Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 07/01/2018 and ending 06/30/2019

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [ ] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
AMERICAN POP CORN COMPANY PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1964

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)
AMERICAN POP CORN COMPANY

P.O. BOX 178
SIOUX CITY, IA 51102

2b Employer Identification Number (EIN)
42-0113600

2c Plan Sponsor's telephone number
712-239-1232

2d Business code (see instructions)
311900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/07/2020	TED TOWNLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/07/2020	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

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	240
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)**	131
a(2) Total number of active participants at the end of the plan year	**6a(2)**	133
b Retired or separated participants receiving benefits	**6b**	90
c Other retired or separated participants entitled to future benefits	**6c**	21
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	244
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	244
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)		**9b** Plan benefit arrangement (check all that apply)	
(1) Insurance	[ ]	**(1)** Insurance	[ ]
(2) Code section 412(e)(3) insurance contracts	[ ]	**(2)** Code section 412(e)(3) insurance contracts	[ ]
(3) Trust	[X]	**(3)** Trust	[X]
(4) General assets of the sponsor	[ ]	**(4)** General assets of the sponsor	[ ]

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 07/01/2018 and ending 06/30/2019

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2018

2 Assets:

a Market value	**2a**	14545972
b Actuarial value	**2b**	14287397

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	90	7381283	7381283
b For terminated vested participants	21	505963	505963
c For active participants	133	5316082	5494616
d Total	244	13203328	13381862

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**	5.70 %
6 Target normal cost	**6**	299115

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

Type or print name of actuary

17-05155

Most recent enrollment number

MILLIMAN, INC.

Firm name

312-499-5589

Telephone number (including area code)

71 S. WACKER DR., 31ST FLOOR
CHICAGO, IL 60606-4637

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	795652
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		44115
9	Amount remaining (line 7 minus line 8)		751537
10	Interest on line 9 using prior year's actual return of 6.51 %		48925
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.88%		
	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		0
	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	800462

Part III Funding Percentages

14	Funding target attainment percentage	14	100.78%
15	Adjusted funding target attainment percentage	15	106.76%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.86%
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:	2nd segment:	3rd segment:	
3.92%	5.52%	6.29%	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 66

23 Mortality table(s) (see instructions)

Prior regulation: ☐ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Current regulation: ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28**

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** 299115

b Excess assets, if applicable, but not greater than line 31a **31b** 105073

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** 194042

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		194042	194042

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 07/01/2018 and ending 06/30/2019

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)

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	43929	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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 07/01/2018 and ending 06/30/2019

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 Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	115193	111123
(2) U.S. Government securities	1c(2)	947465	1134277
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2439848	2575344
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	513480	355540
(B) Common	1c(4)(B)	3761079	3242693
(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)	6768907	6988830

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	14545972	14407807
	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 through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	14545972	14407807

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)		
	(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)		
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3519	
	(B) U.S. Government securities	2b(1)(B)	19707	
	(C) Corporate debt instruments	2b(1)(C)	100461	
	(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)		123687
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	24822	
	(B) Common stock	2b(2)(B)	75412	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	114241	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		214475
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3261147	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2615826	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		645321
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-278095	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-278095

		(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		705388
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	799624	
(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)		799624
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)	2181	
(3) Investment advisory and management fees	2i(3)	41748	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		43929
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		843553
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-138165
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) [X] 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 [X] 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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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 4198226. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 07/01/2018 and ending 06/30/2019

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** 7

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

KING, REINSCH, PROSSER & CO., L.L.P.
Certified Public Accountants

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, 2019 and 2018, 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, 2018, 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

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Member Private Companies Practice Section of AICPA

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, 2019 and 2018, and the changes therein for the years then ended, and its financial status as of June 30, 2018 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 7, 2020

King, Reinsch, Prosser & Co., L.L.P.

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, 2019

(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.	109,503 par, 0.625% due 01/15/24	$ 102,683	$ 111,409
	U.S. Treasury NT Infl.	53,871 par, 0.375% due 07/15/25	51,647	54,459
	U.S. Treasury NT Infl.	53,765 par, 0.625% due 01/15/26	52,299	55,056
	U.S. Treasury NT Infl.	52,886 par, 0.375% due 01/15/27	49,960	53,247
	U.S. Treasury NT Infl.	50,894 par, 0.75% due 07/15/28	49,510	53,023
	FNMA Pool #Ma3624	46,444 par, 4.00% due 03/01/29	47,837	48,534
	Goldman Sachs Short Duration Government Fund	19,077 shares	195,124	187,149
	Vanguard Inflation-Protected Securities Fund	10,496 shares	277,830	271,325
	Vanguard Short Term Federal Fund	28,018 shares	301,107	300,075
	Total U.S. Government Agency securities		$ 1,127,997	$ 1,134,277
	Blackrock High Yield Bond Fund	20,517 shares	$ 159,620	$ 156,754
	Goldman Sachs Emerging Market Debt Fund	12,525 shares	155,814	156,566
	IShares S&P Preferred Stock Index Fund	7,280 shares	284,061	268,268
	Janus Flexible Bond Fund	37,954 shares	404,076	394,341
	PIMCO Income Fund	34,176 shares	415,500	414,208
	PIMCO Total Return Fund	37,070 shares	382,161	383,672
	Sterling Capital Total Return Fund	38,707 shares	412,987	415,715
	Vanguard Total Bond Market Index Fund	35,299 shares	384,953	385,820
	Total corporate securities		$ 2,599,172	$ 2,575,344
	G.S. Financial Square MM Government	111,123 shares	$ 111,123	$ 111,123
	Total cash and cash equivalents		$ 111,123	$ 111,123
	Bank of America Corp.	2,000 shares, 6.500% Preferred Series Y	$ 54,200	$ 51,040
	BB&T Corporation	2,000 shares, 5.625% Preferred Series E	49,600	50,300
	Commerce Bancshares, Inc.	2,000 shares, 6.000% Preferred	50,000	52,400
	HSBC Holdings PLC	2,000 shares, 6.200% Series A Preferred	50,000	52,400
	JP Morgan Chase	2,000 shares, 6.125% Series Y Preferred	50,000	51,520
	Sce Trust VI	2,000 shares, 5.000% Preferred	50,640	44,980
	State Street Corp.	2,000 shares, Series G Preferred	55,496	52,900
	Total preferred stocks		$ 359,936	$ 355,540

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, 2019

(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	$ 58,870
	Abbvie, Inc.	420 shares	10,958	30,542
	AFLAC, Inc.	1,390 shares	36,893	76,186
	Alphabet Inc. CL A	50 shares	55,244	54,140
	Apache Corp.	2,060 shares	127,345	59,678
	Apple, Inc.	430 shares	32,960	85,106
	Automatic Data Processing, Inc.	510 shares	66,650	84,318
	Berkshire Hathaway, Inc.	580 shares	42,845	123,639
	Carnival Corp.	600 shares	33,234	27,930
	Coca Cola Co.	1,310 shares	40,495	66,705
	Cognizant Technology Solutions Corp.	680 shares	39,958	43,105
	Colgate Palmolive Co.	830 shares	33,165	59,486
	Cummins, Inc.	320 shares	38,743	54,829
	Danaher Corp.	920 shares	58,492	131,486
	Digital Realty Trust, Inc.	760 shares	44,795	89,520
	Extra Space Storage, Inc.	680 shares	51,776	72,148
	Exxon Mobil Corp.	675 shares	58,251	51,725
	Fortive Corp.	420 shares	16,635	34,238
	General MLS, Inc.	950 shares	39,134	49,894
	Home Depot, Inc.	175 shares	13,901	36,395
	Illinois Tool Works, Inc.	245 shares	12,821	36,948
	International Business Machines Corp.	390 shares	59,231	53,781
	International Paper Co.	730 shares	32,141	31,624
	Jacobs Energy Group, Inc.	1,240 shares	50,319	104,644
	Johnson & Johnson	630 shares	40,234	87,746
	Kimberly Clark Corp.	290 shares	32,761	38,651
	Linde PLC	410 shares	38,479	82,328
	McCormick & Co., Inc.	530 shares	33,305	82,155
	Microsoft Corp.	790 shares	22,952	105,828

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, 2019

(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	1,190 shares	$ 24,634	$ 99,901
	Nucor Corp.	1,110 shares	71,553	61,161
	Oracle Corp.	1,190 shares	31,266	67,794
	Pepsi Co., Inc.	600 shares	37,126	78,678
	Polaris Inds, Inc.	350 shares	43,433	31,931
	Prudential Financial, Inc.	450 shares	39,154	45,450
	Qualcomm, Inc.	1,150 shares	63,208	87,481
	Schlumberger LTD	1,205 shares	102,390	47,887
	Snap-on Inc.	220 shares	37,694	36,441
	State Street Corp.	980 shares	53,449	54,939
	T Rowe Price Group, Inc.	690 shares	48,716	75,700
	Target Corp.	700 shares	46,279	60,627
	Thermo Fisher Scientific, Inc.	480 shares	24,989	140,966
	Timken Co.	1,100 shares	24,840	56,474
	Toronto Dominion Bk	1,190 shares	53,356	69,449
	Union Pacific Corp.	400 shares	21,363	67,644
	United Technologies Corp.	500 shares	32,448	65,100
	Verizon Communications, Inc.	1,450 shares	72,400	82,839
	Wabtec Corp.	450 shares	32,100	32,292
	Wal-Mart Stores, Inc.	600 shares	34,092	66,294
	Total individual equities		$ 2,075,754	$ 3,242,693
	American Beacon Large Cap Value Fund	19,167 shares	$ 405,899	$ 526,898
	IShares Nasdaq Biotech Index Fund	360 shares	14,377	39,276
	JPMorgan Equity Income	31,193 shares	539,625	565,843
	Massachusetts INV Growth Stock	17,370 shares	437,000	562,461
	T Rowe Price Growth Stock Fund	7,979 shares	249,075	548,874
	T Rowe Price Q/M Small Cap Growth	9,573 shares	254,050	369,232
	Vanguard Mid Cap Index	3,016 shares	337,212	624,290
	Vanguard Small Cap Value Index	7,862 shares	348,831	440,881
	Total mutual funds - domestic		$ 2,586,069	$ 3,677,755

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, 2019

(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	$ 535,583
	Janus Global Real Estate	32,702 shares	378,640	410,412
	Oakmark International Fund #109	27,586 shares	601,129	636,403
	Templeton Foreign Equity Series	34,179 shares	644,322	540,035
	Vanguard International Explorer	28,189 shares	477,952	476,683
	Vanguard Total International Stock Index	25,140 shares	655,765	711,959
	Total mutual funds - international		$ 3,188,565	$ 3,311,075
	Total assets held at the end of year		$ 12,048,616	$ 14,407,807

Attachment to 2018 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

	Years of Credited Service										
Age	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+	Total
0–24		3									3
25–29		2	1								3
30–34		7	7	1							15
35–39		5	1								6
40–44		3	9	1	1	1					15
45–49		6	6	5	6	1	1				25
50–54		4	10	4	2		2				22
55–59		2	4	7	3	5	2	2	1		26
60–64		1	2	2	1		2	1		2	11
65–69		1					1	1		1	4
70+		1		1	1						3
Total		35	40	21	14	7	8	4	1	3	133

Average Compensation by Age and Service Groups

	Years of Credited Service										
Age	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+	Average
0–24		45,292									45,292
25–29		39,939	52,942								44,273
30–34		44,111	32,799	38,855							38,482
35–39		32,611	46,377								34,905
40–44		29,731	49,568	79,104	26,238	110,218					50,057
45–49		39,956	39,768	88,666	77,964	36,742	88,889				60,603
50–54		26,771	34,280	33,991	73,328		103,733				42,726
55–59		77,009	54,911	43,110	36,855	37,948	79,196	59,441	85,696		51,489
60–64		28,382	77,030	26,883	32,688		42,057	48,654		141,883	62,312
65–69		24,318					45,285	161,710		184,988	104,075
70+		42,448		25,956	28,756						32,387
Average		39,222	43,253	51,369	58,049	48,100	73,018	82,311	85,696	156,251	51,119

Attachment to 2018 Form 5500
Schedule SB, Line 24 – Change in Actuarial Assumptions
Plan name: American Pop Corn Company Pension Plan
EIN: 42-0113600 PN:001

The following are changes in non-prescribed actuarial assumptions from prior valuation.

- Retirement rates from active status changed to 2% at ages 60-63, 25% at age 64, 60% at age 65, 33% at ages 66-67 and 100% at age 68.

  Rationale: The retirement assumption for active participants is based on analysis of Plan's retirement experience for the 2012-2016 plan years. 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 rates for males changed to 14% under age 40, 6% at ages 40-49, 4% at ages 50-59 and 0% at age 60 and later.

- Termination rates for females changed to 20% under age 40, 9% at ages 40-54, 5% at ages 55-59 and 0% at age 60 and later.

  Rationale: The termination assumption is based on analysis of Plan's turnover experience for the 2012-2016 plan years and is reasonable for the contingency it is measuring, and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

- Disability incidence rates changed to 75% of average of disability incidence rates for 2010-2014 shown in "Social Security Disability Insurance Program Worker Experience Actuarial Study No. 123" prepared by the Social Security Administration. Sample rates are as follows: 0.13% at age 25, 0.18% at age 30, 0.24% at age 35, 0.33% at age 40, 0.46% at age 45, 0.80% at age 50, 1.22% at age 55, 1.31% at age 60, and 0.00% at age 65.

  Rationale: The disability assumption is based on 75% of the rates published in the Social Security Disability Insurance Program Worker Experience Actuarial Study No. 123. The Plan's disability experience for the 2012-2016 plan years was considered when determining the adjustment to this published table. We believe the disability assumption is reasonable for the contingency being measured, and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

AMERICAN POP CORN COMPANY PENSION PLAN

Sioux City, Iowa

FINANCIAL STATEMENTS
(With Independent Auditor's Report Thereon)

For the Years Ended
June 30, 2019 and 2018

AMERICAN POP CORN COMPANY PENSION PLAN

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KING, REINSCH, PROSSER & CO., L.L.P.
Certified Public Accountants

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, 2019 and 2018, 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, 2018, 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

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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, 2019 and 2018, and the changes therein for the years then ended, and its financial status as of June 30, 2018 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 7, 2020

King, Reinsch, Prosser & Co., L.L.P.

AMERICAN POP CORN COMPANY PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

(MODIFIED CASH BASIS)

JUNE 30,

	2019	2018
ASSETS:		
Investments, at fair value:		
U.S. Government Agency securities	$ 1,134,277	$ 947,465
Corporate securities	2,575,344	2,439,848
Preferred stocks	355,540	513,480
Individual equities	3,242,693	3,761,079
Cash and cash equivalents	111,123	115,193
Mutual funds - domestic	3,677,755	3,486,673
Mutual funds - international	3,311,075	3,282,234
Total investments	$ 14,407,807	$ 14,545,972
TOTAL LIABILITIES	$ -	$ -
NET ASSETS AVAILABLE FOR BENEFITS	$ 14,407,807	$ 14,545,972

See accompanying notes to the financial statements.

AMERICAN POP CORN COMPANY PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

(MODIFIED CASH BASIS)

FOR THE YEARS ENDED JUNE 30,

	2019	2018
Investment income:		
Interest	$ 123,687	$ 103,678
Dividends	214,475	252,612
Net appreciation in fair value of investments	367,226	600,723
Total investment income	$ 705,388	$ 957,013
Contributions:		
Employer	$ -	$ -
Total additions	$ 705,388	$ 957,013
Benefits paid directly to participants	$ 799,624	$ 727,881
Administrative expenses	43,929	44,990
Total deductions	$ 843,553	$ 772,871
Net (decrease) increase	$ (138,165)	$ 184,142
Net assets available for benefits:		
Beginning of year	14,545,972	14,361,830
End of year	$ 14,407,807	$ 14,545,972

See accompanying notes to the financial statements.

AMERICAN POP CORN COMPANY PENSION PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS

(MODIFIED CASH BASIS)

	June 30, 2018
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:	
Vested benefits:	
Participants not in pay status	$ 5,392,685
Participants in pay status	6,888,939
	$ 12,281,624
Nonvested benefits	185,445
Total actuarial present value of accumulated plan benefits	$ 12,467,069

See accompanying notes to the financial statements.

AMERICAN POP CORN COMPANY PENSION PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

(MODIFIED CASH BASIS)

	Year Ended June 30, 2018
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	$ 12,033,754
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:	
Benefits accumulated plus actuarial (gain) loss	$ 293,967
Reduction in discount period	758,910
Change in assumptions	108,319
Benefit payments	(727,881)
Net increase	$ 433,315
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	$ 12,467,069

See accompanying notes to the financial statements.

AMERICAN POP CORN COMPANY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2019 AND 2018

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. The Company made no contribution to the Plan for the year ended June 30, 2019 and 2018. The Company's contributions for 2019 and 2018 met or exceeded the minimum funding requirements of ERISA. During the year ended June 30, 2019, the Plan's administrative costs totaled $144,883 of which the Plan paid $43,929 and the Company paid $100,954. 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.

   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.

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.

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.

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.

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.

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 7, 2020, 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, 2018, were (a) life expectancy of participants (the June 30, 2018 valuation used the IRS 2018 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, 2018 valuation assumed an average rate of return of 6.50 per annum). The interest rates used to discount the obligation for June 30, 2018 valuation was 4.40 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, 2018. Had the valuations been performed as of June 30, there would be no material differences.

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.

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, 2019 and 2018.

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, 2019 and 2018.

	June 30, 2019			
	Level 1	Level 2	Level 3	Total
Individual equities	$ 3,242,693	$ -	$ -	$ 3,242,693
Mutual funds - domestic	3,677,755	-	-	3,677,755
Mutual funds - international	3,311,075	-	-	3,311,075
Corporate securities	2,575,344	-	-	2,575,344
U.S. Government Agency securities	807,082	327,195	-	1,134,277
Preferred stocks	355,540	-	-	355,540
Cash and cash equivalents	111,123	-	-	111,123
	$ 14,080,612	$ 327,195	$ -	$ 14,407,807

	June 30, 2018			
	Level 1	Level 2	Level 3	Total
Individual equities	$ 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
	$ 14,334,442	$ 211,530	$ -	$ 14,545,972

NOTE F - 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.

NOTE F - TAX STATUS (CONTINUED):

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 2015.

NOTE G - 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.

NOTE H - 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.

NOTE I - SUBSEQUENT EVENT:

On October 18, 2019, the Company's Board of Directors approved an amendment to freeze the Plan to new participants and to cease benefit accruals for all existing participants after December 31, 2019. Therefore, an individual who first becomes eligible on or after January 1, 2020, shall not become a participant. No benefits shall accrue under the Plan with respect to compensation or years of service for any period beginning on or after January 1, 2020. For purposes of determining the vested portion of an accrued benefit, however, years of service after that date shall be taken into account. The effect this decision will have on the Plan has not been determined as of the beginning-of-year benefit information date selected for disclosure.

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, 2019

(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.	109,503 par, 0.625% due 01/15/24	$ 102,683	$ 111,409
	U.S. Treasury NT Infl.	53,871 par, 0.375% due 07/15/25	51,647	54,459
	U.S. Treasury NT Infl.	53,765 par, 0.625% due 01/15/26	52,299	55,056
	U.S. Treasury NT Infl.	52,886 par, 0.375% due 01/15/27	49,960	53,247
	U.S. Treasury NT Infl.	50,894 par, 0.75% due 07/15/28	49,510	53,023
	FNMA Pool #Ma3624	46,444 par, 4.00% due 03/01/29	47,837	48,534
	Goldman Sachs Short Duration Government Fund	19,077 shares	195,124	187,149
	Vanguard Inflation-Protected Securities Fund	10,496 shares	277,830	271,325
	Vanguard Short Term Federal Fund	28,018 shares	301,107	300,075
	Total U.S. Government Agency securities		$ 1,127,997	$ 1,134,277
	Blackrock High Yield Bond Fund	20,517 shares	$ 159,620	$ 156,754
	Goldman Sachs Emerging Market Debt Fund	12,525 shares	155,814	156,566
	IShares S&P Preferred Stock Index Fund	7,280 shares	284,061	268,268
	Janus Flexible Bond Fund	37,954 shares	404,076	394,341
	PIMCO Income Fund	34,176 shares	415,500	414,208
	PIMCO Total Return Fund	37,070 shares	382,161	383,672
	Sterling Capital Total Return Fund	38,707 shares	412,987	415,715
	Vanguard Total Bond Market Index Fund	35,299 shares	384,953	385,820
	Total corporate securities		$ 2,599,172	$ 2,575,344
	G.S. Financial Square MM Government	111,123 shares	$ 111,123	$ 111,123
	Total cash and cash equivalents		$ 111,123	$ 111,123
	Bank of America Corp.	2,000 shares, 6.500% Preferred Series Y	$ 54,200	$ 51,040
	BB&T Corporation	2,000 shares, 5.625% Preferred Series E	49,600	50,300
	Commerce Bancshares, Inc.	2,000 shares, 6.000% Preferred	50,000	52,400
	HSBC Holdings PLC	2,000 shares, 6.200% Series A Preferred	50,000	52,400
	JP Morgan Chase	2,000 shares, 6.125% Series Y Preferred	50,000	51,520
	Sce Trust VI	2,000 shares, 5.000% Preferred	50,640	44,980
	State Street Corp.	2,000 shares, Series G Preferred	55,496	52,900
	Total preferred stocks		$ 359,936	$ 355,540

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, 2019

(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	$ 58,870
	Abbvie, Inc.	420 shares	10,958	30,542
	AFLAC, Inc.	1,390 shares	36,893	76,186
	Alphabet Inc. CL A	50 shares	55,244	54,140
	Apache Corp.	2,060 shares	127,345	59,678
	Apple, Inc.	430 shares	32,960	85,106
	Automatic Data Processing, Inc.	510 shares	66,650	84,318
	Berkshire Hathaway, Inc.	580 shares	42,845	123,639
	Carnival Corp.	600 shares	33,234	27,930
	Coca Cola Co.	1,310 shares	40,495	66,705
	Cognizant Technology Solutions Corp.	680 shares	39,958	43,105
	Colgate Palmolive Co.	830 shares	33,165	59,486
	Cummins, Inc.	320 shares	38,743	54,829
	Danaher Corp.	920 shares	58,492	131,486
	Digital Realty Trust, Inc.	760 shares	44,795	89,520
	Extra Space Storage, Inc.	680 shares	51,776	72,148
	Exxon Mobil Corp.	675 shares	58,251	51,725
	Fortive Corp.	420 shares	16,635	34,238
	General MLS, Inc.	950 shares	39,134	49,894
	Home Depot, Inc.	175 shares	13,901	36,395
	Illinois Tool Works, Inc.	245 shares	12,821	36,948
	International Business Machines Corp.	390 shares	59,231	53,781
	International Paper Co.	730 shares	32,141	31,624
	Jacobs Energy Group, Inc.	1,240 shares	50,319	104,644
	Johnson & Johnson	630 shares	40,234	87,746
	Kimberly Clark Corp.	290 shares	32,761	38,651
	Linde PLC	410 shares	38,479	82,328
	McCormick & Co., Inc.	530 shares	33,305	82,155
	Microsoft Corp.	790 shares	22,952	105,828

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, 2019

(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	1,190 shares	$ 24,634	$ 99,901
	Nucor Corp.	1,110 shares	71,553	61,161
	Oracle Corp.	1,190 shares	31,266	67,794
	Pepsi Co., Inc.	600 shares	37,126	78,678
	Polaris Inds, Inc.	350 shares	43,433	31,931
	Prudential Financial, Inc.	450 shares	39,154	45,450
	Qualcomm, Inc.	1,150 shares	63,208	87,481
	Schlumberger LTD	1,205 shares	102,390	47,887
	Snap-on Inc.	220 shares	37,694	36,441
	State Street Corp.	980 shares	53,449	54,939
	T Rowe Price Group, Inc.	690 shares	48,716	75,700
	Target Corp.	700 shares	46,279	60,627
	Thermo Fisher Scientific, Inc.	480 shares	24,989	140,966
	Timken Co.	1,100 shares	24,840	56,474
	Toronto Dominion Bk	1,190 shares	53,356	69,449
	Union Pacific Corp.	400 shares	21,363	67,644
	United Technologies Corp.	500 shares	32,448	65,100
	Verizon Communications, Inc.	1,450 shares	72,400	82,839
	Wabtec Corp.	450 shares	32,100	32,292
	Wal-Mart Stores, Inc.	600 shares	34,092	66,294
	Total individual equities		$ 2,075,754	$ 3,242,693
	American Beacon Large Cap Value Fund	19,167 shares	$ 405,899	$ 526,898
	IShares Nasdaq Biotech Index Fund	360 shares	14,377	39,276
	JPMorgan Equity Income	31,193 shares	539,625	565,843
	Massachusetts INV Growth Stock	17,370 shares	437,000	562,461
	T Rowe Price Growth Stock Fund	7,979 shares	249,075	548,874
	T Rowe Price Q/M Small Cap Growth	9,573 shares	254,050	369,232
	Vanguard Mid Cap Index	3,016 shares	337,212	624,290
	Vanguard Small Cap Value Index	7,862 shares	348,831	440,881
	Total mutual funds - domestic		$ 2,586,069	$ 3,677,755

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, 2019

(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	$ 535,583
	Janus Global Real Estate	32,702 shares	378,640	410,412
	Oakmark International Fund #109	27,586 shares	601,129	636,403
	Templeton Foreign Equity Series	34,179 shares	644,322	540,035
	Vanguard International Explorer	28,189 shares	477,952	476,683
	Vanguard Total International Stock Index	25,140 shares	655,765	711,959
	Total mutual funds - international		$ 3,188,565	$ 3,311,075
	Total assets held at the end of year		$ 12,048,616	$ 14,407,807

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, 2019

(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	$ 1,231,829	$ -	$ -	$ -	$ 1,231,829	$ 1,231,829	$ -
G.S. Financial Square MM Gov't	Mutual Fund Shares	$ -	$ 1,235,899	$ -	$ -	$ 1,235,899	$ 1,235,899	$ -

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, 2019

(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	$ 1,231,829	$ -	$ -	$ -	$ 1,231,829	$ 1,231,829	$ -
G.S. Financial Square MM Gov't	Mutual Fund Shares	$ -	$ 1,235,899	$ -	$ -	$ 1,235,899	$ 1,235,899	$ -

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 07/01/2018 and ending 06/30/2019

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

1 Enter the valuation date: Month 7 Day 1 Year 2018

2 Assets:

a Market value	**2a**	14,545,972
b Actuarial value	**2b**	14,287,397

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	90	7,381,283	7,381,283
b For terminated vested participants	21	505,963	505,963
c For active participants	133	5,316,082	5,494,616
d Total	244	13,203,328	13,381,862

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**	5.70 %
6 Target normal cost	**6**	299,115

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 Therese A Marske — 12/18/2019

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

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	795,652
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		44,115
9	Amount remaining (line 7 minus line 8)	0	751,537
10	Interest on line 9 using prior year's actual return of 6.51%	0	48925
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.88%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	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	800462

Part III Funding Percentages

14	Funding target attainment percentage	14	100.78%
15	Adjusted funding target attainment percentage	15	106.76%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.86%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
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 [X] No

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

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.92 %	5.52 %	6.29 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	66

23 Mortality table(s) (see instructions)

Prior regulation: ☐ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Current regulation: ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	
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**	299,115
b Excess assets, if applicable, but not greater than line 31a	**31b**	105,073

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**	194,042

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		194,042	194,042

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**	
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

Attachment to 2018 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	53.0435	0.0198	1.0517	63.1027
61	53.0867	0.0194	1.0324	62.9785
62	53.1166	0.0198	1.0525	65.2525
63	54.0886	0.0198	1.0713	67.4933
64	52.9850	0.2475	13.1132	839.2439
65	41.9425	0.5976	25.0658	1,629.2789
66	18.6441	0.3285	6.1254	404.2792
67	13.3815	0.3284	4.3942	294.4109
68	8.8775	1.0000	8.8775	603.6699
69	-	1.0000	-	-
70	1.0000	1.0000	1.0000	70.0000
71	-	1.0000	-	-
72	-	1.0000	-	-
73	-	1.0000	-	-
74	-	1.0000	-	-
75	-	1.0000	-	-
76	1.0000	1.0000	1.0000	76.0000
77	-	1.0000	-	-
78	-	1.0000	-	-
79	-	1.0000	-	-
80	-	1.0000	-	-
81	-	1.0000	-	-
82	1.0000	1.0000	1.0000	82.0000
Total			64.7841	4,257.7098
Average				65.72

Attachment to 2018 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 2018 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)	3.92%	1.89%	3.12%
Segment 2 (5-20 years)	5.52%	3.66%	4.20%
Segment 3 (20+ years)	6.29%	4.46%	4.60%
Effective Interest Rate	5.70%	3.92%	4.32%

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: Standard Premium "spot" segment rates for premium payment year beginning July 1, 2018

> **Rationale:** Chosen by Plan Sponsor effective with the PBGC filing for the 2018 plan year.

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 4.40% per year (previously 4.15% per year).

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

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Schedule SB, Part V- Statement of Actuarial Methods/Assumptions
Plan Name: American Pop Corn Company Pension Plan
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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.

> **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 administrative 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 2018 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: Revenue Ruling 96-7 applicable disabled mortality table.

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.

FASB ASC Topic 715 and 960: RP-2014 sex-distinct Disabled Retiree Mortality Table adjusted to reflect Scale MP-2017 from 2006 base year, and projected forward using MP-2017 on a generational basis

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	2%
61	2%
62	2%
63	2%
64	25%
65	60%
66	33%
67	33%
68	100%

Terminated vested participants are assumed to retire at age 65.

Rationale: The retirement assumption for active participants is based on analysis of Plan's retirement experience for the 2012-2016 plan years. 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	14.00%	20.00%

25	14.00%	20.00%
30	14.00%	20.00%
35	14.00%	20.00%
40	6.00%	9.00%
45	6.00%	9.00%
50	4.00%	9.00%
55	4.00%	5.00%

Rationale: The termination assumption is based on analysis of Plan's turnover experience for the 2012-2016 plan years and is reasonable for the contingency it is measuring, 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	0.0972%
25	0.1346%
30	0.1779%
35	0.2390%
40	0.3288%
45	0.4647%
50	0.7971%
55	1.2170%
60	1.3050%

Rationale: The disability assumption is based on 75% of the rates published in the Social Security Disability Insurance Program Worker Experience Actuarial Study No. 123. The Plan's disability experience for the 2012-2016 plan years was considered when determining the adjustment to this published table. We believe the disability assumption 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.

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

Participant Data

As of July 1, 2018

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 4.16%, 5.72%, and 6.48% per year to 3.92%, 5.52%, and 6.29% per year, respectively.
- The statutory interest rates for determining maximum deductible contribution prior have been changed from 1.62%, 3.80%, and 4.75% per year to 1.89%, 3.66%, and 4.46% per year, respectively.
- The statutory segment interest rates for determining PBGC variable premium been changed from 1.62%, 3.80%, and 4.75% per year to 3.12%, 4.20%, and 4.60% per year, respectively.
- For FASB ASC Topic 715-30 accounting purposes, the discount rate has been changed from 4.15% to 4.40%.
- For determining minimum funding requirements, maximum deductible contribution and PBGC variable premium, the mortality table for the healthy and disabled participants has been changed from IRS 2017 Combined Healthy Mortality Tables, separate tables for males and females to IRS 2018 Combined Healthy Mortality Tables, separate tables for males and females and the Revenue-Ruling 96-7 applicable disabled mortality table, respectively
- For FASB ASC Topic 715 and 960 accounting purposes, the mortality table for healthy participants has been changed from IRS 2017 Combined Healthy Mortality Tables, separate tables for males and

females to RP-2014 Total Dataset Mortality Tables adjusted to 2006 with future mortality improvement modeled generationally to and beyond the measurement date using Scale MP-2017. The mortality table for disabled retirees has been changed from IRS 2017 Combined Healthy Mortality Tables, separate tables for males and females to RP-2014 Disabled Retiree Mortality Tables adjusted to 2006 with future mortality improvement modeled generationally to and beyond the measurement date using Scale MP-2017.

- Retirement rates from active status changed to 2% at ages 60-63, 25% at age 64, 60% at age 65, 33% at ages 66-67 and 100% at age 68.
- Termination rates for males changed to 14% under age 40, 6% at ages 40-49, 4% at ages 50-59 and 0% at age 60 and later.
- Termination rates for females changed to 20% under age 40, 9% at ages 40-54, 5% at ages 55-59 and 0% at age 60 and later.
- Disability incidence rates changed to 75% of average of disability incidence rates for 2010-2014 shown in “Social Security Disability Insurance Program Worker Experience Actuarial Study No. 123” prepared by the Social Security Administration. Sample rates are as follows: 0.13% at age 25, 0.18% at age 30, 0.24% at age 35, 0.33% at age 40, 0.46% at age 45, 0.80% at age 50, 1.22% at age 55, 1.31% at age 60, and 0.00% at age 65.

Attachment to 2018 Form 5500
Schedule SB, Part V- Summary of Plan Provisions
Plan Name: American Pop Corn Company Pension Plan
EIN: 42-0113600 PN: 001

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.

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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Schedule SB, Part V- Summary of Plan Provisions
Plan Name: American Pop Corn Company Pension Plan
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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 2018 Form 5500
Schedule SB, Line 24 – Change in Actuarial Assumptions
Plan name: American Pop Corn Company Pension Plan
EIN: 42-0113600 PN:001

The following are changes in non-prescribed actuarial assumptions from prior valuation.

- Retirement rates from active status changed to 2% at ages 60-63, 25% at age 64, 60% at age 65, 33% at ages 66-67 and 100% at age 68.

  Rationale: The retirement assumption for active participants is based on analysis of Plan's retirement experience for the 2012-2016 plan years. 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 rates for males changed to 14% under age 40, 6% at ages 40-49, 4% at ages 50-59 and 0% at age 60 and later.

- Termination rates for females changed to 20% under age 40, 9% at ages 40-54, 5% at ages 55-59 and 0% at age 60 and later.

  Rationale: The termination assumption is based on analysis of Plan's turnover experience for the 2012-2016 plan years and is reasonable for the contingency it is measuring, and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

- Disability incidence rates changed to 75% of average of disability incidence rates for 2010-2014 shown in "Social Security Disability Insurance Program Worker Experience Actuarial Study No. 123" prepared by the Social Security Administration. Sample rates are as follows: 0.13% at age 25, 0.18% at age 30, 0.24% at age 35, 0.33% at age 40, 0.46% at age 45, 0.80% at age 50, 1.22% at age 55, 1.31% at age 60, and 0.00% at age 65.

  Rationale: The disability assumption is based on 75% of the rates published in the Social Security Disability Insurance Program Worker Experience Actuarial Study No. 123. The Plan's disability experience for the 2012-2016 plan years was considered when determining the adjustment to this published table. We believe the disability assumption is reasonable for the contingency being measured, and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Attachment to 2018 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

	Years of Credited Service										
Age	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+	Total
0–24		3									3
25–29		2	1								3
30–34		7	7	1							15
35–39		5	1								6
40–44		3	9	1	1	1					15
45–49		6	6	5	6	1	1				25
50–54		4	10	4	2		2				22
55–59		2	4	7	3	5	2	2	1		26
60–64		1	2	2	1		2	1		2	11
65–69		1					1	1		1	4
70+		1		1	1						3
Total		35	40	21	14	7	8	4	1	3	133

Average Compensation by Age and Service Groups

	Years of Credited Service										
Age	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+	Average
0–24		45,292									45,292
25–29		39,939	52,942								44,273
30–34		44,111	32,799	38,855							38,482
35–39		32,611	46,377								34,905
40–44		29,731	49,568	79,104	26,238	110,218					50,057
45–49		39,956	39,768	88,666	77,964	36,742	88,889				60,603
50–54		26,771	34,280	33,991	73,328		103,733				42,726
55–59		77,009	54,911	43,110	36,855	37,948	79,196	59,441	85,696		51,489
60–64		28,382	77,030	26,883	32,688		42,057	48,654		141,883	62,312
65–69		24,318					45,285	161,710		184,988	104,075
70+		42,448		25,956	28,756						32,387
Average		39,222	43,253	51,369	58,049	48,100	73,018	82,311	85,696	156,251	51,119