

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div><br><br><div style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</div> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                   |                                                                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2020 or fiscal plan year beginning <u>07/01/2020</u> and ending <u>06/30/2021</u> |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                  |                                                |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------|
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                           |                                                |                     |
| <b>1a</b> Name of plan<br><u>AMERICAN POP CORN COMPANY PENSION PLAN</u>                                                                                                                                                                                                                                                                                          | <b>1b</b> Three-digit plan number (PN) ▶       | <u>001</u>          |
|                                                                                                                                                                                                                                                                                                                                                                  | <b>1c</b> Effective date of plan               | <u>07/01/1964</u>   |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>AMERICAN POP CORN COMPANY</u><br><br><u>P.O. BOX 178</u><br><u>SIOUX CITY, IA 51102-0178</u> | <b>2b</b> Employer Identification Number (EIN) | <u>42-0113600</u>   |
|                                                                                                                                                                                                                                                                                                                                                                  | <b>2c</b> Plan Sponsor's telephone number      | <u>712-239-1232</u> |
|                                                                                                                                                                                                                                                                                                                                                                  | <b>2d</b> Business code (see instructions)     | <u>311900</u>       |

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

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

|              |                                                   |            |                                                              |
|--------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN<br>HERE | Filed with authorized/valid electronic signature. | 04/13/2022 | TED TOWNLEY                                                  |
|              | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE | Filed with authorized/valid electronic signature. | 04/13/2022 | TED TOWNLEY                                                  |
|              | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                                   |            |                                                              |
|              | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2020)  
v. 200204

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                  |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>5</b> 239                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 129<br><b>6a(2)</b> 127<br><b>6b</b> 92<br><b>6c</b> 24<br><b>6d</b> 243<br><b>6e</b><br><b>6f</b> 243<br><b>6g</b><br><b>6h</b> 1                                                                                                                                                                                                                                                                                                                                                   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 3D<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                         |            |            |            |
|-------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|
| For calendar plan year 2020 or fiscal plan year beginning                                                               | 07/01/2020 | and ending | 06/30/2021 |
| ▶ 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<br>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<br>AMERICAN POP CORN COMPANY                                     |                                                                                                                                                  | D Employer Identification Number (EIN)<br>42-0113600 |     |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |                                                      |     |

|                                                                                                                                                                                                         |                            |                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1 Enter the valuation date: Month 07 Day 01 Year 2020                                                                                                                                                   |                            |                           |                          |
| 2 Assets:                                                                                                                                                                                               |                            |                           |                          |
| a Market value .....                                                                                                                                                                                    | 2a                         | 13890416                  |                          |
| b Actuarial value .....                                                                                                                                                                                 | 2b                         | 14323739                  |                          |
| 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.....                                                                                                                                     | 92                         | 7232851                   | 7232851                  |
| b For terminated vested participants.....                                                                                                                                                               | 24                         | 636162                    | 636162                   |
| c For active participants .....                                                                                                                                                                         | 127                        | 5696263                   | 5865041                  |
| d Total.....                                                                                                                                                                                            | 243                        | 13565276                  | 13734054                 |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                            |                           |                          |
| 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                          | 5.71 %                    |                          |
| 6 Target normal cost.....                                                                                                                                                                               | 6                          | 45000                     |                          |

**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.

|                                                               |                      |                                        |      |  |
|---------------------------------------------------------------|----------------------|----------------------------------------|------|--|
| <div>SIGN<br/>HERE</div>                                      | Signature of actuary |                                        | Date |  |
| ALLAN BITTNER                                                 |                      | 20-06265                               |      |  |
| Type or print name of actuary                                 |                      | Most recent enrollment number          |      |  |
| MILLIMAN, INC.                                                |                      | 262-796-3317                           |      |  |
| Firm name                                                     |                      | Telephone number (including area code) |      |  |
| 15800 BLUEMOUND ROAD, SUITE 100<br>BROOKEFIELD, WI 53005-6043 |                      |                                        |      |  |
| Address of the firm                                           |                      |                                        |      |  |

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

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             |                       | 634800                 |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          |                       | 166605                 |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                |                       | 468195                 |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>2.12</u> % .....                                                                                 |                       | 9926                   |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       |                        |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.52</u> % ..... |                       |                        |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       |                        |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       |                        |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    |                       |                        |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 478121                 |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 100.81 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 104.29 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 99.36 %  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             |                                   | <b>18(c)</b>                    |

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

|                                                                                                                         |            |  |
|-------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                    | <b>19a</b> |  |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> |  |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> |  |

**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**

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.75 %                                                                                                                       | 2nd segment:<br>5.50 % | 3rd segment:<br>6.27 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    |                                                                                                                                              |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b> 66                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> |   |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> |   |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 45000              |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 45000              |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance |                    | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   |                    | 0             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                     |                    |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           |                    |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               |                     | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           |                    |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           |                    |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          |                    |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          |                    |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           |                    |               |

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

|                                                                                  |                                                                                                                         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2020</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021 |                                                             |     |
| <b>A</b> Name of plan<br>AMERICAN POP CORN COMPANY PENSION PLAN                            | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>AMERICAN POP CORN COMPANY | <b>D</b> Employer Identification Number (EIN)<br>42-0113600 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

SECURITY NATIONAL BANK

42-0943319

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 13                  | NONE                                                                                              | 47988                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2020 or fiscal plan year beginning <b>07/01/2020</b> and ending <b>06/30/2021</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><b>AMERICAN POP CORN COMPANY PENSION PLAN</b>                                                                                                                                                                                                   | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>001</b>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>AMERICAN POP CORN COMPANY</b>                                                                                                                                                                        | <b>D</b> Employer Identification Number (EIN)<br><b>42-0113600</b>                                                                                                                                                                                                           |                                                                                                          |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | <b>1a</b>             |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1b(1)</b>          |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b>          |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(3)</b>          |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(1)</b>          | 52659 77202     |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b>          | 992683 619520   |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b>       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1c(3)(B)</b>       | 2792908 3289994 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b>       | 154040 60180    |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(4)(B)</b>       | 3164053 4103120 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b>          |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(6)</b>          |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(7)</b>          |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(8)</b>          |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | <b>1c(9)</b>          |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b>         |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(11)</b>         |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(12)</b>         |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(13)</b>         |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b>         |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(15)</b>         | 6734073 9400389 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                      | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 13890416              | 17550405        |

**Liabilities**

|                                                                           |           |  |  |
|---------------------------------------------------------------------------|-----------|--|--|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |  |  |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |  |  |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b> |  |  |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> |  |  |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> |  |  |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 13890416 | 17550405 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 48         |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 9464       |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 103851     |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 113363    |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> | 5224       |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 73554      |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 115087     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 193865    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 2325820    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> | 1746983    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 578837    |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 3567165    |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            | 3567165   |

|                                                                                                 |        | (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 <b>income</b> amounts in column (b) and enter total.....                | 2d     |            | 4453230   |

**Expenses**

|                                                                                     |       |        |        |
|-------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                 |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 745253 |        |
| (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) |        | 745253 |
| 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) | 2180   |        |
| (3) Investment advisory and management fees .....                                   | 2i(3) | 45808  |        |
| (4) Other.....                                                                      | 2i(4) |        |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                | 2i(5) |        | 47988  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 793241 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 3659989 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan.....                                    | 2l(1) |  |         |
| (2) From this plan .....                                 | 2l(2) |  |         |

**Part III Accountant's Opinion**

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

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

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

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

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

(2) EIN: 42-0941961

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes                 | No                 | Amount |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|--------|
| <b>b</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.) .....                                                                                                     |                     |                    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>c</b> 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.) .....                                                                                                                                                                                                                                 |                     |                    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>d</b> 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.) .....                                                                                                                                                                                                                      |                     |                    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                                             | X                   |                    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                                              |                     | X                  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>g</b> 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? .....                                                                                                                                                                                                                                           |                     |                    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>h</b> 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? .....                                                                                                                                                                                                                                 |                     |                    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                                       | X                   |                    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                                            | X                   |                    |        |
| <b>j</b> 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.) .....                                                                                                                                                                                         |                     |                    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                                                  |                     |                    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                                                   |                     |                    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                                         |                     |                    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>n</b> 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. ....                                                                                                                                                                                                                             |                     |                    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |        |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                                                  |                     |                    |        |
| <b>5b</b> 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.)                                                                                                                                                                                                         |                     |                    |        |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                                         | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                    |        |
| <b>5c</b> Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>4347944</u> . |                     |                    |        |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

|                                                                                                 |                                                                  |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>AMERICAN POP CORN COMPANY PENSION PLAN</div>                            | <div>B Three-digit plan number (PN) ▶<br/>001</div>              |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>AMERICAN POP CORN COMPANY</div> | <div>D Employer Identification Number (EIN)<br/>42-0113600</div> |

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

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

|                                                                                                                                                                                                                                                                   |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>                                                                                                                         | <div>1</div>   |
| <div>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):<br/><br/>EIN(s): 23-3060382</div> |                |
| <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div>                                                                                                                                                                                       |                |
| <div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....</div>                                                                                                                              | <div>3 3</div> |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.) |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....</div>                                                                                                                                                                                                                                         | <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>If the plan is a defined benefit plan, go to line 8.</div>                                                                                                                                                                                                                                                                                                  |                                                                                                             |
| <div>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 _____<br/>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</div> |                                                                                                             |
| <div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....</div>                                                                                                                                                                                                               | <div>6a</div>                                                                                               |
| <div>b Enter the amount contributed by the employer to the plan for this plan year .....</div>                                                                                                                                                                                                                                                                   | <div>6b</div>                                                                                               |
| <div>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).....</div>                                                                                                                                                                                                              | <div>6c</div>                                                                                               |
| <div>If you completed line 6c, skip lines 8 and 9.</div>                                                                                                                                                                                                                                                                                                         |                                                                                                             |
| <div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline? .....</div>                                                                                                                                                                                                                                                           | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div>            |
| <div>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? .....</div>                                                                                  | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</div> |

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

|                                                                                                                                                                                                                                |                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>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.....</div> | <div><input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                  |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....</div>                                                      | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>11 a Does the ESOP hold any preferred stock? .....</div>                                                                                                                                    | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>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.) .....</div> | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market? .....</div>                                                                               | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |

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

Schedule R (Form 5500) 2020  
v. 200204

**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): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| <b>14</b> Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:<br><b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....<br><b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....<br><b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... | <b>14a</b><br><br><br><br><br><br><br><b>14b</b><br><br><br><br><br><br><br><b>14c</b> |  |
| <b>15</b> 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:<br><b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....<br><b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>15a</b><br><br><br><b>15b</b>                                                       |  |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:<br><b>a</b> Enter the number of employers who withdrew during the preceding plan year .....<br><b>b</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 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>16a</b><br><br><br><b>16b</b>                                                       |  |
| <b>17</b> 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. .... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                        |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> 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..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) through (c)<br><b>a</b> Enter the percentage of plan assets held as:<br>Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%<br><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more<br><b>c</b> What duration measure was used to calculate line 19(b)?<br><input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____                                                                                                                                                                         |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.<br><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>b</b> If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:<br><input type="checkbox"/> Yes.<br><input type="checkbox"/> No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.<br><input type="checkbox"/> No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.<br><input type="checkbox"/> No. Other. Provide explanation _____ |  |

AMERICAN POP CORN COMPANY PENSION PLAN

Sioux City, Iowa

---

FINANCIAL STATEMENTS  
(With Independent Auditor's Report Thereon)

For the Years Ended  
June 30, 2021 and 2020

AMERICAN POP CORN COMPANY PENSION PLAN

INDEX

|                                                                | <u>Page</u> |
|----------------------------------------------------------------|-------------|
| Independent Auditor's Report                                   | 1-2         |
| Statements of Net Assets Available for Benefits                | 3           |
| Statements of Changes in Net Assets Available for Benefits     | 4           |
| Statement of Accumulated Plan Benefits                         | 5           |
| Statement of Changes in Accumulated Plan Benefits              | 6           |
| Notes to Financial Statements                                  | 7-15        |
| Supplementary Information:                                     |             |
| Schedule H, Line 4i - Schedule of Assets (Held at End of Year) | 16-19       |



## INDEPENDENT AUDITOR'S REPORT

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

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, 2021 and 2020, 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, 2020, and the related statement of changes in accumulated plan benefits (modified cash basis) for the year then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

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

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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



significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

### ***Opinion***

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits (modified cash basis) as of June 30, 2021 and 2020, and the changes therein for the years then ended, and its financial status as of June 30, 2020 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 schedule 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 schedule (modified cash basis) on pages 16 through 19, is presented for the purpose of additional analysis and is not a required part of the financial statements but is 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  
April 13, 2022

*King, Reusch, Prosser Co., L.L.P.*

AMERICAN POP CORN COMPANY PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

(MODIFIED CASH BASIS)

JUNE 30,

|                                       | <u>2021</u>                     | <u>2020</u>                     |
|---------------------------------------|---------------------------------|---------------------------------|
| ASSETS:                               |                                 |                                 |
| Investments, at fair value:           |                                 |                                 |
| U.S. Government Agency securities     | \$ 619,520                      | \$ 992,683                      |
| Corporate securities                  | 3,289,994                       | 2,792,908                       |
| Preferred stocks                      | 60,180                          | 154,040                         |
| Individual equities                   | 4,103,120                       | 3,164,053                       |
| Cash and cash equivalents             | 77,202                          | 52,659                          |
| Mutual funds - domestic               | 4,764,798                       | 3,384,372                       |
| Mutual funds - international          | <u>4,635,591</u>                | <u>3,349,701</u>                |
| Total investments                     | <u>\$ 17,550,405</u>            | <u>\$ 13,890,416</u>            |
| <br>TOTAL LIABILITIES                 | <br><u>\$ -</u>                 | <br><u>\$ -</u>                 |
| <br>NET ASSETS AVAILABLE FOR BENEFITS | <br><u><u>\$ 17,550,405</u></u> | <br><u><u>\$ 13,890,416</u></u> |

AMERICAN POP CORN COMPANY PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

(MODIFIED CASH BASIS)

FOR THE YEARS ENDED JUNE 30,

|                                                              | <u>2021</u>          | <u>2020</u>          |
|--------------------------------------------------------------|----------------------|----------------------|
| Investment income:                                           |                      |                      |
| Interest                                                     | \$ 113,363           | \$ 123,887           |
| Dividends                                                    | 193,865              | 234,668              |
| Net appreciation (depreciation) in fair value of investments | <u>4,146,002</u>     | <u>(61,035)</u>      |
| Total investment income                                      | <u>\$ 4,453,230</u>  | <u>\$ 297,520</u>    |
| Contributions:                                               |                      |                      |
| Employer                                                     | \$ -                 | \$ -                 |
| Total additions                                              | <u>\$ 4,453,230</u>  | <u>\$ 297,520</u>    |
| Benefits paid directly to participants                       | \$ 745,253           | \$ 771,061           |
| Administrative expenses                                      | <u>47,988</u>        | <u>43,850</u>        |
| Total deductions                                             | <u>\$ 793,241</u>    | <u>\$ 814,911</u>    |
| Net increase (decrease)                                      | \$ 3,659,989         | \$ (517,391)         |
| Net assets available for benefits:                           |                      |                      |
| Beginning of year                                            | <u>13,890,416</u>    | <u>14,407,807</u>    |
| End of year                                                  | <u>\$ 17,550,405</u> | <u>\$ 13,890,416</u> |

AMERICAN POP CORN COMPANY PENSION PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS

(MODIFIED CASH BASIS)

|                                                            | <u>June 30, 2020</u> |
|------------------------------------------------------------|----------------------|
| ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:      |                      |
| Vested benefits:                                           |                      |
| Participants not in pay status                             | \$ 5,939,738         |
| Participants in pay status                                 | <u>6,719,882</u>     |
|                                                            | \$ 12,659,620        |
| Nonvested benefits                                         | <u>178,546</u>       |
|                                                            |                      |
| Total actuarial present value of accumulated plan benefits | <u>\$ 12,838,166</u> |

AMERICAN POP CORN COMPANY PENSION PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

(MODIFIED CASH BASIS)

|                                                                              | Year Ended<br><u>June 30, 2020</u> |
|------------------------------------------------------------------------------|------------------------------------|
| ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN<br>BENEFITS AT BEGINNING OF YEAR | \$ 12,814,317                      |
| INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:                         |                                    |
| Benefits accumulated plus actuarial (gain) loss                              | \$ 71,237                          |
| Reduction in discount period                                                 | 808,266                            |
| Change in assumptions                                                        | (84,593)                           |
| Benefit payments                                                             | <u>(771,061)</u>                   |
| Net increase                                                                 | <u>\$ 23,849</u>                   |
| ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN<br>BENEFITS AT END OF YEAR       | <u>\$ 12,838,166</u>               |

# AMERICAN POP CORN COMPANY PENSION PLAN

## NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

### 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. The Company's Board of Directors approved an amendment to freeze the Plan to new participants after December 31, 2019.
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, 2021 and 2020. The Company's contributions for 2021 and 2020 met or exceeded the minimum funding requirements of ERISA. During the year ended June 30, 2021, the Plan's administrative costs totaled \$236,446 of which the Plan paid \$47,988 and the Company paid \$188,458. During the year ended June 30, 2020, the Plan's administrative costs totaled \$266,224 of which the Plan paid \$43,850 and the Company paid \$182,374.

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.

AMERICAN POP CORN COMPANY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

NOTE A - DESCRIPTION OF PLAN (CONTINUED):

4. Pension Benefits - An employee's retirement benefit is equal to 1.1 percent of their average monthly earnings multiplied by their years of service through December 31, 2009 and 0.5 percent of their average monthly earnings multiplied by their 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.

Due to the Plan amendment to freeze benefits as of December 31, 2019, there will be no benefit service accrual past that date.

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

If an employee's employment continues past age 65, their 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 their accrued pension starting in the sixth month after their disability begins.

Upon the death of an employee who has completed five or more years of service, their surviving spouse receives a monthly pension equal to 50 percent of their 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. They receive their accrued pension at age 65 or its actuarial equivalent at age 60.

AMERICAN POP CORN COMPANY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

NOTE A - DESCRIPTION OF PLAN (CONTINUED):

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 they elect in writing to receive their basic pension. A Qualified Joint and Survivor Pension is a reduced amount of an employee's basic pension, and shall continue after their 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 their eligible spouse. If a participant does not have an eligible spouse, they receive their basic pension payable for their lifetime.

A retired participant may elect the actuarial equivalent of their basic pension in another form of payment if they furnish evidence of good health and the retirement committee approves their 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.

AMERICAN POP CORN COMPANY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

NOTE B - SUMMARY OF ACCOUNTING POLICIES (CONTINUED):

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.

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

Subsequent Events - The Plan has evaluated subsequent events through April 13, 2022, 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 hired prior to July 1, 2018 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 December 31, 2019 due to plan freeze. 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.

AMERICAN POP CORN COMPANY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS  
(CONTINUED):

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, 2020, were (a) life expectancy of participants (the June 30, 2020 valuation used the IRS 2020 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, 2020 valuation assumed an average rate of return of 6.50 per annum). The interest rates used to discount the obligation for June 30, 2020 valuation was 3.25 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, 2020. 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.

AMERICAN POP CORN COMPANY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

NOTE D - PLAN TERMINATION (CONTINUED):

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.

AMERICAN POP CORN COMPANY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED):

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, 2021 and 2020.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2021 and 2020.

|                                   | June 30, 2021        |                   |                |                      |
|-----------------------------------|----------------------|-------------------|----------------|----------------------|
|                                   | <u>Level 1</u>       | <u>Level 2</u>    | <u>Level 3</u> | <u>Total</u>         |
| Individual equities               | \$ 4,103,120         | \$ -              | \$ -           | \$ 4,103,120         |
| Mutual funds - domestic           | 4,764,798            | -                 | -              | 4,764,798            |
| Mutual funds - international      | 4,635,591            | -                 | -              | 4,635,591            |
| Corporate securities              | 3,289,994            | -                 | -              | 3,289,994            |
| U.S. Government Agency securities | 352,860              | 266,660           | -              | 619,520              |
| Preferred stocks                  | 60,180               | -                 | -              | 60,180               |
| Cash and cash equivalents         | <u>77,202</u>        | <u>-</u>          | <u>-</u>       | <u>77,202</u>        |
|                                   | <u>\$ 17,283,745</u> | <u>\$ 266,660</u> | <u>\$ -</u>    | <u>\$ 17,550,405</u> |

AMERICAN POP CORN COMPANY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

NOTE E - FAIR VALUE MEASUREMENTS (CONTINUED):

|                                   | June 30, 2020        |                   |                |                      |
|-----------------------------------|----------------------|-------------------|----------------|----------------------|
|                                   | <u>Level 1</u>       | <u>Level 2</u>    | <u>Level 3</u> | <u>Total</u>         |
| Individual equities               | \$ 3,164,053         | \$ -              | \$ -           | \$ 3,164,053         |
| Mutual funds - domestic           | 3,384,372            | -                 | -              | 3,384,372            |
| Mutual funds - international      | 3,349,701            | -                 | -              | 3,349,701            |
| Corporate securities              | 2,792,908            | -                 | -              | 2,792,908            |
| U.S. Government Agency securities | 703,857              | 288,826           | -              | 992,683              |
| Preferred stocks                  | 154,040              | -                 | -              | 154,040              |
| Cash and cash equivalents         | 52,659               | -                 | -              | 52,659               |
|                                   | <u>\$ 13,601,590</u> | <u>\$ 288,826</u> | <u>\$ -</u>    | <u>\$ 13,890,416</u> |

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.

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.

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.

AMERICAN POP CORN COMPANY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

NOTE G - RISKS AND UNCERTAINTIES (CONTINUED):

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.

In March 2020, the World Health Organization declared the outbreak of the Coronavirus (COVID-19) as a global pandemic. The outbreak is disrupting supply chains and affecting production and sales across a range of industries. The extent of the impact of COVID-19 on the financial performance of the Plan will depend on certain developments, including the duration and spread of the outbreak, and the impact on employees and beneficiaries, all of which are uncertain and cannot be predicted. At this point, the extent to which COVID-19 may impact the future financial condition or future results of the Plan is uncertain.

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.

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, 2021

| (a) (b) Identity of issue, borrower, lessor,<br>or similar party | (c) Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | (d) Cost            | (e) Current<br>value |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------|----------------------|
| U.S. Treasury NT Infl.                                           | 56,291 par, 0.375% due 07/15/25                                                                                   | \$ 51,647           | \$ 61,803            |
| U.S. Treasury NT Infl.                                           | 56,181 par, 0.625% due 01/15/26                                                                                   | 52,299              | 62,385               |
| U.S. Treasury NT Infl.                                           | 55,262 par, 0.375% due 01/15/27                                                                                   | 49,960              | 61,162               |
| U.S. Treasury NT Infl.                                           | 53,180 par, 0.75% due 07/15/28                                                                                    | 49,511              | 61,015               |
| FNMA Pool #Ma3624                                                | 18,995 par, 4.00% due 03/01/29                                                                                    | 19,565              | 20,294               |
| Goldman Sachs Short Duration Government Fund                     | 5,459 shares                                                                                                      | 55,846              | 54,045               |
| Vanguard Inflation-Protected Securities Fund                     | 10,503 shares                                                                                                     | <u>278,949</u>      | <u>298,816</u>       |
| Total U.S. Government Agency securities                          |                                                                                                                   | <u>\$ 557,777</u>   | <u>\$ 619,520</u>    |
| Blackrock High Yield Bond Fund                                   | 28,291 shares                                                                                                     | \$ 221,059          | \$ 224,350           |
| Fidelity Short Term Bond Index Fund                              | 24,201 shares                                                                                                     | 250,000             | 248,306              |
| ISHares Preferred Income Securities                              | 7,280 shares                                                                                                      | 284,061             | 286,359              |
| Janus Flexible Bond Fund                                         | 35,600 shares                                                                                                     | 378,755             | 396,940              |
| PIMCO Flexible Credit, Inc.                                      | 52,869 shares                                                                                                     | 470,164             | 511,241              |
| PIMCO Income Fund                                                | 38,816 shares                                                                                                     | 464,819             | 469,286              |
| PIMCO Total Return Fund                                          | 30,060 shares                                                                                                     | 307,020             | 312,020              |
| Sterling Capital Total Return Fund                               | 34,947 shares                                                                                                     | 372,153             | 388,613              |
| Vanguard Emerging Markets Bond Fund                              | 7,771 shares                                                                                                      | 220,000             | 217,979              |
| Vanguard Total Bond Market Index Fund                            | 20,769 shares                                                                                                     | <u>225,021</u>      | <u>234,900</u>       |
| Total corporate securities                                       |                                                                                                                   | <u>\$ 3,193,052</u> | <u>\$ 3,289,994</u>  |
| G.S. Financial Square MM Government                              | 77,202 shares                                                                                                     | \$ 77,202           | \$ 77,202            |
| Total cash and cash equivalents                                  |                                                                                                                   | <u>\$ 77,202</u>    | <u>\$ 77,202</u>     |
| State Street Corp.                                               | 2,000 shares, Series G Preferred                                                                                  | \$ 55,496           | \$ 60,180            |
| Total preferred stocks                                           |                                                                                                                   | <u>\$ 55,496</u>    | <u>\$ 60,180</u>     |

AMERICAN POP CORN COMPANY PENSION PLAN

SUPPLEMENTARY INFORMATION

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

PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER: 42-0113600

PLAN NUMBER: 001

JUNE 30, 2021

(CONTINUED)

| (a) (b) Identity of issue, borrower, lessor,<br>or similar party | (c) Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | (d) Cost  | (e) Current<br>value |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| Abbott Labs                                                      | 670 shares                                                                                                        | \$ 16,918 | \$ 77,673            |
| Abbvie, Inc.                                                     | 420 shares                                                                                                        | 10,958    | 47,309               |
| AFLAC, Inc.                                                      | 1,390 shares                                                                                                      | 36,893    | 74,587               |
| Alphabet, Inc. Cl A                                              | 50 shares                                                                                                         | 55,244    | 122,090              |
| Apple, Inc.                                                      | 1,090 shares                                                                                                      | 20,888    | 149,286              |
| Automatic Data Processing, Inc.                                  | 510 shares                                                                                                        | 66,650    | 101,296              |
| Berkshire Hathaway, Inc.                                         | 530 shares                                                                                                        | 39,831    | 147,298              |
| Booz Allen Hamilton Holding Corp.                                | 805 shares                                                                                                        | 57,469    | 68,570               |
| Carrier Global Corp.                                             | 340 shares                                                                                                        | 4,151     | 16,524               |
| Coca Cola Co.                                                    | 660 shares                                                                                                        | 23,384    | 35,713               |
| Cognizant Technology Solutions Corp.                             | 900 shares                                                                                                        | 55,144    | 62,334               |
| Colgate Palmolive Co.                                            | 750 shares                                                                                                        | 30,614    | 61,012               |
| Comcast Corp New Cl A                                            | 1,380 shares                                                                                                      | 61,219    | 78,688               |
| Cummins, Inc.                                                    | 320 shares                                                                                                        | 38,743    | 78,019               |
| Danaher Corp.                                                    | 530 shares                                                                                                        | 33,867    | 142,231              |
| Digital Realty Trust, Inc.                                       | 710 shares                                                                                                        | 42,103    | 106,827              |
| Extra Space Storage, Inc.                                        | 680 shares                                                                                                        | 51,776    | 111,398              |
| Exxon Mobil Corp.                                                | 1,125 shares                                                                                                      | 83,217    | 70,965               |
| Fortive Corp.                                                    | 495 shares                                                                                                        | 18,842    | 34,521               |
| General MLS, Inc.                                                | 950 shares                                                                                                        | 39,134    | 57,883               |
| Home Depot, Inc.                                                 | 205 shares                                                                                                        | 21,222    | 65,372               |
| Illinois Tool Works, Inc.                                        | 205 shares                                                                                                        | 10,661    | 45,830               |
| International Business Machines Corp.                            | 520 shares                                                                                                        | 75,955    | 76,227               |
| International Paper Co.                                          | 730 shares                                                                                                        | 32,141    | 44,756               |
| Jacobs Energy Group, Inc.                                        | 750 shares                                                                                                        | 29,934    | 100,065              |
| Johnson & Johnson                                                | 630 shares                                                                                                        | 40,234    | 103,786              |
| Kimberly Clark Corp.                                             | 270 shares                                                                                                        | 30,502    | 36,121               |
| Leidos Holdings, Inc.                                            | 770 shares                                                                                                        | 69,096    | 77,847               |
| Linde PLC                                                        | 250 shares                                                                                                        | 12,327    | 72,275               |
| McCormick & Co., Inc.                                            | 460 shares                                                                                                        | 16,326    | 40,627               |
| Microsoft Corp.                                                  | 520 shares                                                                                                        | 15,918    | 140,868              |

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, 2021

(CONTINUED)

| (a) (b) Identity of issue, borrower, lessor,<br>or similar party | (c) Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | (d) Cost            | (e) Current<br>value |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------|----------------------|
| Nike, Inc. Class B                                               | 890 shares                                                                                                        | \$ 20,052           | \$ 137,496           |
| Nucor Corp.                                                      | 1,110 shares                                                                                                      | 71,553              | 106,482              |
| Oracle Corp.                                                     | 1,190 shares                                                                                                      | 31,266              | 92,630               |
| Otis Worldwide Corp.                                             | 250 shares                                                                                                        | 8,342               | 20,443               |
| Pepsi Co., Inc.                                                  | 275 shares                                                                                                        | 18,862              | 40,747               |
| Polaris, Inc.                                                    | 350 shares                                                                                                        | 43,433              | 47,936               |
| Prudential Financial, Inc.                                       | 675 shares                                                                                                        | 54,334              | 69,167               |
| Qualcomm, Inc.                                                   | 720 shares                                                                                                        | 41,493              | 102,910              |
| Raytheon Technologies Corp.                                      | 500 shares                                                                                                        | 18,529              | 42,655               |
| Schlumberger LTD                                                 | 2,030 shares                                                                                                      | 105,248             | 64,980               |
| Snap-on, Inc.                                                    | 220 shares                                                                                                        | 37,694              | 49,155               |
| State Street Corp.                                               | 980 shares                                                                                                        | 53,449              | 80,634               |
| T Rowe Price Group, Inc.                                         | 510 shares                                                                                                        | 36,007              | 100,965              |
| Target Corp.                                                     | 435 shares                                                                                                        | 29,386              | 105,157              |
| Thermo Fisher Scientific, Inc.                                   | 305 shares                                                                                                        | 16,265              | 153,863              |
| Timken Co.                                                       | 850 shares                                                                                                        | 21,878              | 68,501               |
| Toronto Dominion Bk                                              | 1,190 shares                                                                                                      | 53,357              | 83,359               |
| Union Pacific Corp.                                              | 400 shares                                                                                                        | 21,363              | 87,972               |
| Verizon Communications, Inc.                                     | 1,450 shares                                                                                                      | 72,400              | 81,243               |
| Wabtec Corp.                                                     | 450 shares                                                                                                        | 32,100              | 37,035               |
| Wal-Mart Stores, Inc.                                            | 580 shares                                                                                                        | 33,094              | 81,792               |
| Total individual equities                                        |                                                                                                                   | <u>\$ 1,961,466</u> | <u>\$ 4,103,120</u>  |
| American Beacon Large Cap Value Fund                             | 26,878 shares                                                                                                     | \$ 594,566          | \$ 795,066           |
| IShares Nasdaq Biotech Index Fund                                | 360 shares                                                                                                        | 14,377              | 58,914               |
| JPMorgan Equity Income                                           | 34,495 shares                                                                                                     | 602,466             | 785,096              |
| Massachusetts INV Growth Stock                                   | 15,150 shares                                                                                                     | 387,684             | 652,834              |
| T Rowe Price Growth Stock Fund                                   | 5,910 shares                                                                                                      | 194,440             | 662,778              |
| T Rowe Price Q/M Small Cap Growth                                | 9,173 shares                                                                                                      | 243,434             | 469,568              |
| Vanguard Mid Cap Index                                           | 2,360 shares                                                                                                      | 285,793             | 693,702              |
| Vanguard Small Cap Value Index                                   | 8,670 shares                                                                                                      | 378,830             | 646,840              |
| Total mutual funds - domestic                                    |                                                                                                                   | <u>\$ 2,701,590</u> | <u>\$ 4,764,798</u>  |

AMERICAN POP CORN COMPANY PENSION PLAN

SUPPLEMENTARY INFORMATION

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

PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER: 42-0113600

PLAN NUMBER: 001

JUNE 30, 2021

(CONTINUED)

| (a) (b) Identity of issue, borrower, lessor,<br>or similar party | (c) Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | (d) Cost             | (e) Current<br>value |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
| BNYM International Stock - Y                                     | 12,079 shares                                                                                                     | \$ 254,270           | \$ 310,198           |
| Delaware Emerging Markets Fund                                   | 27,767 shares                                                                                                     | 409,217              | 769,411              |
| Janus Henderson Global Real Estate                               | 36,761 shares                                                                                                     | 433,640              | 549,948              |
| Oakmark International Fund #109                                  | 22,686 shares                                                                                                     | 501,429              | 672,859              |
| Templeton Foreign Equity Series                                  | 37,344 shares                                                                                                     | 694,322              | 618,043              |
| Vanguard International Explorer                                  | 30,859 shares                                                                                                     | 515,452              | 689,087              |
| Vanguard Total International Stock Index                         | 29,116 shares                                                                                                     | <u>770,433</u>       | <u>1,026,045</u>     |
| Total mutual funds - international                               |                                                                                                                   | <u>\$ 3,578,763</u>  | <u>\$ 4,635,591</u>  |
| Total assets held at the end of year                             |                                                                                                                   | <u>\$ 12,125,346</u> | <u>\$ 17,550,405</u> |

AMERICAN POP CORN COMPANY PENSION PLAN

SUPPLEMENTARY INFORMATION

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

PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER: 42-0113600

PLAN NUMBER: 001

JUNE 30, 2021

| (a) (b) Identity of issue, borrower, lessor,<br>or similar party | (c) Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | (d) Cost            | (e) Current<br>value |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------|----------------------|
| U.S. Treasury NT Infl.                                           | 56,291 par, 0.375% due 07/15/25                                                                                   | \$ 51,647           | \$ 61,803            |
| U.S. Treasury NT Infl.                                           | 56,181 par, 0.625% due 01/15/26                                                                                   | 52,299              | 62,385               |
| U.S. Treasury NT Infl.                                           | 55,262 par, 0.375% due 01/15/27                                                                                   | 49,960              | 61,162               |
| U.S. Treasury NT Infl.                                           | 53,180 par, 0.75% due 07/15/28                                                                                    | 49,511              | 61,015               |
| FNMA Pool #Ma3624                                                | 18,995 par, 4.00% due 03/01/29                                                                                    | 19,565              | 20,294               |
| Goldman Sachs Short Duration Government Fund                     | 5,459 shares                                                                                                      | 55,846              | 54,045               |
| Vanguard Inflation-Protected Securities Fund                     | 10,503 shares                                                                                                     | <u>278,949</u>      | <u>298,816</u>       |
| Total U.S. Government Agency securities                          |                                                                                                                   | <u>\$ 557,777</u>   | <u>\$ 619,520</u>    |
| Blackrock High Yield Bond Fund                                   | 28,291 shares                                                                                                     | \$ 221,059          | \$ 224,350           |
| Fidelity Short Term Bond Index Fund                              | 24,201 shares                                                                                                     | 250,000             | 248,306              |
| ISHares Preferred Income Securities                              | 7,280 shares                                                                                                      | 284,061             | 286,359              |
| Janus Flexible Bond Fund                                         | 35,600 shares                                                                                                     | 378,755             | 396,940              |
| PIMCO Flexible Credit, Inc.                                      | 52,869 shares                                                                                                     | 470,164             | 511,241              |
| PIMCO Income Fund                                                | 38,816 shares                                                                                                     | 464,819             | 469,286              |
| PIMCO Total Return Fund                                          | 30,060 shares                                                                                                     | 307,020             | 312,020              |
| Sterling Capital Total Return Fund                               | 34,947 shares                                                                                                     | 372,153             | 388,613              |
| Vanguard Emerging Markets Bond Fund                              | 7,771 shares                                                                                                      | 220,000             | 217,979              |
| Vanguard Total Bond Market Index Fund                            | 20,769 shares                                                                                                     | <u>225,021</u>      | <u>234,900</u>       |
| Total corporate securities                                       |                                                                                                                   | <u>\$ 3,193,052</u> | <u>\$ 3,289,994</u>  |
| G.S. Financial Square MM Government                              | 77,202 shares                                                                                                     | <u>\$ 77,202</u>    | <u>\$ 77,202</u>     |
| Total cash and cash equivalents                                  |                                                                                                                   | <u>\$ 77,202</u>    | <u>\$ 77,202</u>     |
| State Street Corp.                                               | 2,000 shares, Series G Preferred                                                                                  | <u>\$ 55,496</u>    | <u>\$ 60,180</u>     |
| Total preferred stocks                                           |                                                                                                                   | <u>\$ 55,496</u>    | <u>\$ 60,180</u>     |

AMERICAN POP CORN COMPANY PENSION PLAN

SUPPLEMENTARY INFORMATION

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

PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER: 42-0113600

PLAN NUMBER: 001

JUNE 30, 2021

(CONTINUED)

| (a) (b) Identity of issue, borrower, lessor,<br>or similar party | (c) Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | (d) Cost  | (e) Current<br>value |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| Abbott Labs                                                      | 670 shares                                                                                                        | \$ 16,918 | \$ 77,673            |
| Abbvie, Inc.                                                     | 420 shares                                                                                                        | 10,958    | 47,309               |
| AFLAC, Inc.                                                      | 1,390 shares                                                                                                      | 36,893    | 74,587               |
| Alphabet, Inc. Cl A                                              | 50 shares                                                                                                         | 55,244    | 122,090              |
| Apple, Inc.                                                      | 1,090 shares                                                                                                      | 20,888    | 149,286              |
| Automatic Data Processing, Inc.                                  | 510 shares                                                                                                        | 66,650    | 101,296              |
| Berkshire Hathaway, Inc.                                         | 530 shares                                                                                                        | 39,831    | 147,298              |
| Booz Allen Hamilton Holding Corp.                                | 805 shares                                                                                                        | 57,469    | 68,570               |
| Carrier Global Corp.                                             | 340 shares                                                                                                        | 4,151     | 16,524               |
| Coca Cola Co.                                                    | 660 shares                                                                                                        | 23,384    | 35,713               |
| Cognizant Technology Solutions Corp.                             | 900 shares                                                                                                        | 55,144    | 62,334               |
| Colgate Palmolive Co.                                            | 750 shares                                                                                                        | 30,614    | 61,012               |
| Comcast Corp New Cl A                                            | 1,380 shares                                                                                                      | 61,219    | 78,688               |
| Cummins, Inc.                                                    | 320 shares                                                                                                        | 38,743    | 78,019               |
| Danaher Corp.                                                    | 530 shares                                                                                                        | 33,867    | 142,231              |
| Digital Realty Trust, Inc.                                       | 710 shares                                                                                                        | 42,103    | 106,827              |
| Extra Space Storage, Inc.                                        | 680 shares                                                                                                        | 51,776    | 111,398              |
| Exxon Mobil Corp.                                                | 1,125 shares                                                                                                      | 83,217    | 70,965               |
| Fortive Corp.                                                    | 495 shares                                                                                                        | 18,842    | 34,521               |
| General MLS, Inc.                                                | 950 shares                                                                                                        | 39,134    | 57,883               |
| Home Depot, Inc.                                                 | 205 shares                                                                                                        | 21,222    | 65,372               |
| Illinois Tool Works, Inc.                                        | 205 shares                                                                                                        | 10,661    | 45,830               |
| International Business Machines Corp.                            | 520 shares                                                                                                        | 75,955    | 76,227               |
| International Paper Co.                                          | 730 shares                                                                                                        | 32,141    | 44,756               |
| Jacobs Energy Group, Inc.                                        | 750 shares                                                                                                        | 29,934    | 100,065              |
| Johnson & Johnson                                                | 630 shares                                                                                                        | 40,234    | 103,786              |
| Kimberly Clark Corp.                                             | 270 shares                                                                                                        | 30,502    | 36,121               |
| Leidos Holdings, Inc.                                            | 770 shares                                                                                                        | 69,096    | 77,847               |
| Linde PLC                                                        | 250 shares                                                                                                        | 12,327    | 72,275               |
| McCormick & Co., Inc.                                            | 460 shares                                                                                                        | 16,326    | 40,627               |
| Microsoft Corp.                                                  | 520 shares                                                                                                        | 15,918    | 140,868              |

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, 2021

(CONTINUED)

| (a) (b) Identity of issue, borrower, lessor,<br>or similar party | (c) Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | (d) Cost            | (e) Current<br>value |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------|----------------------|
| Nike, Inc. Class B                                               | 890 shares                                                                                                        | \$ 20,052           | \$ 137,496           |
| Nucor Corp.                                                      | 1,110 shares                                                                                                      | 71,553              | 106,482              |
| Oracle Corp.                                                     | 1,190 shares                                                                                                      | 31,266              | 92,630               |
| Otis Worldwide Corp.                                             | 250 shares                                                                                                        | 8,342               | 20,443               |
| Pepsi Co., Inc.                                                  | 275 shares                                                                                                        | 18,862              | 40,747               |
| Polaris, Inc.                                                    | 350 shares                                                                                                        | 43,433              | 47,936               |
| Prudential Financial, Inc.                                       | 675 shares                                                                                                        | 54,334              | 69,167               |
| Qualcomm, Inc.                                                   | 720 shares                                                                                                        | 41,493              | 102,910              |
| Raytheon Technologies Corp.                                      | 500 shares                                                                                                        | 18,529              | 42,655               |
| Schlumberger LTD                                                 | 2,030 shares                                                                                                      | 105,248             | 64,980               |
| Snap-on, Inc.                                                    | 220 shares                                                                                                        | 37,694              | 49,155               |
| State Street Corp.                                               | 980 shares                                                                                                        | 53,449              | 80,634               |
| T Rowe Price Group, Inc.                                         | 510 shares                                                                                                        | 36,007              | 100,965              |
| Target Corp.                                                     | 435 shares                                                                                                        | 29,386              | 105,157              |
| Thermo Fisher Scientific, Inc.                                   | 305 shares                                                                                                        | 16,265              | 153,863              |
| Timken Co.                                                       | 850 shares                                                                                                        | 21,878              | 68,501               |
| Toronto Dominion Bk                                              | 1,190 shares                                                                                                      | 53,357              | 83,359               |
| Union Pacific Corp.                                              | 400 shares                                                                                                        | 21,363              | 87,972               |
| Verizon Communications, Inc.                                     | 1,450 shares                                                                                                      | 72,400              | 81,243               |
| Wabtec Corp.                                                     | 450 shares                                                                                                        | 32,100              | 37,035               |
| Wal-Mart Stores, Inc.                                            | 580 shares                                                                                                        | <u>33,094</u>       | <u>81,792</u>        |
| Total individual equities                                        |                                                                                                                   | <u>\$ 1,961,466</u> | <u>\$ 4,103,120</u>  |
| American Beacon Large Cap Value Fund                             | 26,878 shares                                                                                                     | \$ 594,566          | \$ 795,066           |
| IShares Nasdaq Biotech Index Fund                                | 360 shares                                                                                                        | 14,377              | 58,914               |
| JPMorgan Equity Income                                           | 34,495 shares                                                                                                     | 602,466             | 785,096              |
| Massachusetts INV Growth Stock                                   | 15,150 shares                                                                                                     | 387,684             | 652,834              |
| T Rowe Price Growth Stock Fund                                   | 5,910 shares                                                                                                      | 194,440             | 662,778              |
| T Rowe Price Q/M Small Cap Growth                                | 9,173 shares                                                                                                      | 243,434             | 469,568              |
| Vanguard Mid Cap Index                                           | 2,360 shares                                                                                                      | 285,793             | 693,702              |
| Vanguard Small Cap Value Index                                   | 8,670 shares                                                                                                      | <u>378,830</u>      | <u>646,840</u>       |
| Total mutual funds - domestic                                    |                                                                                                                   | <u>\$ 2,701,590</u> | <u>\$ 4,764,798</u>  |

AMERICAN POP CORN COMPANY PENSION PLAN

SUPPLEMENTARY INFORMATION

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

PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER: 42-0113600

PLAN NUMBER: 001

JUNE 30, 2021

(CONTINUED)

| (a) (b) Identity of issue, borrower, lessor,<br>or similar party | (c) Description of investment including<br>maturity date, rate of interest,<br>collateral, par, or maturity value | (d) Cost             | (e) Current<br>value |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
| BNYM International Stock - Y                                     | 12,079 shares                                                                                                     | \$ 254,270           | \$ 310,198           |
| Delaware Emerging Markets Fund                                   | 27,767 shares                                                                                                     | 409,217              | 769,411              |
| Janus Henderson Global Real Estate                               | 36,761 shares                                                                                                     | 433,640              | 549,948              |
| Oakmark International Fund #109                                  | 22,686 shares                                                                                                     | 501,429              | 672,859              |
| Templeton Foreign Equity Series                                  | 37,344 shares                                                                                                     | 694,322              | 618,043              |
| Vanguard International Explorer                                  | 30,859 shares                                                                                                     | 515,452              | 689,087              |
| Vanguard Total International Stock Index                         | 29,116 shares                                                                                                     | <u>770,433</u>       | <u>1,026,045</u>     |
| Total mutual funds - international                               |                                                                                                                   | <u>\$ 3,578,763</u>  | <u>\$ 4,635,591</u>  |
| Total assets held at the end of year                             |                                                                                                                   | <u>\$ 12,125,346</u> | <u>\$ 17,550,405</u> |

**Attachment to 2020 Form 5500**  
**Schedule SB, Line 26 – Summary of Active Participants**  
**Plan Name: American Pop Corn Company Pension Plan**  
**EIN: 42-0113600 PN: 001**

Number of Participants by Age and Service Groups

| Age          | Years of Credited Service |     |     |       |       |       |       |       |       |     | Total |
|--------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|-------|
|              | 0                         | 1–4 | 5–9 | 10–14 | 15–19 | 20–24 | 25–29 | 30–34 | 35–39 | 40+ |       |
| <b>0–24</b>  | -                         | 1   | 1   | -     | -     | -     | -     | -     | -     | -   | 2     |
| <b>25–29</b> | -                         | 5   | 1   | -     | -     | -     | -     | -     | -     | -   | 6     |
| <b>30–34</b> | -                         | 5   | 4   | 1     | -     | -     | -     | -     | -     | -   | 10    |
| <b>35–39</b> | -                         | 5   | 3   | -     | -     | -     | -     | -     | -     | -   | 8     |
| <b>40–44</b> | -                         | 9   | 5   | 2     | 1     | -     | -     | -     | -     | -   | 17    |
| <b>45–49</b> | -                         | 7   | 4   | 2     | 4     | 3     | -     | -     | -     | -   | 20    |
| <b>50–54</b> | -                         | 3   | 7   | 3     | 3     | -     | 3     | 1     | -     | -   | 20    |
| <b>55–59</b> | -                         | 1   | 5   | 2     | 2     | 3     | 1     | -     | 2     | -   | 16    |
| <b>60–64</b> | -                         | -   | 2   | 4     | 5     | 1     | 2     | 1     | 2     | 1   | 18    |
| <b>65–69</b> | -                         | 1   | -   | 1     | 2     | -     | -     | 1     | -     | 2   | 7     |
| <b>70+</b>   | -                         | 1   | -   | -     | 2     | -     | -     | -     | -     | -   | 3     |
| <b>Total</b> | -                         | 38  | 32  | 15    | 19    | 7     | 6     | 3     | 4     | 3   | 127   |

Average Compensation of Active Participants by Age and Service

| Age            | Years of Credited Service |         |        |         |        |         |         |         |        |         | Average |
|----------------|---------------------------|---------|--------|---------|--------|---------|---------|---------|--------|---------|---------|
|                | 0                         | 1–4     | 5–9    | 10–14   | 15–19  | 20–24   | 25–29   | 30–34   | 35–39  | 40+     |         |
| <b>0–24</b>    | -                         | 36,702  | 50,094 | -       | -      | -       | -       | -       | -      | -       | 43,398  |
| <b>25–29</b>   | -                         | 39,547  | 58,298 | -       | -      | -       | -       | -       | -      | -       | 42,672  |
| <b>30–34</b>   | -                         | 40,325  | 45,168 | 39,210  | -      | -       | -       | -       | -      | -       | 42,151  |
| <b>35–39</b>   | -                         | 40,586  | 33,271 | -       | -      | -       | -       | -       | -      | -       | 37,843  |
| <b>40–44</b>   | -                         | 40,703  | 55,333 | 77,353  | 32,224 | -       | -       | -       | -      | -       | 48,819  |
| <b>45–49</b>   | -                         | 28,696  | 53,785 | 108,459 | 62,268 | 132,869 | -       | -       | -      | -       | 64,031  |
| <b>50–54</b>   | -                         | 36,960  | 38,291 | 33,262  | 56,346 | -       | 97,846  | 49,726  | -      | -       | 49,550  |
| <b>55–59</b>   | -                         | 119,892 | 35,044 | 45,626  | 79,585 | 40,609  | 114,639 | -       | 59,940 | -       | 56,367  |
| <b>60–64</b>   | -                         | -       | 41,030 | 52,196  | 34,625 | 38,833  | 44,160  | 39,953  | 67,336 | 101,249 | 48,166  |
| <b>65–69</b>   | -                         | 23,922  | -      | 105,884 | 37,310 | -       | -       | 166,654 | -      | 189,108 | 107,042 |
| <b>70+</b>     | -                         | 52,791  | -      | -       | 30,978 | -       | -       | -       | -      | -       | 38,249  |
| <b>Average</b> | -                         | 39,834  | 43,937 | 61,102  | 48,379 | 79,895  | 82,749  | 85,444  | 63,638 | 159,822 | 53,555  |

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment 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

**2020****This Form is Open to Public  
Inspection**

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>AMERICAN POP CORN COMPANY PENSION PLAN                                                                           | <b>B</b> Three-digit plan number (PN) ▶<br>001                                                                                                          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>AMERICAN POP CORN COMPANY                                     | <b>D</b> Employer Identification Number (EIN)<br>42-0113600                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

**Part I Basic Information**

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2020</u>                                                                                                                                 |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 13,890,416                |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 14,323,739                |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 92                         | 7,232,851                 | 7,232,851                |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 24                         | 636,162                   | 636,162                  |
| <b>c</b> For active participants .....                                                                                                                                                                          | 127                        | 5,696,263                 | 5,865,041                |
| <b>d</b> Total .....                                                                                                                                                                                            | 243                        | 13,565,276                | 13,734,054               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | 5.71 %                    |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | 45,000                    |                          |

**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**

Allan L. Bittner

Signature of actuary

Allan L. Bittner

Type or print name of actuary

Milliman, Inc.

Firm name

15800 Bluemound Road, Suite 100

Brookfield

WI 53005-6043

Address of the firm

December 22 2021

Date

20-06265

Most recent enrollment number  
(262) 796-3317

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2020  
v. 200204**

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

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 634,800                |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          |                       | 166,605                |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 468,195                |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>2.12</u> % .....                                                                                 | 0                     | 9926                   |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.52</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    |                       | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 478121                 |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 100.81% |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 104.29% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 99.36%  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |  |
|-------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> |  |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> |  |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> |  |

**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 |
| 0                                                          | 0       | 0       | 0       |

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

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>5.50 % | 3rd segment:<br>6.27 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 66                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years.....                                                            | <b>28</b> |   |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> |   |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                     |                     |                    |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                  |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                           | <b>31a</b>          | 45,000             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                          | <b>31b</b>          | 45,000             |               |
| <b>32</b> Amortization installments:                                                                                                                                                | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                               | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                      |                     |                    |               |
| <b>33</b> 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..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                         | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                     | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                              |                     |                    | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                 | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                 | <b>37</b>           |                    |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                 |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                      | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                               | <b>38b</b>          |                    |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                     | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                 | <b>40</b>           | 0                  |               |

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

|                                                                                  |                                                                                                                         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |

**Attachment to 2020 Form 5500**  
**Schedule SB, Line 22 – Weighted Average Retirement Age**  
**Plan name: American Pop Corn Company Pension Plan**  
**EIN: 42-0113600 PN:001**

| (1)<br>Age | (2)<br>Expected Active<br>Headcount | (3)<br>Retirement Rate | (4)<br>Expected Retirements<br>(2)*(3) | (5)<br>Weighted Age<br>(1)*(4) |
|------------|-------------------------------------|------------------------|----------------------------------------|--------------------------------|
| 60         | 47.3453                             | 0.0194                 | 0.9188                                 | 55.1286                        |
| 61         | 51.6081                             | 0.0198                 | 1.0228                                 | 62.3933                        |
| 62         | 51.6641                             | 0.0198                 | 1.0236                                 | 63.4611                        |
| 63         | 51.6806                             | 0.0198                 | 1.0235                                 | 64.4797                        |
| 64         | 50.657                              | 0.2475                 | 12.5353                                | 802.2569                       |
| 65         | 40.221                              | 0.5976                 | 24.0343                                | 1,562.2273                     |
| 66         | 16.9573                             | 0.3285                 | 5.5703                                 | 367.6414                       |
| 67         | 14.2575                             | 0.3283                 | 4.6812                                 | 313.6396                       |
| 68         | 10.4559                             | 1                      | 10.4559                                | 711.0037                       |
| 69         | 1                                   | 1                      | 1                                      | 69                             |
| 70         | 0                                   | 1                      | 0                                      | 0                              |
| 71         | 0                                   | 1                      | 0                                      | 0                              |
| 72         | 1                                   | 1                      | 1                                      | 72                             |
| 73         | 0                                   | 1                      | 0                                      | 0                              |
| 74         | 0                                   | 1                      | 0                                      | 0                              |
| 75         | 0                                   | 1                      | 0                                      | 0                              |
| 76         | 0                                   | 1                      | 0                                      | 0                              |
| 77         | 0                                   | 1                      | 0                                      | 0                              |
| 78         | 1                                   | 1                      | 1                                      | 78                             |
| 79         | 0                                   | 1                      | 0                                      | 0                              |
| 80         | 0                                   | 1                      | 0                                      | 0                              |
| 81         | 0                                   | 1                      | 0                                      | 0                              |
| 82         | 0                                   | 1                      | 0                                      | 0                              |
| 83         | 0                                   | 1                      | 0                                      | 0                              |
| 84         | 1                                   | 1                      | 1                                      | 84                             |
| Total      |                                     |                        | 65.2657                                | 4,305.2315                     |
| Average    |                                     |                        |                                        | 65.96                          |

**Attachment to 2020 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).

### **PBGC Variable-Rate Premium Method**

The standard method is used for the PBGC variable-rate premium calculation (adopted July 1, 2018).

### **Amortization Method**

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a seven-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

**Attachment to 2020 Form 5500**  
**Schedule SB, Part V- Statement of Actuarial Methods/Assumptions**  
**Plan Name: American Pop Corn Company Pension Plan**  
**EIN: 42-0113600 PN: 001**

## **ECONOMIC ASSUMPTIONS**

### **Interest Rates**

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

|                         | Minimum Funding | Maximum Deductible | PBGC Premium |
|-------------------------|-----------------|--------------------|--------------|
| Segment 1 (0-5 years)   | 4.75%           | 2.71%              | 0.74%        |
| Segment 2 (5-20 years)  | 5.50%           | 3.75%              | 2.57%        |
| Segment 3 (20+ years)   | 6.27%           | 4.21%              | 3.32%        |
| Effective Interest Rate | 5.71%           | 3.88%              | 2.82%        |

**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 2020**

**Rationale:** Chosen by Plan Sponsor effective with the PBGC filing for the plan year beginning 7/1/2018.

**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 3.25% per year (previously 3.70% per year).

**Rationale:** The decrease in the single equivalent discount rate was chosen by the plan sponsor to recognize the change in the FTSE Pension Discount Curve.

### **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**

\$45,000, payable at the beginning of the year, effective July 1, 2020

**Attachment to 2020 Form 5500**  
**Schedule SB, Part V- Statement of Actuarial Methods/Assumptions**  
**Plan Name: American Pop Corn Company Pension Plan**  
**EIN: 42-0113600 PN: 001**

Rationale: This assumption is the average of expenses in the previous three plan years rounded up to the nearest one thousand dollars.

### **Salary Scale**

Not applicable.

Rationale: Plan benefits are frozen effective December 31, 2019.

### **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 and PBGC Premium**: IRS 2020 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.

### **FASB ASC Topic 715 and 960**

**Employees**: Pri-2012 Total Dataset Employee Amount-Weighted Mortality with future mortality improvement modeled generationally to and beyond the measurement date using Scale MP-2020.

**Retirees**: Pri-2012 Total Dataset Retiree Amount-Weighted Mortality with future mortality improvement modeled generationally to and beyond the measurement date using Scale MP-2020.

**Beneficiaries**: Pri-2012 Total Dataset Contingent Survivor Amount-Weighted Mortality with future mortality improvement modeled generationally to and beyond the measurement date using Scale MP-2020.

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.

**Attachment to 2020 Form 5500**  
**Schedule SB, Part V- Statement of Actuarial Methods/Assumptions**  
**Plan Name: American Pop Corn Company Pension Plan**  
**EIN: 42-0113600 PN: 001**

### **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:** Pri-2012 Total Dataset Disabled Amount-Weighted Mortality with future mortality improvement modeled generationally to and beyond the measurement date using Scale MP-2020.

*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.

**Attachment to 2020 Form 5500**  
**Schedule SB, Part V- Statement of Actuarial Methods/Assumptions**  
**Plan Name: American Pop Corn Company Pension Plan**  
**EIN: 42-0113600 PN: 001**

## 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 analysis of Plan's disability experience for the 2012-2016 plan years and 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 2020 Form 5500**  
**Schedule SB, Part V- Statement of Actuarial Methods/Assumptions**  
**Plan Name: American Pop Corn Company Pension Plan**  
**EIN: 42-0113600 PN: 001**

### **Marital Characteristics**

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

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

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

### **Form of Payment**

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

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

### **Participant Data**

As of July 1, 2020

### **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 3.74%, 5.35%, and 6.11% per year to 4.75%, 5.50% and 6.27% per year, respectively.
- The statutory interest rates for determining maximum deductible contribution prior to reflecting funding relief have been changed from 2.65%, 3.95%, and 4.48% per year to 2.71%, 3.75%, and 4.21% per year, respectively.
- The statutory segment interest rates for determining PBGC variable premium prior to reflecting funding relief have been changed from 2.41%, 3.51%, and 4.16% per year to 0.74%, 2.57% and 3.32% per year, respectively.
- For FASB ASC Topic 715-30 accounting purposes, the discount rate has been changed from 3.70% to 3.25%.
- For determining minimum funding requirements, maximum deductible contribution and PBGC variable premium, the mortality table for the healthy participants has been changed from IRS 2019 Combined Healthy Mortality Tables, separate tables for males and females to IRS 2020 Combined Healthy Mortality Tables, separate tables for males and females.
- For FASB ASC Topic 715 and 960 accounting purposes, the mortality table for healthy participants has been changed from RP-2014 sex-distinct Healthy Mortality Table adjusted to reflect Scale MP-2018 from 2006 base year, and projected forward using MP-2018 on a generational basis to Pri-2012 Total Dataset Employee, Retiree or Contingent Amount-Weighted Mortality with future mortality improvement modeled

**Attachment to 2020 Form 5500**  
**Schedule SB, Part V- Statement of Actuarial Methods/Assumptions**  
**Plan Name: American Pop Corn Company Pension Plan**  
**EIN: 42-0113600 PN: 001**

generationally to and beyond the measurement date using Scale MP-2020. Also for FASB ASC Topic 715 and 960 accounting purposes, the mortality table for disabled retirees has been changed from RP-2014 Disabled Retiree Mortality Tables adjusted to 2006 with future mortality improvement modeled generationally to and beyond the measurement date using Scale MP-2018 to Pri-2012 Total Dataset Disabled Amount-Weighted Mortality with future mortality improvement modeled generationally to and beyond the measurement date using Scale MP-2020.

**Attachment to 2020 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:** October 1, 2019

**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. Effective October 1, 2019 anyone hired after 2018 will not be a participant.

**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 year 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 through December 31, 2019.

### **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.

**Attachment to 2020 Form 5500**  
**Schedule SB, Part V- Summary of Plan Provisions**  
**Plan Name: American Pop Corn Company Pension Plan**  
**EIN: 42-0113600 PN: 001**

## **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.

**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**

None.

**Attachment to 2020 Form 5500**  
**Schedule SB, Line 26 – Summary of Active Participants**  
**Plan Name: American Pop Corn Company Pension Plan**  
**EIN: 42-0113600 PN: 001**

Number of Participants by Age and Service Groups

| Age          | Years of Credited Service |     |     |       |       |       |       |       |       |     | Total |
|--------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|-------|
|              | 0                         | 1–4 | 5–9 | 10–14 | 15–19 | 20–24 | 25–29 | 30–34 | 35–39 | 40+ |       |
| <b>0–24</b>  | -                         | 1   | 1   | -     | -     | -     | -     | -     | -     | -   | 2     |
| <b>25–29</b> | -                         | 5   | 1   | -     | -     | -     | -     | -     | -     | -   | 6     |
| <b>30–34</b> | -                         | 5   | 4   | 1     | -     | -     | -     | -     | -     | -   | 10    |
| <b>35–39</b> | -                         | 5   | 3   | -     | -     | -     | -     | -     | -     | -   | 8     |
| <b>40–44</b> | -                         | 9   | 5   | 2     | 1     | -     | -     | -     | -     | -   | 17    |
| <b>45–49</b> | -                         | 7   | 4   | 2     | 4     | 3     | -     | -     | -     | -   | 20    |
| <b>50–54</b> | -                         | 3   | 7   | 3     | 3     | -     | 3     | 1     | -     | -   | 20    |
| <b>55–59</b> | -                         | 1   | 5   | 2     | 2     | 3     | 1     | -     | 2     | -   | 16    |
| <b>60–64</b> | -                         | -   | 2   | 4     | 5     | 1     | 2     | 1     | 2     | 1   | 18    |
| <b>65–69</b> | -                         | 1   | -   | 1     | 2     | -     | -     | 1     | -     | 2   | 7     |
| <b>70+</b>   | -                         | 1   | -   | -     | 2     | -     | -     | -     | -     | -   | 3     |
| <b>Total</b> | -                         | 38  | 32  | 15    | 19    | 7     | 6     | 3     | 4     | 3   | 127   |

Average Compensation of Active Participants by Age and Service

| Age            | Years of Credited Service |         |        |         |        |         |         |         |        |         | Average |
|----------------|---------------------------|---------|--------|---------|--------|---------|---------|---------|--------|---------|---------|
|                | 0                         | 1–4     | 5–9    | 10–14   | 15–19  | 20–24   | 25–29   | 30–34   | 35–39  | 40+     |         |
| <b>0–24</b>    | -                         | 36,702  | 50,094 | -       | -      | -       | -       | -       | -      | -       | 43,398  |
| <b>25–29</b>   | -                         | 39,547  | 58,298 | -       | -      | -       | -       | -       | -      | -       | 42,672  |
| <b>30–34</b>   | -                         | 40,325  | 45,168 | 39,210  | -      | -       | -       | -       | -      | -       | 42,151  |
| <b>35–39</b>   | -                         | 40,586  | 33,271 | -       | -      | -       | -       | -       | -      | -       | 37,843  |
| <b>40–44</b>   | -                         | 40,703  | 55,333 | 77,353  | 32,224 | -       | -       | -       | -      | -       | 48,819  |
| <b>45–49</b>   | -                         | 28,696  | 53,785 | 108,459 | 62,268 | 132,869 | -       | -       | -      | -       | 64,031  |
| <b>50–54</b>   | -                         | 36,960  | 38,291 | 33,262  | 56,346 | -       | 97,846  | 49,726  | -      | -       | 49,550  |
| <b>55–59</b>   | -                         | 119,892 | 35,044 | 45,626  | 79,585 | 40,609  | 114,639 | -       | 59,940 | -       | 56,367  |
| <b>60–64</b>   | -                         | -       | 41,030 | 52,196  | 34,625 | 38,833  | 44,160  | 39,953  | 67,336 | 101,249 | 48,166  |
| <b>65–69</b>   | -                         | 23,922  | -      | 105,884 | 37,310 | -       | -       | 166,654 | -      | 189,108 | 107,042 |
| <b>70+</b>     | -                         | 52,791  | -      | -       | 30,978 | -       | -       | -       | -      | -       | 38,249  |
| <b>Average</b> | -                         | 39,834  | 43,937 | 61,102  | 48,379 | 79,895  | 82,749  | 85,444  | 63,638 | 159,822 | 53,555  |