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.)
- [X] 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:
- [X] 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
RETIREMENT PLAN FOR EMPLOYEES OF BRIDGFORD FOODS CORPORATION

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1968

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BRIDGFORD FOODS CORPORATION

1707 S GOOD LATIMER EXPY
DALLAS, TX 75226-2211

1707 S GOOD LATIMER EXPY
DALLAS, TX 75226-2211

2b Employer Identification Number (EIN)
95-1778176

2c Plan Sponsor's telephone number
214-428-1535

2d Business code (see instructions)
424400

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.	10/13/2026	CINDY MATTHEWS-MORALES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	CINDY MATTHEWS-MORALES
	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

BRIDGFORD FOODS CORPORATION

1707 S GOOD LATIMER EXPY
DALLAS, TX 75226-2211

3b Administrator's EIN: 95-1778176

3c Administrator's telephone number: 214-428-1535

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**	710
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	78
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	70
b	Retired or separated participants receiving benefits	**6b**	303
c	Other retired or separated participants entitled to future benefits	**6c**	285
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	658
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	31
f	Total. Add lines **6d** and **6e**.	**6f**	689
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	2
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:

1B

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) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] 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) [X] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [X] **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) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 1
- (4) [X] **C** (Service Provider Information)
- (5) [X] **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
RETIREMENT PLAN FOR EMPLOYEES OF BRIDGFORD FOODS CORPORATION

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BRIDGFORD FOODS CORPORATION

D Employer Identification Number (EIN)
95-1778176

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

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	GA-2567	689	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	624966
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)	26418		
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	26418
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	651384
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	7062		
	(2) Administration charge made by carrier	7e(2)	9815		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	16877
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	634507

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

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
RETIREMENT PLAN FOR EMPLOYEES OF BRIDGFORD FOODS CORPORATION

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BRIDGFORD FOODS CORPORATION

D Employer Identification Number (EIN)
95-1778176

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	57118066
b Actuarial value	**2b**	55693814

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	326	30088207	30088207
b For terminated vested participants	298	14407697	14407697
c For active participants	75	6877156	6986003
d Total	699	51373060	51481907

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**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	65393
b Expected plan-related expenses	**6b**	35386
c Target normal cost	**6c**	100779

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

09/10/2026
Date

DAVID B. WOODMANSEE JR.
Type or print name of actuary

26-05801
Most recent enrollment number

USI CONSULTING GROUP
Firm name

860-368-2972
Telephone number (including area code)

95 GLASTONBURY BOULEVARD
SUITE 102
GLASTONBURY, CT 06033
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
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)	0	0
10	Interest on line 9 using prior year's actual return of 6.62 %	0	0
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 5.11 %		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)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	108.18 %
15	Adjusted funding target attainment percentage	15	108.18 %
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	110.32 %
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
	0	0			
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	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: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
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**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
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**	100779
b Excess assets, if applicable, but not greater than line 31a	**31b**	100779

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

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**	
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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
RETIREMENT PLAN FOR EMPLOYEES OF BRIDGFORD FOODS CORPORATION

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BRIDGFORD FOODS CORPORATION

D Employer Identification Number (EIN)
95-1778176

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).. . . . . [X] 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

BLACKROCK FUNDS BLACKROCK TOTAL RET

04-6171663

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

PIMCO INSTITUTIONAL FUNDS PIMCO COM

95-2632339

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

MORGAN STANLEY BANK NA

36-3707380

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

MORGAN STANLEY PRIVATE BANK NA

22-3458456

(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

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(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)

MORGAN STANLEY SMITH BARNEY LLC

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
72 99 50 49	NONE	228964	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AETNA LIFE INSURANCE COMPANY

06-6033492

(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?
19	NONE	35771	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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
RETIREMENT PLAN FOR EMPLOYEES OF BRIDGFORD FOODS CORPORATION

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BRIDGFORD FOODS CORPORATION

D Employer Identification Number (EIN)
95-1778176

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: AETNA LIFE INS CO.SEPARATE ACCT 174

b Name of sponsor of entity listed in (a): AETNA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-6033492-012	P	634507

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
RETIREMENT PLAN FOR EMPLOYEES OF BRIDGFORD FOODS CORPORATION

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BRIDGFORD FOODS CORPORATION

D Employer Identification Number (EIN)
95-1778176

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)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	359378	613852
(2) U.S. Government securities	1c(2)	1588396	1776780
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	579753	696010
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	52314838	53775638
(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)	821907	516848
(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)	828828	888774
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	624966	634507
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	57118066	58902409
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	57118066	58902409

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)	10226	
(B) U.S. Government securities	2b(1)(B)	58500	
(C) Corporate debt instruments	2b(1)(C)	27314	
(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)		96040
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	2299033	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	47770	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2346803
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	212151	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		212151
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	2059803	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		2059803

		(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)		42223
(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		791
d Total income. Add all **income** amounts in column (b) and enter total	2d		4757811
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2634639	
(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)		2634639
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)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	338829	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		338829
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2973468
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1784343
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) [X] 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)** [X] 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: WRIGHT FORD YOUNG & CO. **(2)** EIN: 95-3288054

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.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 592128.

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
RETIREMENT PLAN FOR EMPLOYEES OF BRIDGFORD FOODS CORPORATION

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BRIDGFORD FOODS CORPORATION

D Employer Identification Number (EIN)
95-1778176

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): 06-0843888

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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 ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

RETIREMENT PLAN FOR EMPLOYEES OF BRIDGFORD FOODS CORPORATION

FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

Wright Ford Young & Co.

Certified Public Accountants and Consultants, Inc.

RETIREMENT PLAN FOR EMPLOYEES OF
BRIDGFORD FOODS CORPORATION

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FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2025 AND 2024

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Wright Ford Young & Co.
Certified Public Accountants and Consultants, Inc.

INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of the
Retirement Plan for Employees of Bridgford Foods Corporation:

Opinion

We have audited the financial statements of the Retirement Plan for Employees of Bridgford Foods Corporation (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 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, 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 twelve months from the date these financial statements were 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.

16140 Sand Canyon Avenue • Irvine, CA 92618 • (949) 910-CPAS (2727) • Fax (949) 910-2728

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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.

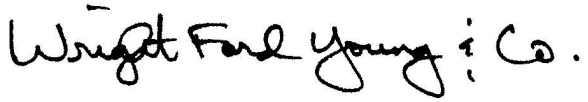
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is 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 schedule 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.



WRIGHT FORD YOUNG & CO.
Irvine, California
October 9, 2026

RETIREMENT PLAN FOR EMPLOYEES OF
BRIDGFORD FOODS CORPORATION

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS:		
Investments, non-participant directed, at fair value:		
Interest-bearing cash	$ 613,852	$ 359,378
Common stocks	312,000	430,400
Exchange-traded funds	53,463,638	51,884,438
Mutual funds	888,774	828,828
Government securities	1,776,780	1,588,396
Corporate bonds	696,010	579,753
Pooled separate account	516,848	821,907
	58,267,902	56,493,100
Investments, non-participant directed, at contract value:		
Group annuity contract	634,507	624,966
Total investments	58,902,409	57,118,066
Total assets	58,902,409	57,118,066
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 58,902,409	$ 57,118,066

See accompanying independent auditor's report and notes to the financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF
BRIDGFORD FOODS CORPORATION

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Additions to net assets attributed to:		
Investment earnings:		
Net appreciation in fair value of investments	$ 2,314,177	$ 1,756,627
Interest and dividends	2,442,843	2,129,565
Other income	791	2,062
Net investment earnings	4,757,811	3,888,254
Total additions	4,757,811	3,888,254
Deductions from net assets attributed to:		
Benefits paid to participants	2,634,639	2,617,022
Plan fees and administrative expenses	338,829	284,853
Total deductions	2,973,468	2,901,875
NET CHANGE	1,784,343	986,379
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	57,118,066	56,131,687
NET ASSETS AVAILABLE FOR BENEFITS, end of year	$ 58,902,409	$ 57,118,066

See accompanying independent auditor's report and notes to the financial statements.

1. DESCRIPTION OF PLAN

The following description of the Retirement Plan for Employees of Bridgford Foods Corporation (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit plan that provides retirement benefits for eligible employees of Bridgford Foods Corporation (the Company). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

As of 2006 and prior, the Plan was frozen to new benefit accruals for Secaucus union employees, Administrative & Sales employees, and Dallas union employees. The Company intends to satisfy benefits vested to current and previous employees. Butchers union employees are eligible to participate in the Plan on the 1st day of the month coinciding with or next following completion of 1 year of service and they accrue benefits at $59 per month times the number of years of service.

Administration

The Plan is administered by the Company. The Plan administrator controls and manages the operation and administration of the Plan.

Morgan Stanley Smith Barney LLC (Morgan Stanley) and Aetna Life Insurance Company (Aetna) were the custodians of the Plan's assets as of December 31, 2025 and 2024.

Contributions

Participating employees are not allowed to make contributions to the Plan. The Company contributes amounts that are necessary to provide the Plan with assets sufficient to meet all Plan expenses and benefits to be paid to Plan participants as determined by the Plan's consulting actuary, USI Consulting Group (USI), based upon the Projected Unit Credit Cost Method.

Benefits

For Administrative & Sales and Secaucus group employees, the normal retirement date under the Plan is the 1st day of the month coinciding with or next following the 65th birthday of the participant. For Butchers group employees, the normal retirement date under the Plan is the 1st day of the month coinciding with or next following the earliest of 1) the 65th birthday of the participant, or if later, the completion of 5 years of service, or 2) the 60th birthday of the participant if the participant completes at least 10 years of service. For Dallas group employees, the normal retirement date under the Plan is the 1st day of the month coinciding with or next following the earliest of 1) the 65th birthday of the participant, or if later, the completion of 5 years of service, or 2) the 70th birthday of the participant.

1. DESCRIPTION OF PLAN – (Continued)

Benefits – (Continued)

Plan participants may elect early retirement up to 10 years before normal retirement and be eligible for reduced benefits. Secaucus group employees must complete 5 years of service, and Butchers and Dallas group employees must complete 10 years of service to be eligible for early retirement.

Plan participants' accrued benefits are 100% vested after 5 years of service with the Company. Participants have the option of electing a joint annuity with a reduced monthly benefit payment or a social security adjustment which provides for larger monthly payments until the participant begins collecting social security benefits.

If an unmarried participant dies prior to normal or early retirement, no benefit will be paid. If a married participant dies prior to normal or early retirement, reduced benefit payments to the spouse will begin on the later of 1) the first day of the month next following the death of the participant, or 2) the earliest retirement date that the participant could have elected.

If a participant becomes disabled prior to normal or early retirement, monthly benefits will begin on the date of disability. Administrative & Sales group employees must be at least age 45 and have completed 15 years of service. Secaucus group employees must be at least age 50 and have completed 15 years of service. Butchers group employees must be at least age 50 and have completed 10 years of service.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are presented under the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for the group annuity contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (Continued)

Payment of Benefits

Benefits are recorded when paid.

Plan Fees and Administrative Expenses

Plan fees and administrative expenses (exclusive of investment related expenses) are generally paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are generally paid by the Plan.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates. Significant estimates include the determination of the actuarial present value of accumulated plan benefits.

Risk and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and may also impact the funded position of the Plan.

The Plan may at times invest in securities of foreign companies, which involves special risks and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than those of securities of comparable U.S. companies.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (Continued)

Risk and Uncertainties – (Continued)

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

The Plan has met the Adjusted Funding Target Attainment Percentage (AFTAP) funding threshold and is not required to implement certain benefit limitations. The AFTAP for the Plan at January 1, 2025 is 108.18%.

Subsequent Events

The Company has evaluated subsequent events through the date of the independent auditor's report, which is the date the accompanying financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under this framework are described as follows:

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

Level 2 — Inputs to the valuation methodology include:

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

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

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

3. FAIR VALUE MEASUREMENTS – (Continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Interest-bearing cash: Interest-bearing cash consists of bank deposits. The carrying value is believed to be representative of its fair value based on its short term nature and is classified within level 1 of the valuation hierarchy.

Stocks and Exchange-Traded Funds (ETFs): These investments are public investment vehicles valued daily at the closing price reported on an active market using observable inputs. The share price of these securities provided by the custodian is classified within level 1 of the valuation hierarchy.

Mutual funds: These investments are valued using the net asset value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and is classified within level 1 of the valuation hierarchy.

US and sovereign government securities and corporate bonds: Valued at the closing price reported on the active market on which the individual securities are traded and is classified within level 1 of the valuation hierarchy.

Pooled separate account: Valued at the NAV of shares held by the Plan at year end. The NAV of pooled separate accounts is based upon the market value of the underlying investments and observable inputs. The NAV's unit price is quoted on a private market that is not active; however, the unit price is based on underlying investments which are traded on an active market. The NAV is used as a practical expedient to estimate fair value.

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.

3. FAIR VALUE MEASUREMENTS – (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

Description	Total	Level 1	Level 2	Level 3
December 31, 2025				
Interest-bearing cash	$ 613,852	$ 613,852	$ -	$ -
Common stocks	312,000	312,000	-	-
Exchange-traded funds	53,463,638	53,463,638	-	-
Mutual funds	888,774	888,774	-	-
US and sovereign government securities	1,776,780	1,776,780	-	-
Corporate bonds	696,010	696,010	-	-
Total assets in the fair value hierarchy	57,751,054	$ 57,751,054	$ -	$ -
Investment measured at NAV [(a)]	516,848			
Investments at fair value	$ 58,267,902			
December 31, 2024				
Interest-bearing cash	$ 359,378	$ 359,378	$ -	$ -
Common stocks	430,400	430,400	-	-
Exchange-traded funds	51,884,438	51,884,438	-	-
Mutual funds	828,828	828,828	-	-
US and sovereign government securities	1,588,396	1,588,396	-	-
Corporate bonds	579,753	579,753	-	-
Total assets in the fair value hierarchy	55,671,193	$ 55,671,193	$ -	$ -
Investment measured at NAV [(a)]	821,907			
Investments at fair value	$ 56,493,100			

[(a)] In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

In regards to the classification of investment options offered by the Plan, there were no reclassifications between levels 1, 2 and 3 during the years ended December 31, 2025 and 2024. Investments for which fair value is estimated using the NAV as a practical expedient can be redeemed immediately and without a redemption notification period. As of December 31, 2025, there were no unfunded commitments associated with any of these investments.

4. GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY

As of December 31, 2025 and 2024, the Plan has a group annuity contract with Aetna valued at $634,507 and $624,966, respectively. This contract is reported at contract value. Contract value is the relevant measure because this is the amount received by the Plan if they were to initiate permitted transactions under the terms of the contract. Contract value represents contributions made under the contract, plus earnings, less withdrawals, and administrative expenses.

Contributions become part of Aetna's general account. The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

The crediting interest rate is based on a formula agreed upon with the contract issuer, but may not be less than 3.5%. The crediting interest rates are reset annually and the contract cannot be terminated before the scheduled maturity date.

Certain events allow the contract issuer to terminate the contract with the Plan, either total or partial, and settle at an amount different from contract value. Such events include the following: (1) the Plan ceases to meet the requirements for qualification under the Internal Revenue Code as amended from time to time, (2) the Plan is terminated by the plan administrator or ordered terminated by the Pension Benefit Guaranty Corporation, (3) the entire amount of the fund has been transferred to another funding agent of the Plan, (4) the Company is relieved of or has discharged all its duties and obligations under the Plan, (5) the Company ceases to meet its obligations under this contract, or (6) an employer is removed from the schedule of employers, as defined. The plan administrator does not believe that any events are probable of occurring.

5. ACTUARIAL PRESENT VALUE OF ACCUMULATED BENEFITS

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated 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. Significant assumptions underlying the actuarial valuation at January 1, 2025 are as follows:

Mortality:	Pri-2012 Mortality Table with MP-2021 Scaling (amount weighted)
Discount rate:	7.0%
Salary projection:	N/A
Retirement age:	65
Turnover:	5.94% for males and 10.44% for females at age 20, decreasing to 0% at age 55

5. ACTUARIAL PRESENT VALUE OF ACCUMULATED BENEFITS – (Continued)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuation been performed as of December 31, 2024, there would be no material differences.

The following are the actuarial present values of accumulated plan benefits as of January 1, 2025:

Participants currently receiving benefits	$ 26,584,875
Participants entitled to deferred benefits	12,255,558
Other participants	5,716,086
Total vested benefits	44,556,519
Non-vested benefits	88,246
Total actuarial present value of accumulated benefits	$ 44,644,765

The changes in actuarial present values of accumulated plan benefits for the year ended January 1, 2025 are as follows:

Actuarial present value of accumulated plan benefits at the beginning of year	$ 44,261,720
Increase (decrease) during the year attributable to:	
Interest due to the decrease in the discount period	3,008,274
Benefits paid	(2,617,022)
Additional benefits earned, including experienced gains and losses	(8,207)
Net change	383,045
Actuarial present value of accumulated benefits at the end of the year	$ 44,644,765

6. PARTY-IN-INTEREST TRANSACTIONS

Some of the Plan investments are shares of common stock of the employer whose employees are covered by the Plan. The market value of these shares at December 31, 2025 and 2024 was $312,000 and $430,400, respectively, which represented less than 0.5% of the total outstanding shares of common stock of the employer. In 2025, the Plan earned no dividends on such shares.

6. PARTY-IN-INTEREST TRANSACTIONS – (Continued)

Certain Plan investments are managed by Aetna and Morgan Stanley, the custodians and record-keepers of the Plan. The Plan paid $264,735 and $284,853 in investment expenses to Aetna and Morgan Stanley during 2025 and 2024, respectively. The Company paid certain expenses of the Plan including actuarial and audit fees during 2025 and 2024, and Pension Benefit Guaranty Corporation premiums during 2024. The Plan paid $74,094 in premiums to the Pension Benefit Guaranty Corporation during 2025. These transactions qualify as party in interest transactions for which a statutory exemption exists.

7. INCOME TAX STATUS

The Plan obtained its latest determination letter on February 27, 2018 in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has since been amended. The plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. PLAN TERMINATION

The Company reserves the right to suspend or discontinue contributions to the Plan or to terminate its participation in the Plan at any time. In the event of termination of the Plan, the Plan's assets will be distributed in accordance with the terms of the Plan and ERISA, 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.

8. PLAN TERMINATION – (Continued)

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC. 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. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

RETIREMENT PLAN FOR EMPLOYEES OF
BRIDGFORD FOODS CORPORATION
PLAN EIN#: 95-1778176
PLAN#: 001

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

DECEMBER 31, 2025

(a)	(b) Identify of Issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	INTEREST-BEARING CASH	Cash or Cash Equivalents	**$ 613,852**	**$ 613,852**
	SURGUTNEFTEGAS PJSC SP ADR PRF	Preferred Stocks	**107,178**	**-**
*	BRIDGFORD FOODS CORP	Common Stocks	-	312,000
	MOBILE TELESYSTEMS PUB JT ADR	Common Stocks	30,498	-
	PJSC LUKOIL SPONSORED ADR	Common Stocks	23,637	-
	SBERBANK RUSSIA	Common Stocks	30,313	-
		Total Common Stocks	**84,448**	**312,000**
	VANGUARD GROWTH	Exchange-Traded Fund	550,718	2,530,530
	VANGUARD INTERMEDIATE TERM BND	Exchange-Traded Fund	9,819,487	10,243,634
	VANGUARD INTL EQUITY INDEX FD	Exchange-Traded Fund	1,363,573	2,408,502
	VANGUARD LONG-TERM CORPORATE	Exchange-Traded Fund	20,933,118	20,818,777
	VANGUARD LONG-TERM GOVERNMENT	Exchange-Traded Fund	13,892,343	13,501,480
	VANGUARD SHORT TERM BND	Exchange-Traded Fund	311,351	312,403
	VANGUARD SMALL CAP	Exchange-Traded Fund	801,494	1,242,029
	VANGUARD VALUE ETF INDEX	Exchange-Traded Fund	1,029,720	2,406,283
		Total Exchange-Traded Funds	**48,701,804**	**53,463,638**
	FEDERATED HERMES GOVT OBL AVR	Mutual Funds	-	26,818
	LOOMIS SAYLES HI INC OPP INST	Mutual Funds	317,649	329,289
	LOOMIS SAYLES SECRZD ASSC INST	Mutual Funds	516,043	532,667
		Total Mutual Funds	**833,692**	**888,774**
	UNITED STATES TREASURY BILL	Government Securities Zero Coupon; Matures 01/22/2026	43,263	43,913
	UNITED STATES TREASURY NOTE	Government Securities Coupon Rate 3.875%; Matures 09/30/2029	69,117	71,290
	UNITED STATES TREASURY NOTE	Government Securities Coupon Rate 3.500%; Matures 01/31/2030	151,153	156,390
	UNITED STATES TREASURY NOTE	Government Securities Coupon Rate 1.625%; Matures 05/15/2031	22,938	24,253
	UNITED STATES TREASURY NOTE	Government Securities Coupon Rate 2.875%; Matures 05/15/2032	61,487	63,445
	UNITED STATES TREASURY NOTE	Government Securities Coupon Rate 4.000%; Matures 07/31/2032	229,555	234,132
	UNITED STATES TREASURY NOTE	Government Securities Coupon Rate 4.125%; Matures 11/15/2032	56,937	57,980

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RETIREMENT PLAN FOR EMPLOYEES OF
BRIDGFORD FOODS CORPORATION
PLAN EIN#: 95-1778176
PLAN#: 001

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

DECEMBER 31, 2025

(a)	(b) Identify of Issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	UNITED STATES TREASURY NOTE	Government Securities Coupon Rate 3.500%; Matures 02/15/2033	149,896	155,692
	UNITED STATES TREASURY NOTE	Government Securities Coupon Rate 3.875%; Matures 08/15/2033	40,853	42,288
	UNITED STATES TREASURY NOTE	Government Securities Coupon Rate 4.000%; Matures 02/15/2034	43,430	44,557
	UNITED STATES TREASURY BOND	Government Securities Coupon Rate 1.750%; Matures 08/15/2041	79,801	81,245
	UNITED STATES TREASURY BOND	Government Securities Coupon Rate 2.000%; Matures 11/15/2041	6,951	7,018
	UNITED STATES TREASURY BOND	Government Securities Coupon Rate 2.375%; Matures 02/15/2042	26,532	26,865
	UNITED STATES TREASURY BOND	Government Securities Coupon Rate 3.250%; Matures 05/15/2042	15,144	15,114
	UNITED STATES TREASURY BOND	Government Securities Coupon Rate 3.375%; Matures 08/15/2042	31,610	31,791
	UNITED STATES TREASURY BOND	Government Securities Coupon Rate 3.875%; Matures 05/15/2043	38,322	37,945
	UNITED STATES TREASURY BOND	Government Securities Coupon Rate 3.125%; Matures 05/15/2048	6,284	6,121
	UNITED STATES TREASURY BOND	Government Securities Coupon Rate 3.000%; Matures 02/15/2049	6,002	5,996
	UNITED STATES TREASURY BOND	Government Securities Coupon Rate 2.250%; Matures 08/15/2049	4,569	4,460
	UNITED STATES TREASURY BOND	Government Securities Coupon Rate 2.375%; Matures 05/15/2051	34,854	34,906
	UNITED STATES TREASURY BOND	Government Securities Coupon Rate 1.875%; Matures 11/15/2051	4,683	4,453
	UNITED STATES TREASURY BOND	Government Securities Coupon Rate 4.750%; Matures 11/15/2053	83,763	81,137
	UNITED STATES TREASURY BOND	Government Securities Coupon Rate 4.625%; Matures 02/15/2055	24,529	25,551
	TENN VALLEY AUTH	Federal Agencies Coupon Rate 5.880%; Matures 04/01/2036	23,327	23,997
	FEDERAL NATIONAL MTG ASSN POOL MA4438	Federal Agencies Coupon Rate 2.500%; Matures 10/01/2051	95,934	96,796
	FEDERAL NATIONAL MTG ASSN POOL MA4512	Federal Agencies Coupon Rate 2.500%; Matures 12/01/2051	1,277	1,294
	FEDERAL NATIONAL MTG ASSN POOL MA4547	Federal Agencies Coupon Rate 2.000%; Matures 02/01/2052	26,503	25,584

See accompanying independent auditor's report and notes to the financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF
BRIDGFORD FOODS CORPORATION
PLAN EIN#: 95-1778176
PLAN#: 001

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

DECEMBER 31, 2025

(a)	(b) Identify of Issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	FHLMC 30 YR GOLD SD8199	Federal Agencies Coupon Rate 2.000%; Matures 03/01/2052	49,453	48,973
	FEDERAL NATIONAL MTG ASSN POOL MA4600	Federal Agencies Coupon Rate 3.500%; Matures 05/01/2052	72,217	73,770
	FEDERAL NATIONAL MTG ASSN POOL FS6943	Federal Agencies Coupon Rate 3.000%; Matures 06/01/2052	1,515	1,555
	FEDERAL NATIONAL MTG ASSN POOL MA4653	Federal Agencies Coupon Rate 3.000%; Matures 06/01/2052	10,001	10,294
	FEDERAL NATIONAL MTG ASSN POOL MA4656	Federal Agencies Coupon Rate 4.500%; Matures 07/01/2052	105,689	108,295
	FHLMC 30 YR GOLD SD8225	Federal Agencies Coupon Rate 3.000%; Matures 07/01/2052	9,880	10,308
	FEDERAL NATIONAL MTG ASSN POOL MA4732	Federal Agencies Coupon Rate 4.000%; Matures 09/01/2052	36,109	36,810
	FEDERAL NATIONAL MTG ASSN POOL MA4782	Federal Agencies Coupon Rate 3.500%; Matures 09/01/2052	12,347	12,372
	URUGUAY GOVERNMENT INTERNATIONAL BOND	Sovereign Securities Coupon Rate 4.375%; Matures 01/23/2031	44,633	45,562
	MEXICO GOVERNMENT INTERNATIONAL BOND	Sovereign Securities Coupon Rate 6.050%; Matures 01/11/2040	23,460	24,628
		Total Government Securities	**1,744,018**	**1,776,780**
	AIR LEASE CORP	Corporate Bonds Coupon Rate 2.875%; Matures 01/15/2032	24,618	26,398
	ARES CAPITAL CORP	Corporate Bonds Coupon Rate 2.150%; Matures 07/15/2026	34,570	36,895
	BIOGEN INC	Corporate Bonds Coupon Rate 3.150%; Matures 05/01/2050	19,647	19,592
	BIOGEN INC	Corporate Bonds Coupon Rate 2.250%; Matures 05/01/2030	29,303	31,388
	BLACKSTONE PRIVATE CREDIT FUND	Corporate Bonds Coupon Rate 2.625%; Matures 12/15/2026	30,527	31,477
	BLUE OWL CAPITAL CORP	Corporate Bonds Coupon Rate 3.400%; Matures 07/15/2026	34,435	36,334
	BOEING CO/THE	Corporate Bonds Coupon Rate 5.805%; Matures 05/01/2050	27,375	29,880
	CAPITAL ONE FINANCIAL CORP FXD TO	Corporate Bonds Coupon Rate 5.463%; Matures 07/26/2030	31,783	32,881
	CELANESE US HOLDINGS LLC	Corporate Bonds Coupon Rate 6.379%; Matures 07/15/2032	26,008	26,802

See accompanying independent auditor's report and notes to the financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF
BRIDGFORD FOODS CORPORATION
PLAN EIN#: 95-1778176
PLAN#: 001

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

DECEMBER 31, 2025

(a)	(b) Identify of Issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	CENTENE CORP	Corporate Bonds Coupon Rate 2.450%; Matures 07/15/2028	33,592	34,114
	CHARTER COMM OPERATING LLC / CHARTER COMM OPERATING CAPITAL	Corporate Bonds Coupon Rate 5.050%; Matures 03/30/2029	23,325	24,599
	CONTINENTAL RESOURCES INC	Corporate Bonds Coupon Rate 1.040%; Matures 02/04/2027	32,925	33,612
	CVS HEALTH CORP	Corporate Bonds Coupon Rate 5.250%; Matures 02/21/2033	24,713	26,241
	DICK'S SPORTING GOODS INC	Corporate Bonds Coupon Rate 4.100%; Matures 01/15/2052	28,161	29,308
	ENACT HOLDINGS INC	Corporate Bonds Coupon Rate 6.250%; Matures 05/28/2029	28,895	30,542
	EXELON CORP	Corporate Bonds Coupon Rate 4.700%; Matures 04/15/2050	17,251	17,368
	GENERAL MOTORS FINANCIAL CO INC	Corporate Bonds Coupon Rate 4.300%; Matures 04/06/2029	24,069	25,210
	JBS USA LUX SA / JBS USA FOOD CO / JBS USA FINANCE INC	Corporate Bonds Coupon Rate 4.375%; Matures 02/02/2052	30,864	32,613
	JPMORGAN CHASE & CO FXD TO	Corporate Bonds Coupon Rate 1.040%; Matures 02/04/2027	29,326	30,044
	KINDER MORGAN INC	Corporate Bonds Coupon Rate 4.300%; Matures 03/01/2028	25,498	26,516
	META PLATFORMS INC	Corporate Bonds Coupon Rate 5.625%; Matures 11/15/2055	33,399	33,005
	SOUTHERN COPPER CORP	Corporate Bonds Coupon Rate 6.750%; Matures 04/16/2040	26,299	27,470
	TELEFONICA EMISIONES SA	Corporate Bonds Coupon Rate 7.045%; Matures 06/20/2036	32,941	33,659
	WHIRLPOOL CORP	Corporate Bonds Coupon Rate 4.600%; Matures 05/15/2050	21,704	20,062
		Total Corporate Bonds	**671,228**	**696,010**
*	AETNA LIFE INSURANCE COMPANY	Pooled Separate Account Separate Account 174	**516,848**	**516,848**
*	AETNA LIFE INSURANCE COMPANY	Group Annuity Contract	**634,507**	**634,507**
			$ 53,907,575	$ 58,902,409

* A party-in-interest as defined by ERISA

See accompanying independent auditor's report and notes to the financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF BRIDGFORD FOODS CORPORATION.

Age and Service Distribution as of January 1, 2025

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25	1	0	0	0	0	0	0	0	0	0
25 to 29	1	1	0	0	0	0	0	0	0	0
30 to 34	1	1	0	0	0	0	0	0	0	0
35 to 39	0	0	0	1	0	0	0	0	0	0
40 to 44	0	1	0	0	0	1	0	0	0	0
45 to 49	0	0	0	0	1	4	0	0	0	0
50 to 54	0	1	0	0	0	6	4	4	0	0
55 to 59	0	0	0	0	0	6	3	1	5	0
60 to 64	0	0	0	0	0	5	6	4	1	0
65 to 69	0	0	0	0	0	2	5	3	3	4
70 & up	0	0	0	0	0	0	0	0	1	1

Retirement Plan for Employees of Bridgford Foods Corporation.

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS

COST METHOD

In accordance with PPA, the annual cost is equal to the target normal cost plus the shortfall amortization charge minus any prefunding and carryover balances.

Unit Credit method. The normal cost is the sum of the individual normal costs for active participants. The normal cost for an individual is the present value, as of the valuation date, of the participant's retirement, death, and withdrawal benefits which he is expected to accrue during the current plan year.

The actuarial accrued liability is the sum of the individual present values, for all participants, of the benefits accrued, based on service to the valuation date.

The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities specific to your pension plan. These inputs include economic and non-economic assumptions, plan provisions and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model is checked for accuracy and reviewed for reasonableness.

ACTUARIAL ASSUMPTIONS

Interest Rates

Without Adjusted Interest Rates under Interest Rate Stabilization:

Liabilities are valued using the three segment rates based on the 24-month average of the corporate bond yield curve published by the Secretary of the Treasury for the applicable month of September 2024.

With Adjusted Interest Rates under Interest Rate Stabilization:

The interest rates are the adjusted 24-month segment rates using 25-year average segment rate corridors of 95% to 105% per Interest Rate Stabilization.

PBGC Premiums and LDROM:

The Plan Sponsor is using the Standard Method to determine the Variable Rate Premium.

	Without Adjusted Interest Rates	With Adjusted Interest Rates	PBGC Premiums & LDROM
Segment 1 (0 to 5 years)	5.07%	5.07%	4.65%
Segment 2 (5 to 20 years)	5.33%	5.31%	5.28%
Segment 3 (20+ years)	5.36%	5.50%	5.63%
Effective Rate	5.32%	5.35%	5.35%

Retirement Plan for Employees of Bridgford Foods Corporation.

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS (continued)

Non-disabled Mortality

Pre-decrement/retirement – 2024 Annuitant and Non-Annuitant Mortality Tables provided in IRC Regulation §1.430(h)(3)-1(d), fully generational with the Adjusted Scale MP-2021

Post-decrement/retirement – 2024 Annuitant and Non-Annuitant Mortality Tables provided in IRC Regulation §1.430(h)(3)-1(d), fully generational with the Adjusted Scale MP-2021

Disabled Mortality

2024 Annuitant and Non-Annuitant Mortality tables provided in provided in IRC Regulation §1.430(h)(3)-1(d), fully generational with the Adjusted Scale MP-2021

Salary Projection – N/A

Social Security Wage Base Increases – N/A

Retirement Age – 65

Lump Sums – 0% of the population are assumed to take a lump sum

Disability Rates – AET04I - See disability rates in table below

Withdrawal Rates – AET02-04 – See withdrawal rates in table below

Pre-retirement Decrement Rates

	Disability		Withdrawal	
Age	Male	Female	Male	Female
20	0.060%	0.060%	5.940%	10.440%
25	0.060%	0.060%	4.740%	8.640%
30	0.060%	0.060%	3.540%	6.990%
35	0.089%	0.089%	2.661%	5.561%
40	0.183%	0.183%	1.867%	4.117%
45	0.306%	0.306%	1.094%	2.744%
50	0.492%	0.492%	0.258%	1.308%
55	0.804%	0.804%	0.000%	0.000%
60	1.202%	1.202%	0.000%	0.000%

Retirement Plan for Employees of Bridgford Foods Corporation.

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS (continued)

Future Increases in Maximum Benefits and Plan Compensation Limitations
Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Cost of Living Increase – 3.00%, for Sales & Administrative group only

Additional Assumptions

Long-Term Inflation – This assumption is an underlying component of a number of these economic assumptions. This assumption reflects the following factors:

- Consumer price indices
- Forecasts of inflation
- Yields on government securities of various maturities
- Yields on nominal and inflation-indexed debt

Expense Load – $35,386, prior year's administrative expenses.

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS (continued)

ASSET VALUATION

The actuarial value of plan assets is developed as the 3-year average of the plan assets based on the market value of assets as of the valuation date and the "adjusted value" of market assets for each of the two immediately preceding valuation dates. The adjusted value of assets at each preceding valuation date is equal to the market value of assets on such valuation date plus the net cash flow amount (including expected earnings on investments) for each following year up to the current valuation date. In this way, one third of the investment gain or loss over the preceding twelve months is recognized in plan assets immediately, and the other two thirds is deferred. Valuation assets are further limited to a 10% corridor around market value.

Expected Return on Assets – 7.00%

Valuation expected return on assets is mandated by PPA. The expected return for the actuarial value of assets, as well as the expected return on the market value of assets for ASC 960 and ASC 715 purposes is determined based on the assumption described below.

The return reflects the anticipated gross long-term rate of return on plan assets based on the Plan's current and expected future asset portfolio, as supported by the Plan's investment manager.
This reflects consideration of the following factors:

- Current yields of fixed income securities (government and corporate)
- Forecasts of inflation, GDP growth, and total returns for each asset class
- Historical and current investment data
- Historical plan performance
- Investment policy
- Effect of reinvestment
- Investment volatility
- Investment manager performance
- Investment and other administrative expenses paid from plan assets

Retirement Plan for Employees of Bridgford Foods Corporation.

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS (continued)

PLAN SPONSOR ELECTIONS

The plan sponsor elected to use the Standard method to value liabilities for the variable premium calculation during the 2023 premium payment year.

The new yield curve corridors under ARPA are to be used for the determination of the Funding Target and AFTAP effective for the plan year beginning January 1, 2021.

The amortization period for the Funding Shortfall will be 15 years and all prior Shortfall Bases are fully amortized effective for the plan year beginning January 1, 2021 under ARPA.

The plan sponsor elected to use a 4-month lookback to determine what IRS 24-month average 3-segment rate to use to determine the Funding Target

ATTRIBUTION PARAMETERS

Attribution parameters determine how growth in the benefit formula is allocated to years of service.

Because the Plan is frozen, there is no further attribution; all benefits are included in the accrued liability as of the valuation date.

ACCRUED AND VESTED BENEFITS

Vested benefits are based on the Plan Document vesting schedule based on years of service. Please refer to the Summary of Plan Provisions section of this report for requirements for particular benefits.

Early retirement subsidies are only valued once participants become eligible by meeting the specified requirements.

Disability and death benefits (other than the qualified pre-retirement survivor annuity) are not treated as vested benefits for liability calculation purposes.

Retirement Plan for Employees of Bridgford Foods Corporation.

SUMMARY OF PLAN PROVISIONS

Effective Date	5/1/1958
Plan Year Beginning	1/1/2025
Last Effective Amendment	5/15/2006 – Accrued Benefit frozen for Administrative and Sales Group 12/31/2006 – Accrued Benefits frozen for Dallas Group
Eligibility	
Requirements	**Administrative and Sales Group** Minimum age: 21 Minimum months of service: 12 Minimum Hours of Service: 1000 **Dallas and Secaucus Group** Minimum months of service: 12 Minimum Hours of Service: 1000 **Butchers Union Group** Minimum months of service: 12 Minimum Hours of Service: 1000
Entry Dates	1st of the month coinciding with or next following the date the requirements are met.
Normal Retirement Date	**Administrative and Sales Group** 1st day of the month coinciding with or next following attainment of age 65 or, if later, the 5th anniversary of plan entry. **Butchers Union Group** The earlier of age 60 and 10 years of service or age 65 and 5 years of service. **Dallas and Secaucus Group** The earlier of age 65 and 5 years of participation or age 70.
Normal Retirement Benefit Benefit Formula	**Administrative and Sales Group** 1.5% of earnings. Annuity benefit is subject to annual cost of living increases up to a maximum of 4%. Maximum annual compensation: $350,000. Benefit accruals were frozen effective 05/12/2006

Retirement Plan for Employees of Bridgford Foods Corporation.

SUMMARY OF PLAN PROVISIONS (continued)

Normal Retirement Benefit	**Secaucus Union** $99.84 per year of Credited Service after 1/1/95. **Butchers Group** $708 per year of Credited Service after 1/1/99. Benefits are offset by any benefit earned as a participant in the United Food and Commercial Workers. **Dallas Union Group** Merged with this plan 12/31/93. $60 per year from 9/1/83 – 9/1/90. $120 per year from 9/1/90 - 9/1/99. $150 per year of Credited Service after 9/1/99. The minimum monthly retirement benefit is $100. Benefit accruals were frozen effective 12/31/2006
Maximum Annual Benefit	$280,000 as adjusted per IRC sec. 415 for retirement age other than social security retirement age and annuity form.
Normal Form of Benefit	Life Annuity.
Accrued Benefit	Normal Retirement Benefit based on earnings and service to date.
Early Retirement Benefit	**Administrative and Sales Group** Minimum Age: 55 Minimum Service: 0 Years Benefit Amount: Accrued Benefit, reduced 2% per year for ages 60 to 64; reduced 4% per year for ages 55 to 59. **Secaucus Group** Minimum Age: 55 Minimum Service: 5 Years Benefit Amount: Accrued Benefit, reduced 6% per year for ages 55 to 64. **Butchers Group** Minimum Age: 50 Minimum Service: 10 Years

Retirement Plan for Employees of Bridgford Foods Corporation.

SUMMARY OF PLAN PROVISIONS (continued)

Early Retirement Benefit

Dallas Union

Minimum Age: 50
Minimum Service: 10 Years
Benefit Amount: Accrued Benefit, reduced actuarially.
See Plan Document for reduction.

Pre-Retirement Death Benefit

Administrative and Sales Group

Minimum Age: 50
Minimum Service: 15 Years

A) 50% of the pension benefit accrued to date of death reduced ½% for each year the spouse is more than 5 years younger than the spouse but not less than 40%. In no event will the monthly annuity be less than $10.

Eligible for vesting but not eligible for the above spouses benefit, married one full year prior to death.

B) 50% of the vested pension benefit accrued to date of death, payment deferred to the early retirement date of the deceased Participant and reduced by the appropriate early retirement and joint-and-survivor factors.

Secaucus Group

Active participant eligible to early retire, married one full year at date of death.

A) 50% of the pension benefit accrued to date of death reduced by the appropriate early retirement and joint-and-survivor factors.

Eligible for vesting but not eligible for the above spouses benefit, married one full year prior to death.

B) 50% of the vested pension benefit accrued to date of death, payment deferred to the early retirement date of the deceased Participant and reduced by the appropriate early retirement and joint-and-survivor factors.

Retirement Plan for Employees of Bridgford Foods Corporation.

SUMMARY OF PLAN PROVISIONS (continued)

Pre-Retirement Death Benefit	**Butchers Group** Active participant eligible to early retire, married one full year at date of death. A) 50% of the pension benefit accrued to date of death reduced by the appropriate early retirement and joint-and-survivor factors. Eligible for vesting but not eligible for the above spouses benefit, married one full year prior to death. B) 50% of the vested pension benefit accrued to date of death, reduced by the appropriate early retirement and joint-and-survivor factors and payable immediately for 36 months. **Dallas Union Group** A) 50% of the pension benefit accrued to date of death reduced ½% for each year the spouse is more than 5 years younger than the spouse but not less than 40%. In no event will the monthly annuity be less than $10. Eligible for vesting but not eligible for the above spouses benefit, married one full year prior to death. B) 50% of the vested pension benefit accrued to date of death, payment deferred to the early retirement date of the deceased Participant and reduced by the appropriate early retirement and joint-and-survivor factors.
Disability Benefit	Minimum Age: 45 for Admin. & Sales, 50 for Butchers. Minimum Service: 15 years, 10 years for Butchers. Immediate annuity equal to 100% of the accrued benefit (90% for Butchers). Secaucus: age 50, 15 years, immediate annuity.
Vested Termination Benefit	Upon termination after 5 years of service, 100% of the accrued benefit, deferred to Normal Retirement Date.

RETIREMENT PLAN FOR EMPLOYEES OF
BRIDGFORD FOODS CORPORATION
PLAN EIN#: 95-1778176
PLAN#: 001

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

DECEMBER 31, 2025

(a)	(b) Identify of Issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	INTEREST-BEARING CASH	Cash or Cash Equivalents	**$ 613,852**	**$ 613,852**
	SURGUTNEFTEGAS PJSC SP ADR PRF	Preferred Stocks	**107,178**	**-**
*	BRIDGFORD FOODS CORP	Common Stocks	-	312,000
	MOBILE TELESYSTEMS PUB JT ADR	Common Stocks	30,498	-
	PJSC LUKOIL SPONSORED ADR	Common Stocks	23,637	-
	SBERBANK RUSSIA	Common Stocks	30,313	-
		Total Common Stocks	**84,448**	**312,000**
	VANGUARD GROWTH	Exchange-Traded Fund	550,718	2,530,530
	VANGUARD INTERMEDIATE TERM BND	Exchange-Traded Fund	9,819,487	10,243,634
	VANGUARD INTL EQUITY INDEX FD	Exchange-Traded Fund	1,363,573	2,408,502
	VANGUARD LONG-TERM CORPORATE	Exchange-Traded Fund	20,933,118	20,818,777
	VANGUARD LONG-TERM GOVERNMENT	Exchange-Traded Fund	13,892,343	13,501,480
	VANGUARD SHORT TERM BND	Exchange-Traded Fund	311,351	312,403
	VANGUARD SMALL CAP	Exchange-Traded Fund	801,494	1,242,029
	VANGUARD VALUE ETF INDEX	Exchange-Traded Fund	1,029,720	2,406,283
		Total Exchange-Traded Funds	**48,701,804**	**53,463,638**
	FEDERATED HERMES GOVT OBL AVR	Mutual Funds	-	26,818
	LOOMIS SAYLES HI INC OPP INST	Mutual Funds	317,649	329,289
	LOOMIS SAYLES SECRZD ASSC INST	Mutual Funds	516,043	532,667
		Total Mutual Funds	**833,692**	**888,774**
	UNITED STATES TREASURY BILL	Government Securities Zero Coupon; Matures 01/22/2026	43,263	43,913
	UNITED STATES TREASURY NOTE	Government Securities Coupon Rate 3.875%; Matures 09/30/2029	69,117	71,290
	UNITED STATES TREASURY NOTE	Government Securities Coupon Rate 3.500%; Matures 01/31/2030	151,153	156,390
	UNITED STATES TREASURY NOTE	Government Securities Coupon Rate 1.625%; Matures 05/15/2031	22,938	24,253
	UNITED STATES TREASURY NOTE	Government Securities Coupon Rate 2.875%; Matures 05/15/2032	61,487	63,445
	UNITED STATES TREASURY NOTE	Government Securities Coupon Rate 4.000%; Matures 07/31/2032	229,555	234,132
	UNITED STATES TREASURY NOTE	Government Securities Coupon Rate 4.125%; Matures 11/15/2032	56,937	57,980

See accompanying independent auditor's report and notes to the financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF
BRIDGFORD FOODS CORPORATION
PLAN EIN#: 95-1778176
PLAN#: 001

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

DECEMBER 31, 2025

(a)	(b) Identify of Issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	UNITED STATES TREASURY NOTE	Government Securities Coupon Rate 3.500%; Matures 02/15/2033	149,896	155,692
	UNITED STATES TREASURY NOTE	Government Securities Coupon Rate 3.875%; Matures 08/15/2033	40,853	42,288
	UNITED STATES TREASURY NOTE	Government Securities Coupon Rate 4.000%; Matures 02/15/2034	43,430	44,557
	UNITED STATES TREASURY BOND	Government Securities Coupon Rate 1.750%; Matures 08/15/2041	79,801	81,245
	UNITED STATES TREASURY BOND	Government Securities Coupon Rate 2.000%; Matures 11/15/2041	6,951	7,018
	UNITED STATES TREASURY BOND	Government Securities Coupon Rate 2.375%; Matures 02/15/2042	26,532	26,865
	UNITED STATES TREASURY BOND	Government Securities Coupon Rate 3.250%; Matures 05/15/2042	15,144	15,114
	UNITED STATES TREASURY BOND	Government Securities Coupon Rate 3.375%; Matures 08/15/2042	31,610	31,791
	UNITED STATES TREASURY BOND	Government Securities Coupon Rate 3.875%; Matures 05/15/2043	38,322	37,945
	UNITED STATES TREASURY BOND	Government Securities Coupon Rate 3.125%; Matures 05/15/2048	6,284	6,121
	UNITED STATES TREASURY BOND	Government Securities Coupon Rate 3.000%; Matures 02/15/2049	6,002	5,996
	UNITED STATES TREASURY BOND	Government Securities Coupon Rate 2.250%; Matures 08/15/2049	4,569	4,460
	UNITED STATES TREASURY BOND	Government Securities Coupon Rate 2.375%; Matures 05/15/2051	34,854	34,906
	UNITED STATES TREASURY BOND	Government Securities Coupon Rate 1.875%; Matures 11/15/2051	4,683	4,453
	UNITED STATES TREASURY BOND	Government Securities Coupon Rate 4.750%; Matures 11/15/2053	83,763	81,137
	UNITED STATES TREASURY BOND	Government Securities Coupon Rate 4.625%; Matures 02/15/2055	24,529	25,551
	TENN VALLEY AUTH	Federal Agencies Coupon Rate 5.880%; Matures 04/01/2036	23,327	23,997
	FEDERAL NATIONAL MTG ASSN POOL MA4438	Federal Agencies Coupon Rate 2.500%; Matures 10/01/2051	95,934	96,796
	FEDERAL NATIONAL MTG ASSN POOL MA4512	Federal Agencies Coupon Rate 2.500%; Matures 12/01/2051	1,277	1,294
	FEDERAL NATIONAL MTG ASSN POOL MA4547	Federal Agencies Coupon Rate 2.000%; Matures 02/01/2052	26,503	25,584

See accompanying independent auditor's report and notes to the financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF
BRIDGFORD FOODS CORPORATION
PLAN EIN#: 95-1778176
PLAN#: 001

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

DECEMBER 31, 2025

(a)	(b) Identify of Issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	FHLMC 30 YR GOLD SD8199	Federal Agencies Coupon Rate 2.000%; Matures 03/01/2052	49,453	48,973
	FEDERAL NATIONAL MTG ASSN POOL MA4600	Federal Agencies Coupon Rate 3.500%; Matures 05/01/2052	72,217	73,770
	FEDERAL NATIONAL MTG ASSN POOL FS6943	Federal Agencies Coupon Rate 3.000%; Matures 06/01/2052	1,515	1,555
	FEDERAL NATIONAL MTG ASSN POOL MA4653	Federal Agencies Coupon Rate 3.000%; Matures 06/01/2052	10,001	10,294
	FEDERAL NATIONAL MTG ASSN POOL MA4656	Federal Agencies Coupon Rate 4.500%; Matures 07/01/2052	105,689	108,295
	FHLMC 30 YR GOLD SD8225	Federal Agencies Coupon Rate 3.000%; Matures 07/01/2052	9,880	10,308
	FEDERAL NATIONAL MTG ASSN POOL MA4732	Federal Agencies Coupon Rate 4.000%; Matures 09/01/2052	36,109	36,810
	FEDERAL NATIONAL MTG ASSN POOL MA4782	Federal Agencies Coupon Rate 3.500%; Matures 09/01/2052	12,347	12,372
	URUGUAY GOVERNMENT INTERNATIONAL BOND	Sovereign Securities Coupon Rate 4.375%; Matures 01/23/2031	44,633	45,562
	MEXICO GOVERNMENT INTERNATIONAL BOND	Sovereign Securities Coupon Rate 6.050%; Matures 01/11/2040	23,460	24,628
		Total Government Securities	**1,744,018**	**1,776,780**
	AIR LEASE CORP	Corporate Bonds Coupon Rate 2.875%; Matures 01/15/2032	24,618	26,398
	ARES CAPITAL CORP	Corporate Bonds Coupon Rate 2.150%; Matures 07/15/2026	34,570	36,895
	BIOGEN INC	Corporate Bonds Coupon Rate 3.150%; Matures 05/01/2050	19,647	19,592
	BIOGEN INC	Corporate Bonds Coupon Rate 2.250%; Matures 05/01/2030	29,303	31,388
	BLACKSTONE PRIVATE CREDIT FUND	Corporate Bonds Coupon Rate 2.625%; Matures 12/15/2026	30,527	31,477
	BLUE OWL CAPITAL CORP	Corporate Bonds Coupon Rate 3.400%; Matures 07/15/2026	34,435	36,334
	BOEING CO/THE	Corporate Bonds Coupon Rate 5.805%; Matures 05/01/2050	27,375	29,880
	CAPITAL ONE FINANCIAL CORP FXD TO	Corporate Bonds Coupon Rate 5.463%; Matures 07/26/2030	31,783	32,881
	CELANESE US HOLDINGS LLC	Corporate Bonds Coupon Rate 6.379%; Matures 07/15/2032	26,008	26,802

RETIREMENT PLAN FOR EMPLOYEES OF
BRIDGFORD FOODS CORPORATION
PLAN EIN#: 95-1778176
PLAN#: 001

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

DECEMBER 31, 2025

(a)	(b) Identify of Issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	CENTENE CORP	Corporate Bonds		
		Coupon Rate 2.450%; Matures 07/15/2028	33,592	34,114
	CHARTER COMM OPERATING LLC / CHARTER COMM OPERATING CAPITAL	Corporate Bonds		
		Coupon Rate 5.050%; Matures 03/30/2029	23,325	24,599
	CONTINENTAL RESOURCES INC	Corporate Bonds		
		Coupon Rate 1.040%; Matures 02/04/2027	32,925	33,612
	CVS HEALTH CORP	Corporate Bonds		
		Coupon Rate 5.250%; Matures 02/21/2033	24,713	26,241
	DICK'S SPORTING GOODS INC	Corporate Bonds		
		Coupon Rate 4.100%; Matures 01/15/2052	28,161	29,308
	ENACT HOLDINGS INC	Corporate Bonds		
		Coupon Rate 6.250%; Matures 05/28/2029	28,895	30,542
	EXELON CORP	Corporate Bonds		
		Coupon Rate 4.700%; Matures 04/15/2050	17,251	17,368
	GENERAL MOTORS FINANCIAL CO INC	Corporate Bonds		
		Coupon Rate 4.300%; Matures 04/06/2029	24,069	25,210
	JBS USA LUX SA / JBS USA FOOD CO / JBS USA FINANCE INC	Corporate Bonds		
		Coupon Rate 4.375%; Matures 02/02/2052	30,864	32,613
	JPMORGAN CHASE & CO FXD TO	Corporate Bonds		
		Coupon Rate 1.040%; Matures 02/04/2027	29,326	30,044
	KINDER MORGAN INC	Corporate Bonds		
		Coupon Rate 4.300%; Matures 03/01/2028	25,498	26,516
	META PLATFORMS INC	Corporate Bonds		
		Coupon Rate 5.625%; Matures 11/15/2055	33,399	33,005
	SOUTHERN COPPER CORP	Corporate Bonds		
		Coupon Rate 6.750%; Matures 04/16/2040	26,299	27,470
	TELEFONICA EMISIONES SA	Corporate Bonds		
		Coupon Rate 7.045%; Matures 06/20/2036	32,941	33,659
	WHIRLPOOL CORP	Corporate Bonds		
		Coupon Rate 4.600%; Matures 05/15/2050	21,704	20,062
		Total Corporate Bonds	**671,228**	**696,010**
*	AETNA LIFE INSURANCE COMPANY	Pooled Separate Account		
		Separate Account 174	**516,848**	**516,848**
*	AETNA LIFE INSURANCE COMPANY	Group Annuity Contract	**634,507**	**634,507**
			$ 53,907,575	$ 58,902,409

* A party-in-interest as defined by ERISA

See accompanying independent auditor's report and notes to the financial statements.

**RETIREMENT PLAN FOR EMPLOYEES OF
BRIDGFORD FOODS CORPORATION.**

SCHEDULE SB, LINE 22 – Description of Weighted Average Retirement Age

WEIGHTED AVERAGE RETIREMENT AGE

100% of the population is assumed to retire at age 65.

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
Retirement Plan for Employees of
Bridgford Foods Corporation

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Bridgford Foods Corporation

D Employer Identification Number (EIN)
95-1778176

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2025

2 Assets:

a Market value	**2a**	57,118,066
b Actuarial value	**2b**	55,693,814

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	326	30,088,207	30,088,207
b For terminated vested participants	298	14,407,697	14,407,697
c For active participants	75	6,877,156	6,986,003
d Total	699	51,373,060	51,481,907

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**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	65,393
b Expected plan-related expenses	**6b**	35,386
c Target normal cost	**6c**	100,779

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

DBW
Signature of actuary

09/10/2026
Date

David B. Woodmansee Jr.
Type or print name of actuary

26-05801
Most recent enrollment number

USI Consulting Group
Firm name

(860)368-2972
Telephone number (including area code)

95 Glastonbury Boulevard
Suite 102
Glastonbury CT 06033
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
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)	0	0
10	Interest on line 9 using prior year's actual return of 6.62%	0	0
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 5.11%		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)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	108.18%
15	Adjusted funding target attainment percentage	15	108.18%
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	110.32%
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)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] 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:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 4

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**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
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**	100,779
b Excess assets, if applicable, but not greater than line 31a	**31b**	100,779

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**	
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