52,240
Wells Fargo & Co.	2,000 shares, 8.000% Preferred Series J	<u>56,410</u>	<u>51,400</u>
Total preferred stocks		<u>\$ 519,661</u>	<u>\$ 513,480</u>

AMERICAN POP CORN COMPANY PENSION PLAN

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER: 42-0113600

PLAN NUMBER: 001

JUNE 30, 2018

(CONTINUED)

(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
Abbott Labs	700 shares	\$ 17,547	\$ 42,693
Abbvie, Inc.	450 shares	11,692	41,693
Aegion Corp.	3,990 shares	89,610	102,743
AFLAC, Inc.	1,700 shares	45,121	73,134
Apache Corp.	2,060 shares	127,345	96,305
Apple, Inc.	430 shares	32,960	79,597
Baker Hughes, A GE Co, LLC	1,460 shares	54,143	48,224
Berkshire Hathaway, Inc.	700 shares	50,080	130,655
CA, Inc.	1,410 shares	46,466	50,266
Carnival Corp.	690 shares	38,219	39,544
Coca Cola Co.	1,310 shares	40,495	57,457
Colgate Palmolive Co.	830 shares	33,165	53,792
Cummins, Inc.	320 shares	38,743	42,560
CVS Health Corp.	930 shares	90,080	59,845
Danaher Corp.	950 shares	60,376	93,746
Dentsply Sirona, Inc.	1,240 shares	48,146	54,275
Digital Realty Trust, Inc.	1,000 shares	57,490	111,580
Emerson Elec. Co.	880 shares	45,588	60,843
Extra Space Storage, Inc.	760 shares	57,867	75,856
Exxon Mobil Corp.	420 shares	38,752	34,747
Fortive Corp.	650 shares	25,351	50,122
General MLS, Inc.	870 shares	35,564	38,506
Home Depot, Inc.	350 shares	20,740	68,285
Illinois Tool Works, Inc.	530 shares	28,214	73,426
International Business Machines Corp.	350 shares	53,749	48,895
International Paper Co.	750 shares	32,602	39,060
Jacobs Energy Group, Inc.	2,200 shares	88,970	139,678
Johnson & Johnson	750 shares	46,981	91,005
Kimberly Clark Corp.	470 shares	53,096	49,510
Laboratory Corp.	600 shares	50,153	107,718
Manpower Group, Inc.	575 shares	46,811	49,484
McCormick & Co., Inc.	650 shares	37,886	75,459
McKesson Corp.	300 shares	67,925	40,020
Microsoft Corp.	820 shares	23,709	80,860

AMERICAN POP CORN COMPANY PENSION PLAN

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER: 42-0113600

PLAN NUMBER: 001

JUNE 30, 2018

(CONTINUED)

(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
Nike, Inc. Class B	1,560 shares	\$ 29,406	\$ 124,301
Nucor Corp.	1,200 shares	77,354	75,000
OMNICOM Group, Inc.	600 shares	31,936	45,762
Oracle Corp.	1,190 shares	31,266	52,431
Pepsi Co., Inc.	730 shares	43,911	79,475
Polaris Inds, Inc.	350 shares	43,433	42,763
Praxair, Inc.	450 shares	41,413	71,168
Prudential Financial, Inc.	200 shares	16,158	18,702
Qualcomm, Inc.	1,150 shares	63,208	64,538
Schlumberger LTD	1,205 shares	102,390	80,771
State Street Corp.	900 shares	38,527	83,781
T Rowe Price Group, Inc.	730 shares	51,540	84,746
Target Corp.	720 shares	47,554	54,806
Thermo Fisher Scientific, Inc.	750 shares	34,924	155,355
Timken Co.	1,100 shares	24,840	47,905
Toronto Dominion Bk	1,190 shares	53,356	68,853
Union Pacific Corp.	550 shares	27,581	77,924
United Technologies Corp.	500 shares	32,448	62,515
Verizon Communications, Inc.	1,450 shares	72,400	72,949
Wabtec Corp.	450 shares	32,100	44,361
Wal-Mart Stores, Inc.	600 shares	34,091	51,390
Total common stocks		\$ 2,565,472	\$ 3,761,079
Allianz NFJ Dividend Value Fund	13,406 shares	\$ 205,515	\$ 199,207
American Beacon Large Cap Value Fund	11,733 shares	213,899	339,896
IShares Nasdaq Biotech Index Fund	360 shares	14,377	39,535
JPMorgan Equity Income	14,006 shares	243,000	239,499
Massachusetts INV Growth Stock	17,370 shares	437,000	524,767
T Rowe Price Growth Stock Fund	8,929 shares	273,276	615,832
T Rowe Price Q/M Small Cap Growth	9,573 shares	254,050	360,425
Vanguard Mid Cap Index	3,633 shares	383,775	709,021
Vanguard Small Cap Value Index	7,862 shares	348,830	458,491
Total mutual funds - domestic		\$ 2,373,722	\$ 3,486,673

AMERICAN POP CORN COMPANY PENSION PLAN

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER: 42-0113600

PLAN NUMBER: 001

JUNE 30, 2018

(CONTINUED)

(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
Delaware Emerging Markets Fund	29,187 shares	\$ 430,757	\$ 542,880
Janus Global Real Estate	31,847 shares	368,640	375,155
Oakmark International Fund #109	27,586 shares	601,129	728,816
Templeton Foreign Equity Series	34,179 shares	644,322	725,288
Vanguard International Explorer	19,697 shares	340,952	410,285
Vanguard Total International Stock Index	17,223 shares	<u>442,764</u>	<u>499,810</u>
Total mutual funds - international		<u>\$ 2,828,564</u>	<u>\$ 3,282,234</u>
Total assets held at the end of year		<u>\$ 11,908,775</u>	<u>\$ 14,545,972</u>

Attachment to 2017 Form 5500
Schedule SB, Line 26 – Summary of Active Participants
Plan Name: American Pop Corn Company Pension Plan
EIN: 42-0113600 PN: 001

Number of Participants by Age and Service Groups

Age	Years of Vesting Service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	
0-24	-	3									3
25-29	-	1	4								5
30-34	-	6	4								10
35-39	-	7	2								9
40-44	-	8	6	1	4						19
45-49	-	6	5	6	4	1	1				23
50-54	-	5	8	2	1	2	3	1			22
55-59	-	3	5	7	3	1	2	2	1		24
60-64	-	1	2	2	1	1	3			2	12
65-69	-			1			1			1	3
70&Up	-				<u>1</u>						<u>1</u>
Total	-	40	36	19	14	5	10	3	1	3	131

Average Compensation by Age and Service Groups

Age	Years of Vesting Service										Average
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	
0-24	-	36,569									36,569
25-29	-	33,239	37,506								36,653
30-34	-	28,634	30,346								29,319
35-39	-	36,355	53,946								40,264
40-44	-	29,412	59,282	73,800	49,172						45,341
45-49	-	31,978	40,005	62,533	82,051	36,315	83,900				52,848
50-54	-	37,021	29,359	35,753	104,700	44,313	99,216	66,093			47,661
55-59	-	57,152	42,706	39,392	33,745	41,315	37,027	46,997	79,800		43,797
60-64	-	48,641	61,662	63,581	31,982	41,323	70,773			134,250	71,104
65-69	-			26,574			42,951			175,000	81,508
70&Up	-				26,230						26,230
Average	-	35,040	41,854	49,999	56,360	41,516	71,087	53,362	79,800	147,833	47,704

AMERICAN POP CORN COMPANY PENSION PLAN

Sioux City, Iowa

FINANCIAL STATEMENTS
(With Independent Auditor's Report Thereon)

For the Years Ended
June 30, 2018 and 2017

AMERICAN POP CORN COMPANY PENSION PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Trustees
American Pop Corn Company Pension Plan
Sioux City, Iowa

Report on the Financial Statements

We have audited the accompanying financial statements of American Pop Corn Company Pension Plan (the Plan), which comprise the statements of net assets available for benefits (modified cash basis) as of June 30, 2018 and 2017, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended and the statement of accumulated plan benefits (modified cash basis) as of June 30, 2017, and the related statement of changes in accumulated plan benefits (modified cash basis) for the year 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 the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also



includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits (modified cash basis) as of June 30, 2018 and 2017, and the changes therein for the years then ended, and its financial status as of June 30, 2017 and changes therein for the year then ended in accordance with the modified cash basis of accounting described in Note B.

Basis of Accounting

We draw attention to Note B to the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules (modified cash basis) on pages 16 through 20, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Sioux City, Iowa
January 17, 2019

King, Reinsch, Prosser & Co., LLP.

AMERICAN POP CORN COMPANY PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

(MODIFIED CASH BASIS)

JUNE 30,

ASSETS

	<u>2018</u>	<u>2017</u>
INVESTMENTS, AT FAIR VALUE:		
U.S. Government Agency securities	\$ 947,465	\$ 449,300
Corporate securities	2,439,848	3,064,265
Preferred stocks	513,480	528,480
Common stocks	3,761,079	3,806,200
Cash and cash equivalents	115,193	216,864
Mutual funds - domestic	3,486,673	3,105,219
Mutual funds - international	<u>3,282,234</u>	<u>3,191,502</u>
Total investments	<u>\$ 14,545,972</u>	<u>\$ 14,361,830</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 14,545,972</u>	<u>\$ 14,361,830</u>

AMERICAN POP CORN COMPANY PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

(MODIFIED CASH BASIS)

FOR THE YEARS ENDED JUNE 30,

	<u>2018</u>	<u>2017</u>
Investment income:		
Interest	\$ 103,678	\$ 91,322
Dividends	252,612	205,932
Net appreciation in fair value of investments	<u>600,723</u>	<u>1,330,861</u>
Total investment income	<u>\$ 957,013</u>	<u>\$ 1,628,115</u>
Contributions:		
Employer	<u>\$ -</u>	<u>\$ 1,000,000</u>
Total additions	<u>\$ 957,013</u>	<u>\$ 2,628,115</u>
Benefits paid directly to participants	\$ 727,881	\$ 784,470
Administrative expenses	<u>44,990</u>	<u>42,422</u>
Total deductions	<u>\$ 772,871</u>	<u>\$ 826,892</u>
Net increase	\$ 184,142	\$ 1,801,223
Net assets available for benefits:		
Beginning of year	<u>14,361,830</u>	<u>12,560,607</u>
End of year	<u>\$ 14,545,972</u>	<u>\$ 14,361,830</u>

AMERICAN POP CORN COMPANY PENSION PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS

(MODIFIED CASH BASIS)

	<u>June 30, 2017</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:	
Vested benefits:	
Participants not in pay status	\$ 5,231,118
Participants in pay status	<u>6,582,086</u>
	\$ 11,813,204
Nonvested benefits	<u>220,550</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 12,033,754</u>

AMERICAN POP CORN COMPANY PENSION PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

(MODIFIED CASH BASIS)

	Year Ended <u>June 30, 2017</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	\$ 11,667,309
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:	
Benefits accumulated	\$ 417,634
Change in discount period	733,281
Benefits paid	<u>(784,470)</u>
Net increase	<u>\$ 366,445</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u>\$ 12,033,754</u>

AMERICAN POP CORN COMPANY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018 AND 2017

NOTE A - DESCRIPTION OF PLAN:

The following description of the American Pop Corn Company Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

1. General. The Plan is a defined benefit pension plan covering substantially all employees. The Plan sponsor is American Pop Corn Company (the Company) and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan is administered by the Board of Trustees who are responsible for the operation and administration of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.
2. Eligibility. Prior to July 1, 1995, each employee was eligible on the July 1 following the commencement of employment. Effective July 1, 1995, each employee becomes a participant on the July 1 following the completion of one year of service.
3. Funding Policy. The Plan is funded entirely by contributions from the Company. The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. For the year ended June 30, 2017, the Company's contribution to the Plan was \$1,000,000, none for 2018. During the year ended June 30, 2018, the Plan's administrative costs totaled \$153,548 of which the Plan paid \$44,990 and the Company paid \$108,558. During the year ended June 30, 2017, the Plan's administrative costs totaled \$160,346 of which the Plan paid \$42,422 and the Company paid \$117,924. The Company's contributions for 2018 and 2017 met or exceeded the minimum funding requirements of ERISA.

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.

4. Pension Benefits. An employee's retirement benefit is equal to 1.1 percent of his average monthly earnings multiplied by his years of service through December 31, 2009 and 0.5 percent of his average monthly earnings multiplied by his years of service on or after January 1, 2010. Service consists of an employee's years and completed calendar months for each period of employment with the Company prior to age 65, subject to the break-in-service rules. The average monthly earnings are determined by reference to the employee's highest earnings, without regard to discretionary bonuses, during five consecutive years of employment.

AMERICAN POP CORN COMPANY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018 AND 2017

NOTE A - DESCRIPTION OF PLAN (CONTINUED):

The Plan permits early retirement if the employee is at least age 60 and has at least five years of service. The employee receives his accrued pension at age 65 or a reduced amount earlier, the reduction being 5/12 percent for each month between the commencement date and his normal retirement date.

If an employee's employment continues past age 65, his pension at late retirement date is based on service and earnings to retirement.

5. Disability and Death Benefits. Disability retirement occurs after five or more years of service, in the event of total and permanent disability. A disabled employee receives his accrued pension starting in the sixth month after his disability begins.

Upon the death of an employee who has completed five or more years of service, his surviving spouse receives a monthly pension equal to 50 percent of his accrued pension. The spouse's pension is actuarially reduced if the spouse is more than five years younger than the deceased employee. The beneficiary of a deceased retired employee who retired prior to January 1, 2010 receives a lump-sum payment of \$2,000.

6. Deferred Vested Pension Benefits. An employee is entitled to a deferred vested pension upon termination of employment after completing five or more years of service. He receives his accrued pension at age 65 or its actuarial equivalent at age 60.

Upon the death of a vested "former" employee prior to commencement of benefits, a survivor pension of 50 percent of the employee's accrued pension is payable at the later of age at death or the earliest age the employee could have commenced a pension. This pension is reduced for payment at early retirement age, as applicable.

7. Payment of Pension Benefits. Upon termination of employment, a retired, deferred vested or disabled participant has the option of receiving their vested benefit in the form of a one-time lump-sum payment or a monthly payment for their lifetime. A participant with an eligible spouse receives a Qualified Joint and Survivor Pension unless he elects in writing to receive his basic pension. A Qualified Joint and Survivor Pension is a reduced amount of an employee's basic pension, and shall continue after his death at a rate equal to 62-1/2 percent or 75 percent (at the election of the participant) of the rate at which such benefits were payable to the participant, for the life of his eligible spouse. If a participant does not have an eligible spouse, he receives his basic pension payable for his lifetime.

AMERICAN POP CORN COMPANY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018 AND 2017

NOTE A - DESCRIPTION OF PLAN (CONTINUED):

A retired participant may elect the actuarial equivalent of his basic pension in another form of payment if he furnishes evidence of good health and the retirement committee approves his election.

NOTE B - SUMMARY OF ACCOUNTING POLICIES:

The following are the significant accounting policies followed by the Plan:

Basis of Accounting - The accounts of the Plan are maintained on the modified cash basis of accounting. Consequently, revenues and related assets are recognized when received rather than when earned, and expenses are recognized when paid rather than when the obligation is incurred.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by its custodian. See Note E for a discussion of fair value measurements. During the year ending June 30, 2018, the Plan retrospectively adopted the requirements in FASB ASC 820-10, as required in ASU 2015-07, which simplifies the disclosure requirements for those investments measured at fair value using the net asset value per share (or its equivalent) practical expedient. The Plan has evaluated that the changes resulting from ASU 2015-07 will have no material impact on its financial statements.

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

Use of Estimates - The preparation of financial statements in conformity with the modified cash basis of accounting 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 at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Administrative Expenses - The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

AMERICAN POP CORN COMPANY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018 AND 2017

NOTE B - SUMMARY OF ACCOUNTING POLICIES (CONTINUED):

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

Subsequent Events - The Plan has evaluated subsequent events through January 17, 2019, the date the financial statements were available to be issued.

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' compensation for the five consecutive calendar years during which they had their highest earnings. The accumulated plan benefits for active employees are based on their average compensation during the last five years ending on the most recent valuation date. Benefits payable under all circumstances - retirement, death, disability and 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 an independent actuary and is that amount that 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 significant actuarial assumptions used in the valuation as of June 30, 2017, were (a) life expectancy of participants (the June 30, 2017 valuation used the IRS 2017 Combined Healthy Mortality Tables), (b) retirement age assumptions (the assumed retirement age was 65 with appropriate adjustments made for early retirements and terminations), and (c) investment return (the June 30, 2017 valuation assumed an average rate of return of 6.50 per annum). The interest rates used to discount the obligation for June 30, 2017 valuation was 4.15 percent. 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. The computations of the actuarial present value of accumulated plan benefits were made as of July 1, 2017. Had the valuations been performed as of June 30, there would be no material differences.

AMERICAN POP CORN COMPANY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018 AND 2017

NOTE D - PLAN TERMINATION:

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, if any, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

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.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

AMERICAN POP CORN COMPANY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018 AND 2017

NOTE E - 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). The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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.

All investments are valued at the closing price reported in the active market in which the individual securities are traded, other than certain U.S. Government Agency securities. These other U.S. Government Agency securities are valued based on available trade information, dealer quotes, market indices, market research reports, spreads, bids and offers. There have been no changes in the methodologies used at June 30, 2018 and 2017.

AMERICAN POP CORN COMPANY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018 AND 2017

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED):

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2018 and 2017.

	<u>June 30, 2018</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common stocks	\$ 3,761,079	\$ -	\$ -	\$ 3,761,079
Mutual funds - domestic	3,486,673	-	-	3,486,673
Mutual funds - international	3,282,234	-	-	3,282,234
Corporate securities	2,439,848	-	-	2,439,848
U.S. Government Agency securities	735,935	211,530	-	947,465
Preferred stocks	513,480	-	-	513,480
Cash and cash equivalents	115,193	-	-	115,193
	<u>\$ 14,334,442</u>	<u>\$ 211,530</u>	<u>\$ -</u>	<u>\$ 14,545,972</u>

	<u>June 30, 2017</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common stocks	\$ 3,806,200	\$ -	\$ -	\$ 3,806,200
Mutual funds - domestic	3,105,219	-	-	3,105,219
Mutual funds - international	3,191,502	-	-	3,191,502
Corporate securities	3,064,265	-	-	3,064,265
U.S. Government Agency securities	240,081	209,219	-	449,300
Preferred stocks	528,480	-	-	528,480
Cash and cash equivalents	216,864	-	-	216,864
	<u>\$ 14,152,611</u>	<u>\$ 209,219</u>	<u>\$ -</u>	<u>\$ 14,361,830</u>

NOTE F - PARTICIPATING EMPLOYERS IN THE PLAN:

<u>Employer</u>	<u>Address</u>
American Pop Corn Company	One Fun Place, Sioux City, IA 51108

AMERICAN POP CORN COMPANY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018 AND 2017

NOTE G - PLAN ADMINISTRATOR:

Name and Address: The Retirement Committee
 American Pop Corn Company Pension Plan
 One Fun Place
 Sioux City, IA 51108

Telephone Number: (712) 239-1232

Employer ID Number: 42-0113600

NOTE H - TAX STATUS:

The Plan obtained its latest determination letter on August 11, 2011, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements 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 currently designed and being operated in compliance with the applicable requirements of the IRC.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2014.

NOTE I - RISKS AND UNCERTAINTIES:

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

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.

AMERICAN POP CORN COMPANY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2018 AND 2017

NOTE J - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS:

Parties-in-interest are defined under the Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. The Company pays certain fees for the administration of the Plan. The Plan pays additional fees for investment management and consulting services and are included in administrative expenses in the accompanying financial statements. These transactions qualify as party-in-interest transactions.

Certain employees and officers of the Company, who may also be participants in the Plan, perform administrative services to the Plan at no cost to the Plan.

All investment transactions are performed for the Plan by the Trust Department of Security National Bank of Sioux City, Iowa, who is also custodian for the Plan's trustee, American Pop Corn Company and, therefore, these transactions qualify as party-in-interest transactions.

All of these transactions are exempt from prohibited transaction rules.

AMERICAN POP CORN COMPANY PENSION PLAN

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER: 42-0113600

PLAN NUMBER: 001

JUNE 30, 2018

(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
U.S. Treasury NT Infl.	107,364 par, 0.625% due 01/15/24	\$ 102,684	\$ 107,221
U.S. Treasury NT Infl.	52,819 par, 0.375% due 07/15/25	51,647	51,880
U.S. Treasury NT Infl.	52,715 par, 0.625% due 01/15/26	52,299	52,428
Goldman Sachs Short Duration Government Fund	19,077 shares	195,124	185,623
Vanguard Inflation-Protected Securities Fund	10,100 shares	268,030	255,842
Vanguard Short Term Federal Fund	28,018 shares	<u>301,107</u>	<u>294,471</u>
Total U.S. Government Agency securities		\$ 970,891	\$ 947,465
Blackrock High Yield Bond Fund	20,517 shares	\$ 159,620	\$ 156,138
Goldman Sachs Emerging Market Debt Fund	12,525 shares	155,814	147,924
ISHares S&P Preferred Stock Index Fund	7,280 shares	284,061	274,529
Janus Flexible Bond Fund	37,954 shares	404,076	380,677
PIMCO Income Fund	29,943 shares	365,000	359,011
PIMCO Total Return Fund	36,251 shares	373,961	361,418
Sterling Capital Total Return Fund	38,707 shares	412,987	397,136
Vanguard Total Bond Market Index Fund	34,805 shares	<u>379,753</u>	<u>363,015</u>
Total corporate securities		\$ 2,535,272	\$ 2,439,848
Cash		\$ 1	\$ 1
G.S. Financial Square MM Government	115,192 shares	<u>115,192</u>	<u>115,192</u>
Total cash and cash equivalents		\$ 115,193	\$ 115,193
Allstate Corp.	2,000 shares, 6.750% Preferred	\$ 52,780	\$ 50,960
Bank of America Corp.	2,000 shares, 6.500% Preferred Series Y	54,200	52,660
BB&T Corporation	2,000 shares, 5.625% Preferred Series E	49,600	50,900
Commerce Bancshares, Inc.	2,000 shares, 6.000% Preferred	50,000	51,540
First Rep Bank	2,000 shares, 7.000% Preferred	50,535	51,400
HSBC Holdings PLC	2,000 shares, 6.200% Series A Preferred	50,000	53,160
JP Morgan Chase	2,000 shares, 6.125% Series Y Preferred	50,000	52,360
Sce Trust VI	2,000 shares, 5.000% Preferred	50,640	46,860
State Street Corp.	2,000 shares, Series G Preferred	55,496	52,240
Wells Fargo & Co.	2,000 shares, 8.000% Preferred Series J	<u>56,410</u>	<u>51,400</u>
Total preferred stocks		\$ 519,661	\$ 513,480

AMERICAN POP CORN COMPANY PENSION PLAN

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER: 42-0113600

PLAN NUMBER: 001

JUNE 30, 2018

(CONTINUED)

(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
Abbott Labs	700 shares	\$ 17,547	\$ 42,693
Abbvie, Inc.	450 shares	11,692	41,693
Aegion Corp.	3,990 shares	89,610	102,743
AFLAC, Inc.	1,700 shares	45,121	73,134
Apache Corp.	2,060 shares	127,345	96,305
Apple, Inc.	430 shares	32,960	79,597
Baker Hughes, A GE Co, LLC	1,460 shares	54,143	48,224
Berkshire Hathaway, Inc.	700 shares	50,080	130,655
CA, Inc.	1,410 shares	46,466	50,266
Carnival Corp.	690 shares	38,219	39,544
Coca Cola Co.	1,310 shares	40,495	57,457
Colgate Palmolive Co.	830 shares	33,165	53,792
Cummins, Inc.	320 shares	38,743	42,560
CVS Health Corp.	930 shares	90,080	59,845
Danaher Corp.	950 shares	60,376	93,746
Dentsply Sirona, Inc.	1,240 shares	48,146	54,275
Digital Realty Trust, Inc.	1,000 shares	57,490	111,580
Emerson Elec. Co.	880 shares	45,588	60,843
Extra Space Storage, Inc.	760 shares	57,867	75,856
Exxon Mobil Corp.	420 shares	38,752	34,747
Fortive Corp.	650 shares	25,351	50,122
General MLS, Inc.	870 shares	35,564	38,506
Home Depot, Inc.	350 shares	20,740	68,285
Illinois Tool Works, Inc.	530 shares	28,214	73,426
International Business Machines Corp.	350 shares	53,749	48,895
International Paper Co.	750 shares	32,602	39,060
Jacobs Energy Group, Inc.	2,200 shares	88,970	139,678
Johnson & Johnson	750 shares	46,981	91,005
Kimberly Clark Corp.	470 shares	53,096	49,510
Laboratory Corp.	600 shares	50,153	107,718
Manpower Group, Inc.	575 shares	46,811	49,484
McCormick & Co., Inc.	650 shares	37,886	75,459
McKesson Corp.	300 shares	67,925	40,020
Microsoft Corp.	820 shares	23,709	80,860

See independent auditor's report relative to supplementary information.

AMERICAN POP CORN COMPANY PENSION PLAN

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER: 42-0113600

PLAN NUMBER: 001

JUNE 30, 2018

(CONTINUED)

(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
Nike, Inc. Class B	1,560 shares	\$ 29,406	\$ 124,301
Nucor Corp.	1,200 shares	77,354	75,000
OMNICOM Group, Inc.	600 shares	31,936	45,762
Oracle Corp.	1,190 shares	31,266	52,431
Pepsi Co., Inc.	730 shares	43,911	79,475
Polaris Inds, Inc.	350 shares	43,433	42,763
Praxair, Inc.	450 shares	41,413	71,168
Prudential Financial, Inc.	200 shares	16,158	18,702
Qualcomm, Inc.	1,150 shares	63,208	64,538
Schlumberger LTD	1,205 shares	102,390	80,771
State Street Corp.	900 shares	38,527	83,781
T Rowe Price Group, Inc.	730 shares	51,540	84,746
Target Corp.	720 shares	47,554	54,806
Thermo Fisher Scientific, Inc.	750 shares	34,924	155,355
Timken Co.	1,100 shares	24,840	47,905
Toronto Dominion Bk	1,190 shares	53,356	68,853
Union Pacific Corp.	550 shares	27,581	77,924
United Technologies Corp.	500 shares	32,448	62,515
Verizon Communications, Inc.	1,450 shares	72,400	72,949
Wabtec Corp.	450 shares	32,100	44,361
Wal-Mart Stores, Inc.	600 shares	34,091	51,390
Total common stocks		<u>\$ 2,565,472</u>	<u>\$ 3,761,079</u>
Allianz NFJ Dividend Value Fund	13,406 shares	\$ 205,515	\$ 199,207
American Beacon Large Cap Value Fund	11,733 shares	213,899	339,896
IShares Nasdaq Biotech Index Fund	360 shares	14,377	39,535
JPMorgan Equity Income	14,006 shares	243,000	239,499
Massachusetts INV Growth Stock	17,370 shares	437,000	524,767
T Rowe Price Growth Stock Fund	8,929 shares	273,276	615,832
T Rowe Price Q/M Small Cap Growth	9,573 shares	254,050	360,425
Vanguard Mid Cap Index	3,633 shares	383,775	709,021
Vanguard Small Cap Value Index	7,862 shares	348,830	458,491
Total mutual funds - domestic		<u>\$ 2,373,722</u>	<u>\$ 3,486,673</u>

See independent auditor's report relative to supplementary information.

AMERICAN POP CORN COMPANY PENSION PLAN

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER: 42-0113600

PLAN NUMBER: 001

JUNE 30, 2018

(CONTINUED)

(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
Delaware Emerging Markets Fund	29,187 shares	\$ 430,757	\$ 542,880
Janus Global Real Estate	31,847 shares	368,640	375,155
Oakmark International Fund #109	27,586 shares	601,129	728,816
Templeton Foreign Equity Series	34,179 shares	644,322	725,288
Vanguard International Explorer	19,697 shares	340,952	410,285
Vanguard Total International Stock Index	17,223 shares	<u>442,764</u>	<u>499,810</u>
Total mutual funds - international		<u>\$ 2,828,564</u>	<u>\$ 3,282,234</u>
Total assets held at the end of year		<u>\$ 11,908,775</u>	<u>\$ 14,545,972</u>

AMERICAN POP CORN COMPANY PENSION PLAN

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER: 42-0113600

PLAN NUMBER: 001

JUNE 30, 2018

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
G.S. Financial Square MM Gov't	Mutual Fund Shares	\$ 882,773	\$ -	\$ -	\$ -	\$ 882,773	\$ 882,773	\$ -
G.S. Financial Square MM Gov't	Mutual Fund Shares	\$ -	\$ 984,423	\$ -	\$ -	\$ 984,423	\$ 984,423	\$ -

AMERICAN POP CORN COMPANY PENSION PLAN

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER: 42-0113600

PLAN NUMBER: 001

JUNE 30, 2018

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
G.S. Financial Square MM Gov't	Mutual Fund Shares	\$ 882,773	\$ -	\$ -	\$ -	\$ 882,773	\$ 882,773	\$ -
G.S. Financial Square MM Gov't	Mutual Fund Shares	\$ -	\$ 984,423	\$ -	\$ -	\$ 984,423	\$ 984,423	\$ -

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 07/01/2017 and ending 06/30/2018

- ▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan AMERICAN POP CORN COMPANY PENSION PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ▶</td> <td style="width:30%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ▶	001
B Three-digit plan number (PN) ▶	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMERICAN POP CORN COMPANY	D Employer Identification Number (EIN) 42-0113600		

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500
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Part I Basic Information				
1	Enter the valuation date:	Month <u>7</u>	Day <u>1</u>	Year <u>2017</u>
2	Assets:			
	a Market value.....	2a	14,361,830	
	b Actuarial value	2b	14,101,929	
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	89	7,155,133	7,155,133
	b For terminated vested participants	20	463,976	463,976
	c For active participants	131	5,183,197	5,443,648
	d Total	240	12,802,306	13,062,757
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	5.88 %	
6	Target normal cost	6	287,635	

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	<div style="text-align: center;"> Signature of actuary </div>	<div style="text-align: center;"> <u>1/4/2019</u> Date </div>
	<div style="text-align: center;"> <u>Therese Marske</u> Type or print name of actuary </div>	<div style="text-align: center;"> <u>17-05155</u> Most recent enrollment number </div>
	<div style="text-align: center;"> <u>Milliman, Inc.</u> Firm name </div>	<div style="text-align: center;"> <u>(312) 499-5589</u> Telephone number (including area code) </div>
	<div style="text-align: center;"> <u>71 S. Wacker Dr., 31st Floor</u> Address of the firm </div>	
	<div style="text-align: center;"> <u>Chicago IL 60606-4637</u> Address of the firm </div>	

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	706,744
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		0
9	Amount remaining (line 7 minus line 8).....	0	706,744
10	Interest on line 9 using prior year's actual return of <u>12.58</u> %	0	88908
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		472105
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.08</u> %		28704
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance.....		500809
	d Portion of (c) to be added to prefunding balance.....		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	795652

Part III		Funding Percentages	
14	Funding target attainment percentage	14	101.86%
15	Adjusted funding target attainment percentage.....	15	107.95%
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	105.82%
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	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
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c
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: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
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	
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	287,635	
b Excess assets, if applicable, but not greater than line 31a	31b	243,520	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment		0	
b Waiver amortization installment		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	44,115	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		44,115	44,115
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		
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		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Attachment to 2017 Form 5500
Schedule SB, Line 22 – Weighted Average Retirement Age
Plan name: American Pop Corn Company Pension Plan
EIN: 42-0113600 PN:001

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
60	91.5161	0.0491	4.4892	269.3512
61	87.5849	0.0490	4.2895	261.6619
62	84.6999	0.1978	16.7573	1,038.9545
63	67.3022	0.0988	6.6463	418.7147
64	63.0648	0.0996	6.2818	402.0374
65	58.3148	1.0000	58.3148	3,790.4589
66	1.0000	1.0000	1.0000	66.0000
67	0.0000	1.0000	0.0000	0.0000
68	0.0000	1.0000	0.0000	0.0000
69	1.0000	1.0000	1.0000	69.0000
70	0.0000	1.0000	0.0000	0.0000
71	0.0000	1.0000	0.0000	0.0000
72	0.0000	1.0000	0.0000	0.0000
73	0.0000	1.0000	0.0000	0.0000
74	0.0000	1.0000	0.0000	0.0000
75	1.0000	1.0000	1.0000	75.0000
Total			99.7789	6,391.1786
Average				64.05

Attachment to 2017 Form 5500
Schedule SB, Part V- Statement of Actuarial Methods/Assumptions
Plan Name: American Pop Corn Company Pension Plan
EIN: 42-0113600 PN: 001

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. The plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that the plan will be adequately and systematically funded and accounted for. Annual contributions and accounting expense are also affected by the "asset valuation method" (as well as the plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the plan's ERISA funding requirements and plan accounting requirements under FASB ASC Topic 960 is the unit credit method, as required by the Pension Protection Act of 2006. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's future benefits.

The actuarial cost method used for determining the plan sponsor's accounting requirements is the projected unit credit method, as required by FASB ASC Topic 715. Under this method, a projected benefit is determined at each active participant's assumed retirement age assuming future compensation increases. The plan's normal cost is the sum of the present value of the portion of each active participant's projected benefit attributable to the current year of service. The plan's accrued liability is the sum of (a) the present value of the portion of each active participant's projected benefit attributable to all prior years of service plus (b) the present value of each inactive participant's future benefits.

Asset Valuation Method

The Actuarial Value of Assets used for determining the plan's ERISA funding requirements is equal to the Adjusted Market Value of Assets minus a decreasing fraction of the investment gain or loss for each of the two immediately preceding plan years, but it cannot be less than 90% nor more than 110% of the Adjusted Market Value of Assets. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets (currently 6.50% per year) or the applicable statutory interest rate for the year.

The Market-Related Value of Plan Assets used for determining the plan sponsor's accounting requirements is equal to the Fair Value of Plan Assets (without inclusion of any contributions receivable)

Change in Actuarial Methods since Prior Valuation

None.

Attachment to 2017 Form 5500
Schedule SB, Part V- Statement of Actuarial Methods/Assumptions
Plan Name: American Pop Corn Company Pension Plan
EIN: 42-0113600 PN: 001

ECONOMIC ASSUMPTIONS

Interest Rates

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium funding target.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0-5 years)	4.16%	1.62%	1.62%
Segment 2 (5-20 years)	5.72%	3.80%	3.80%
Segment 3 (20+ years)	6.48%	4.75%	4.75%
Effective Interest Rate	5.88%	4.08%	4.08%

Interest Rate Election for Determining Funding Liabilities: Segment Rates with 4 month lookback period.

ERISA Minimum Funding: 24-month average segment rates, with 4 month lookback period, adjusted to reflect the applicable segment rate stabilization corridor.

Maximum Deductible Contribution: 24-month average segment rates, with 4 month lookback period, but not adjusted to reflect segment rate stabilization.

Rationale: Plan sponsors have the option to elect the use of a full yield curve, or to use segmented interest rates subject to HATFA constraints. The Plan sponsor is currently using segmented rates with 4 month lookback period, based on prior elections.

PBGC Premium: 24-month average segment rates, with 4 month lookback period, but not adjusted to reflect segment rate stabilization. The alternative method (adopted beginning with 2009 plan year) is used for the PBGC variable rate premium calculation.

Rationale: Chosen by Plan Sponsor.

FASB ASC Topic 960: Discount rate of 6.50% per year.

Rationale: In developing the FASB ASC Topic 960 discount rate, we reviewed the plan's historical investment performance along with expected returns for each asset class based on forward-looking data, including projections of inflation and total return growth.

FASB ASC Topic 715: Discount rate of 4.15% per year (previously 3.85% per year).

Rationale: In developing the FASB ASC Topic 715 discount rate, changes between measurement dates to the Citigroup Pension Discount Curve single equivalent discount rates for liability durations similar to that of this plan were reviewed and considered.

Expected Asset Return

6.50%, per year. This is the assumed rate of return for the Plan's entire portfolio of assets, net of investment expenses. This assumption represents an estimate of future experience and is based in part on observations of estimates inherent in market data.

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Schedule SB, Part V- Statement of Actuarial Methods/Assumptions
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Rationale: In developing the investment return assumption, we reviewed the plan's historical investment performance along with expected returns for each asset class based on forward-looking data, including projections of inflation and total return growth.

Administrative Expenses

None.

Rationale: There are no expenses paid from plan assets.

Salary Scale

3.00%, per year. This assumption represents an estimate of future experience.

Rationale: This assumption is based on discussions with the plan sponsor which included review of their business prospects, expectations of productivity, and their compensation policies.

Maximum Benefit and Annual Compensation Limitation Increases

ERISA Minimum Funding and PBGC Premium: Not applicable.

FASB ASC Topic 715: 3.00%, per year. This assumption represents an estimate of future experience.

Rationale: This assumption is based on the projected CPI.

DEMOGRAPHIC ASSUMPTIONS

Mortality for Healthy Participants

ERISA Minimum Funding, Maximum Deductible Contribution, PBGC Premium and FASB ASC Topic 715 and 960: IRS 2017 Combined Healthy Mortality Tables, separate tables for males and females.

Rationale: The mortality assumption is one of the available tables permitted by the IRS for PPA funding, is reasonable for the contingency being measured and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period. Given the size of the plan's mortality exposure, we believe that the mortality table is appropriate for FASB ASC Topic 715 and 960 as well.

Mortality for Disabled Participants

ERISA Minimum Funding, Maximum Deductible Contribution and PBGC Premium: IRS 2017 Combined Healthy Mortality Tables, separate tables for males and females.

Rationale: The mortality assumption is one of the available tables permitted by the IRS for PPA funding, is reasonable for the contingency being measured and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

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FASB ASC Topic 715 and 960: RP-2000 Disabled Retiree Mortality Table, separate tables for males and females.

Rationale: The plan is not large enough to develop a credible mortality table based exclusively on plan experience. We have relied on the above mentioned published mortality table in which credible mortality experience was analyzed. We believe the assumption selected is reasonable for the contingency being measured and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Retirement

Active participants are assumed to retire at the following rates:

▪ Age	▪ Rate
60	5%
61	5%
62	20%
63	10%
64	10%
65	100%

Terminated vested participants are assumed to retire at age 65.

Rationale: We have reviewed the plan's historical experience to help develop this assumption. We believe the retirement assumption selected is reasonable for the contingency it is measuring, and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Termination

Sample annual rates shown below:

▪ Age	▪ Male Rate	▪ Female Rate
20	15.00%	26.25%
25	13.32%	24.57%
30	10.33%	20.60%
35	6.00%	10.92%
40	2.47%	3.21%
45	1.10%	1.10%

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50	0.44%	0.44%
55	0.00%	0.00%

Rationale: The assumption selected is reasonable for the contingency being measured, and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Disability

Sample annual rates shown below:

Age	Rate
20	0.09%
25	0.10%
30	0.11%
35	0.12%
40	0.15%
45	0.22%
50	0.33%
55	0.58%
60	1.18%

Rationale: The assumption selected is reasonable for the contingency being measured, and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Marital Characteristics

For participants not in pay status: 80% of participants are assumed to be married, with males 5 years older than females.

For participants in pay status: Actual birth dates of spouses are included in the census data, where relevant.

Rationale: The assumption selected is reasonable for the contingency being measured, and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Form of Payment

Single Life Annuity payable monthly for the lifetime of the participant.

Rationale: The assumption selected is reasonable for the contingency being measured, and is

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not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Participant Data

As of July 1, 2017

Benefits Not Valued

All benefits are valued.

Special Data Adjustments

None.

Change in Actuarial Assumptions

The methods and assumptions used in this valuation are the same as those used in the prior valuation except as follows:

The statutory segment interest rates for determining minimum funding requirements and potential benefit restrictions have been changed from 4.43%, 5.91%, and 6.65% per year to 4.16%, 5.72%, and 6.48% per year, respectively.

The statutory interest rates for determining maximum deductible contribution and PBGC variable premium prior to reflecting funding relief have been changed from 1.46%, 3.93%, and 4.94% per year to 1.62%, 3.80%, and 4.75% per year, respectively.

For FASB ASC Topic 715-30 accounting purposes, the discount rate has been changed from 3.85% to 4.15%.

For determining minimum funding requirements, maximum deductible contribution and PBGC variable premium, the mortality table for all the participants has been changed from IRS 2016 Combined Healthy Mortality Tables, separate tables for males and females to IRS 2017 Combined Healthy Mortality Tables, separate tables for males and females.

For FASB ASC Topic 715 and 960 accounting purposes, the mortality table for healthy participants has been changed from IRS 2016 Combined Healthy Mortality Tables, separate tables for males and females to IRS 2017 Combined Healthy Mortality Tables, separate tables for males and females.

Attachment to 2017 Form 5500
Schedule SB, Part V- Summary of Plan Provisions
Plan Name: American Pop Corn Company Pension Plan
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This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

The actuarial valuation was prepared in accordance with the provisions of the plan, a summary of which is presented below. The summary describes the principal provisions only and is not intended to be authoritative. For questions about specific benefits, please refer to the plan document. This summary of plan provisions is intended to only describe the essential features of the plan.

Basic Information

Plan Name: American Pop Corn Company Pension Plan

Effective Date of Plan: July 1, 1964

Effective Date of Latest Amendment: July 1, 2015

EIN/PN: 42-0113600/001

Plan Year: July 1 – June 30.

Eligibility: Prior to July 1, 1995, an employee becomes a participant on the July 1 following his employment. Effective July 1, 1995 an employee becomes a participant on the July 1 following the completion of 1000 or more hours of service during the 12 month period beginning on the date of hire or during any plan year.

Years of Service: Determined based on complete and fractional years for each period of employment with the employer, subject to the break-in-service rules.

Average Monthly Compensation: Monthly average compensation in the five consecutive complete calendar years of highest compensation during employment. All pay counts as compensation except discretionary bonuses.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: The first day of the month next following the later of the attainment of age 65 and the 5 anniversary of plan participation.

Normal Retirement Benefit: The sum of (i) and (ii):

(i) 1.1% of such Participant's Average Monthly Compensation multiplied by the Participant's number of Years of Service through December 31, 2009, and; (ii) 0.5% of such Participant's Average Monthly Compensation multiplied by the Participant's number of Years of Service on or after January 1, 2010.

Early Retirement

Early Retirement Date: Attainment of age 60 and the completion of 5 Years of Service.

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Early Retirement Benefit: Monthly benefit equal to the Normal Retirement Benefit reduced 5/12 of 1% for each month between the commencement date and Normal Retirement Date.

Late Retirement

Late Retirement Date: The first day of the month next following retirement after Normal Retirement Date.

Late Retirement Benefit: Monthly benefit equal to the Normal Retirement Benefit determined as of the Late Retirement Date.

Disability Retirement

Disability Retirement Benefit: A participant who has been found to be permanently disabled after completing at least 5 Years of Service will be entitled to commence receiving a monthly benefit equal to his Normal Retirement Benefit unreduced for early commencement in the sixth month after his disability begins.

Vested Termination

Termination Benefit: Upon termination of employment with at least 5 years of service, a participant is entitled to a monthly benefit commencing on Normal Retirement Date equal to his Normal Retirement Benefit. Monthly benefits may commence upon attainment of 60, but are reduced for commencement prior to Normal Retirement Date.

Pre-Retirement Death

Pre-Retirement Death Benefit: Upon the death of a married active participant who has completed at least 5 years of service, the participant's spouse is entitled immediately commence receiving a monthly benefit equal to 50% of such participant's accrued pension. The spouse's pension is actuarially reduced if the spouse is more than five years younger than the deceased participant.

Upon the death of a vested "former" employee prior to commencement of benefits, a survivor pension of 62 1/2% of the employee's monthly Joint and Survivor annuity is payable at the later of age at death or the earliest age the employee could have commenced a pension. This pension is reduced for payment at early retirement age, as applicable.

Post-Retirement Death Benefit

Post-Retirement Death Benefit: The beneficiary of a deceased retired or disabled participant who retired prior to January 1, 2010 receives a lump sum payment of \$2,000. This benefit is not payable upon the death of a deferred vested participant receiving retirement benefits.

Forms of Payment

Normal Forms: For married participants, a monthly Joint and Survivor annuity payable for the lifetime of the participant with 62-1/2% payable for the lifetime of the spouse after the participant's death. For single participants, a monthly annuity payable for the lifetime of the participant.

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Cost of Living Adjustment: All participants in pay status on July 1, 2001 received an ad-hoc cost-of-living adjustment equal to 2% per year times the number of years from the participant's benefit commencement date to June 30, 2001.

Changes in Plan Provisions since Prior Valuation

The plan provisions used in this valuation are the same as those used in the prior valuation.

Attachment to 2017 Form 5500
Schedule SB, Line 26 – Summary of Active Participants
Plan Name: American Pop Corn Company Pension Plan
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Number of Participants by Age and Service Groups

Age	Years of Vesting Service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	
0-24	-	3									3
25-29	-	1	4								5
30-34	-	6	4								10
35-39	-	7	2								9
40-44	-	8	6	1	4						19
45-49	-	6	5	6	4	1	1				23
50-54	-	5	8	2	1	2	3	1			22
55-59	-	3	5	7	3	1	2	2	1		24
60-64	-	1	2	2	1	1	3			2	12
65-69	-			1			1			1	3
70&Up	-				<u>1</u>						<u>1</u>
Total	-	40	36	19	14	5	10	3	1	3	131

Average Compensation by Age and Service Groups

Age	Years of Vesting Service										Average
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	
0-24	-	36,569									36,569
25-29	-	33,239	37,506								36,653
30-34	-	28,634	30,346								29,319
35-39	-	36,355	53,946								40,264
40-44	-	29,412	59,282	73,800	49,172						45,341
45-49	-	31,978	40,005	62,533	82,051	36,315	83,900				52,848
50-54	-	37,021	29,359	35,753	104,700	44,313	99,216	66,093			47,661
55-59	-	57,152	42,706	39,392	33,745	41,315	37,027	46,997	79,800		43,797
60-64	-	48,641	61,662	63,581	31,982	41,323	70,773			134,250	71,104
65-69	-			26,574			42,951			175,000	81,508
70&Up	-				26,230						26,230
Average	-	35,040	41,854	49,999	56,360	41,516	71,087	53,362	79,800	147,833	47,704