

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>04/01/2021</u> and ending <u>03/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☒ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☐
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II Basic Plan Information—enter all requested information			
1a Name of plan	<u>JFC INTERNATIONAL INC EMPLOYEES' RETIREMENT PLAN</u>		
1b Three-digit plan number (PN) ▶	<u>008</u>		
1c Effective date of plan	<u>04/01/1972</u>		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	<u>JFC INTERNATIONAL INC.</u> <u>7101 EAST SLAUSON AVENUE</u> <u>LOS ANGELES, CA 90040</u> <u>7101 EAST SLAUSON AVENUE</u> <u>LOS ANGELES, CA 90040</u>		
2b Employer Identification Number (EIN)	<u>94-1118321</u>		
2c Plan Sponsor's telephone number	<u>323-721-6100</u>		
2d Business code (see instructions)	<u>424400</u>		

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>06/10/2022</u>	<u>NAOHIRO TAKAHASHI</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	863
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	439
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3D 3H 1I 1H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022	
A Name of plan JFC INTERNATIONAL INC EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 008
C Plan sponsor's name as shown on line 2a of Form 5500 JFC INTERNATIONAL INC.	D Employer Identification Number (EIN) 94-1118321

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	ZH1378	0	04/01/2021	03/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 8531	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MORGAN STANLEY SMITH BARNEY LLC
1 NEW YORK PLZ FL 12
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8531	0		6

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP PENSION FUND**

b	Balance at the end of the previous year	7b	20474753
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c	Additions: (1) Contributions deposited during the year	7c(1)	3395000	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	218844	
	(4) Transferred from separate account.....	7c(4)	0	
	(5) Other (specify below)	7c(5)	0	

(6) Total additions	7c(6)	3613844
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	24088597
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	13931924	
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)	10156673		

(5) Total deductions	7e(5)	24088597
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022		
A Name of plan JFC INTERNATIONAL INC EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ▶	008
C Plan sponsor's name as shown on line 2a of Form 5500 JFC INTERNATIONAL INC.	D Employer Identification Number (EIN) 94-1118321	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VOYA RETIREMENT INS. & ANNUITY CO.
71-0294708

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

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

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

WELLS FARGO CLEARING SERVICES, LLC

34-1542819

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	34184	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLS FARGO CLEARING SERVICES, LLC	99	34184
(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.	
VOYA RETIREMENT INS AND ANNUITY CO 71-0294708	OTHER FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022		
A Name of plan JFC INTERNATIONAL INC EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ►	008
C Plan sponsor's name as shown on line 2a of Form 5500 JFC INTERNATIONAL INC.		
D Employer Identification Number (EIN) 94-1118321		

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	20273731	0
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	20273731 0
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	0 0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	20273731 0

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	3311903
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	3311903
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	419866
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	419866
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3731769
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	15351037	
(2) To insurance carriers for the provision of benefits.....	2e(2)	8654463	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		24005500
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)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		24005500
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-20273731
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: EOS ACCOUNTANTS LLP

(2) EIN: 22-3462644

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 Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
4k	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c 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.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 427532.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022

A Name of plan JFC INTERNATIONAL INC EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ► 008
C Plan sponsor's name as shown on line 2a of Form 5500 JFC INTERNATIONAL INC.	D Employer Identification Number (EIN) 94-1118321

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 71-0294708		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	500

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of 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:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year

15b

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

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**Financial Statements
and Supplemental Schedules**

**JFC International Inc.
Employees' Retirement Plan**

*Years Ended March 31, 2021 and 2020
with Independent Auditor's Report*



JFC International Inc. Employees' Retirement Plan

Financial Statements and Supplemental Schedules

Years Ended March 31, 2021 and 2020

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Independent Auditor's Report

Plan Administrator of
JFC International Inc. Employees' Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of JFC International Inc. Employees' Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of March 31, 2021 (in liquidation) and 2020 (ongoing), and the related statements of changes in net assets available for benefits for the years ended March 31, 2021 (in liquidation) and 2020 (ongoing), and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Voya Retirement Insurance and Annuity Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of March 31, 2021 and 2020 and for the years then ended, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.



Other Matter

The supplemental schedules of Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year - Liquidation) and Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended March 31, 2021 (in liquidation) are required by the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Emphasis of Matter

As disclosed in Note 1, on May 16, 2018, the board of directors of the Plan sponsor approved an amendment to cease all benefit accruals of the Plan after May 31, 2018. As all benefit accruals under the Plan were frozen, the participant’s monthly retirement benefit calculation no longer take into account of any hours of service completed any time after May 31, 2018 nor take into account of any compensation for the period after May 31, 2018. All other terms and provision of the Plan remain unchanged.

As disclosed in Note 1, on October 26, 2020, the board of directors of the Plan sponsor determined the termination of the Plan for an effective Plan termination date of December 31, 2020, and management determined liquidation during the year ended March 31, 2021. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2020 financial statements to the liquidation basis used in presenting the 2021 financial statements. Our opinion is not modified with respect to this matter.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA.

Eos Accountants LLP

January 4, 2022

JFC International Inc. Employees' Retirement Plan

Statements of Net Assets Available for Benefits

March 31, 2021 (in Liquidation) and 2020 (Ongoing)

	2021	2020
	(Liquidation)	(Ongoing)
Assets:		
Investments at fair value:		
Separately managed account	\$ -	\$ 5,827,167
Guaranteed investment contract	20,474,752	11,201,343
	<u>20,474,752</u>	<u>17,028,510</u>
Receivables:		
Employer contribution receivable	3,395,000	274,000
Accrued interest expected to be earned in liquidation	218,845	-
	<u>3,613,845</u>	<u>274,000</u>
Total assets	<u>24,088,597</u>	<u>17,302,510</u>
Liabilities:		
Estimated payments to participants upon liquidation	24,005,500	-
Estimated payments to Plan sponsor upon liquidation	83,097	-
Total liabilities	<u>24,088,597</u>	<u>-</u>
Net assets available for benefits	<u>\$ -</u>	<u>\$ 17,302,510</u>

See accompanying notes to financial statements.

JFC International Inc. Employees' Retirement Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended March 31, 2021 (in Liquidation) and 2020 (Ongoing)

	<u>2021</u>	<u>2020</u>
	<u>(Liquidation)</u>	<u>(Ongoing)</u>
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 1,355,049	\$ 346,385
Interest and dividends	476,858	310,693
	<u>1,831,907</u>	<u>657,078</u>
Employer contributions	<u>8,662,000</u>	<u>406,000</u>
Total additions	<u>10,493,907</u>	<u>1,063,078</u>
Deductions:		
Benefits paid to participants	<u>3,926,665</u>	<u>636,102</u>
Net decrease prior to adjustment to liquidation basis	<u>6,567,242</u>	<u>426,976</u>
Adjustment to liquidation basis:		
Estimated payments to participants upon liquidation	24,005,500	-
Estimated payments to Plan sponsor upon liquidation	83,097	-
Accrued interest expected to be earned in liquidation	(218,845)	-
Net (decrease) increase	(17,302,510)	426,976
Net assets available for benefits - Beginning of year	<u>17,302,510</u>	<u>16,875,534</u>
Net assets available for benefits - End of year	<u>\$ -</u>	<u>\$ 17,302,510</u>

See accompanying notes to financial statements.

JFC International Inc. Employees' Retirement Plan

Notes to Financial Statements

March 31, 2021

1. Description of Plan

The following description of the JFC International Inc. Employees' Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General – The Plan is a noncontributory defined benefit pension plan covering regular nonunion employees of JFC International, Inc. and its subsidiaries, Hapi Products Inc. and Pacific Marketing Alliance, Inc. (collectively, the "Company"), who have completed at least one year of service. Effective January 1, 2014, Voya Institutional Trust Company (formerly known as ING National Trust) became a trustee of the Plan and Voya Retirement Insurance and Annuity Company ("Voya") became the custodian of the Plan. The Company through its Plan Committee (the "Plan Committee") is responsible for the general administration of the Plan.

On May 16, 2018, the board of directors of the Plan sponsor approved an amendment to cease all benefit accruals of the Plan after May 31, 2018. As all benefit accruals under the Plan were frozen, the participant's monthly retirement benefit calculation no longer take into account of any hours of service completed any time after May 31, 2018 nor take into account of any compensation for the period after May 31, 2018. All other terms and provision of the Plan remain unchanged.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Company contributes amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the future benefits to be paid to the Plan members and meet the minimum funding requirements of ERISA. For the years ended March 31, 2021 and 2020, the Company believes that it is in compliance with the ERISA minimum funding requirements.

Eligibility and Vesting – Prior to the Plan termination date, participants, who begin participation in the Plan after April 1, 1979, become vested 20% after three years of service and vesting increases by 20% for each year thereafter. Therefore, those participants are fully vested after seven years of service. Participants, who participated in the Plan on or before April 1, 1979, become vested 20% after one year of service and vesting increased by 20% for each year thereafter. Therefore, those participants were fully vested after five years of service.

Prior to the Plan termination date, participants are entitled to pension benefit amounts beginning at normal retirement age of 65. The amount of normal retirement benefits is determined as of the participant's date of retirement, termination or death, whichever is earliest, and is equal to the sum of (a) 0.8% of the participant's earnings for each full year of benefit accrual service as defined in the Plan, completed prior to the participant's normal retirement date, and (b) 25% of the participant's accrued retirement benefit on December 31, 1984, calculated pursuant to the Plan's provisions. The Plan permits early retirement between the ages of 55 through 64. Employees may elect to receive their pension benefits in the form of a 10-year certain and life annuity, a joint and survivor annuity, other alternative annuity forms, and lump sum payments, as defined in the Plan.

JFC International Inc. Employees' Retirement Plan

Notes to Financial Statements (continued)

If an active employee dies before the age of 55 who is either unmarried or married but not vested, the Plan provides that a single sum death benefit equal to the actuarial equivalent of the employee's accrued benefit be paid to the employee's beneficiary. If an active employee dies before the age of 55 who is married, the Plan provides for a pre-retirement spouse's death benefit in the form of a survivor annuity payable to the employee's spouse. The amount of the benefit payable to the employee's spouse is equal to the greater of a life annuity benefit which can be provided by the single sum death benefit and 50% of the benefit that the employee would have received under the qualified joint and survivor annuity form and calculated as if the employee had terminated employment on the date of death and retired on the date of the earliest retirement age. The Plan does not provide for separate benefits upon disability of an employee.

Plan Termination and Liquidation – On October 26, 2020, the board of directors of the Plan sponsor determined the termination of the Plan for an effective Plan termination date of December 31, 2020. The Plan started distributions after receipt of the Internal Revenue Service ("IRS") determination letter on the Plan's termination on March 3, 2021. All benefits owed to participants and beneficiaries were paid through November 2021, which are recognized in benefits paid to participants and Plan sponsor in the accompanying statements of changes in net assets available for benefits

2. Summary of Significant Accounting Policies

Basis of Accounting – The financial statements are prepared in accordance with accounting principles generally accepted in the United States ("U.S. GAAP"). The financial statements as of and for the year ended March 31, 2021 has been prepared in accordance with the liquidation basis of accounting.

Use of Estimates – The preparation of financial statements in conformity with U.S. GAAP requires management to make significant estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported changes in the net assets during the reporting period. These significant estimates also include actuarial present value of accumulated plan benefits. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – The Plan's investments are stated 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 Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 4 for discussion on fair value measurements.

JFC International Inc. Employees' Retirement Plan

Notes to Financial Statements (continued)

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

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 statements of net assets in liquidation available for benefits and the statements of changes in net assets in liquidation available for benefits.

Plan contributions and the actuarial present value of accumulated plan benefits are prepared based on certain assumptions including, but not limited 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 could be material to the financial statements.

Benefit Payments – Prior to adoption of the liquidation basis of accounting, benefit payments to participants are recorded upon distribution. After adoption of the liquidation basis, estimated payments to participants and Plan sponsor upon liquidation are recorded in the statements of net assets available for benefits and in the statements of changes in net assets available for benefits.

Administrative Expenses – Administrative expenses of the Plan are paid by either the Plan or the Company, as provided by the Plan document. During the years ended March 31, 2021 and 2020, no administrative expenses were paid by the Plan. Certain administrative expenses incurred by the Plan were paid by the Company during the years ended March 31, 2021 and 2020.

Date of Actuarial Report – The accumulated plan benefits at March 31, 2020, and the changes in the accumulated plan benefits for the year then ended reflect information obtained from the actuarial reports as of April 1, 2020.

Actuarial Present Value of Accumulated Plan Benefits – Accumulated plan benefits (see Note 5) are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the services employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are computed using a monthly benefit amount and years of credited service, subject to specific limitations as described in the Plan agreement. The accumulated plan benefits for active employees are based on the number of credited service years ending on the date as of which the benefit information is presented (the valuation date) and the corresponding monthly benefit amount. Benefits payable under all circumstances, including retirement, death, and termination of employment, are included to the extent they are deemed attributable to employee services rendered to the valuation date.

Subsequent Events – The Plan has evaluated subsequent events through January 4, 2022 the date the financial statements were available to be issued. Management has determined that there are no subsequent events required to be recorded or disclosed except for the matter noted in Note 5.

JFC International Inc. Employees' Retirement Plan

Notes to Financial Statements (continued)

3. Information Certified by Custodian (Unaudited)

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at March 31, 2021 and 2020, and interest, dividends, and net appreciation (depreciation) in fair value of investments for the years then ended, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Plan's custodian, Voya, for the years ended March 31, 2021 and 2020.

4. 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 under the Financial Accounting Standards Board ("FASB") Accounting Standard Codification ("ASC") 820, Fair Value Measurements, are described as follows:

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

Level 2 — Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contracted) 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 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2021 and 2020.

Separately managed account: Valued based on the fair values of the underlying securities in an active market.

JFC International Inc. Employees' Retirement Plan

Notes to Financial Statements (continued)

Guaranteed investment contract ("GIC"): The fair value of the Voya Fixed Account which consists of an underlying GIC owned by the Plan is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations.

The GIC is reported based upon observable inputs, including the Plan's assumptions as to what market participants would use in pricing such instruments.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2021 and 2020:

Investments at March 31, 2021				
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Investments at fair value:				
- Guaranteed investment contract	\$ -	\$ 20,474,752	\$ -	\$ 20,474,752
Total investments at fair value				<u>\$ 20,474,752</u>

Investments at March 31, 2020				
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Investment at fair value:				
- Separately managed account	\$ 5,827,167	\$ -	\$ -	\$ 5,827,167
- Guaranteed investment contract	-	11,201,343	-	11,201,343
Total investments at fair value				<u>\$ 17,028,510</u>

The valuation methods as described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

5. Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by an actuary and is the 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, withdrawal, or retirement) between the valuation date and the expected date of payment.

JFC International Inc. Employees' Retirement Plan

Notes to Financial Statements (continued)

The accumulated plan benefit information at March 31, 2020 was as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 7,205,003
Terminated vested participants	7,611,033
Active participants	<u>10,929,123</u>
Total vested benefits	25,745,159
Nonvested benefits	<u>128,823</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 25,873,982</u></u>

The change in the actuarial present value of accumulated plan benefit for the plan year ended March 31, 2020, are explained by the rollforward schedule below:

Actuarial present value of accumulated plan benefits at beginning of the year	\$ 19,362,567
Increase (decrease) during the year attributable to:	
Benefits accumulated	138,258
Increase in interest	952,226
Change in actuarial assumptions	6,057,033
Benefits paid	<u>(636,102)</u>
Actuarial present value of accumulated plan benefits at end of the year	<u><u>\$ 25,873,982</u></u>

JFC International Inc. Employees' Retirement Plan

Notes to Financial Statements (continued)

The significant actuarial assumptions used in the valuation of the Plan at March 31, 2020 was as follows:

Assumed interest rate	3.0%														
Withdrawals	<table><tr><th>Years of Service</th><th>Rate</th></tr><tr><td>0-2</td><td>12%</td></tr><tr><td>3</td><td>11%</td></tr><tr><td>4</td><td>10%</td></tr><tr><td>5-13</td><td>7%</td></tr><tr><td>14-19</td><td>4%</td></tr><tr><td>20 or more</td><td>3%</td></tr></table>	Years of Service	Rate	0-2	12%	3	11%	4	10%	5-13	7%	14-19	4%	20 or more	3%
Years of Service	Rate														
0-2	12%														
3	11%														
4	10%														
5-13	7%														
14-19	4%														
20 or more	3%														
Mortality	Prescribed Mortality Assumption under IRC Section 430(h)(3)(A) using static tables with separate mortality rates for annuitants and non-annuitants														
Salary scale	5% per annum increase														
Administrative expenses	None														
Retirement age	65														

Different actuarial assumptions and other factors may be applicable in determining the actuarial present value of accumulated plan benefits upon Plan liquidation. The Plan recorded \$24,005,500 of estimated balance payable to participants upon liquidation at March 31, 2021, which was subsequently distributed to participants through September 15, 2021. After the completion of distribution to participants, remaining \$83,097 balance, which was part of contributions made to fund distributions to participants upon liquidation by the Plan sponsor, was refunded to the Plan sponsor during November 2021.

6. Guaranteed Investment Contract with Insurance Company

In March 22, 2012, the Plan entered into a guaranteed investment contract with Voya, which earns a fixed minimum guaranteed interest rate of 1.00%. During the years ended March 31, 2021 and 2020, the interest earned amounted to approximately \$696,000 and \$311,000, respectively. The average yield was 3% at March 31, 2021 and 2020. Voya maintains the contributions in their general account. Such unallocated general account is credited with earnings on the underlying investments and charged for withdrawals and administrative expenses. Voya is contractually obligated to repay the principal and a specified minimum interest rate that is guaranteed to the Plan.

JFC International Inc. Employees' Retirement Plan

Notes to Financial Statements (continued)

On all surrenders from the GIC, the issuer pays the contract surrender value in one of two methods as elected by the Plan administrator. The first surrender payment method is in equal principal payments, with interest, over a period not to exceed 60 months. During the payment period, the interest rate will be credited to the remaining contract balance at a single rate that is established at the start of the payment period and that will not be more than 1.5% below the rate being credited to the contract as of the date of surrender. In no event will the credited interest rate be less than 1%. The second method is based on a single payment, which has been adjusted by a contract market value adjustment. To determine the single payment amount, the total contract surrender value is multiplied by the market value adjustment.

There are restrictions on transfers to and from the GIC and a positive or negative market value adjustment, as defined in the contract agreement that may apply on contract surrenders. A limited sum of partial surrenders and transfers from the contract to other sources of the Plan are permitted. The percentage permitted for the sum of partial surrenders and transfers may vary at the issuer's discretion, but will never, in any calendar year, exceed 20% of the value of the contract as of January 1 of that year. However, the issuer on a temporary basis may allow any larger surrender percentage. The percentage permitted will apply to the sum of all such transfers in the calendar year, rather than to each individual transfer.

7. Related-Party Transactions and Party-in-Interest Transactions

The Plan invested in the Voya Fixed Account, offered by the Voya, totaling \$20,474,752 and \$11,201,343 as of March 31, 2021 and 2020, respectively. In addition to the Voya Fixed Account, certain mutual funds in the separately managed account, totaling approximately \$1,254,000 as of March 31, 2020, that the Plan held as investments are managed by Voya and its affiliates. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund.

8. Tax Status

The Plan has received a determination letter from IRS dated August 8, 2013, stating that the Plan is qualified, in form, under Section 401(a) of the Internal Revenue Code ("IRC"). The IRS has determined and informed the Company by a determination letter, dated July 20, 2021, that the Plan is designed in accordance with applicable sections of the Code, and, the Company has received a favorable determination letter in connection with the Plan termination. The Plan administrator believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan and related trust continue to be tax-exempt.

U.S. GAAP require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

JFC International Inc. Employees' Retirement Plan

Notes to Financial Statements (continued)

9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500, Schedule H, Part I:

	March 31,	
	2021	2020
Net assets available for benefits per the financial statements	\$ -	\$ 17,302,510
Add:		
Contributions receivable	-	5,267,000
Estimated payments to participants upon liquidation	24,005,500	-
Estimated payments to Plan sponsor upon liquidation	83,097	
Deduct:		
Market value adjustment	(201,021)	-
Contributions receivable	(3,395,000)	-
Accrued interest expected to be earned in liquidation	(218,845)	-
Net assets available for benefits per the Form 5500	<u>\$ 20,273,731</u>	<u>\$ 22,569,510</u>

The following is a reconciliation of the net increase in assets available for benefits as reported in the March 31, 2021 financial statements to the net income as reported on March 31, 2021 Form 5500, Schedule H, Part II:

	Year Ended March 31, 2021
Net decrease in assets available for benefits as reported in the financial statements	\$ (17,302,510)
Add:	
Estimated payments to participants upon liquidation	24,005,500
Estimated payments to Plan sponsor upon liquidation	83,097
Deduct:	
Market value adjustment	(201,021)
Current year's contributions receivable	(3,395,000)
Accrued interest expected to be earned in liquidation	(218,845)
Prior year's contributions receivable	<u>(5,267,000)</u>
Net loss as reported on Form 5500	<u>\$ (2,295,779)</u>

SUPPLEMENTAL SCHEDULES

JFC International Inc. Employees' Retirement Plan

EIN: 94-1118321 Plan: 008

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year – Liquidation)

March 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Guaranteed Investment Contract:				
	* Voya Retirement Insurance and Annuity	Voya Fixed Account	20,474,752	20,474,752
		Total	<u>\$ 20,474,752</u>	<u>\$ 20,474,752</u>

* Denotes party-in-interest investment.

(d) Cost information is estimated.

See accompanying independent auditor's report

JFC International Inc. Employees' Retirement Plan

EIN: 94-1118321 Plan: 008

Schedule H, Line 4(j) – Schedule of Reportable Transactions in Liquidation

Year Ended March 31, 2021

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transactuin	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<u>Category (i) - A single transaction within the plan year in excess of 5% of the current value of the plan assets.</u>								
American Funds	AB Large Cap Grw Fnd K	\$ -	\$ 1,787,583	\$ -	\$ -	\$ 1,273,693	\$1,787,583	\$ 513,890
	American Funds EuroPacific R4	-	1,553,893	-	-	1,352,085	1,553,893	201,808
	Invesco Comstock Fund A	-	1,195,786	-	-	1,322,355	1,195,786	(126,569)
	JPMorgan Equity Income Fund A	-	1,349,776	-	-	1,294,536	1,349,776	55,240
	Voya Fixed Account	5,125,000	-	-	-	5,125,000	5,125,000	-
	Voya Fixed Account	7,594,012	-	-	-	7,594,012	7,594,012	-
<u>Category (iii) - A series of transactions in excess of 5% of plan assets.</u>								
	AB Large Cap Grw Fnd K	\$ -	\$ 1,816,872	\$ -	\$ -	\$ 1,329,048	\$1,816,872	\$ 487,824
	American Funds EuroPacific R4	-	1,579,092	-	-	1,169,525	1,579,092	409,567
	Invesco Comstock Fund A	-	1,213,379	-	-	1,019,694	1,213,379	193,685
	JPMorgan Equity Income Fund A	-	1,368,669	-	-	1,135,297	1,368,669	233,372
	Voya Fixed Account	-	3,800,059	-	-	3,331,954	3,800,059	468,105
	Voya Fixed Account	13,025,412	-	-	-	13,025,412	13,025,412	-

See accompanying independent auditor's report

JFC International Inc. Employees' Retirement Plan

EIN: 94-1118321 Plan: 008

Schedule H, Line 4(i) –
Schedule of Assets (Held at End of Year – Liquidation)

March 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Guaranteed Investment Contract:				
	* Voya Retirement	Voya Fixed Account	20,474,752	20,474,752
	Insurance and Annuity			
		Total	<u>\$ 20,474,752</u>	<u>\$ 20,474,752</u>

* Denotes party-in-interest investment.

(d) Cost information is estimated.

See accompanying independent auditor's report

JFC International Inc. Employees' Retirement Plan

EIN: 94-1118321 Plan: 008

Schedule H, Line 4(j) – Schedule of Reportable Transactions in Liquidation

Year Ended March 31, 2021

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transactuin	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<u>Category (i) - A single transaction within the plan year in excess of 5% of the current value of the plan assets.</u>								
American Funds	AB Large Cap Grw Fnd K	\$ -	\$ 1,787,583	\$ -	\$ -	\$ 1,273,693	\$1,787,583	\$ 513,890
	American Funds EuroPacific R4	-	1,553,893	-	-	1,352,085	1,553,893	201,808
	Invesco Comstock Fund A	-	1,195,786	-	-	1,322,355	1,195,786	(126,569)
	JPMorgan Equity Income Fund A	-	1,349,776	-	-	1,294,536	1,349,776	55,240
	Voya Fixed Account	5,125,000	-	-	-	5,125,000	5,125,000	-
	Voya Fixed Account	7,594,012	-	-	-	7,594,012	7,594,012	-
<u>Category (iii) - A series of transactions in excess of 5% of plan assets.</u>								
	AB Large Cap Grw Fnd K	\$ -	\$ 1,816,872	\$ -	\$ -	\$ 1,329,048	\$1,816,872	\$ 487,824
	American Funds EuroPacific R4	-	1,579,092	-	-	1,169,525	1,579,092	409,567
	Invesco Comstock Fund A	-	1,213,379	-	-	1,019,694	1,213,379	193,685
	JPMorgan Equity Income Fund A	-	1,368,669	-	-	1,135,297	1,368,669	233,372
	Voya Fixed Account	-	3,800,059	-	-	3,331,954	3,800,059	468,105
	Voya Fixed Account	13,025,412	-	-	-	13,025,412	13,025,412	-

See accompanying independent auditor's report