

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
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: DELONG'S, INC. PENSION PLAN
1b Three-digit plan number (PN): 334
1c Effective date of plan: 01/01/1969
2a Plan sponsor's name (employer, if for a single-employer plan): DELONG'S, INC. RETIREMENT COMMITTEE
2b Employer Identification Number (EIN): 44-0528273
2c Plan Sponsor's telephone number: 573-635-6121
2d Business code (see instructions): 332300

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	171
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	154
	6a(2)	143
	6b	8
	6c	5
	6d	156
	6e	6
	6f	162
	6g(1)	
6g(2)		
6h		4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 <u>DELONG'S, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>334</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DELONG'S, INC.</u>	D Employer Identification Number (EIN) <u>44-0528273</u>	
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 <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>25396434</u>
	b Actuarial value	2b	<u>25396434</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>14</u>	<u>1056327</u>
	b For terminated vested participants	<u>3</u>	<u>28771</u>
	c For active participants	<u>154</u>	<u>9556996</u>
	d Total	<u>171</u>	<u>10642094</u>
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	<u>5.31 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>856281</u>
	b Expected plan-related expenses	6b	<u>112633</u>
	c Target normal cost	6c	<u>968914</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE			
	Signature of actuary	<u>07/18/2025</u>	Date
	<u>MICHAEL SUDDUTH</u>	<u>23-06248</u>	Most recent enrollment number
	<u>MILLIMAN, INC.</u>	<u>314-446-5607</u>	Telephone number (including area code)
	<u>500 N. BROADWAY SUITE 1750 SAINT LOUIS, MO 63102</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1156717	2309129
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	1156717	2309129
10	Interest on line 9 using prior year's actual return of <u>9.96</u> %	115209	229989
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		2700891
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.42</u> %		146388
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		2847279
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1271926	2539118

Part III Funding Percentages			
14	Funding target attainment percentage	14	197.51 %
15	Adjusted funding target attainment percentage	15	232.39 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	194.79 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)		18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0	
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0	
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 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			
26 Demographic and benefit information			
a 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 Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	968914	
b Excess assets, if applicable, but not greater than line 31a	31b	968914	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan DELONG'S, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	334
C Plan sponsor's name as shown on line 2a of Form 5500 DELONG'S, INC.	D Employer Identification Number (EIN) 44-0528273	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

MILLIMAN, INC.

91-0675641

(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?
11 50	ACTUARY	16030	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

WILLIAMS-KEEPERS

43-1126847

(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?
10 50	AUDITOR	15000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BENEFIT TRUST COMPANY

43-1971558

(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?
21 27 50 71	TRUSTEE	91208	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" 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 (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan DELONG'S, INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 334
C Plan sponsor's name as shown on line 2a of Form 5500 DELONG'S, INC.	D Employer Identification Number (EIN) 44-0528273

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2875000	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	49539	488168
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	779170	4532371
(2) U.S. Government securities	1c(2)	40491	41840
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2983826	2815690
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	18696803	19586396
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	25424829	27464465
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	750	2610
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	750	2610
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	25424079	27461855

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	89999	
(B) U.S. Government securities.....	2b(1)(B)	990	
(C) Corporate debt instruments.....	2b(1)(C)	89660	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		180649
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	506013	
(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)		506013
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	6395687	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	4477137	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		1918550
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	678373	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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		3283585

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1104876	
(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)		1104876
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	15000	
(5) Investment advisory and investment management fees	2i(5)	91208	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	17890	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	16835	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		140933
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1245809

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2037776
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: WILLIAMS KEEPERS, LLC

(2) EIN: 43-1126847

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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		
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		
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	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c 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 549893.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>DELONG'S, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>334</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DELONG'S, INC.</u>	D Employer Identification Number (EIN) <u>44-0528273</u>	

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): <u>43-1971558</u>		
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	13

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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
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).....	14b	
c 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).....	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) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703007A.

REPORT OF
DELONG'S, INC. PENSION PLAN
DECEMBER 31, 2024 AND 2023

INDEPENDENT AUDITOR'S REPORT

To the Pension Committee
DeLong's, Inc. Pension Plan
Jefferson City, Missouri

Opinion

We have audited the financial statements of the DeLong's, Inc. Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2023, and the related statement of changes in its accumulated plan benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibility for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at year end as of December 31, 2024, and the supplemental schedule of reportable transactions for the year then ended are presented for the purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of 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 audit 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 GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Williams - Keepers LLC

Columbia, Missouri
July 14, 2025

DELONG'S, INC. PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments at fair value	\$ 26,976,297	\$ 22,500,290
Receivables:		
Due from broker	437,591	-
Accrued interest and dividends	50,577	49,539
Employer contributions	-	2,875,000
Total receivables	<u>488,168</u>	<u>2,924,539</u>
Total assets	<u>27,464,465</u>	<u>25,424,829</u>
LIABILITIES		
Accrued expenses	<u>2,610</u>	<u>750</u>
Total liabilities	<u>2,610</u>	<u>750</u>
Net assets available for benefits	<u><u>\$ 27,461,855</u></u>	<u><u>\$ 25,424,079</u></u>

The notes to financial statements are an integral part of these statements.

DELONG'S, INC. PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 2,596,923	\$ 1,262,303
Interest and dividends	686,662	592,685
Total investment income	3,283,585	1,854,988
Employer contributions	-	2,875,000
Other contributions	-	188,202
Total additions	<u>3,283,585</u>	<u>4,918,190</u>
Deductions from net assets attributed to:		
Benefits paid to participants	1,104,876	486,051
Administrative expenses	140,933	112,633
Total deductions	<u>1,245,809</u>	<u>598,684</u>
Net increase	2,037,776	4,319,506
Net assets available for benefits, beginning of year	<u>25,424,079</u>	<u>21,104,573</u>
Net assets available for benefits, end of year	<u>\$ 27,461,855</u>	<u>\$ 25,424,079</u>

The notes to financial statements are an integral part of these statements.

DELONG'S, INC. PENSION PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS

December 31, 2023

Actuarial present value of accumulated plan benefits:

Vested benefits

Participants currently receiving payments

\$ 1,023,046

Other participants

9,299,744

10,322,790

Nonvested accrued benefits

284,733

Total actuarial present value of accumulated plan benefits

\$ 10,607,523

The notes to financial statements are an integral part of these statements.

DELONG'S, INC. PENSION PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

Year Ended December 31, 2023

Actuarial present value of accumulated plan benefits at beginning of year	\$ 9,515,177
Increase (decrease) during the year attributable to:	
Decrease due to benefits paid	(486,051)
Increase for interest due to the decrease in discount period	510,147
Increase due to benefits accumulated, net of gains and losses	829,466
Increase due to actuarial loss	238,784
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 10,607,523</u>

The notes to financial statements are an integral part of these statements.

DELONG'S, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

The following description of the DeLong's, Inc. Pension Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

General: The Plan is a defined benefit plan covering employees of DeLong's, Inc. (the Company). The Plan was established January 1, 1969 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Employees are eligible to participate in the Plan on January 1 or July 1 of the Plan year after attaining age 21 and completing one year of service with the Company.

Pension benefits: Employees with 5 or more years of service are entitled to monthly pension benefits beginning at normal retirement age (65) equal to 1% of their average monthly compensation for each year of service starting in 1989, plus the preserved benefit as of December 31, 1988, developed under the previous formula. The Plan permits early retirement after age 60. Married employees are automatically covered by a joint and survivor option, unless an election to the contrary is made by the employee. If employees terminate before rendering 5 years of service, they forfeit the right to receive their accumulated plan benefits. Employees may elect to receive the value of their accumulated plan benefits in one or more of the following methods: (1) lump-sum payment, (2) periodic installments, and (3) annuity contracts.

Disability benefits: An employee is eligible for a disability benefit if his employment terminated due to total and permanent disability at any age, provided he has completed ten years of vesting service. The pension, commencing at age 65 and payable for life, is computed in the same manner as a normal retirement pension, considering service to normal retirement date and compensation to date of disability. Upon participant election, he may receive the present value of his vested benefit.

Death benefits: The Plan provides death benefits to vested participants who have not started their retirement benefits prior to death. Such death payments are payable, at the option of the survivor, in the form of an annuity, periodic installments, or one lump sum payment. The Plan provides death benefits to surviving spouses or a designated beneficiary. If the participant has not designated a beneficiary, or the beneficiary is deceased, no benefit will be payable.

Administration: Benefit Trust Company is the Plan's trustee and maintains funds held for investment. Milliman Inc. provides actuarial services. Administrative costs for these services, along with certain other administrative costs, are deducted from Plan assets. Certain other administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. The Plan is administered by the Pension-Profit Sharing Committee appointed by the Company's Board of Directors and has overall responsibility for the operation and administration of the Plan. The Pension-Profit Sharing Committee determines the appropriateness of the Plan's investments, monitors investment performance, and reports to the Company's Board of Directors.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting: The accompanying financial statements are prepared under the accrual basis of accounting.

Valuation of investments: 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. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the declaration date. Interest is recorded when earned. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Investment securities of the Plan are exposed to various risks, such as interest rates, market, and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of net assets available for benefits.

Due from broker: Due from broker represents the market value of investment securities that were sold during 2024, but for which the funds were not received until after 2024.

Payment of benefits: Benefits are recorded when paid.

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 (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits paid under the Plan are based on employee's compensation during the five highest consecutive years of credited service during the last ten years of service prior to retirement or termination. The accumulated plan benefits for active employees are based on their compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's 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 valuations as of January 1, 2024, were (a) life expectancy of participants (2024 Current Liability Optional Small Plan Combined Mortality Table, male and female rates), (b) retirement age assumptions (the assumed average retirement age was 65 or five years of participation, if later), (c) investment return of 4.75%, 4.96%, 5.59% segment rates with an overall effective interest rate of 5.31% and (d) salary increases of 3.50%. The foregoing actuarial assumptions were 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.

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 future would be material to the financial statements.

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Subsequent events: Events that have occurred subsequent to December 31, 2024, have been evaluated through July 14, 2025, which represents the date the Plan's financial statements were approved by management and therefore available to be issued.

3. FUNDING POLICY

Employees are not required or permitted to make contributions to the Plan. The Company, acting under the advice of the actuary for the Plan, makes contributions to the Plan in such amounts and at such times as are required to maintain the Plan in compliance with ERISA and Section 412 of the Internal Revenue Code of 1986, as amended. The Company made contributions of \$0 and \$2,875,000 during 2024 and 2023, respectively, which met or exceeded the minimum funding requirements of ERISA.

Certain participants that are reemployed by the Company may restore their benefits by repaying distributions previously received. A participant made a reemployment contribution of \$188,202 during 2023, which is included in other contributions in the financial statements.

4. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated October 30, 2020, that the Plan, as then designed, was in a form acceptable under Section 401(a) of the Internal Revenue Code (IRC). The Company adopted this plan effective January 1, 2019. This Plan is an amendment and restatement of an existing plan originally established January 1, 1969. The Plan is relying on this favorable determination letter. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes the Plan is qualified as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management 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 IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

This Plan was subsequently amended and restated, effective March 31, 2025. There was no significant impact on plan provisions as a result of this restatement.

5. PLAN TERMINATION

Although they have not expressed any intent 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. In the event of Plan termination, 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. 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.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations (discussed below).
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All other benefits under the Plan.

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. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2025, that ceiling is \$7,432 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. 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 those benefits and may also depend on the level of benefits guaranteed by the PBGC.

6. FAIR VALUE OF FINANCIAL INSTRUMENTS

A fair value hierarchy is used that prioritizes the inputs to valuation techniques used to measure fair value of balances that are required or permitted to be measured at fair value for reporting in financial statements. The hierarchy gives the highest priority to the unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to the unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1	Valuation is based upon quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access.
Level 2	Valuation is based upon quoted prices for similar assets or liabilities in active markets, quoted market prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, or inputs that are derived principally from or corroborated by observable market data by correlation or other means. Observable inputs may include interest rates, foreign exchange rates, and yield curves that are observable at commonly quoted intervals.
Level 3	Valuation is based on methodologies that are unobservable and significant to the fair value measure. These may be generated from model-based techniques that use at least one significant assumption based on unobservable inputs for the asset or liability, which are typically based on an entity's own assumptions, as there is little, if any, related market activity.

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. The Plan's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the asset or liability. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of valuation methodologies used for assets recorded at fair value.

Common stocks: Valued at closing price reported on the active market on which the individual securities are traded.

Money market fund: Valued at cost, which approximates fair value.

U.S. government securities: Valued at the closing price reported in the market in which the individual security is traded.

Corporate bonds: Certain corporate bonds are valued at the closing price reported in the inactive market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

The preceding methods described 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.

The table below presents the Plan's assets measured at fair value on a recurring basis as of December 31, aggregated by the level in the fair value hierarchy within which those measurements fall:

2024	Level 1	Level 2	Level 3	Total
Common stock	\$ 19,586,396	\$ -	\$ -	\$ 19,586,396
Money market fund	4,532,371	-	-	4,532,371
U.S. Government securities	-	41,840	-	41,840
Corporate bonds	-	2,815,690	-	2,815,690
Total	<u>\$ 24,118,767</u>	<u>\$ 2,857,530</u>	<u>\$ -</u>	<u>\$ 26,976,297</u>

2023	Level 1	Level 2	Level 3	Total
Common stock	\$ 18,696,803	\$ -	\$ -	\$ 18,696,803
Money market fund	779,170	-	-	779,170
U.S. Government securities	-	40,491	-	40,491
Corporate bonds	-	2,983,826	-	2,983,826
Total	<u>\$ 19,475,973</u>	<u>\$ 3,024,317</u>	<u>\$ -</u>	<u>\$ 22,500,290</u>

7. PLAN AND ASSUMPTION CHANGES

The actuarial methods and assumptions used in the January 1, 2024 valuation were the same as those used in the prior year, except as follows:

- The statutory segment interest rates for determining minimum funding requirements and potential benefit restrictions were changed from 4.75%, 5.00%, and 5.74% per year to 4.75%, 4.96%, and 5.59% per year, respectively.
- The interest rates for determining maximum deductible contributions were changed from 2.13%, 3.62%, and 3.93% per year to 4.37%, 4.96%, and 4.95% per year, respectively.
- The mortality table was updated from statutory tables for 2023 to statutory tables for 2024.

8. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Party-in-interest transactions include transactions with fiduciaries or employees of the Plan, any person providing services to the Plan, an employer whose employees are covered by the Plan, a person who owns 50% or more of such an employer, and relatives of parties-in-interest. The Plan has various parties-in-interest. Investments are held with parties-in-interest, and certain fees are paid to parties-in-interest.

DELONG'S, INC. PENSION PLAN
EIN 44-0528273, PLAN NUMBER 334

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD AT YEAR END
December 31, 2024

(a)	(b) Identify of issuer	(c) Description of investment	(d) Cost	(e) Current value
		<u>Money market funds</u>		
	Northern Institutional	Government Select Portfolio, 4.37%	\$ 4,532,371	\$ 4,532,371
		Total money market funds	4,532,371	4,532,371
		<u>Common stocks</u>		
	1st Source Corp	Common Stock	41,728	116,760
	Abbott Laboratories Inc	Common Stock	3,105	16,967
	AbbVie Inc	Common Stock	163,231	399,825
	Accenture PLC	Common Stock	231,440	281,432
	Alphabet Inc.	Common Stock	202,252	265,020
	Amgen Inc.	Common Stock	275,275	312,768
	Apple Inc	Common Stock	54,824	375,630
	Applied Materials	Common Stock	13,879	130,104
	Archer-Daniels Midland Co.	Common Stock	41,702	60,624
	ASML Holdings	Common Stock	278,369	277,232
	Avery Dennison	Common Stock	17,035	93,565
	Berkshire Hathaway	Common Stock	98,569	245,224
	Black Hills Corp	Common Stock	52,929	87,780
	Block H&R Inc	Common Stock	62,652	158,520
	Boeing	Common Stock	10,994	53,100
	Booz Allen Hamilton	Common Stock	267,983	321,750
	BP PLC Sponsored ADR	Common Stock	148,819	118,240
	Bristol Meyers	Common Stock	125,257	127,260
	California Wtr Svc Group	Common Stock	34,612	79,328
	Canadian Pacific Railway	Common Stock	5,030	6,007
	Casey's General Stores	Common Stock	67,078	146,605
	Caterpillar	Common Stock	68,670	253,932
	Charles Schwab Corporation	Common Stock	5,206	9,991
	Chevron	Common Stock	256,754	347,616
	Chubb Limited	Common Stock	127,625	276,300
	Church & Dwight Co Inc.	Common Stock	147,866	165,965
	Cisco Systems Inc	Common Stock	284,013	355,200
	Coca Cola	Common Stock	160,407	251,219
	Comcast	Common Stock	33,342	65,678
	Commerce Bancshares Inc	Common Stock	19,901	90,038
	ConocoPhillips	Common Stock	70,571	171,068
	Constellation Energy Corp	Common Stock	15,606	111,855
	Corning Inc	Common Stock	70,955	166,320
	CSX Corp	Common Stock	14,088	16,135
	Curtiss Wright Corp	Common Stock	119,193	319,383
	Darden Restaurants	Common Stock	8,792	37,338
	Deere & Co Inc	Common Stock	162,925	381,330
	Disney Walt Co	Common Stock	250,210	278,375

DELONG'S, INC. PENSION PLAN
EIN 44-0528273, PLAN NUMBER 334

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD AT YEAR END
December 31, 2024

(a)	(b) Identify of issuer	(c) Description of investment	(d) Cost	(e) Current value
	Dow	Common Stock	38,100	53,493
	Duke Energy Corp	Common Stock	55,852	131,982
	Dupont De Nemours Inc.	Common Stock	30,642	50,020
	Eaton Corp	Common Stock	167,490	331,870
	Emerson Electric Company	Common Stock	161,384	309,825
	Enbridge, Inc.	Common Stock	103,672	161,234
	Entergy Corp	Common Stock	243,635	379,100
	Evergy	Common Stock	54,207	72,075
	Exelon Corp	Common Stock	68,228	94,100
	Fidelity Natl Information Svcs	Common Stock	45,025	40,385
	FirstEnergy Corp	Common Stock	104,251	119,340
	GE Aerospace	Common Stock	100,529	187,639
	GE Healthcare Technologies Inc	Common Stock	37,958	29,318
	GE Vernova Inc.	Common Stock	26,225	92,429
	General Mills	Common Stock	55,855	63,770
	GSK PLC	Common Stock	226,983	183,034
	Hillenbrand Inds	Common Stock	32,175	54,388
	Hormel Foods	Common Stock	161,266	141,165
	Huntington Bancshares	Common Stock	185,861	244,050
	Intel Corporation	Common Stock	100,869	85,072
	International Business Machines	Common Stock	148,990	219,830
	International Paper Company	Common Stock	165,857	215,280
	Johnson & Johnson	Common Stock	41,732	79,541
	Kimberly-Clark Corp	Common Stock	122,230	163,800
	Laboratory Corp America Holdings	Common Stock	330,925	401,310
	Lilly Eli & Co	Common Stock	43,367	501,800
	LKQ Corp	Common Stock	165,376	183,750
	Magna International	Common Stock	385,437	292,527
	McCormick & Co inc	Common Stock	313,922	343,080
	McDonalds Corp.	Common Stock	59,588	140,307
	Medtronic PLC	Common Stock	80,098	67,898
	Merck & Co	Common Stock	314,995	373,050
	Microsoft Corp	Common Stock	26,851	316,125
	Newmont Mining Corp	Common Stock	147,493	185,170
	Novartis Ag/Alcon	Common Stock	78,545	149,371
	Paramount Global	Common Stock	393,166	156,900
	Paychex	Common Stock	20,097	112,176
	PayPal Holdings	Common Stock	236,723	298,725
	Pfizer Inc	Common Stock	118,686	132,650
	Phillip Morris International	Common Stock	70,776	105,066
	Pinnacle West	Common Stock	346,147	381,465
	Proctor & Gamble	Common Stock	4,994	6,035
	Qualcomm Inc	Common Stock	221,707	230,430

DELONG'S, INC. PENSION PLAN
EIN 44-0528273, PLAN NUMBER 334

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD AT YEAR END
December 31, 2024

(a)	(b) Identify of issuer	(c) Description of investment	(d) Cost	(e) Current value
	Raytheon (RTX)	Common Stock	74,428	202,510
	Regions Financial Corp	Common Stock	110,550	270,480
	Salesforce	Common Stock	95,798	175,523
	Schlumberger LTD	Common Stock	287,253	230,040
	Shell PLC	Common Stock	130,533	156,625
	Sonoco	Common Stock	140,451	166,090
	Southern Co	Common Stock	213,732	363,031
	STMicroelectronics	Common Stock	7,184	23,722
	Taiwan Semiconductor Mfg	Common Stock	7,509	138,243
	Target	Common Stock	43,948	101,385
	Teva Pharmaceutical	Common Stock	173,142	119,942
	Travelers Companies	Common Stock	155,341	301,113
	U-Haul holdings Co. Ser N	Common Stock	5,697	10,376
	United Parcel Service	Common Stock	139,320	204,913
	UnitedHealth Group	Common Stock	271,911	404,688
	US Bancorp	Common Stock	193,068	198,447
	Verizon Communications	Common Stock	288,662	279,930
	Wal-Mart	Common Stock	185,770	496,925
	Warner Bros	Common Stock	49,703	15,242
	Waste Mgmt	Common Stock	43,407	262,327
	Williams Cos Inc	Common Stock	224,568	432,960
	Worthington Inds	Common Stock	37,672	100,275
	Worthington Steel Inc	Common Stock	19,089	79,550
		Total common stock	12,749,532	19,586,396
		<u>U.S. Government securities</u>		
	US Treasury Inflation Index Bond	01/15/25 2.375%	39,627	41,840
		Total U.S. Government securities	39,627	41,840

DELONG'S, INC. PENSION PLAN
EIN 44-0528273, PLAN NUMBER 334

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD AT YEAR END
December 31, 2024

(a)	(b) Identify of issuer	(c) Description of investment	(d) Cost	(e) Current value	
		<u>Corporate bonds</u>			
	American Tower Corp	01/15/30	2.900%	226,542	193,674
	Anheuser Busch INBEV	04/13/28	4.000%	143,651	147,246
	AON Corp SR Glbl	05/15/30	2.800%	176,132	151,456
	AON PLC Senior Global	12/15/25	3.875%	240,515	228,261
	AT&T	06/01/27	2.300%	106,072	94,368
	AT&T	02/01/28	1.650%	202,126	181,856
	Biogen Inc. SR Glbl	05/01/30	2.250%	206,594	172,756
	Capital One Financial Corp Senior Note	03/09/27	3.750%	159,330	146,436
	CVS Health Corp Senior Global Note	07/20/25	3.875%	133,001	124,199
	Disney Walt Co	01/13/31	2.650%	243,768	199,217
	Goldman Sachs Group Inc.	11/16/26	3.500%	187,586	171,091
	Huntington Bancshares	05/15/25	4.000%	150,187	149,570
	Keycorp Medium Term	04/06/27	2.250%	209,008	188,684
	Oracle Corp Senior Global Note	07/15/26	2.650%	124,773	121,224
	Oracle Corp Senior Global Note	03/25/26	1.650%	170,666	163,914
	PayPal Holdings Inc Sr Glbl NT	10/01/29	2.850%	202,596	182,830
	PepsiCo	04/30/25	2.750%	191,428	198,908
		Total corporate bonds		3,073,975	2,815,690
		Total investments	\$	20,395,505	\$ 26,976,297

DELONG'S, INC. PENSION PLAN
EIN 44-0528273, PLAN NUMBER 334

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2024

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>Cumulative Transactions</u>						
Northern Inst'l	Government Select Portfolio					
	Money Market Fund					
	Purchases	\$ 7,244,052	\$ -	\$ 7,244,052	\$ 7,244,052	\$ -
	Sales	-	3,495,758	3,495,758	3,495,758	-

Attachment to 2024 Schedule SB to Form 5500, Line 26
DeLong's, Inc. Pension Plan
EIN 44-0528273
Plan Number 334

Summary of Active Participants by Age and Service
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+	
0-24	-	4	1	-	-	-	-	-	-	-	5
25-29	-	16	5	-	-	-	-	-	-	-	21
30-34	-	9	6	6	1	-	-	-	-	-	22
35-39	-	9	4	5	5	-	-	-	-	-	23
40-44	-	1	6	2	4	5	-	-	-	-	18
45-49	-	1	2	-	2	1	6	-	-	-	12
50-54	-	3	1	-	2	-	1	5	1	-	13
55-59	-	-	2	2	2	3	-	4	7	-	20
60-64	-	-	-	1	5	1	1	1	-	4	13
65-69	-	-	-	-	-	-	1	-	1	2	4
70+	-	-	-	-	-	-	1	-	-	2	3
Total	-	43	27	16	21	10	10	10	9	8	154

Attachment to 2024 Schedule SB to Form 5500, Part V
DeLong's, Inc. Pension Plan
EIN 44-0528273
Plan Number 334

Summary of Actuarial Assumptions and Methods

Interest

Minimum Funding: 2024 Funding Relief MAP-21 Segment Rates reflecting HATFA: 4.75% for years 1-5, 4.96% for years 6-20, and 5.59% after 20 years

Maximum Deductible: January 2024 Funding Target 24-Month Average Segment Rates: 4.37% for years 1-5, 4.96% for years 6-20, and 4.95% after 20 years

SFAS35: 5.5% per annum

Salaries are assumed to increase at the rate of 3.5% per annum.

Mortality

2024 Current Liability Optional Small Plan Combined Mortality Table, male and female rates

Withdrawal

Sarason's T-8 withdrawal table from the Pension Actuary's Handbook

Rates at selected ages are:

<u>Age</u>	<u>Rate</u>
25	11.6%
35	10.6%
40	9.4%
45	7.6%
50	4.9%
55	1.7%
60	0.2%
65 and over	0.0%

Disability

None assumed

Attachment to 2024 Schedule SB to Form 5500, Part V
DeLong's, Inc. Pension Plan
EIN 44-0528273
Plan Number 334

Summary of Actuarial Assumptions and Methods

Expenses

Assumed equal to the prior year's administrative expenses

Assumed Retirement Age

Normal Retirement Date

Marriage

All participants are assumed to be married. Males are assumed to be three years older than their spouses.

Actuarial Funding Method

Unit Credit. The normal cost for each participant is the present value of the benefit earned during the year. The Accrued Liability for each participant is the present value of the participant's accrued benefit as of the valuation date. The plan normal cost and accrued liability are the respective sums for all participants.

Actuarial Value of Assets

Market value, adjusted for contributions receivable

Attachment to 2024 Schedule SB to Form 5500, Part V
DeLong's, Inc. Pension Plan
EIN 44-0528273
Plan Number 334

Summary of Plan Provisions

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 following is a summary of the primary provisions of the plan. For exact benefit descriptions and other provisions, please refer to the plan document.

Definitions

Average Monthly Earnings: Average of participant's monthly W-2 earnings received during the five consecutive years of earnings which produce the highest average within 10 years of the actual retirement date, including amounts deferred by means of a salary reduction agreement or qualified 401(k) plans. Compensation is annualized according to benefit service.

Benefit Service: Total hours of service multiplied by 1/2000, excluding hours of service in any year in which the employee completes less than 1000 hours of service, except in the year of normal or late retirement.

Plan Effective Date: The plan was originally effective January 1, 1969. It was last restated effective January 1, 2019.

Plan Year: The 12-month period beginning January 1 and ending December 31.

Vesting Service: Each year with 1000 hours of service.

Eligibility for Participation

Any Employee who has attained age 21 shall enter the plan on January 1 or July 1 after completing 1000 hours of service during the first year employment year or any calendar year.

Normal Retirement

Normal Retirement Date: Age 65 and 5 years as a participant.

Normal Retirement Benefit: The sum of (A) and (B):

(A) Frozen accrued benefit as of December 31, 1988.

(B) 1% of average monthly earnings multiplied by years of credited service.

Attachment to 2024 Schedule SB to Form 5500, Part V
DeLong's, Inc. Pension Plan
EIN 44-0528273
Plan Number 334

Summary of Plan Provisions

Early Retirement

Early Retirement Date: Age 60 with 10 years of vesting service.

Early Retirement Benefit: A monthly benefit calculated in the same manner as the normal retirement benefit but reduced by 1/180th for each month that the early retirement date precedes Normal Retirement.

Vested Termination

Vested Termination Date: Termination of employment with five years of vesting service.

Vested Termination Benefit: A monthly amount payable at age 65, calculated in the same manner as the normal retirement benefit, based on credited service and average monthly earnings as of the date of termination.

Disability

Disability Date: Permanent and total disability prior to termination of employment and after at least 10 years of vesting service.

Disability Benefit: A monthly amount payable at age 65, calculated in the same manner as the normal retirement benefit, based on credited service and average monthly earnings as of the date of disability, actuarially reduced for early commencement.

Preretirement Death

Preretirement Death Benefit Eligibility: Surviving spouses of participants with 5 years of vesting service and married for at least one year prior to death.

Preretirement Death Benefit: The amount the spouse would have received had the Participant retired on the later of his earliest retirement age and his date of death under the 50% Joint and Survivor Annuity.

Forms of Payment

Normal Forms: Life annuity if single; actuarially equivalent joint and 50% survivor annuity if married.

Attachment to 2024 Schedule SB to Form 5500, Part V
DeLong's, Inc. Pension Plan
EIN 44-0528273
Plan Number 334

Summary of Plan Provisions

Optional Forms: Life annuity; actuarially equivalent joint and 50%, 66 2/3%, 75% and 100% (as elected) survivor annuity; lump sum.

Changes in Principal Plan Provisions Since Prior Valuation

None.

**Attachment to 2024 Schedule SB to Form 5500, Line 22
DeLong's, Inc. Pension Plan
EIN 44-0528273
Plan Number 334**

Description of Weighted Average Retirement Age

100% of participants are assumed to retire at age 65.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 <u>DELONG'S, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>334</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DELONG'S, INC.</u>	D Employer Identification Number (EIN) <u>44-0528273</u>	
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 <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>25396434</u>	
b Actuarial value	2b	<u>25396434</u>	
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	<u>14</u>	<u>1056327</u>	<u>1056327</u>
b For terminated vested participants	<u>3</u>	<u>28771</u>	<u>28771</u>
c For active participants	<u>154</u>	<u>9556996</u>	<u>9843126</u>
d Total	<u>171</u>	<u>10642094</u>	<u>10928224</u>
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	<u>5.31 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>856281</u>	
b Expected plan-related expenses	6b	<u>112633</u>	
c Target normal cost	6c	<u>968914</u>	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>7/18/2025</u> Date
	<u>MICHAEL SUDDUTH</u> Type or print name of actuary	<u>23-06248</u> Most recent enrollment number
	<u>MILLIMAN, INC.</u> Firm name	<u>314-446-5607</u> Telephone number (including area code)
	<u>500 N. BROADWAY SUITE 1750 SAINT LOUIS, MO 63102</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1156717	2309129
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	1156717	2309129
10	Interest on line 9 using prior year's actual return of <u>9.96</u> %	115209	229989
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		2700891
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.42</u> %		146388
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		2847279
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	1271926	2539118

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	197.51%
15	Adjusted funding target attainment percentage	15	232.39%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	194.79%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)		18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years.....	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 0
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 4.75%	2nd segment: 4.96%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	968914
b Excess assets, if applicable, but not greater than line 31a	31b	968914

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

DELONG'S, INC. PENSION PLAN
EIN 44-0528273, PLAN NUMBER 334

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD AT YEAR END
December 31, 2024

(a)	(b) Identify of issuer	(c) Description of investment	(d) Cost	(e) Current value
		<u>Money market funds</u>		
	Northern Institutional	Government Select Portfolio, 4.37%	\$ 4,532,371	\$ 4,532,371
		Total money market funds	4,532,371	4,532,371
		<u>Common stocks</u>		
	1st Source Corp	Common Stock	41,728	116,760
	Abbott Laboratories Inc	Common Stock	3,105	16,967
	AbbVie Inc	Common Stock	163,231	399,825
	Accenture PLC	Common Stock	231,440	281,432
	Alphabet Inc.	Common Stock	202,252	265,020
	Amgen Inc.	Common Stock	275,275	312,768
	Apple Inc	Common Stock	54,824	375,630
	Applied Materials	Common Stock	13,879	130,104
	Archer-Daniels Midland Co.	Common Stock	41,702	60,624
	ASML Holdings	Common Stock	278,369	277,232
	Avery Dennison	Common Stock	17,035	93,565
	Berkshire Hathaway	Common Stock	98,569	245,224
	Black Hills Corp	Common Stock	52,929	87,780
	Block H&R Inc	Common Stock	62,652	158,520
	Boeing	Common Stock	10,994	53,100
	Booz Allen Hamilton	Common Stock	267,983	321,750
	BP PLC Sponsored ADR	Common Stock	148,819	118,240
	Bristol Meyers	Common Stock	125,257	127,260
	California Wtr Svc Group	Common Stock	34,612	79,328
	Canadian Pacific Railway	Common Stock	5,030	6,007
	Casey's General Stores	Common Stock	67,078	146,605
	Caterpillar	Common Stock	68,670	253,932
	Charles Schwab Corporation	Common Stock	5,206	9,991
	Chevron	Common Stock	256,754	347,616
	Chubb Limited	Common Stock	127,625	276,300
	Church & Dwight Co Inc.	Common Stock	147,866	165,965
	Cisco Systems Inc	Common Stock	284,013	355,200
	Coca Cola	Common Stock	160,407	251,219
	Comcast	Common Stock	33,342	65,678
	Commerce Bancshares Inc	Common Stock	19,901	90,038
	ConocoPhillips	Common Stock	70,571	171,068
	Constellation Energy Corp	Common Stock	15,606	111,855
	Corning Inc	Common Stock	70,955	166,320
	CSX Corp	Common Stock	14,088	16,135
	Curtiss Wright Corp	Common Stock	119,193	319,383
	Darden Restaurants	Common Stock	8,792	37,338
	Deere & Co Inc	Common Stock	162,925	381,330
	Disney Walt Co	Common Stock	250,210	278,375

DELONG'S, INC. PENSION PLAN
EIN 44-0528273, PLAN NUMBER 334

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD AT YEAR END
December 31, 2024

(a)	(b) Identify of issuer	(c) Description of investment	(d) Cost	(e) Current value
	Dow	Common Stock	38,100	53,493
	Duke Energy Corp	Common Stock	55,852	131,982
	Dupont De Nemours Inc.	Common Stock	30,642	50,020
	Eaton Corp	Common Stock	167,490	331,870
	Emerson Electric Company	Common Stock	161,384	309,825
	Enbridge, Inc.	Common Stock	103,672	161,234
	Entergy Corp	Common Stock	243,635	379,100
	Evergy	Common Stock	54,207	72,075
	Exelon Corp	Common Stock	68,228	94,100
	Fidelity Natl Information Svcs	Common Stock	45,025	40,385
	FirstEnergy Corp	Common Stock	104,251	119,340
	GE Aerospace	Common Stock	100,529	187,639
	GE Healthcare Technologies Inc	Common Stock	37,958	29,318
	GE Vernova Inc.	Common Stock	26,225	92,429
	General Mills	Common Stock	55,855	63,770
	GSK PLC	Common Stock	226,983	183,034
	Hillenbrand Inds	Common Stock	32,175	54,388
	Hormel Foods	Common Stock	161,266	141,165
	Huntington Bancshares	Common Stock	185,861	244,050
	Intel Corporation	Common Stock	100,869	85,072
	International Business Machines	Common Stock	148,990	219,830
	International Paper Company	Common Stock	165,857	215,280
	Johnson & Johnson	Common Stock	41,732	79,541
	Kimberly-Clark Corp	Common Stock	122,230	163,800
	Laboratory Corp America Holdings	Common Stock	330,925	401,310
	Lilly Eli & Co	Common Stock	43,367	501,800
	LKQ Corp	Common Stock	165,376	183,750
	Magna International	Common Stock	385,437	292,527
	McCormick & Co inc	Common Stock	313,922	343,080
	McDonalds Corp.	Common Stock	59,588	140,307
	Medtronic PLC	Common Stock	80,098	67,898
	Merck & Co	Common Stock	314,995	373,050
	Microsoft Corp	Common Stock	26,851	316,125
	Newmont Mining Corp	Common Stock	147,493	185,170
	Novartis Ag/Alcon	Common Stock	78,545	149,371
	Paramount Global	Common Stock	393,166	156,900
	Paychex	Common Stock	20,097	112,176
	PayPal Holdings	Common Stock	236,723	298,725
	Pfizer Inc	Common Stock	118,686	132,650
	Phillip Morris International	Common Stock	70,776	105,066
	Pinnacle West	Common Stock	346,147	381,465
	Proctor & Gamble	Common Stock	4,994	6,035
	Qualcomm Inc	Common Stock	221,707	230,430

DELONG'S, INC. PENSION PLAN
EIN 44-0528273, PLAN NUMBER 334

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD AT YEAR END
December 31, 2024

(a)	(b) Identify of issuer	(c) Description of investment	(d) Cost	(e) Current value
	Raytheon (RTX)	Common Stock	74,428	202,510
	Regions Financial Corp	Common Stock	110,550	270,480
	Salesforce	Common Stock	95,798	175,523
	Schlumberger LTD	Common Stock	287,253	230,040
	Shell PLC	Common Stock	130,533	156,625
	Sonoco	Common Stock	140,451	166,090
	Southern Co	Common Stock	213,732	363,031
	STMicroelectronics	Common Stock	7,184	23,722
	Taiwan Semiconductor Mfg	Common Stock	7,509	138,243
	Target	Common Stock	43,948	101,385
	Teva Pharmaceutical	Common Stock	173,142	119,942
	Travelers Companies	Common Stock	155,341	301,113
	U-Haul holdings Co. Ser N	Common Stock	5,697	10,376
	United Parcel Service	Common Stock	139,320	204,913
	UnitedHealth Group	Common Stock	271,911	404,688
	US Bancorp	Common Stock	193,068	198,447
	Verizon Communications	Common Stock	288,662	279,930
	Wal-Mart	Common Stock	185,770	496,925
	Warner Bros	Common Stock	49,703	15,242
	Waste Mgmt	Common Stock	43,407	262,327
	Williams Cos Inc	Common Stock	224,568	432,960
	Worthington Inds	Common Stock	37,672	100,275
	Worthington Steel Inc	Common Stock	19,089	79,550
		Total common stock	12,749,532	19,586,396
		<u>U.S. Government securities</u>		
	US Treasury Inflation Index Bond	01/15/25 2.375%	39,627	41,840
		Total U.S. Government securities	39,627	41,840

DELONG'S, INC. PENSION PLAN
EIN 44-0528273, PLAN NUMBER 334

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD AT YEAR END
December 31, 2024

(a)	(b) Identify of issuer	(c) Description of investment	(d) Cost	(e) Current value	
		<u>Corporate bonds</u>			
	American Tower Corp	01/15/30	2.900%	226,542	193,674
	Anheuser Busch INBEV	04/13/28	4.000%	143,651	147,246
	AON Corp SR Glbl	05/15/30	2.800%	176,132	151,456
	AON PLC Senior Global	12/15/25	3.875%	240,515	228,261
	AT&T	06/01/27	2.300%	106,072	94,368
	AT&T	02/01/28	1.650%	202,126	181,856
	Biogen Inc. SR Glbl	05/01/30	2.250%	206,594	172,756
	Capital One Financial Corp Senior Note	03/09/27	3.750%	159,330	146,436
	CVS Health Corp Senior Global Note	07/20/25	3.875%	133,001	124,199
	Disney Walt Co	01/13/31	2.650%	243,768	199,217
	Goldman Sachs Group Inc.	11/16/26	3.500%	187,586	171,091
	Huntington Bancshares	05/15/25	4.000%	150,187	149,570
	Keycorp Medium Term	04/06/27	2.250%	209,008	188,684
	Oracle Corp Senior Global Note	07/15/26	2.650%	124,773	121,224
	Oracle Corp Senior Global Note	03/25/26	1.650%	170,666	163,914
	PayPal Holdings Inc Sr Glbl NT	10/01/29	2.850%	202,596	182,830
	PepsiCo	04/30/25	2.750%	191,428	198,908
		Total corporate bonds		3,073,975	2,815,690
		Total investments	\$	20,395,505	\$ 26,976,297

DELONG'S, INC. PENSION PLAN
EIN 44-0528273, PLAN NUMBER 334

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2024

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>Cumulative Transactions</u>						
Northern Inst'l	Government Select Portfolio					
	Money Market Fund					
	Purchases	\$ 7,244,052	\$ -	\$ 7,244,052	\$ 7,244,052	\$ -
	Sales	-	3,495,758	3,495,758	3,495,758	-