

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

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... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... [X] an amended return/report [ ] a short plan year return/report... C If the plan is a collectively-bargained plan, check here... [ ] D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program... [ ] special extension... 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: MICKEY MART, INC. 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/1982
2a Plan sponsor's name (employer, if for a single-employer plan): MICKEY MART, INC.
2b Employer Identification Number (EIN): 34-1643305
2c Plan Sponsor's telephone number: 419-499-1120
2d Business code (see instructions): 445120

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1448
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1378
	<b>6a(2)</b>	2345
	<b>6b</b>	1
	<b>6c</b>	75
	<b>6d</b>	2421
	<b>6e</b>	0
	<b>6f</b>	2421
	<b>6g(1)</b>	179
<b>6g(2)</b>	199	
<b>6h</b>	8	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2K 2T 3D 3H

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p><b>A</b> Name of plan <span style="color: blue;">MICKEY MART, INC. 401(K) PROFIT SHARING PLAN</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">002</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">MICKEY MART, INC.</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">34-1643305</span></p>	

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

**1 Coverage Information:**

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	774883	199	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="color: blue;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="color: blue;">0</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	112949
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	3332571

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

**b** Balance at the end of the previous year ..... **7b** 101451

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	13259
	<b>7c(2)</b>	
	<b>7c(3)</b>	1591
	<b>7c(4)</b>	
	<b>7c(5)</b>	1
▶ *		

(6) Total additions ..... **7c(6)** 14851

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 116302

<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	12
	<b>7e(2)</b>	948
	<b>7e(3)</b>	1756
	<b>7e(4)</b>	637
▶ *		

(5) Total deductions ..... **7e(5)** 3353

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 112949

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<b>A</b> Name of plan <b>MICKEY MART, INC. 401(K) PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MICKEY MART, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>34-1643305</b>	

**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

**VOYA RETIREMENT INSURANCE & ANNUITY**

**71-0294708**

**(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

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

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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?
26	SERVICE PROVIDER	27326	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CBIZ INVESTMENT ADVISORY SERVICES,

81-3968784

(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?
26 99	SERVICE PROVIDER	1446	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	14166	Yes <input type="checkbox"/> No <input checked="" 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
CBIZ INVESTMENT ADVISORY SERVICES,	99	14166
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VOYA RETIREMENT INSURANCE AND ANNUI  71-0294708	OTHER FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>MICKEY MART, INC. 401(K) PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MICKEY MART, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>34-1643305</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VARIABLE ANNUITY ACCOUNT D</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE &amp; ANNUITY CO</u>		
<b>c</b> EIN-PN <u>71-0294708-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3332571</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)





<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>MICKEY MART, INC. 401(K) PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MICKEY MART, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>34-1643305</b>

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	22804
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	2556594
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	101451
<b>(15)</b> Other.....	<b>1c(15)</b>	17629

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	2680849	3463149
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	2680849	3463149

**Part II Income and Expense Statement**

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

Income		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	311931	
(B) Participants.....	2a(1)(B)	303754	
(C) Others (including rollovers).....	2a(1)(C)	37604	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		653289
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	2124	
(F) Other.....	2b(1)(F)	1591	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		3715
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

	(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)	362514
(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)	
<b>c</b> Other income .....	2c	4543
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	1024061

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	210185
(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)	210185
<b>f</b> Corrective distributions (see instructions) .....	2f	1919
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	826
<b>h</b> Interest expense .....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	
(2) Contract administrator fees .....	2i(2)	28445
(3) Recordkeeping fees .....	2i(3)	
(4) IQPA audit fees .....	2i(4)	
(5) Investment advisory and investment management fees .....	2i(5)	36
(6) Bank or trust company trustee/custodial fees .....	2i(6)	
(7) Actuarial fees .....	2i(7)	
(8) Legal fees .....	2i(8)	
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	
(11) Other expenses .....	2i(11)	350
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	28831
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	241761

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	782300
<b>l</b> 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: SIKICH CPA, LLC

(2) EIN: 54-1172176

**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
<b>a</b> 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		395084
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

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

<b>A</b> Name of plan <u>MICKEY MART, INC. 401(K) PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MICKEY MART, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>34-1643305</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

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

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

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> 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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (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.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</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.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

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

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

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

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

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702844A.



**MICKEY MART, INC.  
401(K) PROFIT SHARING PLAN**

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FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITOR'S REPORT

For the Years Ended December 31, 2024 and 2023



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**MICKEY MART, INC.**  
**401(K) PROFIT SHARING PLAN**  
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## **INDEPENDENT AUDITOR'S REPORT**

To the 401(k) Plan Committee  
Mickey Mart, Inc. 401(k) Profit Sharing Plan

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed audits of the accompanying financial statements of Mickey Mart, Inc. 401(k) Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements 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 related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

#### **Other Matter - Supplemental Schedules Required by ERISA**

The supplemental schedule of assets (held at end of year) as of December 31, 2024, and schedule of delinquent participant contributions 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 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).



Naperville, Illinois  
January 29, 2026

## **FINANCIAL STATEMENTS**

**MICKEY MART, INC.  
401(K) PROFIT SHARING PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	<b>2024</b>	<b>2023</b>
<b>ASSETS</b>		
Investments at fair value	\$ 3,332,571	\$ 2,556,594
Investments at contract value	112,949	101,451
Total investments	3,445,520	2,658,045
Receivables		
Employee contribution	17,679	15,428
Employer contribution	14,619	95,267
Other employer contribution	17,788	-
Notes receivable from participants	17,629	28,339
Total receivables	67,715	139,034
Total assets	3,513,235	2,797,079
<b>LIABILITIES</b>		
Excess contributions payable	27,700	-
Pre-funded contributions	6,122	-
Total liabilities	33,822	-
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 3,479,413</b>	<b>\$ 2,797,079</b>

See accompanying notes to financial statements.

**MICKEY MART, INC.**  
**401(K) PROFIT SHARING PLAN**

STATEMENTS OF CHANGES IN NET ASSETS  
AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2024 and 2023

	2024	2023
<b>ADDITIONS IN NET ASSETS ATTRIBUTED TO</b>		
Investment income		
Net appreciation in fair value of investments	\$ 360,004	\$ 462,568
Interest and dividends	1,591	3,084
Total investment income	361,595	465,652
Interest on notes receivable from participants	2,124	2,754
Contributions		
Employee	286,664	262,243
Employer	219,312	119,796
Rollover	37,604	1,783
Other employer	17,788	-
Total contributions	561,368	383,822
Total additions	925,087	852,228
<b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO</b>		
Benefits paid to participants	213,922	317,979
Administrative expenses	28,831	19,581
Total deductions	242,753	337,560
NET INCREASE	682,334	514,668
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	2,797,079	2,282,411
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	\$ 3,479,413	\$ 2,797,079

See accompanying notes to financial statements.

**MICKEY MART, INC.**  
**401(K) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

---

**1. DESCRIPTION OF PLAN**

The following description of Mickey Mart, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution Plan covering substantially all employees of Mickey Mart, Inc., (the Company) who have completed 60 days of service and are age 18 or older. Prior to April 5, 2023, the Plan covered substantially all employees of the Company who had completed 3 months of service and were age 21 or older. The Plan excludes union employees, nonresident aliens, and leased employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was restated effective April 5, 2023 in accordance with the Plan's change in custodian and recordkeeper from Newport Trust Company, LLC to Voya Institutional Trust Company. Significant changes to the plan provisions as a result of the restatement are disclosed above and below in each applicable area.

Contributions

Each year, participants may contribute up to the maximum allowed by the Internal Revenue Code (IRC), of pre-tax annual compensation, as defined in the Plan. Participants are permitted to designate a portion or all of their deferral contributions as Roth 401(k) contributions. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Company may elect to make discretionary matching contributions. For the year ended December 31, 2024, the Company made matching contributions equal to 100% of participant deferrals up to 6% of eligible compensation, which were funded each pay period. For the year ended December 31, 2023, the Company made matching contributions equal to 50% of participant deferrals up to 6% of eligible compensation, which were funded quarterly. To be eligible for discretionary matching contributions for the year ended December 31, 2023, employees were required to be employed on the last day of the plan quarter.

The Company may also elect to make discretionary non-elective contributions. To be eligible for an allocation of any discretionary non-elective contributions, employees must complete at least 1,000 hours of service during the plan year and be employed on the last day of the plan year. The Company did not elect to make any discretionary non-elective contributions for the years ended December 31, 2024 and 2023.

**MICKEY MART, INC.**  
**401(K) PROFIT SHARING PLAN**  
NOTES TO FINANCIAL STATEMENTS (Continued)

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**1. DESCRIPTION OF PLAN (Continued)**

Contributions (Continued)

Contributions are subject to certain limitations as mandated by the IRC.

Investment Options

Participants may direct all their contributions among one or more funds subject to the allocation limitations set forth in the Plan. Changes in allocation of future contributions and transfers among funds of presently invested contributions are permitted pursuant to the Plan's provisions.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contributions and (b) plan earnings (losses) and charged with the participant's benefit payments and an allocation of administrative expenses. Allocations are based on participant earnings (losses), account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are immediately vested in their contributions plus actual earnings (losses) thereon. Vesting in the Company's discretionary matching contribution portion and the discretionary non-elective portion of their accounts is based on the following table:

<u>Years of Service</u>	<u>Percentage</u>
Less than 3	0%
3 or more	100%

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to the maximum equal to the lesser of \$50,000 or 50% of their vested account balance, less defaulted loans (if any). Participants can have only 1 loan outstanding at any time. The loans are secured by the balances in the participants' accounts and bear interest at the prime rate plus 1%. The term of the loan may not exceed five years or ten years if the loan proceeds will be used to acquire the principal residence of the participant. Principal and interest are paid ratably through payroll deductions.

**MICKEY MART, INC.**  
**401(K) PROFIT SHARING PLAN**  
NOTES TO FINANCIAL STATEMENTS (Continued)

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**1. DESCRIPTION OF PLAN (Continued)**

Payment of Benefits

On termination of service, death, disability, or retirement, a participant may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account, substantially equal installments, or partial payments. Prior to April 5, 2023, installments and partial payments were not permitted. A participant that terminates employment whose account balance is less than \$7,000 (\$5,000 prior to 2024) will receive a distribution of their vested aggregate account balance without the consent of the participant. If the distribution is less than \$1,000 the distribution will be made in the form of lump sum cash. If the distribution is greater than \$1,000, but less than \$7,000 (\$5,000 prior to 2024), the Plan will pay the distribution in an automatic direct rollover to an individual retirement account (IRA). In-service withdrawals of all or a portion of the participant's vested account balance are also permitted upon the participant's attainment of age 59 ½. Under certain conditions participants may receive a hardship distribution if certain criteria are met.

Forfeited Accounts

As of December 31, 2024 and 2023, forfeited nonvested accounts totaled \$11,249 and \$15,313, respectively. These amounts will be used in accordance with the applicable plan provisions. During the plan years 2024 and 2023, forfeitures of \$35,126 and \$9,000, respectively, were used to reduce the Company's contributions. Additionally, during the plan years 2024 and 2023, forfeitures of \$0 and \$3,030, respectively, were used to pay administrative expenses of the Plan.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

The preparation of financial statements is in conformity with accounting principles generally accepted in the United States of America (US GAAP) and requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**MICKEY MART, INC.**  
**401(K) PROFIT SHARING PLAN**  
NOTES TO FINANCIAL STATEMENTS (Continued)

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**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Investment Valuation and Income Recognition

Investments are stated at fair value (except for fully benefit-responsive investment contracts, which are reported at contract 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 401(k) Plan Committee determines the Plan's valuation policies utilizing information provided by the investment adviser, custodian, and insurance company. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and 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.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest less amounts defaulted (if any). Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Company and are excluded from these financial statements. Loan administration and distribution fees are charged directly to the participant's account and are included in administrative expenses. The Plan also pays certain investment advisory and plan administration fees from plan assets. Certain investment-related expenses are included in net appreciation (depreciation) of fair value of investments.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Recent Accounting and Regulatory Pronouncements

The SECURE 2.0 Act of 2022 was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management adopted mandatory provisions effective for the years ended December 31, 2024 and 2023. Plan management continues to evaluate the impact of the optional provisions of SECURE 2.0 and awaiting additional regulatory guidance from the Internal Revenue Service (IRS) and Department of Labor (DOL). The application of SECURE 2.0 Act did not have a material effect on the Plan's financial statements for the plan years ended December 31, 2024 and 2023. The Plan will be amended to reflect any changes made in response to SECURE 2.0 prior to the deadline set by law or applicable regulations.

**3. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT**

The Plan entered into a fully benefit-responsive investment contract with Voya Retirement Insurance and Annuity Company. The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. As of December 31, 2024 and 2023, the contract value of the fully benefit-responsive investment contract was \$112,949 and \$101,451 respectively.

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer, but may not be less than 1%. The crediting rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with the fully benefit-responsive investment contract is dependent on the third-party issuer's ability to meet its financial obligations. The contract issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

**3. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT (Continued)**

Certain events limit the ability of the Plan to transact at contract value with the contract issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with the contract issuer and with participants are probable of occurring.

In addition, certain events allow the contract issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include the following: (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreements without the consent of the contract issuer.

**4. FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The 3 levels of the fair value hierarchy under Topic 820 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 at the measurement date.

Level 2: Inputs to the valuation methodology other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- a. Quoted prices for similar assets or liabilities in active markets,
- b. Quoted prices for identical or similar assets or liabilities in inactive markets,
- c. Inputs other than quoted prices that are observable for the asset or liability,
- d. Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

**MICKEY MART, INC.**  
**401(K) PROFIT SHARING PLAN**  
NOTES TO FINANCIAL STATEMENTS (Continued)

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**4. FAIR VALUE MEASUREMENTS (Continued)**

Level 2: (Continued):

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

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

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

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

*Pooled separate accounts:* Investments in units of pooled separate accounts held with an insurance company are stated at estimated fair market value and are valued by the insurance company based on the net asset value (NAV) of units held by the Plan at year end. The NAV is determined by the insurance company based on the market value of the underlying investments held in the pooled fund. The NAV is a readily determinable fair value and is the basis for current transactions.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Description	Assets at Fair Value as of December 31, 2024			Total
	Level 1	Level 2	Level 3	
Pooled separate accounts	\$ 3,332,571	\$ -	\$ -	\$ 3,332,571
<b>TOTAL INVESTMENTS AT FAIR VALUE</b>	<b>\$ 3,332,571</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 3,332,571</b>

**MICKEY MART, INC.**  
**401(K) PROFIT SHARING PLAN**  
NOTES TO FINANCIAL STATEMENTS (Continued)

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**4. FAIR VALUE MEASUREMENTS (Continued)**

Description	Assets at Fair Value as of December 31, 2023			Total
	Level 1	Level 2	Level 3	
Pooled separate accounts	\$ 2,556,594	\$ -	\$ -	\$ 2,556,594
<b>TOTAL INVESTMENTS AT FAIR VALUE</b>	<b>\$ 2,556,594</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,556,594</b>

**5. CERTIFICATION OF FINANCIAL INFORMATION**

The financial data included in the accompanying financial statements as of and for the years ended December 31, 2024 and 2023 and supplemental schedule of assets (held at end of year) as of December 31, 2024 have been certified as complete and accurate by Voya Institutional Trust Company, a qualified institution, certifying beginning on April 5, 2023, and Newport Trust Company, LLC, a qualified institution, certifying prior to April 5, 2023. The following certified information was obtained by management and agreed to or derived from information certified as complete and accurate, and has not been audited by the independent auditors for the Plan: investments at fair value, investments at contract value, net appreciation in fair value of investments, and interest and dividends.

**6. PLAN TERMINATION**

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. In the event of plan termination, participants would become 100% vested in their employer contributions. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

**7. TAX STATUS**

The Company adopted a non-standardized pre-approved plan document, which received an opinion letter dated June 30, 2020, in which the IRS stated that the non-standardized pre-approved plan document was in compliance with applicable requirements of the IRC. The Plan has not received a determination letter specific to the Plan itself; however, the plan administrator believes that the Plan is designed, and is being operated, in compliance with the applicable requirements of the IRC.

US GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**MICKEY MART, INC.**  
**401(K) PROFIT SHARING PLAN**  
NOTES TO FINANCIAL STATEMENTS (Continued)

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**8. PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are managed by an affiliate of Voya Institutional Trust Company, the custodian; therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. Certain administrative expenses were paid by the Plan or the Company. The Plan issues loans to participants, which are secured by the vested balance in the participants' accounts. These transactions qualify as party-in-interest. Employees of the Company provide administrative services to the Plan for which no fees are charged.

**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 value of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the statements of net assets available for benefits.

**10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to net assets per the Form 5500 as of December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 3,479,413	\$ 2,797,079
Add excess contributions payable	27,700	-
Add pre-funded contributions	6,122	-
Less employee contributions receivable	(17,679)	(15,428)
Less employer contributions receivable	(14,619)	(95,267)
Less other employer contributions receivable	(17,788)	-
Less deemed distributed participant loans	-	(5,535)
<b>NET ASSETS PER THE FORM 5500</b>	<b><u>\$ 3,463,149</u></b>	<b><u>\$ 2,680,849</u></b>

**MICKEY MART, INC.**  
**401(K) PROFIT SHARING PLAN**  
NOTES TO FINANCIAL STATEMENTS (Continued)

**10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)**

The following is a reconciliation of net increase in net assets available for benefits per the financial statements to net income per the Form 5500 for the years ended December 31, 2024 and 2023:

	2024	2023
Net increase in net assets available for benefits per the financial statements	\$ 682,334	\$ 514,668
Add excess contributions payable	27,700	-
Add contributions receivable - prior year	110,695	82,612
Less contributions receivable - current year	(50,086)	(110,695)
Add pre-funded contributions	6,122	-
Add deemed distributed participant loans - prior year	5,535	-
Less deemed distributed participant loans - current year	-	(5,535)
<b>NET INCOME PER THE FORM 5500</b>	<b>\$ 782,300</b>	<b>\$ 481,050</b>

**11. EXCESS CONTRIBUTIONS PAYABLE**

Excess contributions represent amounts withheld from participants or contributed to participants in excess of IRS limitations that are to be refunded at year end. As of December 31, 2024 and 2023, \$27,700 and \$0 of excess contributions and earnings thereon are required to be refunded prior to December 31, of the subsequent year. These amounts were refunded to participants prior to March 15 of the year following the plan year end. Excess contributions and earnings are netted against employee and employer contributions and net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

**12. PROHIBITED TRANSACTIONS**

During the years ended 2022-2024, the Company failed to remit to the Plan's custodian certain employee contributions and loan repayments totaling \$395,084 within the period prescribed by DOL's regulations. Delays in remitting contributions to the custodian were due to administrative errors. The Company has made contributions to the affected participants' accounts for the 2022 and some of the 2023 contributions which have been received by the custodian to compensate those participants for potential lost income due to the delays, which is included in other employer contribution receivables on the statements of net assets available for benefits, and other employer contributions on the statements of changes in net assets available for benefits. The Company will make contributions to the affected participants' accounts for the remaining 2023 and 2024 contributions to compensate those participants for potential lost income due to the delays, and remit missing contribution amounts from 2023 and 2024 to the impacted participants.

### **13. SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through January 29, 2026, which was the date that these financial statements were available for issuance, and noted the following subsequent event:

Effective January 1, 2026, the Plan was restated and amended, and as a result, the following plan provisions changed:

- Implemented a safe harbor design requiring safe harbor matching contributions equal to 100% of participant deferrals up to 6% of eligible compensation. Participants will be fully vested in the safe harbor matching contributions.
- Removed allocation condition for employees to be employed on the last day of the plan quarter for discretionary matching contributions.

**SUPPLEMENTAL SCHEDULES**

**MICKEY MART, INC.**  
**401(K) PROFIT SHARING PLAN**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
FORM 5500, SCHEDULE H, LINE 4i

EIN: 34-1643305      PLAN: #002

December 31, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
<b>Pooled Separate Accounts</b>				
*	Voya Retirement Insurance & Annuity Company	AB Large Cap Growth Fund Z	**	\$ 314,242
*	Voya Retirement Insurance & Annuity Company	BlackRock Emerging Markets Fund K	**	47,199
*	Voya Retirement Insurance & Annuity Company	American Funds EuroPacific Growth Fund R6	**	12,765
*	Voya Retirement Insurance & Annuity Company	DFA US Targeted Value Portfolio Fund Institutional	**	53,282
*	Voya Retirement Insurance & Annuity Company	Fidelity 500 Index Fund	**	126,841
*	Voya Retirement Insurance & Annuity Company	Fidelity International Index Fund	**	93,910
*	Voya Retirement Insurance & Annuity Company	Fidelity Mid Cap Index Fund	**	118,666
*	Voya Retirement Insurance & Annuity Company	Fidelity Small Cap Index Fund	**	38,836
*	Voya Retirement Insurance & Annuity Company	Fidelity US Bond Index Fund	**	7,751
*	Voya Retirement Insurance & Annuity Company	JPMorgan Equity Income Fund R6	**	92,289
*	Voya Retirement Insurance & Annuity Company	JPMorgan Mid Cap Growth Fund R6	**	140,155
*	Voya Retirement Insurance & Annuity Company	MFS Mid Cap Value Fund R6	**	12,931
*	Voya Retirement Insurance & Annuity Company	PIMCO International Bond Fund I	**	28,395
*	Voya Retirement Insurance & Annuity Company	PIMCO Total Return Fund Institutional	**	41,534
*	Voya Retirement Insurance & Annuity Company	Vanguard Explorer Fund Admiral	**	55,168
*	Voya Retirement Insurance & Annuity Company	Vanguard Real Estate Index Fund Admiral	**	25,440
*	Voya Retirement Insurance & Annuity Company	Vanguard Short-Term Investment-Grade Fund Admiral	**	5,309
*	Voya Retirement Insurance & Annuity Company	Vanguard Target Retirement 2020 Fund	**	49,930
*	Voya Retirement Insurance & Annuity Company	Vanguard Target Retirement 2025 Fund	**	2,642
*	Voya Retirement Insurance & Annuity Company	Vanguard Target Retirement 2030 Fund	**	575,670
*	Voya Retirement Insurance & Annuity Company	Vanguard Target Retirement 2035 Fund	**	63,483
*	Voya Retirement Insurance & Annuity Company	Vanguard Target Retirement 2040 Fund	**	609,399
*	Voya Retirement Insurance & Annuity Company	Vanguard Target Retirement 2045 Fund	**	160,572
*	Voya Retirement Insurance & Annuity Company	Vanguard Target Retirement 2050 Fund	**	395,100
*	Voya Retirement Insurance & Annuity Company	Vanguard Target Retirement 2055 Fund	**	122,181
*	Voya Retirement Insurance & Annuity Company	Vanguard Target Retirement 2060 Fund	**	118,143
*	Voya Retirement Insurance & Annuity Company	Vanguard Target Retirement 2065 Fund	**	9,201
*	Voya Retirement Insurance & Annuity Company	Vanguard Target Retirement 2070 Fund	**	288
*	Voya Retirement Insurance & Annuity Company	Voya Government Money Market Fund A	**	11,249
	Total pooled separate accounts			3,332,571
<b>Fully Benefit-Responsive Investment Contract</b>				
*	Voya Retirement Insurance & Annuity Company	Voya Fixed Account	**	112,949
<b>TOTAL INVESTMENTS PER FINANCIAL STATEMENTS</b>				3,445,520
*	Participant loans	Interest rates from 4.25% to 9.50%	- 0 -	17,629
<b>TOTAL INVESTMENTS PER 5500</b>				\$ 3,463,149

\* Denotes a party-in-interest to the Plan.

\*\* Cost information not required for participant-directed investments.

**MICKEY MART, INC.**  
**401(K) PROFIT SHARING PLAN**

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS  
FORM 5500, SCHEDULE H, LINE 4a

EIN: 34-1643305      PLAN: #002

For the Year Ended December 31, 2024

Participant Contributions Transferred Late to the Plan						Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are Included:			Total that Constitute Nonexempt Prohibited Transactions			
Date Contributions Withheld	Date Contributions Remitted	Date Lost Earnings Remitted	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	<input checked="" type="checkbox"/>					
September 28, 2022	October 24, 2022	March 21, 2025	\$ 535	\$ -	\$ -	\$ -
October 24, 2022	November 28, 2022	March 21, 2025	567	-	-	-
October 28, 2022	November 28, 2022	March 21, 2025	4,891	-	-	-
October 31, 2022	December 1, 2022	March 21, 2025	572	-	-	-
November 28, 2022	December 30, 2022	March 21, 2025	587	-	-	-
December 19, 2022	January 27, 2023	March 21, 2025	585	-	-	-
December 23, 2022	January 27, 2023	March 21, 2025	5,451	-	-	-
December 28, 2022	February 3, 2023	March 21, 2025	597	-	-	-
December 29, 2022	February 3, 2023	March 21, 2025	5,055	-	-	-
January 3, 2023	February 14, 2023	March 21, 2025	522	-	-	-
January 9, 2023	February 17, 2023	March 21, 2025	507	-	-	-
January 10, 2023	February 14, 2023	March 21, 2025	4,394	-	-	-
January 13, 2023	February 17, 2023	March 21, 2025	4,427	-	-	-
January 17, 2023	February 27, 2023	March 21, 2025	623	-	-	-
January 23, 2023	March 9, 2023	March 21, 2025	591	-	-	-
January 24, 2023	February 27, 2023	March 21, 2025	5,333	-	-	-
January 30, 2023	March 9, 2023	March 21, 2025	4,258	-	-	-
February 3, 2023	March 14, 2023	March 21, 2025	558	-	-	-
February 7, 2023	March 14, 2023	March 21, 2025	4,402	-	-	-
February 7, 2023	March 16, 2023	March 21, 2025	800	-	-	-
February 10, 2023	March 16, 2023	March 21, 2025	4,262	-	-	-
February 13, 2023	March 17, 2023	March 21, 2025	626	-	-	-
February 22, 2023	March 17, 2023	March 21, 2025	4,901	-	-	-
February 20, 2023	May 5, 2023	March 21, 2025	556	-	-	-
February 23, 2023	May 5, 2023	March 21, 2025	4,804	-	-	-
February 27, 2023	May 10, 2023	March 21, 2025	562	-	-	-
March 2, 2023	May 11, 2023	March 21, 2025	4,286	-	-	-
March 23, 2023	May 11, 2023	March 21, 2025	4,006	-	-	-
March 9, 2023	May 12, 2023	March 21, 2025	4,352	-	-	-
March 16, 2023	May 12, 2023	March 21, 2025	4,830	-	-	-
March 30, 2023	May 12, 2023	March 21, 2025	4,365	-	-	-
April 6, 2023	May 12, 2023	March 21, 2025	4,063	-	-	-
April 13, 2023	May 12, 2023	March 21, 2025	4,908	-	-	-
April 20, 2023	May 12, 2023	March 21, 2025	4,045	-	-	-
April 27, 2023	May 12, 2023	March 21, 2025	4,152	-	-	-
March 6, 2023	May 15, 2023	March 21, 2025	586	-	-	-
March 13, 2023	May 15, 2023	March 21, 2025	572	-	-	-
March 20, 2023	May 15, 2023	March 21, 2025	560	-	-	-
March 23, 2023	May 15, 2023	March 21, 2025	77	-	-	-
March 27, 2023	May 15, 2023	March 21, 2025	597	-	-	-
April 3, 2023	May 15, 2023	March 21, 2025	587	-	-	-
April 17, 2023	May 15, 2023	March 21, 2025	594	-	-	-
April 24, 2023	May 15, 2023	March 21, 2025	574	-	-	-
May 1, 2023	May 15, 2023	March 21, 2025	641	-	-	-
May 4, 2023	May 25, 2023	March 21, 2025	4,039	-	-	-
May 8, 2023	May 25, 2023	March 21, 2025	595	-	-	-
May 11, 2023	May 25, 2023	March 21, 2025	4,176	-	-	-
May 15, 2023	May 25, 2023	March 21, 2025	1,084	-	-	-
May 18, 2023	May 25, 2023	March 21, 2025	3,975	-	-	-

**MICKEY MART, INC.**  
**401(K) PROFIT SHARING PLAN**

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (Continued)  
FORM 5500, SCHEDULE H, LINE 4a

EIN: 34-1643305      PLAN: #002

For the Year Ended December 31, 2024

Date Contributions Withheld	Date Contributions Remitted	Date Lost Earnings Remitted	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
May 25, 2023	June 26, 2023	March 21, 2025	\$ 4,033	\$ -	\$ -	\$ -
May 26, 2023	June 26, 2023	March 21, 2025	593	-	-	-
June 1, 2023	June 26, 2023	March 21, 2025	4,076	-	-	-
June 5, 2023	June 26, 2023	March 21, 2025	673	-	-	-
June 8, 2023	July 21, 2023	March 21, 2025	4,146	-	-	-
June 15, 2023	August 14, 2023	March 21, 2025	3,989	-	-	-
June 22, 2023	August 14, 2023	March 21, 2025	4,042	-	-	-
June 29, 2023	August 14, 2023	March 21, 2025	4,210	-	-	-
July 7, 2023	August 28, 2023	March 21, 2025	4,115	-	-	-
July 20, 2023	August 28, 2023	March 21, 2025	3,976	-	-	-
July 27, 2023	August 28, 2023	March 21, 2025	3,886	-	-	-
August 3, 2023	August 28, 2023	March 21, 2025	3,894	-	-	-
August 10, 2023	August 28, 2023	March 21, 2025	4,297	-	-	-
June 12, 2023	September 1, 2023	March 21, 2025	857	-	-	-
June 16, 2023	September 1, 2023	March 21, 2025	458	-	-	-
June 26, 2023	September 1, 2023	March 21, 2025	444	-	-	-
July 3, 2023	September 1, 2023	March 21, 2025	477	-	-	-
July 10, 2023	September 1, 2023	March 21, 2025	477	-	-	-
July 17, 2023	September 1, 2023	March 21, 2025	452	-	-	-
July 24, 2023	September 1, 2023	March 21, 2025	807	-	-	-
July 31, 2023	September 1, 2023	March 21, 2025	455	-	-	-
August 7, 2023	September 1, 2023	March 21, 2025	507	-	-	-
August 14, 2023	September 1, 2023	March 21, 2025	458	-	-	-
August 17, 2023	September 1, 2023	March 21, 2025	4,740	-	-	-
August 21, 2023	September 1, 2023	March 21, 2025	443	-	-	-
August 24, 2023	September 11, 2023	March 21, 2025	4,127	-	-	-
August 31, 2023	September 11, 2023	March 21, 2025	4,066	-	-	-
September 1, 2023	September 11, 2023	March 21, 2025	458	-	-	-
September 7, 2023	August 12, 2024	March 21, 2025	4,066	-	-	-
September 14, 2023	August 13, 2024	March 21, 2025	3,952	-	-	-
February 17, 2023	Not Yet Remitted	Not Yet Remitted	62	-	-	-
February 22, 2023	Not Yet Remitted	Not Yet Remitted	12	-	-	-
March 16, 2023	Not Yet Remitted	Not Yet Remitted	270	-	-	-
April 10, 2023	Not Yet Remitted	Not Yet Remitted	604	-	-	-
April 14, 2023	Not Yet Remitted	Not Yet Remitted	20	-	-	-
May 11, 2023	Not Yet Remitted	Not Yet Remitted	30	-	-	-
May 23, 2023	Not Yet Remitted	Not Yet Remitted	1	-	-	-
June 5, 2023	Not Yet Remitted	Not Yet Remitted	26	-	-	-
June 22, 2023	Not Yet Remitted	Not Yet Remitted	30	-	-	-
July 13, 2023	Not Yet Remitted	Not Yet Remitted	5,018	-	-	-
August 17, 2023	Not Yet Remitted	Not Yet Remitted	40	-	-	-
September 7, 2023	Not Yet Remitted	Not Yet Remitted	29	-	-	-
September 11, 2023	Not Yet Remitted	Not Yet Remitted	465	-	-	-
September 25, 2023	Not Yet Remitted	Not Yet Remitted	5	-	-	-
October 2, 2023	Not Yet Remitted	Not Yet Remitted	5	-	-	-
October 6, 2023	Not Yet Remitted	Not Yet Remitted	14	-	-	-
October 16, 2023	Not Yet Remitted	Not Yet Remitted	19	-	-	-
October 23, 2023	Not Yet Remitted	Not Yet Remitted	16	-	-	-
October 30, 2023	Not Yet Remitted	Not Yet Remitted	27	-	-	-
November 6, 2023	Not Yet Remitted	Not Yet Remitted	29	-	-	-
November 13, 2023	Not Yet Remitted	Not Yet Remitted	21	-	-	-
November 20, 2023	Not Yet Remitted	Not Yet Remitted	545	-	-	-
November 27, 2023	Not Yet Remitted	Not Yet Remitted	24	-	-	-
December 4, 2023	Not Yet Remitted	Not Yet Remitted	25	-	-	-

**MICKEY MART, INC.**  
**401(K) PROFIT SHARING PLAN**

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (Continued)  
FORM 5500, SCHEDULE H, LINE 4a

EIN: 34-1643305      PLAN: #002

For the Year Ended December 31, 2024

Date Contributions Withheld	Date Contributions Remitted	Date Lost Earnings Remitted	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
December 8, 2023	Not Yet Remitted	Not Yet Remitted	\$ 5	\$ -	\$ -	\$ -
December 11, 2023	Not Yet Remitted	Not Yet Remitted	24	-	-	-
December 18, 2023	Not Yet Remitted	Not Yet Remitted	19	-	-	-
December 22, 2023	Not Yet Remitted	Not Yet Remitted	11	-	-	-
December 29, 2023	Not Yet Remitted	Not Yet Remitted	14	-	-	-
January 4, 2024	February 21, 2024	Not Yet Remitted	2,985	-	-	-
January 5, 2024	February 21, 2024	Not Yet Remitted	20	-	-	-
January 8, 2024	February 21, 2024	Not Yet Remitted	418	-	-	-
January 9, 2024	February 21, 2024	Not Yet Remitted	11	-	-	-
January 10, 2024	February 21, 2024	Not Yet Remitted	40	-	-	-
January 11, 2024	February 21, 2024	Not Yet Remitted	4,545	-	-	-
January 12, 2024	February 21, 2024	Not Yet Remitted	393	-	-	-
January 18, 2024	February 21, 2024	Not Yet Remitted	4,542	-	-	-
January 22, 2024	February 21, 2024	Not Yet Remitted	343	-	-	-
January 23, 2024	February 21, 2024	Not Yet Remitted	1,325	-	-	-
January 25, 2024	February 21, 2024	Not Yet Remitted	6,048	-	-	-
January 29, 2024	February 21, 2024	Not Yet Remitted	492	-	-	-
February 1, 2024	February 20, 2024	Not Yet Remitted	4,294	-	-	-
February 1, 2024	April 16, 2024	Not Yet Remitted	380	-	-	-
February 2, 2024	February 20, 2024	Not Yet Remitted	25	-	-	-
February 5, 2024	February 20, 2024	Not Yet Remitted	520	-	-	-
February 5, 2024	April 16, 2024	Not Yet Remitted	7	-	-	-
February 8, 2024	February 20, 2024	Not Yet Remitted	4,344	-	-	-
February 8, 2024	April 16, 2024	Not Yet Remitted	275	-	-	-
February 12, 2024	April 16, 2024	Not Yet Remitted	7	-	-	-
February 15, 2024	March 13, 2024	Not Yet Remitted	4,449	-	-	-
February 15, 2024	April 16, 2024	Not Yet Remitted	275	-	-	-
February 16, 2024	March 13, 2024	Not Yet Remitted	516	-	-	-
February 16, 2024	April 16, 2024	Not Yet Remitted	7	-	-	-
February 22, 2024	April 9, 2024	Not Yet Remitted	5,130	-	-	-
February 22, 2024	April 16, 2024	Not Yet Remitted	275	-	-	-
February 26, 2024	April 9, 2024	Not Yet Remitted	506	-	-	-
February 26, 2024	April 16, 2024	Not Yet Remitted	7	-	-	-
February 29, 2024	April 9, 2024	Not Yet Remitted	4,546	-	-	-
February 29, 2024	April 16, 2024	Not Yet Remitted	271	-	-	-
March 4, 2024	April 9, 2024	Not Yet Remitted	490	-	-	-
March 4, 2024	April 16, 2024	Not Yet Remitted	7	-	-	-
March 7, 2024	April 15, 2024	Not Yet Remitted	6,211	-	-	-
March 7, 2024	April 16, 2024	Not Yet Remitted	271	-	-	-
March 8, 2024	April 15, 2024	Not Yet Remitted	11	-	-	-
March 11, 2024	April 15, 2024	Not Yet Remitted	507	-	-	-
March 11, 2024	April 16, 2024	Not Yet Remitted	7	-	-	-
March 14, 2024	April 23, 2024	Not Yet Remitted	5,199	-	-	-
March 18, 2024	April 23, 2024	Not Yet Remitted	521	-	-	-
March 21, 2024	April 23, 2024	Not Yet Remitted	5,219	-	-	-
March 25, 2024	April 23, 2024	Not Yet Remitted	501	-	-	-
March 28, 2024	April 26, 2024	Not Yet Remitted	5,335	-	-	-
April 1, 2024	April 26, 2024	Not Yet Remitted	315	-	-	-
April 4, 2024	April 29, 2024	Not Yet Remitted	5,405	-	-	-
April 8, 2024	April 29, 2024	Not Yet Remitted	366	-	-	-
April 9, 2024	April 29, 2024	Not Yet Remitted	49	-	-	-
April 11, 2024	May 6, 2024	Not Yet Remitted	5,848	-	-	-
April 15, 2024	May 6, 2024	Not Yet Remitted	552	-	-	-
April 18, 2024	May 13, 2024	Not Yet Remitted	5,613	-	-	-

**MICKEY MART, INC.**  
**401(K) PROFIT SHARING PLAN**

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (Continued)  
FORM 5500, SCHEDULE H, LINE 4a

EIN: 34-1643305      PLAN: #002

For the Year Ended December 31, 2024

Date Contributions Withheld	Date Contributions Remitted	Date Lost Earnings Remitted	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
April 22, 2024	May 13, 2024	Not Yet Remitted	\$ 627	\$ -	\$ -	\$ -
April 25, 2024	May 28, 2024	Not Yet Remitted	5,759	-	-	-
April 29, 2024	May 28, 2024	Not Yet Remitted	495	-	-	-
April 30, 2024	May 28, 2024	Not Yet Remitted	11	-	-	-
May 2, 2024	June 6, 2024	Not Yet Remitted	6,809	-	-	-
May 6, 2024	June 6, 2024	Not Yet Remitted	439	-	-	-
May 9, 2024	June 17, 2024	Not Yet Remitted	5,298	-	-	-
May 13, 2024	June 17, 2024	Not Yet Remitted	424	-	-	-
May 16, 2024	June 18, 2024	Not Yet Remitted	5,519	-	-	-
May 20, 2024	June 18, 2024	Not Yet Remitted	516	-	-	-
May 23, 2024	June 18, 2024	Not Yet Remitted	5,515	-	-	-
May 24, 2024	June 18, 2024	Not Yet Remitted	771	-	-	-
May 30, 2024	June 24, 2024	Not Yet Remitted	5,550	-	-	-
June 3, 2024	June 24, 2024	Not Yet Remitted	623	-	-	-
June 6, 2024	June 27, 2024	Not Yet Remitted	5,559	-	-	-
June 10, 2024	June 27, 2024	Not Yet Remitted	563	-	-	-
June 13, 2024	July 1, 2024	Not Yet Remitted	5,661	-	-	-
June 17, 2024	July 1, 2024	Not Yet Remitted	579	-	-	-
June 20, 2024	July 8, 2024	Not Yet Remitted	5,461	-	-	-
June 24, 2024	July 8, 2024	Not Yet Remitted	453	-	-	-
June 26, 2024	July 8, 2024	Not Yet Remitted	5	-	-	-
June 27, 2024	July 18, 2024	Not Yet Remitted	5,631	-	-	-
June 28, 2024	July 18, 2024	Not Yet Remitted	5	-	-	-
July 1, 2024	July 18, 2024	Not Yet Remitted	500	-	-	-
July 3, 2024	July 18, 2024	Not Yet Remitted	5,446	-	-	-
July 8, 2024	July 30, 2024	Not Yet Remitted	509	-	-	-
July 11, 2024	August 6, 2024	Not Yet Remitted	5,664	-	-	-
July 15, 2024	August 6, 2024	Not Yet Remitted	466	-	-	-
July 16, 2024	August 6, 2024	Not Yet Remitted	12	-	-	-
July 17, 2024	August 6, 2024	Not Yet Remitted	11	-	-	-
July 18, 2024	August 7, 2024	Not Yet Remitted	5,645	-	-	-
July 22, 2024	August 7, 2024	Not Yet Remitted	465	-	-	-
July 25, 2024	August 12, 2024	Not Yet Remitted	5,591	-	-	-
July 29, 2024	August 12, 2024	Not Yet Remitted	458	-	-	-
August 1, 2024	August 14, 2024	Not Yet Remitted	5,495	-	-	-
August 5, 2024	August 14, 2024	Not Yet Remitted	472	-	-	-
August 15, 2024	October 1, 2024	Not Yet Remitted	1,005	-	-	-
August 19, 2024	October 1, 2024	Not Yet Remitted	62	-	-	-
August 22, 2024	October 1, 2024	Not Yet Remitted	1,013	-	-	-
August 26, 2024	October 1, 2024	Not Yet Remitted	58	-	-	-
August 29, 2024	October 1, 2024	Not Yet Remitted	1,016	-	-	-
August 30, 2024	October 1, 2024	Not Yet Remitted	58	-	-	-
September 5, 2024	October 1, 2024	Not Yet Remitted	1,030	-	-	-
September 9, 2024	October 1, 2024	Not Yet Remitted	74	-	-	-
September 12, 2024	October 1, 2024	Not Yet Remitted	970	-	-	-
September 16, 2024	October 1, 2024	Not Yet Remitted	60	-	-	-
September 19, 2024	October 1, 2024	Not Yet Remitted	982	-	-	-
September 23, 2024	October 1, 2024	Not Yet Remitted	59	-	-	-
August 8, 2024	Not Yet Remitted	Not Yet Remitted	5,627	-	-	-
August 9, 2024	Not Yet Remitted	Not Yet Remitted	977	-	-	-
August 12, 2024	Not Yet Remitted	Not Yet Remitted	449	-	-	-
<b>TOTAL</b>			<b>\$ 395,084</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>



## Attachment to 2024 Form 5500

Schedule H, line 4i - Schedule of Assets

(Held at End of Year)

MICKEY MART, INC. 401(K) PROFIT SHARING PLAN

EIN#34-1643305

Plan# 002

As of December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
	AB Large Cap Grw Fnd Z	Registered Investment Company		\$314,241.68
	American Funds EuroPacific R6	Registered Investment Company		\$12,765.02
	BlkRck Emrg Mrkts Fnd K	Registered Investment Company		\$47,198.90
	DFA US Targeted VI Port Ins	Registered Investment Company		\$53,281.51
	Fid US Bd Id Fd	Registered Investment Company		\$7,750.52
	Fidelity 500 Index Fund	Registered Investment Company		\$126,840.96
	Fidelity Intl Index Fnd	Registered Investment Company		\$93,909.75
	Fidelity Mid Cap Idx Fd	Registered Investment Company		\$118,665.99
	Fidelity Sm Cp Ind Fd	Registered Investment Company		\$38,835.94
	JPMorgan Equity Income Fund R6	Registered Investment Company		\$92,288.83
	JPMorgan Mid Cap Growth Fd R6	Registered Investment Company		\$140,155.15
	MFS Mid Cap Value Fund R6	Registered Investment Company		\$12,931.31
	PIMCO Intl Bd Fd (US DI-Hdg) I	Registered Investment Company		\$28,395.00
	PIMCO Total Return Fund Ins	Registered Investment Company		\$41,533.51
	Vangrd Explorer Fund Adm	Registered Investment Company		\$55,168.26
	Vangrd St-Trm Inv-Grd Fnd Adm	Registered Investment Company		\$5,309.27
	Vangrd Trgt Retire 2020 Fd	Registered Investment Company		\$49,930.32
	Vangrd Trgt Retire 2025 Fd	Registered Investment Company		\$2,642.45
	Vangrd Trgt Retire 2030 Fd	Registered Investment Company		\$575,669.90
	Vangrd Trgt Retire 2035 Fd	Registered Investment Company		\$63,482.85
	Vangrd Trgt Retire 2040 Fd	Registered Investment Company		\$609,398.93
	Vangrd Trgt Retire 2045 Fd	Registered Investment Company		\$160,571.62



## Attachment to 2024 Form 5500

Schedule H, line 4i - Schedule of Assets

(Held at End of Year)

MICKEY MART, INC. 401(K) PROFIT SHARING PLAN

EIN#34-1643305

Plan# 002

	Vangrd Trgt Retire 2050 Fd	Registered Investment Company		\$395,100.00
	Vangrd Trgt Retire 2055 Fd	Registered Investment Company		\$122,181.33
	Vangrd Trgt Retire 2060 Fd	Registered Investment Company		\$118,142.72
	Vangrd Trgt Retire 2065 Fd	Registered Investment Company		\$9,200.67
	Vangrd Trgt Retire 2070 Fd	Registered Investment Company		\$288.37
	Vangrd Trgt Retire Inc Fd	Registered Investment Company		\$1.59
	Vanguard Real Estate Indx Adm	Registered Investment Company		\$25,439.69
*	Voya Fixed Account (4450)	Insurance Company General Account		\$112,949.24
*	Voya Gv Mny Mkt F A (Hld Acct)	Registered Investment Company		\$11,248.65
	LOAN FUND	Participant Loans - Rates 4.25% to 9.50%		\$17,628.94
		TOTAL		\$3,463,149

\* denotes party-in-interest

Column (d) is not required as the Plan investments are totally participant directed.