

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan	1b Three-digit plan number (PN) ▶ 334
	DELONG'S, INC. PENSION PLAN	1c Effective date of plan 01/01/1969
	2a Plan sponsor's name (employer, if for a single-employer plan)	2b Employer Identification Number (EIN) 44-0528273
	Mailing address (include room, apt., suite no. and street, or P.O. Box)	2c Plan Sponsor's telephone number 573-635-6121
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2d Business code (see instructions) 332300
DELONG'S, INC.		
DELONG'S, INC. RETIREMENT COMMITTEE		
301 DIX RD		301 DIX RD
JEFFERSON CITY, MO 65109-1476		JEFFERSON CITY, MO 65109-1476

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/27/2026	DANIELLE STAFFORD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 173
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 154 6a(2) 152 6b 8 6c 5 6d 165 6e 6 6f 171 6g(1) 6g(2) 6h 8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 3D

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan DELONG'S, INC. PENSION PLAN	B Three-digit plan number (PN) 334
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DELONG'S, INC.	D Employer Identification Number (EIN) 44-0528273
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2025			
2	Assets:			
a	Market value	2a	27464465	
b	Actuarial value	2b	27464465	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	14	999157	999157
b	For terminated vested participants	5	78424	78424
c	For active participants	154	9857651	10178629
d	Total	173	10935232	11256210
4	If the plan is in at-risk status, check the box and complete lines (a) and (b): ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.40 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	785301	
b	Expected plan-related expenses	6b	134802	
c	Target normal cost	6c	920103	

Statement by Enrolled Actuary

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

SIGN HERE	Signature of actuary MICHAEL SUDDUTH Type or print name of actuary MILLIMAN, INC. Firm name 500 N BROADWAY 1750 ST. LOUIS, MO 63102 Address of the firm	07/21/2026 Date 26-06248 Most recent enrollment number 314-446-5607 Telephone number (including area code)
--------------------------	--	--

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1271926	2539118
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	1271926	2539118
10 Interest on line 9 using prior year's actual return of <u>13.51</u> %	171837	343035
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.31</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1443763	2882153

Part III Funding Percentages

14 Funding target attainment percentage	14	205.56 %
15 Adjusted funding target attainment percentage	15	243.99 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	209.15 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)		18(c)

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
5.00 %2nd segment:
5.27 %3rd segment:
5.50 %☐ N/A, full yield curve used**b** Applicable month (enter code) **21b** 0**22** Weighted average retirement age **22** 65**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. **27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28****29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c) **31a** 920103**b** Excess assets, if applicable, but not greater than line 31a **31b** 920103**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 0

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

36 Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)****41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan DELONG'S, INC. PENSION PLAN		B Three-digit plan number (PN) ▶ 334
C Plan sponsor's name as shown on line 2a of Form 5500 DELONG'S, INC.		D Employer Identification Number (EIN) 44-0528273

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

BENEFIT TRUST COMPANY

43-1971558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 27 50 71	TRUSTEE	93851	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

WILLIAMS-KEEPERS

43-1126847

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	16000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARY	31055	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan DELONG'S, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	334
C Plan sponsor's name as shown on line 2a of Form 5500 DELONG'S, INC.	D Employer Identification Number (EIN) 44-0528273	

Part I	Asset and Liability Statement
--------	-------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	488168	43433
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4532371	8083020
(2) U.S. Government securities	1c(2)	41840	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2815690	3072023
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	19586396	16448846
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	27464465	27647322

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h	2610	
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	2610	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	27461855	27647322
--	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	294983	
(B) U.S. Government securities	2b(1)(B)	38	
(C) Corporate debt instruments	2b(1)(C)	100610	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		395631
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	389100	
(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)		389100
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	7796227	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5434761	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2361466
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-34655	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-34655

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3111542

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2770450	
(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)		2770450
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	16000	
(5) Investment advisory and investment management fees	2i(5)	93851	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	28445	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	17329	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		155625
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2926075

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		185467
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WILLIAMS-KEEPERS, LLC**

(2) EIN: **43-1126847**

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 580550.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan DELONG'S, INC. PENSION PLAN		B Three-digit plan number (PN) ▶ 334
C Plan sponsor's name as shown on line 2a of Form 5500 DELONG'S, INC.		D Employer Identification Number (EIN) 44-0528273
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 43-1971558		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 16
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) 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 <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q703007A</u> .	

REPORT OF
DELONG'S, INC. PENSION PLAN
DECEMBER 31, 2025 AND 2024

INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the financial statements of the DeLong's, Inc. Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2024, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2024, and the related statement of changes in its accumulated plan benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibility for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at year end as of December 31, 2025, and the supplemental schedule of reportable transactions for the year then ended are presented for the purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Williams - Keepers LLC

Columbia, Missouri
July 13, 2026

DELONG'S, INC. PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
Investments at fair value	<u>\$ 27,603,889</u>	<u>\$ 26,976,297</u>
Receivables:		
Accrued interest and dividends	43,433	50,577
Due from broker	<u>-</u>	<u>437,591</u>
Total receivables	<u>43,433</u>	<u>488,168</u>
Total assets	<u>27,647,322</u>	<u>27,464,465</u>
LIABILITIES		
Accrued expenses	<u>-</u>	<u>2,610</u>
Total liabilities	<u>-</u>	<u>2,610</u>
Net assets available for benefits	<u><u>\$ 27,647,322</u></u>	<u><u>\$ 27,461,855</u></u>

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

DELONG'S, INC. PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS Years Ended December 31, 2025 and 2024

	2025	2024
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 2,326,811	\$ 2,596,923
Interest and dividends	784,731	686,662
Total investment income	3,111,542	3,283,585
Total additions	3,111,542	3,283,585
Deductions from net assets attributed to:		
Benefits paid to participants	2,770,450	1,104,876
Administrative expenses	155,625	140,933
Total deductions	2,926,075	1,245,809
Net increase	185,467	2,037,776
Net assets available for benefits, beginning of year	27,461,855	25,424,079
Net assets available for benefits, end of year	<u>\$ 27,647,322</u>	<u>\$ 27,461,855</u>

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

DELONG'S, INC. PENSION PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS

December 31, 2024

Actuarial present value of accumulated plan benefits:

Vested benefits

Participants currently receiving payments

\$ 983,895

Other participants

9,773,041

10,756,936

Nonvested accrued benefits

317,880

Total actuarial present value of accumulated plan benefits

\$ 11,074,816

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

DELONG'S, INC. PENSION PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

Year Ended December 31, 2024

Actuarial present value of accumulated plan benefits at beginning of year	\$ 10,607,523
Increase (decrease) during the year attributable to:	
Decrease due to benefits paid	(1,104,876)
Increase for interest due to the decrease in discount period	553,436
Increase due to benefits accumulated, net of gains and losses	883,677
Increase due to actuarial loss	96,997
Change in assumptions	38,059
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 11,074,816</u></u>

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

DELONG'S, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

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

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

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

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

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

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

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

2. SIGNIFICANT ACCOUNTING POLICIES

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

Valuation of investments: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the declaration date. Interest is recorded when earned. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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

Due from broker: Due from broker represents the market value of investment securities that were sold during 2024, but for which the funds were not received until 2025.

Payment of benefits: Benefits are recorded when paid.

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

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2025, were (a) life expectancy of participants (2025 Current Liability Optional Small Plan Combined Mortality Table, male and female rates), (b) retirement age assumptions (the assumed average retirement age was 65 or five years of participation, if later), (c) investment return of 5.00%, 5.27%, 5.50% segment rates with an overall effective interest rate of 5.40% and (d) salary increases of 3.50%. The foregoing actuarial assumptions were based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

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

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

Subsequent events: Events that have occurred subsequent to December 31, 2025, have been evaluated through July 13, 2026, which represents the date the Plan's financial statements were approved by management and therefore available to be issued.

3. FUNDING POLICY

Employees are not required or permitted to make contributions to the Plan. The Company, acting under the advice of the Plan's actuary, makes contributions to the Plan in amounts necessary to satisfy the funding requirements of ERISA and Section 412 of the Internal Revenue Code of 1986, as amended. Due to the Plan's funded status, no employer contributions were able to be made during the 2025 or 2024 plan years. Accordingly, the Company made no contributions to the Plan during 2025 or 2024 and remained in compliance with all applicable minimum funding requirements.

4. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated December 16, 2025, that the Plan, as then designed, was in a form acceptable under Section 401(a) of the Internal Revenue Code (IRC). The Company adopted this plan effective January 1, 2019. This Plan is an amendment and restatement of an existing plan originally established January 1, 1969. The Plan was amended and restated effective March 31, 2025, with no significant impact on plan provisions as a result of this restatement. The Plan is relying on this favorable determination letter. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes the Plan is qualified as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

5. PLAN TERMINATION

Although they have not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated.

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations (discussed below).
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All other benefits under the Plan.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan

terminations occurring during 2026, that ceiling is \$7,790 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

6. FAIR VALUE OF FINANCIAL INSTRUMENTS

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the asset or liability. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

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

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

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

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

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

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

2025	Level 1	Level 2	Level 3	Total
Common stock	\$ 16,448,846	\$ -	\$ -	\$ 16,448,846
Money market fund	8,083,020	-	-	8,083,020
Corporate bonds	-	3,072,023	-	3,072,023
Total	<u>\$ 24,531,866</u>	<u>\$ 3,072,023</u>	<u>\$ -</u>	<u>\$ 27,603,889</u>

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

7. PLAN AND ASSUMPTION CHANGES

The actuarial methods and assumptions used in the January 1, 2025 valuation were the same as those used in the prior year, except as follows:

- The statutory segment interest rates for determining minimum funding requirements and potential benefit restrictions were changed from 4.75%, 4.96%, and 5.59% per year to 5.00%, 5.27%, and 5.50% per year, respectively.
- The interest rates for determining maximum deductible contributions were changed from 4.37%, 4.96%, and 4.95% per year to 5.00%, 5.27%, and 5.40% per year, respectively.
- The mortality table was updated from statutory tables for 2024 to statutory tables for 2025.

8. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

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

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

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD AT YEAR END
December 31, 2025

(a)	(b) Identify of issuer	(c) Description of investment	(d) Cost	(e) Current value
		<u>Money market funds</u>		
	Northern Institutional	Government Select Portfolio, 3.65%	\$ 8,083,020	\$ 8,083,020
		Total money market funds	8,083,020	8,083,020
		<u>Common stocks</u>		
	Abbott Laboratories Inc	Common Stock	2,070	12,529
	AbbVie Inc	Common Stock	108,617	319,886
	Accenture PLC	Common Stock	231,440	214,640
	Alphabet Inc.	Common Stock	202,252	438,200
	Amgen Inc.	Common Stock	189,877	261,848
	Apple Inc	Common Stock	42,031	312,639
	Applied Materials	Common Stock	13,260	192,743
	ASML Holdings	Common Stock	278,369	427,944
	Avery Dennison	Common Stock	17,035	90,940
	Becton Dickinson & Co.	Common Stock	229,300	194,070
	Berkshire Hathaway	Common Stock	91,093	251,325
	Black Hills Corp	Common Stock	37,369	69,420
	Block H&R Inc	Common Stock	8,359	21,790
	Boeing	Common Stock	10,994	65,136
	Booz Allen Hamilton	Common Stock	197,715	147,630
	BP PLC Sponsored ADR	Common Stock	148,819	138,920
	Bristol Meyers	Common Stock	83,505	80,910
	California Wtr Svc Group	Common Stock	34,612	75,828
	Canadian Pacific Railway	Common Stock	5,030	6,111
	Casey's General Stores	Common Stock	41,030	124,360
	Caterpillar	Common Stock	52,232	286,435
	Charles Schwab Corporation	Common Stock	5,206	13,488
	Chevron	Common Stock	222,907	266,718
	Chubb Limited	Common Stock	104,597	249,696
	Church & Dwight Co Inc.	Common Stock	121,227	109,005
	Cisco Systems Inc	Common Stock	182,539	288,863
	Coca Cola	Common Stock	139,181	244,685
	Comcast	Common Stock	33,342	52,308
	Commerce Bancshares Inc	Common Stock	16,527	65,948
	ConocoPhillips	Common Stock	68,350	154,457
	Constellation Energy Corp	Common Stock	9,354	105,981
	Corning Inc	Common Stock	22,007	87,560
	CSX Corp	Common Stock	14,088	18,125
	Curtiss Wright Corp	Common Stock	59,596	248,072
	Deere & Co Inc	Common Stock	145,628	325,899
	Disney Walt Co	Common Stock	168,541	170,655
	Duke Energy Corp	Common Stock	23,039	58,605
	Eaton Corp	Common Stock	108,868	207,032

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

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD AT YEAR END
December 31, 2025

(a)	(b) Identify of issuer	(c) Description of investment	(d) Cost	(e) Current value
	Emerson Electric Company	Common Stock	105,128	199,080
	Enbridge, Inc.	Common Stock	96,034	167,405
	Entergy Corp	Common Stock	167,359	300,398
	Eversgy	Common Stock	45,755	72,490
	Exelon Corp	Common Stock	68,228	108,975
	Fidelity Natl Information Svcs	Common Stock	45,025	33,230
	FirstEnergy Corp	Common Stock	104,251	134,310
	GE Aerospace	Common Stock	78,753	308,030
	GSK PLC	Common Stock	51,140	61,300
	Hormel Foods	Common Stock	161,266	106,650
	Huntington Bancshares	Common Stock	105,496	173,500
	Intel Corporation	Common Stock	95,658	147,600
	International Business Machines	Common Stock	89,323	192,537
	International Paper Company	Common Stock	144,699	128,018
	Johnson & Johnson	Common Stock	41,732	113,823
	Kimberly-Clark Corp	Common Stock	122,230	126,113
	Laboratory Corp America Holdings	Common Stock	203,206	250,880
	Lilly Eli & Co	Common Stock	23,352	376,138
	LKQ Corp	Common Stock	151,309	135,900
	Magna International	Common Stock	362,233	346,450
	McCormick & Co inc	Common Stock	272,670	272,440
	McDonalds Corp.	Common Stock	59,588	147,925
	Medtronic PLC	Common Stock	80,098	81,651
	Merck & Co	Common Stock	302,769	368,410
	Microsoft Corp	Common Stock	25,270	338,534
	Newmont Mining Corp	Common Stock	91,685	374,438
	Novartis Ag/Alcon	Common Stock	78,545	211,630
	PayPal Holdings	Common Stock	149,051	131,355
	Pfizer Inc	Common Stock	97,551	99,600
	Phillip Morris International	Common Stock	70,776	140,029
	Pinnacle West	Common Stock	309,395	354,800
	Proctor & Gamble	Common Stock	4,994	5,159
	Qualcomm Inc	Common Stock	221,707	256,575
	Raytheon (RTX)	Common Stock	72,449	302,610
	Regions Financial Corp	Common Stock	95,454	271,000
	Salesforce	Common Stock	95,798	139,078
	Schlumberger LTD	Common Stock	287,253	230,280
	Shell PLC	Common Stock	130,533	183,700
	Sonoco	Common Stock	140,451	148,376
	Southern Co	Common Stock	174,056	305,200
	Stmicroelectronics	Common Stock	7,184	24,643
	Taiwan Semiconductor Mfg	Common Stock	7,509	212,723
	Target	Common Stock	29,298	48,875

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

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD AT YEAR END
December 31, 2025

(a)	(b) Identify of issuer	(c) Description of investment	(d) Cost	(e) Current value
	Teva Pharmaceutical	Common Stock	116,330	124,840
	Travelers Companies	Common Stock	107,059	246,551
	U-Haul holdings Co. Ser N	Common Stock	5,697	7,572
	United Parcel Service	Common Stock	131,346	148,785
	UnitedHealth Group	Common Stock	213,462	198,066
	US Bancorp	Common Stock	161,202	186,760
	Verizon Communications	Common Stock	245,317	224,015
	Wal-Mart	Common Stock	96,723	250,673
	Waste Mgmt	Common Stock	33,890	219,710

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

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD AT YEAR END
December 31, 2025

(a)	(b) Identify of issuer	(c) Description of investment	(d) Cost	(e) Current value
	Williams Cos Inc	Common Stock	84,318	180,330
	Worthington Inds	Common Stock	22,603	77,355
	Worthington Steel Inc	Common Stock	11,454	51,930
		Total common stock	9,765,668	16,448,846
		<u>Corporate bonds</u>		
	American Tower Corp	01/15/30 2.900%	226,542	204,284
	AON PLC Senior Global	05/15/30 2.800%	176,132	160,636
	AT&T	06/01/27 2.300%	341,845	342,045
	AT&T	02/01/28 1.650%	202,126	190,688
	Biogen Inc. SR Gbl	05/01/30 2.250%	206,594	183,884
	Capital One Financial Corp Senior Note	03/09/27 3.750%	354,632	348,999
	Disney Walt Co	01/13/31 2.650%	243,770	210,564
	Goldman Sachs Group Inc.	11/16/26 3.500%	358,689	348,807
	Keycorp Medium Term	04/06/27 2.250%	209,008	195,502
	Oracle Corp Senior Global Note	07/15/26 2.650%	342,924	347,130
	Oracle Corp Senior Global Note	03/25/26 1.650%	344,200	347,788
	PayPal Holdings Inc Sr Gbl NT	10/01/29 2.850%	202,596	191,696
		Total corporate bonds	3,209,058	3,072,023
		Total investments	<u>\$ 21,057,746</u>	<u>\$ 27,603,889</u>

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

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2025

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>Cumulative Transactions</u>						
Northern Inst'l	Government Select Portfolio					
	Money Market Fund					
	Purchases	\$ 6,721,694	\$ -	\$ 6,721,694	\$ 6,721,694	\$ -
	Sales	-	3,188,011	3,188,011	3,188,011	-

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

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD AT YEAR END
December 31, 2025

(a)	(b) Identify of issuer	(c) Description of investment	(d) Cost	(e) Current value
		<u>Money market funds</u>		
	Northern Institutional	Government Select Portfolio, 3.65%	\$ 8,083,020	\$ 8,083,020
		Total money market funds	8,083,020	8,083,020
		<u>Common stocks</u>		
	Abbott Laboratories Inc	Common Stock	2,070	12,529
	AbbVie Inc	Common Stock	108,617	319,886
	Accenture PLC	Common Stock	231,440	214,640
	Alphabet Inc.	Common Stock	202,252	438,200
	Amgen Inc.	Common Stock	189,877	261,848
	Apple Inc	Common Stock	42,031	312,639
	Applied Materials	Common Stock	13,260	192,743
	ASML Holdings	Common Stock	278,369	427,944
	Avery Dennison	Common Stock	17,035	90,940
	Becton Dickinson & Co.	Common Stock	229,300	194,070
	Berkshire Hathaway	Common Stock	91,093	251,325
	Black Hills Corp	Common Stock	37,369	69,420
	Block H&R Inc	Common Stock	8,359	21,790
	Boeing	Common Stock	10,994	65,136
	Booz Allen Hamilton	Common Stock	197,715	147,630
	BP PLC Sponsored ADR	Common Stock	148,819	138,920
	Bristol Meyers	Common Stock	83,505	80,910
	California Wtr Svc Group	Common Stock	34,612	75,828
	Canadian Pacific Railway	Common Stock	5,030	6,111
	Casey's General Stores	Common Stock	41,030	124,360
	Caterpillar	Common Stock	52,232	286,435
	Charles Schwab Corporation	Common Stock	5,206	13,488
	Chevron	Common Stock	222,907	266,718
	Chubb Limited	Common Stock	104,597	249,696
	Church & Dwight Co Inc.	Common Stock	121,227	109,005
	Cisco Systems Inc	Common Stock	182,539	288,863
	Coca Cola	Common Stock	139,181	244,685
	Comcast	Common Stock	33,342	52,308
	Commerce Bancshares Inc	Common Stock	16,527	65,948
	ConocoPhillips	Common Stock	68,350	154,457
	Constellation Energy Corp	Common Stock	9,354	105,981
	Corning Inc	Common Stock	22,007	87,560
	CSX Corp	Common Stock	14,088	18,125
	Curtiss Wright Corp	Common Stock	59,596	248,072
	Deere & Co Inc	Common Stock	145,628	325,899
	Disney Walt Co	Common Stock	168,541	170,655
	Duke Energy Corp	Common Stock	23,039	58,605
	Eaton Corp	Common Stock	108,868	207,032

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

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD AT YEAR END
December 31, 2025

(a)	(b) Identify of issuer	(c) Description of investment	(d) Cost	(e) Current value
	Emerson Electric Company	Common Stock	105,128	199,080
	Enbridge, Inc.	Common Stock	96,034	167,405
	Entergy Corp	Common Stock	167,359	300,398
	Eversgy	Common Stock	45,755	72,490
	Exelon Corp	Common Stock	68,228	108,975
	Fidelity Natl Information Svcs	Common Stock	45,025	33,230
	FirstEnergy Corp	Common Stock	104,251	134,310
	GE Aerospace	Common Stock	78,753	308,030
	GSK PLC	Common Stock	51,140	61,300
	Hormel Foods	Common Stock	161,266	106,650
	Huntington Bancshares	Common Stock	105,496	173,500
	Intel Corporation	Common Stock	95,658	147,600
	International Business Machines	Common Stock	89,323	192,537
	International Paper Company	Common Stock	144,699	128,018
	Johnson & Johnson	Common Stock	41,732	113,823
	Kimberly-Clark Corp	Common Stock	122,230	126,113
	Laboratory Corp America Holdings	Common Stock	203,206	250,880
	Lilly Eli & Co	Common Stock	23,352	376,138
	LKQ Corp	Common Stock	151,309	135,900
	Magna International	Common Stock	362,233	346,450
	McCormick & Co inc	Common Stock	272,670	272,440
	McDonalds Corp.	Common Stock	59,588	147,925
	Medtronic PLC	Common Stock	80,098	81,651
	Merck & Co	Common Stock	302,769	368,410
	Microsoft Corp	Common Stock	25,270	338,534
	Newmont Mining Corp	Common Stock	91,685	374,438
	Novartis Ag/Alcon	Common Stock	78,545	211,630
	PayPal Holdings	Common Stock	149,051	131,355
	Pfizer Inc	Common Stock	97,551	99,600
	Phillip Morris International	Common Stock	70,776	140,029
	Pinnacle West	Common Stock	309,395	354,800
	Proctor & Gamble	Common Stock	4,994	5,159
	Qualcomm Inc	Common Stock	221,707	256,575
	Raytheon (RTX)	Common Stock	72,449	302,610
	Regions Financial Corp	Common Stock	95,454	271,000
	Salesforce	Common Stock	95,798	139,078
	Schlumberger LTD	Common Stock	287,253	230,280
	Shell PLC	Common Stock	130,533	183,700
	Sonoco	Common Stock	140,451	148,376
	Southern Co	Common Stock	174,056	305,200
	Stmicroelectronics	Common Stock	7,184	24,643
	Taiwan Semiconductor Mfg	Common Stock	7,509	212,723
	Target	Common Stock	29,298	48,875

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

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD AT YEAR END
December 31, 2025

(a)	(b) Identify of issuer	(c) Description of investment	(d) Cost	(e) Current value
	Teva Pharmaceutical	Common Stock	116,330	124,840
	Travelers Companies	Common Stock	107,059	246,551
	U-Haul holdings Co. Ser N	Common Stock	5,697	7,572
	United Parcel Service	Common Stock	131,346	148,785
	UnitedHealth Group	Common Stock	213,462	198,066
	US Bancorp	Common Stock	161,202	186,760
	Verizon Communications	Common Stock	245,317	224,015
	Wal-Mart	Common Stock	96,723	250,673
	Waste Mgmt	Common Stock	33,890	219,710

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

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD AT YEAR END
December 31, 2025

(a)	(b) Identify of issuer	(c) Description of investment	(d) Cost	(e) Current value
	Williams Cos Inc	Common Stock	84,318	180,330
	Worthington Inds	Common Stock	22,603	77,355
	Worthington Steel Inc	Common Stock	11,454	51,930
		Total common stock	9,765,668	16,448,846
		Corporate bonds		
	American Tower Corp	01/15/30 2.900%	226,542	204,284
	AON PLC Senior Global	05/15/30 2.800%	176,132	160,636
	AT&T	06/01/27 2.300%	341,845	342,045
	AT&T	02/01/28 1.650%	202,126	190,688
	Biogen Inc. SR Gbl	05/01/30 2.250%	206,594	183,884
	Capital One Financial Corp Senior Note	03/09/27 3.750%	354,632	348,999
	Disney Walt Co	01/13/31 2.650%	243,770	210,564
	Goldman Sachs Group Inc.	11/16/26 3.500%	358,689	348,807
	Keycorp Medium Term	04/06/27 2.250%	209,008	195,502
	Oracle Corp Senior Global Note	07/15/26 2.650%	342,924	347,130
	Oracle Corp Senior Global Note	03/25/26 1.650%	344,200	347,788
	PayPal Holdings Inc Sr Gbl NT	10/01/29 2.850%	202,596	191,696
		Total corporate bonds	3,209,058	3,072,023
		Total investments	\$ 21,057,746	\$ 27,603,889

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

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2025

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>Cumulative Transactions</u>						
Northern Inst'l	Government Select Portfolio					
	Money Market Fund					
	Purchases	\$ 6,721,694	\$ -	\$ 6,721,694	\$ 6,721,694	\$ -
	Sales	-	3,188,011	3,188,011	3,188,011	-

Attachment to 2025 Schedule SB to Form 5500, Line 26
DeLong's, Inc. Pension Plan
EIN 44-0528273
Plan Number 334

Summary of Active Participants by Age and Service
Number of Participants by Age and Service Groups

Age	Years of Credited Service										Total
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
0-24	-	9	-	-	-	-	-	-	-	-	9
25-29	-	7	8	-	-	-	-	-	-	-	15
30-34	-	8	7	6	-	-	-	-	-	-	21
35-39	-	8	5	5	7	-	-	-	-	-	25
40-44	-	5	4	2	1	4	-	-	-	-	16
45-49	-	2	2	1	1	2	5	-	-	-	13
50-54	-	6	1	-	-	1	1	5	-	-	14
55-59	-	1	3	2	3	3	-	5	7	-	24
60-64	-	-	1	1	3	1	-	2	-	3	11
65-69	-	-	-	-	-	-	1	-	-	3	4
70+	-	-	-	-	-	-	1	-	-	1	2
Total	-	46	31	17	15	11	8	12	7	7	154

Attachment to 2025 Schedule SB to Form 5500, Line 26
DeLong's, Inc. Pension Plan
EIN 44-0528273
Plan Number 334

Summary of Active Participants by Age and Service

Age	Years of Credited Service										Average
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+	
0–24	-	*	*	-	-	-	-	-	-	-	*
25–29	-	*	*	-	-	-	-	-	-	-	*
30–34	-	*	*	*	*	-	-	-	-	-	75,301
35–39	-	*	*	*	*	-	-	-	-	-	85,333
40–44	-	*	*	*	*	*	-	-	-	-	*
45–49	-	*	*	-	*	*	*	-	-	-	*
50–54	-	*	*	-	*	-	*	*	*	-	*
55–59	-	-	*	*	*	*	-	*	*	-	96,434
60–64	-	-	-	*	*	*	*	*	-	*	*
65–69	-	-	-	-	-	-	*	-	*	*	*
70+	-	-	-	-	-	-	*	-	-	*	*
Average	-	60,205	74,298	*	*	*	*	*	*	*	78,760

Attachment to 2025 Schedule SB to Form 5500, Part V
DeLong's, Inc. Pension Plan
EIN 44-0528273
Plan Number 334

Summary of Actuarial Assumptions and Methods

Interest

Minimum Funding: 2025 Funding Relief MAP-21 Segment Rates reflecting HATFA: 5.0% for years 1-5, 5.27% for years 6-20, and 5.50% after 20 years

Maximum Deductible: January 2025 Funding Target 24-Month Average Segment Rates: 5.0% for years 1-5, 5.27% for years 6-20, and 5.40% after 20 years

SFAS35: 5.5% per annum

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

Mortality

2025 Current Liability Optional Small Plan Combined Mortality Table, male and female rates

Withdrawal

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

Rates at selected ages are:

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

Disability

None assumed

Attachment to 2025 Schedule SB to Form 5500, Part V
DeLong's, Inc. Pension Plan
EIN 44-0528273
Plan Number 334

Summary of Actuarial Assumptions and Methods

Expenses

Assumed equal to the prior year's administrative expenses

Assumed Retirement Age

Normal Retirement Date

Marriage

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

Actuarial Funding Method

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

Actuarial Value of Assets

Market value, adjusted for contributions receivable

Attachment to 2025 Schedule SB to Form 5500, Line 22
DeLong's, Inc. Pension Plan
EIN 44-0528273
Plan Number 334

Description of Weighted Average Retirement Age

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

Attachment to 2025 Schedule SB to Form 5500, Part V
DeLong's, Inc. Pension Plan
EIN 44-0528273
Plan Number 334

Summary of Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

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

Definitions

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

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

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

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

Vesting Service: Each year with 1000 hours of service.

Eligibility for Participation

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

Normal Retirement

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

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

- (A) Frozen accrued benefit as of December 31, 1988.
- (B) 1% of average monthly earnings multiplied by years of credited service.

Attachment to 2025 Schedule SB to Form 5500, Part V
DeLong's, Inc. Pension Plan
EIN 44-0528273
Plan Number 334

Summary of Plan Provisions

Early Retirement

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

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

Vested Termination

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

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

Disability

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

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

Preretirement Death

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

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

Forms of Payment

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

Attachment to 2025 Schedule SB to Form 5500, Part V
DeLong's, Inc. Pension Plan
EIN 44-0528273
Plan Number 334

Summary of Plan Provisions

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

Changes in Principal Plan Provisions Since Prior Valuation

None.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

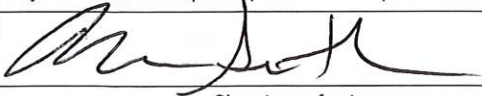
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>DELONG'S, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>334</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DELONG'S, INC.</u>	D Employer Identification Number (EIN) <u>44-0528273</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2025</u>			
2 Assets:			
a Market value		2a	<u>27464465</u>
b Actuarial value		2b	<u>27464465</u>
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>14</u>	<u>999157</u>	<u>999157</u>
b For terminated vested participants	<u>5</u>	<u>78424</u>	<u>78424</u>
c For active participants	<u>154</u>	<u>9857651</u>	<u>10178629</u>
d Total	<u>173</u>	<u>10935232</u>	<u>11256210</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5		<u>5.40 %</u>
6 Target normal cost			
a Present value of current plan year accruals		6a	<u>785301</u>
b Expected plan-related expenses		6b	<u>134802</u>
c Target normal cost		6c	<u>920103</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>7/22/2026</u>
Signature of actuary		Date
<u>MICHAEL SUDDUTH</u>		<u>26-06248</u>
Type or print name of actuary		Most recent enrollment number
<u>MILLIMAN, INC.</u>		<u>314-446-5607</u>
Firm name		Telephone number (including area code)
<u>500 N BROADWAY</u> <u>1750</u> <u>ST. LOUIS, MO 63102</u>		
Address of the firm		

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

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

Schedule SB (Form 5500) 2025
v. 250312

Part II	Beginning of Year Carryover and Prefunding Balances			
		(a) Carryover balance	(b) Prefunding balance	
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1271926	2539118	
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0	
9	Amount remaining (line 7 minus line 8)	1271926	2539118	
10	Interest on line 9 using prior year's actual return of <u>13.51</u> %	171837	343035	
11	Prior year's excess contributions to be added to prefunding balance:			
	a Present value of excess contributions (line 38a from prior year)		0	
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.31</u> %		0	
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0	
	c Total available at beginning of current plan year to add to prefunding balance		0	
	d Portion of (c) to be added to prefunding balance		0	
12	Other reductions in balances due to elections or deemed elections	0	0	
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1443763	2882153	
Part III	Funding Percentages			
14	Funding target attainment percentage	14	205.56%	
15	Adjusted funding target attainment percentage	15	243.99%	
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	209.15%	
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%	
Part IV	Contributions and Liquidity Shortfalls			
18	Contributions made to the plan for the plan year by employer(s) and employees:			
	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)
			Totals ►	18(b)
			18(c)	
19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0	
20	Quarterly contributions and liquidity shortfalls:			
	a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No		
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No		
	c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	

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

21 Discount rate:				
a Segment rates:	1st segment: 5.00%	2nd segment: 5.27%	3rd segment: 5.50%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	☐ Yes ☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	920103	
b Excess assets, if applicable, but not greater than line 31a	31b	920103	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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