

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, the DFVC program, special extension, 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: SAKER SHOPPRITES, INC. - LOCAL 360 EE'S RET PLAN
1b Three-digit plan number (PN): 106
1c Effective date of plan: 01/01/1976
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 22-1729304
2c Plan Sponsor's telephone number: 732-462-4700
2d Business code (see instructions): 445110

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	1498
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)	624
	6a(2)	631
	6b	174
	6c	708
	6d	1513
	6e	16
	6f	1529
	6g(1)	
6g(2)		
6h		104
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:
1B

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

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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>SAKER SHOPRITES, INC. - LOCAL 360 EE'S RET PLAN</u>	B Three-digit plan number (PN) ▶	<u>106</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SAKER SHOPRITES, INC.</u>	D Employer Identification Number (EIN) <u>22-1729304</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 type="checkbox"/> 101-500 <input checked="" 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>25972981</u>
	b Actuarial value	2b	<u>27431433</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>175</u>	<u>5154620</u>
	b For terminated vested participants	<u>699</u>	<u>9786427</u>
	c For active participants	<u>624</u>	<u>11167438</u>
	d Total	<u>1498</u>	<u>26108485</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>674644</u>
	b Expected plan-related expenses	6b	<u>516000</u>
	c Target normal cost	6c	<u>1190644</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>10/15/2025</u>
	<u>TODD M KORDECKI</u>	Date
	Type or print name of actuary	<u>23-09000</u>
	<u>ACRISURE</u>	Most recent enrollment number
	Firm name	<u>412-394-9983</u>
	<u>FOUR GATEWAY CENTER, SUITE 605</u> <u>444 LIBERTY AVENUE</u> <u>PITTSBURGH, PA 15222-1222</u>	Telephone number (including area code)
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	4579946
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	928484
9	Amount remaining (line 7 minus line 8)	0	3651462
10	Interest on line 9 using prior year's actual return of <u>13.27</u> %	0	484549
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		531705
	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>5.44</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		70557
	c Total available at beginning of current plan year to add to prefunding balance		602262
	d Portion of (c) to be added to prefunding balance		602262
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)	0	4738273

Part III Funding Percentages			
14	Funding target attainment percentage	14	86.58 %
15	Adjusted funding target attainment percentage	15	104.66 %
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	83.25 %
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		
10/04/2024	300000	0	03/13/2025	60000	0		
10/10/2024	60000	0	04/01/2025	300000	0		
11/14/2024	60000	0	04/09/2025	60000	0		
12/13/2024	60000	0	05/13/2025	60000	0		
01/14/2025	360000	0	06/13/2025	60000	0		
02/13/2025	60000	0	07/03/2025	300000	0		
			Totals ▶	18(b)	1800000	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	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	1696944

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part 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)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	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 _____%		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages			
14	Funding target attainment percentage	14	%
15	Adjusted funding target attainment percentage	15	%
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	%
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		
07/11/2025	60000	0					
			Totals ▶	18(b)		18(c)	

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 66
23 Mortality table(s) (see instructions)	<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 checked="" type="checkbox"/> Yes <input 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 0
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 1190644
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	3514836		365774	
b Waiver amortization installment.....				
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 1556418
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	1098121	1098121	
36 Additional cash requirement (line 34 minus line 35)				36 458297
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 1696944
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 1238647
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 1238647
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 checked="" 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 SAKER SHOPPRITES, INC. - LOCAL 360 EE'S RET PLAN	B Three-digit plan number (PN) ▶	106
C Plan sponsor's name as shown on line 2a of Form 5500 SAKER SHOPPRITES, INC.	D Employer Identification Number (EIN) 22-1729304	

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

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

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

MORGAN STANLEY SMITH BARNEY LLC

20-8764829

(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?
27 33 50 71 72	NONE	150326	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

ACRISURE

92-3652116

(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 17	NONE	112500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WITHUMSMITH+BROWN PC

22-2027092

(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	NONE	17160	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

OFFICE OF COMPLIANT ADMINISTRATION

27-2517292

(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?
14	NONE	5030	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	15 64	0
(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.	
VIRTUS VIRTUS DUFF & PHELPS RE SECI 06-0847856	0.10% PER YEAR (\$10 PER \$10,000) ON FUND ASSETS HELD BY OUR CLIENTS IN COMMISSION-BASED BROKERAGE ACCOUNTS AND FEE-BASED ADVISORY ACCOUNT PROGRAMS.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	15 64	0
(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.	
NORTHERN TRUST FDS NTH SM CAP VALU 39-1777365	0.10% PER YEAR (\$10 PER \$10,000) ON FUND ASSETS HELD BY OUR CLIENTS IN COMMISSION-BASED BROKERAGE ACCOUNTS AND FEE-BASED ADVISORY ACCOUNT PROGRAMS.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	15 64	0
(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.	
FEDERATED FDS HRMS INST HIYD BD IS 25-1111467	0.10% PER YEAR (\$10 PER \$10,000) ON FUND ASSETS HELD BY OUR CLIENTS IN COMMISSION-BASED BROKERAGE ACCOUNTS AND FEE-BASED ADVISORY ACCOUNT PROGRAMS.	

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
MORGAN STANLEY SMITH BARNEY LLC	15 64	0
(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.	
AMERICAN FDS AMER HIGH INC TRUST F2 90-0924512	0.10% PER YEAR (\$10 PER \$10,000) ON FUND ASSETS HELD BY OUR CLIENTS IN COMMISSION-BASED BROKERAGE ACCOUNTS AND FEE-BASED ADVISORY ACCOUNT PROGRAMS.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	15 64	0
(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.	
CONGRESS SM CAP GRWTH INSTL 56-6415270	0.10% PER YEAR (\$10 PER \$10,000) ON FUND ASSETS HELD BY OUR CLIENTS IN COMMISSION-BASED BROKERAGE ACCOUNTS AND FEE-BASED ADVISORY ACCOUNT PROGRAMS.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	15 64	0
(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.	
JP MORGAN UNDISC MNGR BEHV VL I 13-2624428	0.10% PER YEAR (\$10 PER \$10,000) ON FUND ASSETS HELD BY OUR CLIENTS IN COMMISSION-BASED BROKERAGE ACCOUNTS AND FEE-BASED ADVISORY ACCOUNT PROGRAMS.	

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
MORGAN STANLEY SMITH BARNEY LLC	33 55 49	0
(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.	
MORGAN STANLEY BANK N.A. 36-3707380	TOTAL REV = ANNUAL PER ACCOUNT SERVICING FEE X NO. OF ACCOUNTS. FROM 1/1/2024-6/30/2024, ANNUAL PER ACCOUNT SERVICE FEE = \$19. 7/1/2024-12/31/2024 = \$12.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	33 55 49	0
(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.	
MORGAN STANLEY PRIVATE BANK N.A. 22-3458456	TOTAL REV = ANNUAL PER ACCOUNT SERVICING FEE X NO. OF ACCOUNTS. FROM 1/1/2024-6/30/2024, ANNUAL PER ACCOUNT SERVICE FEE = \$19. 7/1/2024-12/31/2024 = \$12.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	49 99	0
(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.	
VIRTUS VIRTUS DUFF & PHELPS RE SECI 06-0847856	MUTUAL FUND SUPPORT FEE ALSO CALLED A REV-SHARING PMT. FEE BASED ON TIERED RATE THAT INCREASES ALONG WITH MANAGEMENT FEE OF FUND SO LOWER MGMT FEE FUNDS PAY LOWER RATES THAN THOSE WITH HIGHER MGMT FEES.	

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
MORGAN STANLEY SMITH BARNEY LLC	49 99	0
(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.	
NORTHERN TRUST FDS NRTH SM CAP VAL 39-1777365	MUTUAL FUND SUPPORT FEE ALSO CALLED A REV-SHARING PMT. FEE BASED ON TIERED RATE THAT INCREASES ALONG WITH MANAGEMENT FEE OF FUND SO LOWER MGMT FEE FUNDS PAY LOWER RATES THAN THOSE WITH HIGHER MGMT FEES.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	49 99	0
(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.	
AMERICAN FDS AMER HIGH INC TRUST F2 90-0924512	MUTUAL FUND SUPPORT FEE ALSO CALLED A REV-SHARING PMT. FEE BASED ON TIERED RATE THAT INCREASES ALONG WITH MANAGEMENT FEE OF FUND SO LOWER MGMT FEE FUNDS PAY LOWER RATES THAN THOSE WITH HIGHER MGMT FEES.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	49 99	0
(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.	
FEDERATED FDS HRMS INST HIYD BD IS 25-1111467	MUTUAL FUND SUPPORT FEE ALSO CALLED A REV-SHARING PMT. FEE BASED ON TIERED RATE THAT INCREASES ALONG WITH MANAGEMENT FEE OF FUND SO LOWER MGMT FEE FUNDS PAY LOWER RATES THAN THOSE WITH HIGHER MGMT FEES.	

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
MORGAN STANLEY SMITH BARNEY LLC	49 99	0
(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.	
CONGRESS SM CAP GRWTH INSTL 56-6415270	MUTUAL FUND SUPPORT FEE ALSO CALLED A REV-SHARING PMT. FEE BASED ON TIERED RATE THAT INCREASES ALONG WITH MANAGEMENT FEE OF FUND SO LOWER MGMT FEE FUNDS PAY LOWER RATES THAN THOSE WITH HIGHER MGMT FEES.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	49 99	0
(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.	
JP MORGAN UNDISC MNGR BEHV VL I 13-2624428	MUTUAL FUND SUPPORT FEE ALSO CALLED A REV-SHARING PMT. FEE BASED ON TIERED RATE THAT INCREASES ALONG WITH MANAGEMENT FEE OF FUND SO LOWER MGMT FEE FUNDS PAY LOWER RATES THAN THOSE WITH HIGHER MGMT FEES.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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 SAKER SHOPRITES, INC. - LOCAL 360 EE'S RET PLAN	B Three-digit plan number (PN) ▶ 106
C Plan sponsor's name as shown on line 2a of Form 5500 SAKER SHOPRITES, INC.	D Employer Identification Number (EIN) 22-1729304

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	68461	58290
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1140000	1320000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	81707	143153
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	701334	396850
(2) U.S. Government securities	1c(2)	709032	1148476
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	6625047	10638076
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	16674105	13864525
(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	25999686	27569370
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	5000	5250
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	5000	5250
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	25994686	27564120

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)	1800000	
(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)		1800000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1781	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	403015	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	816	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		405612
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	425981	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		425981
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1471476	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2016470	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-544994
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-623481	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-623481

		(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)		1305124
c Other income	2c		4987
d Total income. Add all income amounts in column (b) and enter total	2d		2773229

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	539094	
(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)		539094
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)	5030	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	17160	
(5) Investment advisory and investment management fees	2i(5)	173375	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	112750	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	356386	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		664701
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1203795

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1569434
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: WITHUMSMITH & BROWN, PC

(2) EIN: 22-2027092

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		15000000
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.)			
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 560596.

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>SAKER SHOPRITES, INC. - LOCAL 360 EE'S RET PLAN</u>	B Three-digit plan number (PN)	<u>106</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SAKER SHOPRITES, INC.</u>	D Employer Identification Number (EIN) <u>22-1729304</u>	

Part I	Distributions
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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): 22-1729304

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 0

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.)
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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: 36.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 60.0 %
 High-Yield Debt: 2.0 % Real Assets: _____ % Cash or Cash Equivalents: 2.0 % 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 ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**Saker ShopRites, Inc. - Local 1360 Employees' Retirement Plan
Employees' Retirement Plan
Financial Statements
December 31, 2024 and 2023
With Independent Auditor's Report**

Saker ShopRites, Inc. - Local 1360 Employees' Retirement Plan
Table of Contents
December 31, 2024 and 2023

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Independent Auditor's Report

To the Plan Administrator of
Saker ShopRites, Inc. - Local 1360 Employees' Retirement Plan:

Opinion

We have audited the financial statements of Saker ShopRites, Inc. - Local 1360 Employees' Retirement 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 January 1, 2024, 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 as of December 31, 2024 and 2023, and the changes in net assets available for benefits for the years then ended and the accumulated plan benefits as of January 1, 2024, and the changes in 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 Saker ShopRites, Inc. - Local 1360 Employees' Retirement 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 Saker ShopRites, Inc. - Local 1360 Employees' Retirement Plan's ability to continue as a going concern for at least one year following the date that 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 Responsibilities 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 there is a substantial likelihood that, 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 Saker ShopRites, Inc. - Local 1360 Employees' Retirement 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 Saker ShopRites, Inc. - Local 1360 Employees' Retirement 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 schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year), and Schedule H, Line 4j - Schedule of Reportable Transactions, as of or for the year ended December 31, 2024 are presented for 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 ("DOL") 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 auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



October 14, 2025

Saker ShopRites, Inc. - Local 1360 Employees' Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments at fair value	\$ 25,651,077	\$ 24,008,184
Interest bearing cash	396,850	701,335
Cash and cash equivalents	58,290	68,460
Accrued income	143,153	81,707
Contributions receivable - employer	1,320,000	1,140,000
	<u>27,569,370</u>	<u>25,999,686</u>
Liabilities		
Accrued expenses	5,250	5,000
Net assets available for benefits	<u>\$ 27,564,120</u>	<u>\$ 25,994,686</u>

The Notes to Financial Statements are an integral part of these statements.

Saker ShopRites, Inc. - Local 1360 Employees' Retirement Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 147,904	\$ 2,388,011
Interest and dividends	825,325	686,507
	<u>973,229</u>	<u>3,074,518</u>
Employer contributions	1,800,000	1,670,000
	<u>2,773,229</u>	<u>4,744,518</u>
Deductions		
Benefits paid directly to participants	539,094	552,509
Administrative expenses	664,701	1,076,563
	<u>1,203,795</u>	<u>1,629,072</u>
Net change in net assets available for benefits	1,569,434	3,115,446
Net assets available for benefits		
Beginning of year	25,994,686	22,879,240
End of year	<u>\$ 27,564,120</u>	<u>\$ 25,994,686</u>

The Notes to Financial Statements are an integral part of these statements.

Saker ShopRites, Inc. - Local 1360 Employees' Retirement Plan
Statement of Accumulated Plan Benefits
January 1, 2024

Actuarial present value of accumulated plan benefits

Vested benefits

Active Participants	\$ 10,705,031
Inactive participants with deferred benefits	9,441,897
Inactive participants receiving benefits	4,887,410
	<hr/>
	25,034,338

Non-vested benefits	<hr/>
	87,378

Actuarial present value of accumulated Plan benefits	<hr/> <hr/>
	\$ 25,121,716

The Notes to Financial Statements are an integral part of this statement.

**Saker ShopRites, Inc. - Local 1360 Employees' Retirement Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended January 1, 2024**

Actuarial present value of accumulated Plan benefits at January 1, 2023	<u>\$ 24,033,650</u>
Increases (decreases) during the year attributed to	
Increase for interest due to decrease in discounted period	1,306,860
Benefits accumulated and plan expenses	333,715
Benefits paid	<u>(552,509)</u>
Net increase	<u>1,088,066</u>
Actuarial present value of accumulated benefits at January 1, 2024	<u><u>\$ 25,121,716</u></u>

The Notes to Financial Statements are an integral part of this statement.

Saker ShopRites, Inc. - Local 1360 Employees' Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of Plan

The following description of Saker ShopRites, Inc. - Local 1360 Employees' Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit plan established effective January 1, 1976, as restated January 1, 2015. The Plan covers all employees, excluding those not covered by the collective bargaining agreement between the employer and Local 1360 (the Union) employees, of Saker ShopRites, Inc. (the "Company") who have completed one year of service with a minimum of 1,000 hours and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Retirement Plan Committee is responsible for oversight of the Plan. The Plan's investment committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Retirement Plan Committee.

Pension Benefits

Employees are entitled to annual pension benefits beginning at normal retirement age (65) as follows:

Effective January 1, 2013, the Plan was amended to provide monthly pension benefits for participants as follows:

1. For credited service of full-time employees:
 - o \$30 per year of credited service prior to January 1, 1994; plus
 - o \$40 per year of credited service on and after January 1, 1994, up to but not including the 31st year of credit service; plus
 - o \$50 per year of credited service beginning with the 31st year of credited service.
2. For credited service of part-time employees:
 - o \$16 per year of credited service prior to January 1, 1994, up to but not including the 31st year of credit service; plus
 - o \$20 per year of credited service on and after January 1, 1994; plus
 - o \$25 per year of credit service beginning with the 31st year of credited service.

At no time can the participant's accrued retirement pension be less than the participant's accrued retirement pension as of December 31, 2012, under the terms and conditions of the Plan on that date.

If an employee completes ten years of credited service and has attained age 55, the employee may retire early and choose to receive a reduced benefit at early retirement, as described in the Plan agreement, or defer the benefit to normal retirement age (65) with no reduction to benefits.

Effective January 1, 2013, an unreduced early retirement pension can be provided to certain employees, the sum of whose age and service exceeded 90.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount that will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met or exceeded in 2024 and 2023.

Although it has 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 of ERISA.

Pre-Retirement Surviving Spouse Annuity

If a married participant with a vested right to an accrued retirement pension should die before his or her annuity starting date, a pre-retirement surviving spouse annuity will be payable to the participant's spouse.

Saker ShopRites, Inc. - Local 1360 Employees' Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

If the participant's death occurs on or after the date on which he or she became eligible for early retirement, the pre-retirement surviving spouse annuity benefit may, at the election of the spouse, commence in the month following the month of the participant's death and will continue for the then remaining lifetime of the spouse, in an amount equal to 60% of the amount of benefit, which would have been payable to the participant if he or she had retired on the day before his or her death.

If the participant's death occurs before the date, and he or she was eligible for early retirement, the participant's spouse may elect to have the pre-retirement surviving spouse annuity benefit payable to him or her. The benefits payable would commence in the month in which the participant would have first been eligible for early retirement had the participant survived and would continue for the then remaining lifetime of the spouse. The amount payable would be equal to 60% of the amount of the benefit which would have been payable to the participant if he or she had separated from service on the date of his or her death, survived to the age at which he or she would have been eligible for early retirement or retired and had benefit payments commenced in the form of a qualified joint and surviving spouse annuity, and died on the day after the date the participant would have been first eligible for early retirement.

In the case of an unmarried participant who dies prior to his or her retirement date, no death benefits will be payable under this Plan.

Retirement Death Benefit

Upon the death of a retired participant on or after his or her annuity starting date, the death benefit will be the benefit, as paid to the beneficiary, if any, provided by the form of payment in full force and effect under the Plan. In addition, if the participant was a full-time employee on his or her last day of employment, \$2,000 shall be paid to the participant's designated beneficiary, if any. If the participant was a part-time employee on the last day of employment, \$1,000 will be paid to the participant's designated beneficiary, if any.

Disability Benefits

A participant with permanent disability, as determined by the Social Security Administration, who has earned ten years of vested service is eligible for disability benefits. The disability benefit is calculated the same as the normal retirement benefit.

Vested Benefits

Participants are entitled to a percentage of their accrued benefits as follows: no vesting until five years of credited service; 100% after five years of credited service.

Other Provisions

Should the Plan terminate at some future time, its net assets may not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated Plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC's benefit guarantee, while other benefits may not be provided for at all.

Information about the Plan agreement, the vesting and benefit provisions and the PBGC's benefit guarantee is contained in the booklet "Summary Plan Description." Copies of this booklet are available from the Pension Administration Committee.

2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and insurance company, as applicable. See Note 5 for discussion of fair value measurements.

Saker ShopRites, Inc. - Local 1360 Employees' Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

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

Cash and Cash Equivalents

The Plan considers all highly liquid investments with an original maturity of three months or less at the date of acquisition to be cash equivalents.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Administrative Expenses

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

Actuarial Present Value of Accumulated Benefits

Accumulated benefits are those future periodic payments that are attributable under the Plan's provisions for services rendered by the employees.

Accumulated benefits include benefits expected to be paid to: (a) retired, disabled or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries. Benefits under the Plan are based on full-time employees working 1,800 hours each year to retirement age and part-time employees working 800 hours each year to retirement age. The accumulated benefits for active employees are based on their years of service. 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 benefits is determined by the Plan's actuaries, Acrisure & Cowden Associates, Inc., 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 of interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of January 1, 2024 and 2023, are: (a) IRS 2024 Static Mortality Table as set forth in Notice 2023-73 for both healthy and disabled participants for 2024; IRS 2023 Static Mortality Table as set forth in Notice 2022-22, for both healthy and disabled participants for 2023; life expectancy of participants using the PRI-2012 mortality table under Scale MP-2021 for 2024 and 2023; (b) retirement age assumptions (assumed average retirement age was 65); (c) assumed rate of interest of 5.50% as of both January 1, 2024 and 2023.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated benefits.

Subsequent Events

Subsequent events were evaluated through October 14, 2025, the date the financial statements were available to be issued.

Saker ShopRites, Inc. - Local 1360 Employees' Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

3. Funding Policy

The Employer's policy is to fund annual contributions to the Plan so that all employees' benefits will be fully provided for by the time they retire. For the year ended December 31, 2024, the minimum funding required before credit balance and maximum tax deductible amounts was \$1,556,418 and \$19,114,418, respectively. For the year ended December 31, 2023, the minimum funding required before credit balance and maximum tax deductible amounts was \$1,964,021 and \$30,636,028, respectively. The Employer contributed \$1,800,000 and \$1,670,000 into the Plan for the Plan years ended December 31, 2024 and 2023, respectively. The Employer has applied a credit to offset the minimum funding requirement; therefore, there was no minimum funding required at December 31, 2024 and 2023. The Employer met the minimum funding requirements under ERISA for the years ended December 31, 2024 and 2023.

4. Plan Termination

Although it has not expressed any intention to do so, the Employer 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 the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. 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. government agency) for up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

5. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurement*, are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

Saker ShopRites, Inc. - Local 1360 Employees' Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2024 and 2023.

Interest-Bearing Cash: Stated at cost, which approximates fair value.

Exchange-traded and closed-end funds: Shares of exchange-traded and closed-end funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

U.S. Government Securities: Valued at quoted market prices at the Plan's year-end

Corporate Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value 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 flow 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 following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 396,850	\$ -	\$ -	\$ 396,850
Exchange-traded and closed-end funds	11,788,781	-	-	11,788,781
Mutual funds	2,075,741	-	-	2,075,741
U.S. government securities	1,148,477	-	-	1,148,477
Corporate bonds	10,638,078	-	-	10,638,078
	<u>\$ 26,047,927</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 26,047,927</u>

Saker ShopRites, Inc. - Local 1360 Employees' Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

	December 31, 2023			
	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 701,335	\$ -	\$ -	\$ 701,335
Exchange-traded and closed-end funds	15,302,961	-	-	15,302,961
Mutual funds	1,371,142	-	-	1,371,142
U.S. government securities	709,032	-	-	709,032
Corporate bonds	6,625,049	-	-	6,625,049
	<u>\$ 24,709,519</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 24,709,519</u>

6. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated February 17, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

The Plan adopted an individually designed plan offered by Saker Shoprites, Inc. The individually designed plan received an IRS Determination Letter dated February 17, 2016, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

Plan management is required to evaluate tax positions taken by the Plan and to 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.

7. Related-Party and Party In Interest Transactions

In 2024 and 2023, the Plan paid fees for investment management services of approximately \$173,000 and \$154,000, respectively, to the Plan's investment custodian, Morgan Stanley.

8. Pension Protection Act

The Pension Protection Act of 2006 ("PPA") as amended by the Worker, Retiree and Employer Recovery Act of 2008 ("WREERA") imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. The "At-Risk" status is referred to as the Funding Target Attainment Percentage ("FTAP"). A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage ("AFTAP"). The 2024 AFTAP for the Plan is 86.58%. Because the Plan's AFTAP equals or exceeds 80%, the Plan is not subject to any benefit restrictions.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits. As of December 31, 2024 and 2023, one investment represents a concentration of greater than 10% of the Plan's net assets available for benefits, respectively.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported, based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Saker ShopRites, Inc. - Local 1360 Employees' Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

Cash held in federally insured financial institutions potentially insured financial institutions potentially subject the Plan to concentrations of credit risk. From time to time the balances in these accounts may exceed the federally insured limit. The Plan has not experienced any losses on these accounts and believes it is not exposed to any significant credit risk on cash. Furthermore, it is management's policy to continually monitor the financial strength of the financial institutions holding its cash.

Supplementary Information

Saker ShopRites, Inc. - Local 1360 Employees' Retirement Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 22-1729304 Plan Number: 106
December 31, 2024

(a) Identify of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expenses	(g) Cost	(h) Current value	(i) Net gain/(loss)
Single Transactions								
Vanguard	Extended Dur Treas	\$ 1,989,957	\$ -	\$ -	\$ -	\$ -	\$ 1,989,957	\$ -
iShares	Russell 1000 Value ETF	-	2,104,612	-	-	1,211,195	2,104,612	893,417
Series Transactions								
Vanguard	Vanguard FTSE Developed MKTS	\$ -	\$ 1,453,202	\$ -	\$ -	\$ 1,154,241	\$ 1,453,202	\$ 298,960

*Denotes a party-in-interest

See Independent Auditor's Report.

**Saker ShopRites, Inc. - Local 1360 Employees' Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 22-1729304 Plan Number: 106
December 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	American Funds	American High Income Trust F2	\$ 476,829	\$ 480,331
	Congress	Small Cap Growth (Csmcx)	476,056	586,628
	Federated Hermes	High Yield Bd Instl (Fihbx)	461,851	422,744
	JP Morgan	Undiscovered Managers Behaviorol Value Fund Class I (Uvbx)	545,982	583,635
	Virtus	Virtus Real Estate Sec I (Phrix)	3,383	2,403
	Total mutual funds		1,964,101	2,075,741
	US Treasury Bond Fed Strip	Zero Coupon; Matures 5/15/2052	808,003	592,369
	US Treasury Bond Fed Strip	Zero Coupon; Matures 5/15/2054	376,906	331,642
	US Treasury Bond Fed Strip	Zero Coupon; Matures 8/15/2053	239,496	224,466
	Total U.S. government securities		1,424,405	1,148,477
	Abbvie Inc	5.500% Interest; Matures 3/15/2064	190,263	176,915
	Advanced Micro Devices Inc	4.393% Interest; Matures 6/1/2052	152,990	146,477
	Allstate Corp	4.20% Interest; Matures 12/15/2046	120,727	80,634
	Alphabet Inc	2.25% Interest; Matures 8/15/2060	204,505	190,054
	Amazon.Com Inc	4.25% Interest; Matures 8/22/2057	152,804	98,458
	Amazon.Com Inc	3.25% Interest; Matures 5/12/2061	195,893	146,698
	American Intl Group Inc	4.375% Interest; Matures 1/15/2055	125,973	88,744
	Amgen Inc	3.375% Interest; Matures 2/21/2050	128,444	82,138
	Amgen Inc	4.40% Interest; Matures 2/22/2062	84,445	77,714
	Anheuser-Busch	4.75% Interest; Matures 4/15/2058	135,744	100,667
	Aon Corp / Aon Global Holdings PLC	3.90% Interest; Matures 2/28/2052	100,299	92,136
	Apple Inc	3.75% Interest; Matures 9/12/2047	151,880	106,326
	Apple Inc	4.10% Interest; Matures 8/8/2062	154,179	139,953
	Astrazenica PLC	3.00% Interest; Matures 5/28/2051	136,909	98,253
	AT&T Inc	3.50% Interest; Matures 2/01/2061	194,171	147,262
	Bank Of America Corp	2.972% Interest; Matures 7/21/2052	140,782	127,386
	Bank Of America Corp	3.483% Interest; Matures 3/13/2052	126,980	123,512
	Berkshire Hathaway	3.850% Interest; Matures 3/15/2052	118,680	113,721
	Berkshire Hathaway	4.20% Interest; Matures 8/15/2048	149,536	103,491
	Blackrock Funding Inc	5.250% Interest; Matures 3/14/2054	126,619	118,304
	Bristol-Meyers Squibb Co	3.90% Interest; Matures 3/15/2062	102,846	89,521
	Burlington Northern Santa Fe LLC	2.875% Interest; Matures 6/15/2052	111,908	77,926
	Carrier Global Corp	6.200% Interest; Matures 3/15/2054	86,398	79,381
	Caterpillar Inc	3.25% Interest; Matures 4/09/2050	142,213	90,080

See Independent Auditor's Report.

**Saker ShopRites, Inc. - Local 1360 Employees' Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 22-1729304 Plan Number: 106
December 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Caterpillar Inc	4.750% Interest; Matures 5/15/2064	90,688	86,370
	Chubb Ina Holdings Inc-	3.05% Interest; Matures 12/15/2061	131,871	91,207
	Cisco Systems Inc	5.350% Interest; Matures 2/26/2064	131,298	119,974
	Citigroup Inc	4.65% Interest; Matures 7/23/2048	182,662	171,814
	Citigroup Inc	4.65% Interest; Matures 7/30/2045	162,025	113,549
	Coca-Cola Co/The	2.75% Interest; Matures 6/01/2060	207,882	146,296
	Comcast Corp	5.500% Interest; Matures 5/15/2064	181,370	172,829
	CVS Health Corp	6.000% Interest; Matures 6/1/2063	102,715	91,455
	Deere & Co	2.875% Interest; Matures 9/7/2049	138,938	91,820
	Deere & Co	3.750% Interest; Matures 4/15/2050	121,404	115,654
	Electronic Arts Inc	2.95% Interest; Matures 2/15/2051	144,192	91,006
	Elevance Health Inc	5.650% Interest; Matures 6/15/2054	130,255	119,858
	Eli Lilly And Co	2.50% Interest; Matures 9/15/2060	168,232	147,159
	Eli Lilly And Co	5.200% Interest; Matures 8/14/2064	82,335	74,439
	Exxon Mobile Corp	3.095% Interest; Matures 8/16/2049	146,520	96,613
	Exxon Mobile Corp	3.452% Interest; Matures 4/15/2051	154,374	140,556
	GE Healthcare Technologies Inc	6.377% interest; matures 11/22/2052	128,218	123,750
	Goldman Sachs Group Inc	4.75% Interest; Matures 10/21/2045	306,505	251,756
	Honeywell International Inc	2.80% Interest; Matures 6/01/2050	175,153	125,672
	Intercontinental Exchange Inc	4.25% Interest; Matures 9/21/2048	146,714	97,039
	Intercontinental Exchange Inc	5.200% Interest; Matures 6/15/2062	100,967	91,066
	Johnson & Johnson	2.45% Interest; Matures 9/1/2060	186,773	163,301
	JPmorgan Chase & Co	3.328% Interest; Matures 4/22/2052	256,151	240,184
	Kimberly-Clark Corp	2.875% Interest; Matures 2/7/2050	53,499	48,715
	Kimberly-Clark Corp	3.20% Interest; Matures 7/30/2046	126,797	84,516
	KLA Corp	3.30% Interest; Matures 3/01/2050	97,279	69,184
	Lowe's Cos Inc	5.850% Interest; Matures 4/1/2063	156,236	146,565
	Marsh & Mclennan Cos Inc	5.450% Interest; Matures 3/15/2054	222,777	212,707
	Mastercard Inc	2.950% Interest; Matures 3/15/2051	107,063	97,448
	Mastercard Inc	3.65% Interest; Matures 6/1/2049	155,058	101,971
	Mcdonalds Corp	4.45% Interest; Matures 3/1/2047	164,278	117,713
	Mcdonalds Corp	5.450% Interest; Matures 8/14/2053	93,809	91,078
	Merck & Co Inc-	2.45% Interest; Matures 6/24/2050	148,720	89,412
	Meta Platforms Inc	5.75% Interest; Matures 5/15/2063	155,990	151,724
	Metlife Inc	5.250% Interest; Matures 1/15/2054	156,272	150,189
	Microsoft Corp	3.95% Interest; Matures 8/8/2056	169,867	112,309
	Microsoft Corp	3.041% Interest; Matures 3/17/2062	112,323	96,057
	Morgan Stanley	2.802% Interest; Matures 1/25/2052	271,872	244,716
	Netflix Inc	5.400% Interest; Matures 8/15/2054	158,829	146,673
	Nike Inc	3.375% Interest; Matures 11/1/2046	142,497	94,190
	Nvidia Corp	3.70% Interest; Matures 4/1/2060	158,672	147,860
	Oracle Corp	4.375% Interest; Matures 5/15/2055	150,054	109,644
	Paypal Holdings Inc	3.25% Interest; Matures 6/01/2050	122,318	77,972

See Independent Auditor's Report.

**Saker ShopRites, Inc. - Local 1360 Employees' Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 22-1729304 Plan Number: 106
December 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Pepsico Inc	3.875% Interest; Matures 3/19/2060	145,651	131,726
	Pepsico Inc	4.650% Interest; Matures 2/15/2053	115,108	109,334
	Pfizer Inc	4.00% Interest; Matures 3/15/2049	154,847	102,181
	Prudential Financial Inc	4.35% Interest; Matures 2/25/2050	107,088	73,510
	Salesforce.Com Inc	3.05% Interest; Matures 7/15/2061	133,634	92,486
	Shell International Finance BV	3.000% Interest; Matures 11/26/2051	99,707	94,878
	Shell International Finance BV	3.75% Interest; Matures 9/12/2046	117,893	79,280
	Starbucks Corp	4.45% Interest; Matures 8/15/2049	151,597	106,562
	Sysco Corp	6.600% Interest; Matures 4/1/2050	123,730	120,716
	Target Corp	3.90% Interest; Matures 11/15/2047	158,559	105,309
	The Home Depot Inc	3.90% Interest; Matures 6/15/2047	157,083	105,902
	The Home Depot Inc	5.400% Interest;Matures 6/25/2064	104,485	96,082
	T-Mobile Usa Inc	5.800% Interest; Matures 9/15/2062	131,584	120,850
	Union Pacific Corp	3.75% Interest; Matures 2/5/2070	189,148	144,293
	Unitedhealth Group Inc	4.95% Interest; Matures 5/15/2062	192,832	172,785
	Verizon Communications Inc	3.700% Interest; Matures 3/22/2061	89,011	85,046
	Verizon Communications Inc	5.012% Interest; Matures 8/21/2054	141,094	97,169
	Visa Inc	2.000% Interest, Matures 8/15/2050	171,870	162,281
	Walmart Inc	4.500% Interest; Matures 4/15/2053	163,085	152,785
	Walmart Inc	4.500% Interest; Matures 9/9/2052	99,674	87,426
	Walt Disney Co/The	3.80% Interest; Matures 5/13/2060	118,560	109,054
	Wells Fargo & Co	4.611% Interest; Matures 4/25/2053	251,353	238,662
	Total corporate bonds		12,954,233	10,638,078
	First Trust	Hlth Care Alpha Etf (Fhx)- Ets & Cefs	68,003	97,153
	First Trust	FncI Alphadex Etf (Fxo)- Ets & Cefs	188,424	329,706
	First Trust	Tech Alpha Etf (Fxl)- Ets & Cefs	67,497	208,713
	Invesco	Ai And Next Gen Soft (Icpt)	58,156	79,514
	Invesco	S&P 500 Equal Weight (Rsps)	37,794	58,244
	Ishares	Phlx Semiconductor Etf (Soxx)- Ets & Cefs	110,377	354,266
	Ishares	Russell 1000 Grw Etf (Iwfr)- Ets & Cefs	130,653	568,236
	Ishares	Russell 1000 Value Etf (Iwv)- Ets & Cefs	358,150	599,821
	Ishares	Russell 2000 Etf (Iwm)- Ets & Cefs	178,682	229,798
	Ishares	US Technology Etf (Ityw)- Ets & Cefs	65,873	331,163
	Spdr State Street Global Adv.	Bloomerg Barclays Capital High Vie (Jnk)- Ets & Cefs	544,237	457,779
	Spdr State Street Global Adv.	Consumer Discretionary Sel Sect Spdr Fd (Xly)- Ets & Cefs	93,696	202,812
	Spdr State Street Global Adv.	Health Care Select Sector Spdr Fd (Xlvt)- Ets & Cefs	61,751	110,331

See Independent Auditor's Report.

Saker ShopRites, Inc. - Local 1360 Employees' Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 22-1729304 Plan Number: 106
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Spdr State Street Global Adv.	Industrial Select Sector Spdr Fd (Xli)- Ets & Cefs	177,845	322,680
	Spdr State Street Global Adv.	Real Estate Select Spdr Td Etf (Xlre)- Ets & Cefs	82,375	87,644
	Spdr State Street Global Adv.	Spdr S&P Biotech (Xbi)- Ets & Cefs	83,261	101,408
	Spdr State Street Global Adv.	Spdr S&P Midcap 400 Etf Trust (Mdy)- Ets & Cefs	374,088	749,567
	Spdr State Street Global Adv.	Spdr S&P Pharmaceuticals Etf (Xph)- Ets & Cefs	86,539	84,905
	Spdr State Street Global Adv.	The Financial Sel Sect Spdr Fd (Xlf)- Ets & Cefs	198,510	335,265
	Spdr State Street Global Adv.	Utilities Sel Sect Spdr Fund (Xlu)- Ets & Cefs	131,650	136,999
	Vaneck	Vectors Biotech Etf (Bbh)- Ets & Cefs	81,646	101,560
	Vanguard	Communication Svcs Etf (Vox)- Ets & Cefs	409,724	542,360
	Vanguard	Consm Stples Et Etf (Vdc)- Ets & Cefs	114,646	135,706
	Vanguard	Consumer Dsc Etf (Vcr)- Ets & Cefs	143,280	168,921
	Vanguard	Energy Etf (Vde)- Ets & Cefs	89,968	141,569
	Vanguard	Extended Dur Treas (Edv)- Ets & Cefs	3,793,528	2,909,183
	Vanguard	Ftse Developed Mkts E (Vea)- Ets & Cefs	1,287,063	1,496,622
	Vanguard	Ftse Emerging Markets (Vwo)- Ets & Cefs	440,349	458,853
	Vanguard	Info Tech Etf (Vgt)- Ets & Cefs	113,736	388,003
	Total exchange-traded & Closed-end Funds		9,571,501	11,788,781
	Interest Bearing Cash	2% Interest	396,850	396,850
			\$ 26,311,090	\$ 26,047,927

*Denotes a party-in-interest.

Participant Ages and Years of Service

Attained Age	Years of Service (elapsed time service from hire)										
	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
< 25	1	68	8	-	-	-	-	-	-	-	77
25-29	-	32	19	4	-	-	-	-	-	-	55
30-34	-	22	12	14	1	-	-	-	-	-	49
35-39	-	18	10	7	18	-	-	-	-	-	53
40-44	-	16	10	7	13	6	-	-	-	-	52
45-49	-	19	4	6	18	7	2	-	-	-	56
50-54	-	19	17	8	13	11	3	-	-	-	71
55-59	-	23	13	10	16	9	1	1	-	-	73
60-64	-	18	11	7	21	8	1	2	2	-	70
65-69	-	12	7	2	9	6	2	1	1	2	42
70+	-	8	7	1	7	3	-	-	-	-	26
Total	1	255	118	66	116	50	9	4	3	2	624

Actuarial Methods and Assumptions

As of January 1, 2024

Mortality:

- IRS 2024 Generational Mortality Table as set forth in Notice 2023-73, for both healthy and disabled participants. *Prior year: 2023 Static Mortality Table as set forth in Notice 2022-22.*
- ASC 960 – The PRI-2012 mortality table, sex-distinct, separate pre- and post-commencement participant rates and contingent survivor rates, blue collar adjustment, with fully generational mortality improvement projected under Scale MP-2021.

IRS Prescribed Rates

Minimum/Maximum Funding:	Current Year		Prior Year	
	Minimum	Maximum	Minimum	Maximum
First Segment Rate	4.75%	3.62%	4.75%	1.41%
Second Segment Rate	4.87%	4.46%	5.00%	3.09%
Third Segment Rate	5.59%	4.52%	5.74%	3.58%
Lookback Month	September		September	
Effective Interest Rate	5.31%		5.44%	

*HATFA/BBA/ARPA rates (not applicable for Maximum Funding calculations)

ASC 960	5.50%	5.50%
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Termination

Termination of employment prior to retirement is assumed to occur in accordance with the following table of sample rates:

Age	Termination Rates, Based on Years of Service						
	0-1	1-2	2-3	3-4	4-5	5-6	6+
20	.600	.400	.300	.200	.200	.150	.154
25	.600	.400	.300	.200	.200	.150	.115
30	.600	.400	.300	.200	.200	.150	.080
35	.600	.400	.300	.200	.200	.150	.068
40	.600	.400	.300	.200	.200	.150	.062
45	.600	.400	.300	.200	.200	.150	.056
50	.600	.400	.300	.200	.200	.150	.051
55	.600	.400	.300	.200	.200	.150	.045
60	.600	.400	.300	.200	.200	.150	.039

Actuarial Methods and Assumptions (continued)

Disability

The incidence of disability is in accordance with the Class 1 rates from the 1985 Pension Disability Table. Rates at sample ages are shown below.

<u>Age</u>	<u>Incidence of Disability</u>		<u>Age</u>	<u>Incidence of Disability</u>	
	<u>Male</u>	<u>Female</u>		<u>Male</u>	<u>Female</u>
20	0.029%	0.030%	55	0.722%	0.952%
25	0.038%	0.047%	60	1.256%	1.159%
30	0.048%	0.080%	61	1.368%	1.173%
35	0.069%	0.136%	62	1.475%	1.188%
40	0.117%	0.211%	63	1.572%	1.234%
45	0.202%	0.323%	64	1.633%	1.292%
50	0.358%	0.533%			

Retirement

Assumed rates of retirement are shown below.

<u>Age</u>	<u>Years of Vesting Service</u>	
	<u>Less than 10</u>	<u>10+</u>
55-59	0%	5%
60-64	0%	10%
65-67	10%	25%
68-69	20%	25%
70-74	20%	100%
75+	100%	100%

Current and future terminated vested participants are assumed to commence benefits at age 65.

Surviving Spouse's Benefits

It is assumed that 80% of eligible participants will leave a surviving spouse. Spouses are assumed to be of opposite gender, with the female spouse three years younger than the male spouse.

Form of Payment Election

<u>Participant status</u>	<u>Form of payment</u>	
	<u>Single life</u>	<u>60% J&S with pop-up</u>
Active retirement	20%	80%
Future deferred vested	20%	80%
Future disability	20%	80%
Future death	100%	0%
Current deferred vested	100%	0%

The pop-feature is protected for benefits accrued prior to January 1, 2013, and eliminated for new benefit accruals starting on January 1, 2013. The assumed form of payment for new benefit accruals starting January 1, 2013 is a 60% joint & survivor annuity without pop-up.

Actuarial Methods and Assumptions (continued)

Expenses

\$516,000 added to current year normal cost. This is an estimate of a) administrative expenses for 2024, based on experience for the prior plan year, plus b) the PBGC premium for the 2024 plan year.

Expected expense for the prior valuation was \$900,000.

Best Estimate of Investment Return

For the Plan Year beginning on and after January 1, 2021, 5.50%.

Salary Increases

N/A. Plan benefits are not related to compensation.

Actuarial Cost Method

The Unit Credit method is used for funding.

Under the Unit Credit method, the projected benefits of each individual included in the actuarial valuation are allocated by a consistent formula to valuation years. The actuarial present value of benefits allocated to a valuation year is the normal cost. The actuarial present value of benefits allocated to all periods prior to a valuation year is called actuarial accrued liability. Under this method, the Actuarial Gains (losses), as they occur, generally reduce (increase) the unfunded Actuarial Accrued Liability.

Asset Valuation Method

Actuarial Value, as determined by IRS Notice 2009-22, and smoothed over a 24-month period.

Late Retirement Increases

Active participants: Increases for current participants over age 70½ were provided.

Deferred vested participants: Current deferred vested participants over normal retirement age are valued including a late retirement actuarial increase from the later of normal retirement date or termination.

Census Data

Census data as of January 1, 2024 was provided by the plan sponsor.

Top Heavy Minimum

Minimum benefits are not recognized as of the valuation date because the plan was not top heavy as of the determination date for this valuation.

Significant Benefits Not Recognized: None

Actuarial Methods and Assumptions (continued)

Prescribed Assumption or Method Set by Law or Legally Binding Authority

- Assumptions and methods noted below, as used for funding calculations, are required by the Pension Protection Act of 2006 (PPA), including subsequent amendments to that Act and associated regulations.
 - Mortality for healthy lives*
 - Mortality improvement*
 - Interest rates for minimum funding (including lookback month)*
 - Interest rates maximum funding (including lookback month)*
 - Asset valuation method*
 - Expenses (explicit assumption required by PPA)
 - Actuarial cost method (Unit Credit required by PPA)

*Indicates availability of certain alternatives upon implementation of PPA funding requirements, which were formally elected by the plan sponsor.

Models Used: Actuarial Standard of Practice (ASOP) No. 56, Modeling, requires commentary by the actuary on the use of any model that has a significant impact on our work, including the intended purpose of the model, material limitations or known weaknesses of the model, and the extent of reliance on models developed by others.

Acrisure uses a third-party actuarial software package for pension valuation work.

This software package is used worldwide by many actuarial and investment firms. The software models future benefit cash flows, present values, and attribution to various periods, based on deterministic or stochastic assumption sets and benefit parameters provided by the user. The model is highly flexible and also supports comparisons between periods, maintenance of plan specific participant databases, and preparation of reports under various accounting and regulatory structures.

In the absence of adequate review, the model's complexity and flexibility could lead to unintentional results. However, the model contains robust tools to test and verify the reasonableness of results. Our internal technical review utilizes these tools.

We have reviewed the model's documentation and have relied on the expertise of the software vendor for the underlying structure, methodology, and extensive supporting calculations. We have not performed a substantial audit of the model or its structure beyond typical use in preparing results, as this is typically not done by plan actuaries. However, we expect that the very deep market of qualified users for this same model ensures that no materially significant issues can or will persist.

In order to determine or assess reasonableness of the return assumption for the plan target portfolio, Acrisure has used the model and method described under Actuarial Standard of Practice No. 27. This type of model determines an expected investment return assumption based on externally provided investment class arithmetic returns, variances and correlations.

In using the model, we have relied on investment manager or investment manager survey return, variance, and correlation assumptions. The nominal value of these assumptions generally determines the output of the model.

Justification for Significant Assumptions

Mortality Base Table: This assumption is set by mandate and is being used as required.

Mortality Projection: This assumption is set by mandate and is being used as required.

Retirement: This assumption is the prior actuary's assumption, and will be used until sufficient experience is gained to perform an experience study. The assumption was based on an experience study using data from 2009 to 2013.

Termination: This assumption is the prior actuary's assumption, and will be used until sufficient experience is gained to perform an experience study. The assumption was based on an experience study using data from 2009 to 2013.

Disability: The disability incidence table is based on the Conference of Consulting Actuaries 1985 Pension Disability Study Class 1 rates because the plan's disability requirements include eligibility for Social Security Disability, which was the basis of the 1985 study. The plan's relatively small size will not support a disability incidence study; therefore, use of a standard table is appropriate.

Best Estimate of Investment Return: This long-term rate of return for actuarial value of asset development was selected based on asset allocation as of the valuation date and expectations for asset classes from available capital market outlooks.

Discount Rate (ASC 960): The plan sponsor selected this rate to be equal to the long-term rate of return on assets as permitted by ASC 960. It was reviewed for reasonableness against available capital market outlooks.

This list constitutes the significant assumptions used in the valuation of plan obligations.

Saker ShopRites, Inc. - Local 1360 Employees' Retirement Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 22-1729304 Plan Number: 106
December 31, 2024

(a) Identify of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expenses	(g) Cost	(h) Current value	(i) Net gain/(loss)
Single Transactions								
Vanguard	Extended Dur Treas	\$ 1,989,957	\$ -	\$ -	\$ -	\$ -	\$ 1,989,957	\$ -
iShares	Russell 1000 Value ETF	-	2,104,612	-	-	1,211,195	2,104,612	893,417
Series Transactions								
Vanguard	Vanguard FTSE Developed MKTS	\$ -	\$ 1,453,202	\$ -	\$ -	\$ 1,154,241	\$ 1,453,202	\$ 298,960

*Denotes a party-in-interest

See Independent Auditor's Report.

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

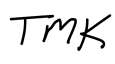
▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan SAKER SHOPPRITES, INC. - LOCAL 360 EE'S RET PLAN	B Three-digit plan number (PN) ▶	106
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SAKER SHOPPRITES, INC.	D Employer Identification Number (EIN) 22-1729304	
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 type="checkbox"/> 101-500 <input checked="" 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		25,972,981
b Actuarial value	2b		27,431,433
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	175	5,154,620	5,154,620
b For terminated vested participants	699	9,786,427	9,786,427
c For active participants	624	11,167,438	11,266,949
d Total	1,498	26,108,485	26,207,996
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		5.31%
6 Target normal cost			
a Present value of current plan year accruals	6a		674,644
b Expected plan-related expenses	6b		516,000
c Target normal cost	6c		1,190,644

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>10/15/2025</u> Date <u>2309000</u> Most recent enrollment number <u>412-394-9983</u> Telephone number (including area code)
	<u>TODD M KORDECKI</u> Type or print name of actuary <u>ACRISURE</u> Firm name <u>Four Gateway Center, Suite 605</u> <u>444 Liberty Avenue</u> <u>Pittsburgh PA 15222-1222</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)	0	4,579,946
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	928,484
9	Amount remaining (line 7 minus line 8)	0	3,651,462
10	Interest on line 9 using prior year's actual return of <u>13.27%</u>	0	484,549
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		531,705
	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>5.44%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		70,557
	c Total available at beginning of current plan year to add to prefunding balance		602,262
	d Portion of (c) to be added to prefunding balance		602,262
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)	0	4,738,273

Part III Funding Percentages			
14	Funding target attainment percentage	14	86.58%
15	Adjusted funding target attainment percentage	15	104.66%
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	83.25%
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
10/04/2024	300,000	0			
10/10/2024	60,000	0			
11/14/2024	60,000	0			
12/13/2024	60,000	0			
01/14/2025	360,000	0			
02/13/2025	60,000	0			
03/13/2025	60,000	0			
04/01/2025	300,000	0			
04/09/2025	60,000	0			
05/13/2025	60,000	0			
06/13/2025	60,000	0			
07/03/2025	300,000	0			
07/11/2025	60,000	0			
Totals ▶			18(b)	1,800,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	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	1,696,944

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

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

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

Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 66
23 Mortality table(s) (see instructions)	<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 checked="" type="checkbox"/> Yes	<input 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	0
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	1,190,644	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	3,514,836	365,774	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	1,556,418	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1,098,121	1,098,121
36 Additional cash requirement (line 34 minus line 35).....	36	458,297	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1,696,944	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,238,647	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	1,238,647	
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 checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021
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Saker Shoprites, Inc. Local 360 Employees' Retirement Plan
Plan Sponsor: Saker Shoprites, Inc.
EIN/PN: 22-1729304 / 106
Attachment to 2024
Form 5500 Schedule SB

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	145.5247	0.0407	5.9192	325.5585
56	138.0746	0.0414	5.7225	320.4583
57	139.4931	0.0417	5.8135	331.3712
58	142.3711	0.0411	5.8469	339.1202
59	142.3477	0.0405	5.7616	339.9372
60	140.5109	0.0801	11.2596	675.5738
61	143.0922	0.0793	11.3451	692.0492
62	135.5658	0.0799	10.8338	671.6981
63	128.0942	0.0799	10.2359	644.8633
64	123.2998	0.0768	9.4642	605.7068
65	110.7542	0.2153	23.8415	1,549.6992
66	91.6186	0.2118	19.4064	1,280.8231
67	71.7634	0.2136	15.3289	1,027.0354
68	62.2888	0.2323	14.4669	983.7478
69	53.1988	0.2287	12.1648	839.3688
70	46.2523	0.8095	37.4418	2,620.9285
71	11.5395	0.5172	5.9687	423.7749
72	9.8397	0.4968	4.8882	351.9533
73	9.1104	0.3158	2.8770	210.0197
74	7.2375	0.3136	2.2696	167.9480
75	6.4356	1.0000	6.4356	482.6706
76	2.0000	1.0000	2.0000	152.0000
77	1.0000	1.0000	1.0000	77.0000
78	0.0000	1.0000	0.0000	0.0000
79	1.0000	1.0000	1.0000	79.0000
Total			231.2917	15,192.3059
Average				65.68

Saker Shoprites, Inc. Local 360 Employees' Retirement Plan

EIN/PN: 22-1729304 / 106

Attachment to 2024 Form 5500 Schedule SB

Schedule SB, Line 26b - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	143,397	275,385	501,423	920,205
2025	233,491	306,691	488,109	1,028,291
2026	313,015	323,371	476,224	1,112,610
2027	376,617	349,356	462,498	1,188,472
2028	448,246	380,516	444,757	1,273,519
2029	498,696	417,609	430,663	1,346,968
2030	545,257	441,720	415,793	1,402,769
2031	594,370	481,983	400,147	1,476,500
2032	644,593	502,427	383,741	1,530,761
2033	675,866	507,815	366,616	1,550,297
2034	709,735	513,470	348,832	1,572,037
2035	741,469	526,238	330,469	1,598,176
2036	759,528	558,491	311,625	1,629,643
2037	787,406	574,696	292,404	1,654,506
2038	809,653	583,246	272,925	1,665,824
2039	826,693	595,954	253,318	1,675,965
2040	837,992	606,439	233,719	1,678,151
2041	850,350	620,242	214,270	1,684,862
2042	860,539	622,935	195,113	1,678,587
2043	880,662	633,157	176,381	1,690,201
2044	892,839	639,669	158,204	1,690,712
2045	887,661	656,782	140,702	1,685,145
2046	887,998	663,638	123,993	1,675,629
2047	889,481	688,109	108,189	1,685,780
2048	890,505	710,574	93,400	1,694,479
2049	865,140	730,529	79,725	1,675,394
2050	868,330	747,892	67,244	1,683,465
2051	858,082	763,061	56,014	1,677,156
2052	835,318	790,726	46,058	1,672,101
2053	835,285	800,408	37,367	1,673,059
2054	811,556	806,790	29,900	1,648,246
2055	782,920	819,179	23,588	1,625,687
2056	767,024	834,544	18,342	1,619,909
2057	751,456	850,031	14,053	1,615,539
2058	719,589	849,675	10,608	1,579,871
2059	698,552	836,138	7,887	1,542,577
2060	669,312	823,147	5,778	1,498,236
2061	646,358	809,015	4,171	1,459,544
2062	621,024	788,033	2,969	1,412,026
2063	594,795	765,182	2,085	1,362,062
2064	572,960	743,799	1,446	1,318,205
2065	547,487	714,928	991	1,263,406
2066	523,611	683,079	672	1,207,361
2067	496,927	651,481	451	1,148,859

Saker Shoprites, Inc. Local 360 Employees' Retirement Plan

EIN/PN: 22-1729304 / 106

Attachment to 2024 Form 5500 Schedule SB

Schedule SB, Line 26b - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2068	468,653	619,260	299	1,088,212
2069	440,416	587,127	197	1,027,740
2070	413,003	555,098	128	968,229
2071	386,437	523,193	82	909,712
2072	360,706	491,438	52	852,196
2073	335,834	459,872	33	795,738

Plan Provisions

The following is a summary of the major provisions of the plan, as restated effective January 1, 2015 and most recently amended effective January 1, 2018. Please refer to the plan document for a more complete description of the most recent plan provisions.

Effective Date and Plan Year Original plan: January 1, 1976
Restated plan: January 1, 2015
Plan year: January 1 through December 31

Status of The Plan The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.

Definitions

- Covered employees Each employee whose employment is covered by a collective bargaining agreement between Saker ShopRites, Inc. and the United Food and Commercial Workers Union Local 360 (formerly Local 1360).
- Participation Completion of twelve (12) consecutive months of employment containing at least 1,000 Hours of Service, and attainment of age twenty-one (21). Employees hired before January 1, 2013 are not subject to the age requirement.
- Employee contributions Participant contributions are neither required nor permitted.
- Hours of service Beginning January 1, 2013, Full Time employees are credited with 190 Hours of Service for each month in which at least one hour is worked. For Part-Time employees, 89 Hours of Service are credited for each month in which at least one hour is worked.

Prior to January 1, 2013, Hours of Service were based upon actual hours worked each year.
- Vesting service For Full Time employees, Vesting Service is a calendar year in which 1,000 hours of service are credited. For Part Time employees, it is 500 hours of service.

For those commencing plan participation after December 31, 2012, Vesting Service does not include periods of service with the Tri-State Fund prior to employment with Saker ShopRites, Inc. Also, service earned under the Tri-State Fund following termination of employment with Saker ShopRites, Inc. does not count toward vesting in benefits under the Local 360 Plan.

Plan Provisions (continued)

- Credited service
 - Equal to the sum of (a) and (b):
 - a) Credited Service as of December 31, 1988
 - b) On and after January 1, 1989, one year of Credited Service is granted for each calendar year in which a Full Time (Part Time) employee completes at least 1,800 (800) Hours of Service. Partial credit is earned when the required hours for a full year's credit are not worked.

For those commencing plan participation after December 31, 2012, Credited Service does not include periods of service with the Tri-State Fund prior to employment with Saker ShopRite's, Inc.

- Accrued benefit
 - Monthly benefit effective January 1, 1999:
 - 1) Full time:
 - a) \$30 times years of service through 1993.
 - b) \$40 times years of service after 1993, up to but not including the 31st year of Credited service
 - c) \$50 times years of service beginning with the 31st year of Credited service
 - 2) Part time
 - a) \$16 times years of service through 1993.
 - b) \$20 times years of service after 1993, up to but no including the 31st year of Credited service
 - c) \$25 times years of service beginning with the 31st year of Credited service

Beginning January 1, 2013, members who retire with more than 30 but less than 31 years of Credited Service, the lower benefit rate (\$20 for part-time employees and \$40 for full-time employees) applies to the fractional year of Service between 30 and 31. However, the Accrued Benefit cannot be less than the Accrued Benefit on December 31, 2012.

Normal Retirement

- Eligibility Age 65
- Benefit Accrued benefit payable from age 65.

Plan Provisions (continued)

Early Retirement

- Eligibility Age 55 with 10 Years of Vesting Service
- Benefit Benefit reduced for early commencement as follows:

For benefits accrued prior to 1985, 6% per year prior to age 62.

For benefits accrued after 1984, actuarially reduced prior to age 65. Actuarial reduction for benefit accruals starting January 1, 2013 is based on 7.5% interest and the RP-2000 combined healthy annuitant/non-annuitant mortality table without collar adjustment, blended 50% male and 50% female. Actuarial reduction for benefits accrued as of December 31, 2012 is based on 7.0% interest and the 1984 unisex pensioner mortality table, set back one year.

Special Early Retirement

- Eligibility 30 years of Vesting Service and Vesting Service for service prior to January 1, 1985.
- Benefit Calculated in the same manner as Normal Retirement Benefit with Benefit reduced for early commencement as follows:

For benefits accrued prior to 1985, payable in full (no reduction)

For benefits accrued after 1984, same reduction as for Early Retirement for benefits accrued after 1984.

Unreduced Rule of 90 Early Retirement

- Eligibility This benefit is available to four specified individuals whose age and service is greater than 90. All four have already retired.
- Benefit Calculated in the same manner as Normal Retirement Benefit with no early retirement factor applied.

Late Retirement

- Eligibility Employment beyond normal retirement date.
- Benefit Calculated in the same manner as Normal Retirement Benefit

Deferred Vested

- Eligibility Five years of vesting service
- Benefit Calculated in same manner as Normal Retirement Benefit. If participant has at least 10 years of Vesting Service, benefit may commence prior to age 65, reduced in the same manner as Early Retirement Benefit.

Plan Provisions (continued)

Disability

- Eligibility 10 Years of Vesting Service and total and permanent disability (Social Security definition) prior to January 1, 2013.
- Benefit Calculated in same manner as Normal Retirement Benefit with no reduction for early commencement. Payments cease upon death, if the employee is no longer eligible for Social Security disability, or age 65. The enhanced disability benefit is eliminated for all disabilities occurring on or after January 1, 2013.

Pre-Retirement Death

- Eligibility Married and vested
- Benefit prior to Early Retirement A benefit payable when the employee would have been first eligible to retire based on a 60% joint and survivor annuity
- Benefit after Early but before Normal Retirement If eligible for Early Retirement, a benefit payable immediately assuming participant had retired and elected a 60% joint and survivor annuity.

Post-Retirement Death

- Eligibility Retired with designated beneficiary. Beginning January 1, 2013, the post-retirement life insurance benefit is only available with respect to retirees who had at least ten (10) years of Vesting Service in the plan. Inactive vested and retired participants as of January 1, 2013 are not subject to 10 years of Vesting Service requirement.
- Benefit In addition to the Joint and Survivor coverage, if applicable, a single sum death benefit of \$2,000 (\$1,000) is payable to beneficiaries of retirees from Full Time (Part Time) status.

Form of Payment

- Automatic form for unmarried participants Life Annuity
- Automatic form for married participants
 - For benefits accrued prior to January 1, 2013, an actuarially reduced 60% Joint and Survivor annuity with fully subsidized pop-up feature
 - For benefits accrued on or after January 1, 2013, an actuarially reduced 60% Joint and Survivor annuity

The 60% J&S with pop-up option is protected for benefits accrued prior to January 1, 2013, and eliminated for new benefit accruals starting on January 1, 2013.

Plan Provisions (continued)

- Optional forms
 - 75% or 100% Joint and Survivor annuity, with fully subsidized pop-up feature (The pop-up feature is not provided for benefits earned after December 31, 2012).
 - Social Security Level Income Option (The Level Income Option is not provided for benefits ended after December 31, 2012).
 - Social Security Level Income Life and 60%, 75%, or 100% Survivor Option (The Level Income Option is not provided for benefits ended after December 31, 2012).
 - Benefits with a present value of \$5,000 or less are paid in a single lump sum distribution.
 - Optional form conversion factors
 - Benefits other than lump sums or Level Income Option: 7.5% Interest rate and RP-2000 combined healthy annuitant/non-annuitant mortality table without collar adjustment, blended 50% male and 50% female.
 - Lump sums: Interest rate described in IRC Section 417(e)(3)(C) for the November preceding the plan year distribution and mortality table described in IRC Section 417(e)(3)(B).
 - Level Income Option: The larger annuity resulting from the above.
- Miscellaneous**
- Maximum benefits
 - Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.

Saker ShopRites, Inc. - Local 1360 Employees' Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 22-1729304 Plan Number: 106
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	American Funds	American High Income Trust F2	\$ 476,829	\$ 480,331
	Congress	Small Cap Growth (Csmcx)	476,056	586,628
	Federated Hermes	High Yield Bd Instl (Fihbx)	461,851	422,744
	JP Morgan	Undiscovered Managers Behaviorol Value Fund Class I (Ubvxs)	545,982	583,635
	Virtus	Virtus Real Estate Sec I (Phrix)	3,383	2,403
	Total mutual funds		1,964,101	2,075,741
	US Treasury Bond Fed Strip	Zero Coupon; Matures 5/15/2052	808,003	592,369
	US Treasury Bond Fed Strip	Zero Coupon; Matures 5/15/2054	376,906	331,642
	US Treasury Bond Fed Strip	Zero Coupon; Matures 8/15/2053	239,496	224,466
	Total U.S. government securities		1,424,405	1,148,477
	Abbvie Inc	5.500% Interest; Matures 3/15/2064	190,263	176,915
	Advanced Micro Devices Inc	4.393% Interest; Matures 6/1/2052	152,990	146,477
	Allstate Corp	4.20% Interest; Matures 12/15/2046	120,727	80,634
	Alphabet Inc	2.25% Interest; Matures 8/15/2060	204,505	190,054
	Amazon.Com Inc	4.25% Interest; Matures 8/22/2057	152,804	98,458
	Amazon.Com Inc	3.25% Interest; Matures 5/12/2061	195,893	146,698
	American Intl Group Inc	4.375% Interest; Matures 1/15/2055	125,973	88,744
	Amgen Inc	3.375% Interest; Matures 2/21/2050	128,444	82,138
	Amgen Inc	4.40% Interest; Matures 2/22/2062	84,445	77,714
	Anheuser-Busch	4.75% Interest; Matures 4/15/2058	135,744	100,667
	Aon Corp / Aon Global Holdings PLC	3.90% Interest; Matures 2/28/2052	100,299	92,136
	Apple Inc	3.75% Interest; Matures 9/12/2047	151,880	106,326
	Apple Inc	4.10% Interest; Matures 8/8/2062	154,179	139,953
	Astrazenica PLC	3.00% Interest; Matures 5/28/2051	136,909	98,253
	AT&T Inc	3.50% Interest; Matures 2/01/2061	194,171	147,262
	Bank Of America Corp	2.972% Interest; Matures 7/21/2052	140,782	127,386
	Bank Of America Corp	3.483% Interest; Matures 3/13/2052	126,980	123,512
	Berkshire Hathaway	3.850% Interest; Matures 3/15/2052	118,680	113,721
	Berkshire Hathaway	4.20% Interest; Matures 8/15/2048	149,536	103,491
	Blackrock Funding Inc	5.250% Interest; Matures 3/14/2054	126,619	118,304
	Bristol-Meyers Squibb Co	3.90% Interest; Matures 3/15/2062	102,846	89,521
	Burlington Northern Santa Fe LLC	2.875% Interest; Matures 6/15/2052	111,908	77,926
	Carrier Global Corp	6.200% Interest; Matures 3/15/2054	86,398	79,381
	Caterpillar Inc	3.25% Interest; Matures 4/09/2050	142,213	90,080

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**Saker ShopRites, Inc. - Local 1360 Employees' Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 22-1729304 Plan Number: 106
December 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Caterpillar Inc	4.750% Interest; Matures 5/15/2064	90,688	86,370
	Chubb Ina Holdings Inc-	3.05% Interest; Matures 12/15/2061	131,871	91,207
	Cisco Systems Inc	5.350% Interest; Matures 2/26/2064	131,298	119,974
	Citigroup Inc	4.65% Interest; Matures 7/23/2048	182,662	171,814
	Citigroup Inc	4.65% Interest; Matures 7/30/2045	162,025	113,549
	Coca-Cola Co/The	2.75% Interest; Matures 6/01/2060	207,882	146,296
	Comcast Corp	5.500% Interest; Matures 5/15/2064	181,370	172,829
	CVS Health Corp	6.000% Interest; Matures 6/1/2063	102,715	91,455
	Deere & Co	2.875% Interest; Matures 9/7/2049	138,938	91,820
	Deere & Co	3.750% Interest; Matures 4/15/2050	121,404	115,654
	Electronic Arts Inc	2.95% Interest; Matures 2/15/2051	144,192	91,006
	Elevance Health Inc	5.650% Interest; Matures 6/15/2054	130,255	119,858
	Eli Lilly And Co	2.50% Interest; Matures 9/15/2060	168,232	147,159
	Eli Lilly And Co	5.200% Interest; Matures 8/14/2064	82,335	74,439
	Exxon Mobile Corp	3.095% Interest; Matures 8/16/2049	146,520	96,613
	Exxon Mobile Corp	3.452% Interest; Matures 4/15/2051	154,374	140,556
	GE Healthcare Technologies Inc	6.377% interest; matures 11/22/2052	128,218	123,750
	Goldman Sachs Group Inc	4.75% Interest; Matures 10/21/2045	306,505	251,756
	Honeywell International Inc	2.80% Interest; Matures 6/01/2050	175,153	125,672
	Intercontinental Exchange Inc	4.25% Interest; Matures 9/21/2048	146,714	97,039
	Intercontinental Exchange Inc	5.200% Interest; Matures 6/15/2062	100,967	91,066
	Johnson & Johnson	2.45% Interest; Matures 9/1/2060	186,773	163,301
	JPmorgan Chase & Co	3.328% Interest; Matures 4/22/2052	256,151	240,184
	Kimberly-Clark Corp	2.875% Interest; Matures 2/7/2050	53,499	48,715
	Kimberly-Clark Corp	3.20% Interest; Matures 7/30/2046	126,797	84,516
	KLA Corp	3.30% Interest; Matures 3/01/2050	97,279	69,184
	Lowe's Cos Inc	5.850% Interest; Matures 4/1/2063	156,236	146,565
	Marsh & Mclennan Cos Inc	5.450% Interest; Matures 3/15/2054	222,777	212,707
	Mastercard Inc	2.950% Interest; Matures 3/15/2051	107,063	97,448
	Mastercard Inc	3.65% Interest; Matures 6/1/2049	155,058	101,971
	Mcdonalds Corp	4.45% Interest; Matures 3/1/2047	164,278	117,713
	Mcdonalds Corp	5.450% Interest; Matures 8/14/2053	93,809	91,078
	Merck & Co Inc-	2.45% Interest; Matures 6/24/2050	148,720	89,412
	Meta Platforms Inc	5.75% Interest; Matures 5/15/2063	155,990	151,724
	Metlife Inc	5.250% Interest; Matures 1/15/2054	156,272	150,189
	Microsoft Corp	3.95% Interest; Matures 8/8/2056	169,867	112,309
	Microsoft Corp	3.041% Interest; Matures 3/17/2062	112,323	96,057
	Morgan Stanley	2.802% Interest; Matures 1/25/2052	271,872	244,716
	Netflix Inc	5.400% Interest; Matures 8/15/2054	158,829	146,673
	Nike Inc	3.375% Interest; Matures 11/1/2046	142,497	94,190
	Nvidia Corp	3.70% Interest; Matures 4/1/2060	158,672	147,860
	Oracle Corp	4.375% Interest; Matures 5/15/2055	150,054	109,644
	Paypal Holdings Inc	3.25% Interest; Matures 6/01/2050	122,318	77,972

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**Saker ShopRites, Inc. - Local 1360 Employees' Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 22-1729304 Plan Number: 106
December 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Pepsico Inc	3.875% Interest; Matures 3/19/2060	145,651	131,726
	Pepsico Inc	4.650% Interest; Matures 2/15/2053	115,108	109,334
	Pfizer Inc	4.00% Interest; Matures 3/15/2049	154,847	102,181
	Prudential Financial Inc	4.35% Interest; Matures 2/25/2050	107,088	73,510
	Salesforce.Com Inc	3.05% Interest; Matures 7/15/2061	133,634	92,486
	Shell International Finance BV	3.000% Interest; Matures 11/26/2051	99,707	94,878
	Shell International Finance BV	3.75% Interest; Matures 9/12/2046	117,893	79,280
	Starbucks Corp	4.45% Interest; Matures 8/15/2049	151,597	106,562
	Sysco Corp	6.600% Interest; Matures 4/1/2050	123,730	120,716
	Target Corp	3.90% Interest; Matures 11/15/2047	158,559	105,309
	The Home Depot Inc	3.90% Interest; Matures 6/15/2047	157,083	105,902
	The Home Depot Inc	5.400% Interest;Matures 6/25/2064	104,485	96,082
	T-Mobile Usa Inc	5.800% Interest; Matures 9/15/2062	131,584	120,850
	Union Pacific Corp	3.75% Interest; Matures 2/5/2070	189,148	144,293
	Unitedhealth Group Inc	4.95% Interest; Matures 5/15/2062	192,832	172,785
	Verizon Communications Inc	3.700% Interest; Matures 3/22/2061	89,011	85,046
	Verizon Communications Inc	5.012% Interest; Matures 8/21/2054	141,094	97,169
	Visa Inc	2.000% Interest, Matures 8/15/2050	171,870	162,281
	Walmart Inc	4.500% Interest; Matures 4/15/2053	163,085	152,785
	Walmart Inc	4.500% Interest; Matures 9/9/2052	99,674	87,426
	Walt Disney Co/The	3.80% Interest; Matures 5/13/2060	118,560	109,054
	Wells Fargo & Co	4.611% Interest; Matures 4/25/2053	251,353	238,662
	Total corporate bonds		12,954,233	10,638,078
	First Trust	Hlth Care Alpha Etf (Fhx)- Ets & Cefs	68,003	97,153
	First Trust	FncI Alphadex Etf (Fxo)- Ets & Cefs	188,424	329,706
	First Trust	Tech Alpha Etf (Fxl)- Ets & Cefs	67,497	208,713
	Invesco	Ai And Next Gen Soft (Icpt)	58,156	79,514
	Invesco	S&P 500 Equal Weight (Rsps)	37,794	58,244
	Ishares	Phlx Semiconductor Etf (Soxx)- Ets & Cefs	110,377	354,266
	Ishares	Russell 1000 Grw Etf (Iwfr)- Ets & Cefs	130,653	568,236
	Ishares	Russell 1000 Value Etf (Iwd)- Ets & Cefs	358,150	599,821
	Ishares	Russell 2000 Etf (Iwm)- Ets & Cefs	178,682	229,798
	Ishares	US Technology Etf (Ityw)- Ets & Cefs	65,873	331,163
	Spdr State Street Global Adv.	Bloomerg Barclays Capital High Vie (Jnk)- Ets & Cefs	544,237	457,779
	Spdr State Street Global Adv.	Consumer Discretionary Sel Sect Spdr Fd (Xly)- Ets & Cefs	93,696	202,812
	Spdr State Street Global Adv.	Health Care Select Sector Spdr Fd (Xlvt)- Ets & Cefs	61,751	110,331

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Saker ShopRites, Inc. - Local 1360 Employees' Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 22-1729304 Plan Number: 106
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(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Spdr State Street Global Adv.	Industrial Select Sector Spdr Fd (Xli)- Ets & Cefs	177,845	322,680
	Spdr State Street Global Adv.	Real Estate Select Spdr Td Etf (Xlre)- Ets & Cefs	82,375	87,644
	Spdr State Street Global Adv.	Spdr S&P Biotech (Xbi)- Ets & Cefs	83,261	101,408
	Spdr State Street Global Adv.	Spdr S&P Midcap 400 Etf Trust (Mdy)- Ets & Cefs	374,088	749,567
	Spdr State Street Global Adv.	Spdr S&P Pharmaceuticals Etf (Xph)- Ets & Cefs	86,539	84,905
	Spdr State Street Global Adv.	The Financial Sel Sect Spdr Fd (Xlf)- Ets & Cefs	198,510	335,265
	Spdr State Street Global Adv.	Utilities Sel Sect Spdr Fund (Xlu)- Ets & Cefs	131,650	136,999
	Vaneck	Vectors Biotech Etf (Bbh)- Ets & Cefs	81,646	101,560
	Vanguard	Communication Svcs Etf (Vox)- Ets & Cefs	409,724	542,360
	Vanguard	Consm Stples Et Etf (Vdc)- Ets & Cefs	114,646	135,706
	Vanguard	Consumer Dsc Etf (Vcr)- Ets & Cefs	143,280	168,921
	Vanguard	Energy Etf (Vde)- Ets & Cefs	89,968	141,569
	Vanguard	Extended Dur Treas (Edv)- Ets & Cefs	3,793,528	2,909,183
	Vanguard	Ftse Developed Mkts E (Vea)- Ets & Cefs	1,287,063	1,496,622
	Vanguard	Ftse Emerging Markets (Vwo)- Ets & Cefs	440,349	458,853
	Vanguard	Info Tech Etf (Vgt)- Ets & Cefs	113,736	388,003
	Total exchange-traded & Closed-end Funds		9,571,501	11,788,781
	Interest Bearing Cash	2% Interest	396,850	396,850
			\$ 26,311,090	\$ 26,047,927

*Denotes a party-in-interest.

Saker Shoprites, Inc. Local 360 Employees' Retirement Plan
 EIN/PN: 22-1729304 / 106
 Attachment to 2024 Form 5500 Schedule SB

Schedule SB, Line 32 - Schedule of Amortization Bases

	<u>Type of Base</u>	<u>Present Value of Remaining Installments</u>	<u>Valuation Date Base was Established</u>	<u>Number of Years Remaining in the Amortization Period</u>	<u>Amortization Installment</u>
1.	Shortfall	\$ 1,789,922	1/1/2020	11	\$ 203,848
2.	Shortfall	(161,344)	1/1/2021	12	(17,213)
3.	Shortfall	(536,881)	1/1/2022	13	(54,020)
4.	Shortfall	2,846,208	1/1/2023	14	271,650
5.	Shortfall	(423,069)	1/1/2025	15	(38,491)
	Total	\$ 3,514,836			\$ 365,774