# 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. . . . . ▶ [X]

**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
SAKER SHOPRITES, INC. - LOCAL 360 EE'S RET PLAN

**1b** Three-digit plan number (PN) ▶ 106

**1c** Effective date of plan 01/01/1976

**2a** Plan sponsor's name (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)
SAKER SHOPRITES, INC.

10 CENTERVILLE ROAD
HOLMDEL, NJ 07733

**2b** Employer Identification Number (EIN) 22-1729304

**2c** Plan Sponsor's telephone number 732-462-4700

**2d** Business code (see instructions) 445110

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/13/2026 | MICHAEL MCCORMICK |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/13/2026 | MICHAEL MCCORMICK |
| | **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 [X] Same as Plan Sponsor | **3b** | Administrator's EIN |
| | | **3c** | Administrator's telephone number |
| **4** | If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: | **4b** | EIN |
| **a** | Sponsor's name | **4d** | PN |
| **c** | Plan Name | | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 1529 |
| **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)** | 631 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 680 |
| **b** | Retired or separated participants receiving benefits | **6b** | 183 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 723 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 1586 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 17 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 1603 |
| **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** | 151 |
| **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) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** [ ] | Insurance | **(1)** [ ] | Insurance |
| **(2)** [ ] | Code section 412(e)(3) insurance contracts | **(2)** [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** [X] | Trust | **(3)** [X] | Trust |
| **(4)** [ ] | General assets of the sponsor | **(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)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

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

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

**A** Name of plan
SAKER SHOPRITES, INC. - LOCAL 360 EE'S RET PLAN

**B** Three-digit plan number (PN) ▶ 106

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SAKER SHOPRITES, INC.

**D** Employer Identification Number (EIN)
22-1729304

**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** | 27546094 |
| **b** Actuarial value | **2b** | 27368116 |

**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 | 185 | 5302346 | 5302346 |
| **b** For terminated vested participants | 713 | 9635637 | 9635637 |
| **c** For active participants | 631 | 11710105 | 11840473 |
| **d** Total | 1529 | 26648088 | 26778456 |

**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** | 5.42 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 677381 |
| **b** Expected plan-related expenses | **6b** | 298000 |
| **c** Target normal cost | **6c** | 975381 |

**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

10/13/2026
Date

TODD M KORDECKI
Type or print name of actuary

26-09000
Most recent enrollment number

ACRISURE
Firm name

412-394-9983
Telephone number (including area code)

FOUR GATEWAY CENTER, SUITE 605
444 LIBERTY AVENUE
PITTSBURGH, PA 15222-1222
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 | 4738273 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 1098121 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 3640152 |
| 10 | Interest on line 9 using prior year's actual return of 3.17 % | 0 | 115393 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 1238647 |
| 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 5.31 % | | 7462 |
| b(2) | Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 34810 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 1280919 |
| d | Portion of (c) to be added to prefunding balance | | 1280919 |
| 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 | 5036464 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 83.39 % |
| 15 | Adjusted funding target attainment percentage | 15 | 102.20 % |
| 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 | 86.58 % |
| 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 |
|---|---|---|---|---|---|
| 08/14/2025 | 60000 | 0 | 01/16/2026 | 60000 | 0 |
| 09/10/2025 | 235000 | 0 | 02/12/2026 | 60000 | 0 |
| 10/08/2025 | 60000 | 0 | 03/03/2026 | 100000 | 0 |
| 11/24/2025 | 60000 | 0 | 03/13/2026 | 60000 | 0 |
| 12/09/2025 | 60000 | 0 | 03/26/2026 | 60000 | 0 |
| 12/30/2025 | 300000 | 0 | 05/15/2026 | 60000 | 0 |
| | | | Totals ► 18(b) | 1480000 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| a | Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| b | Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c | Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 1398984 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

## Part II Beginning of Year Carryover and Prefunding Balances

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

## Part III Funding Percentages

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

## Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 06/01/2026 | 100000 | 0 | | | |
| 06/16/2026 | 60000 | 0 | | | |
| 06/23/2026 | 25000 | 0 | | | |
| 07/16/2026 | 60000 | 0 | | | |
| 08/13/2026 | 60000 | 0 | | | |
| | | | | | |
| | | | Totals ► 18(b) | | 18(c) |

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| | | | |

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

**21** Discount rate:

| | | | | |
|---|---|---|---|---|
| **a** Segment rates: | 1st segment: 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** | 66 |

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

## Part VIII Minimum Required Contribution For Current Year

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

| | | |
|---|---|---|
| **a** Target normal cost (line 6c) | **31a** | 975381 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 4446804 | 478215 |
| **b** Waiver amortization installment | | |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ )_and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 1453596 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 794302 | 794302 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 659294 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 1398984 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 739690 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 739690 |
| **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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**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
SAKER SHOPRITES, INC. - LOCAL 360 EE'S RET PLAN

**B** Three-digit plan number (PN) ▶ 106

**C** Plan sponsor's name as shown on line 2a of Form 5500
SAKER SHOPRITES, INC.

**D** Employer Identification Number (EIN)
22-1729304

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MORGAN STANLEY SMITH BARNEY LLC

20-8764829

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 27 33 50 71 72 | NONE | 143180 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

ACRISURE

92-3652116

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 11 17 | NONE | 140000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

WITHUMSMITH+BROWN PC

22-2027092

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 | NONE | 15600 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

OFFICE OF COMPLIANT ADMINISTRATION

27-2517292

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 14 | NONE | 8790 | Yes [ ] No [X] | 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 [ ] |

**(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 |
|---|---|---|
| MORGAN STANLEY SMITH BARNEY LLC | 15 64 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| VIRTUS VIRTUS DUFF & PHELPS RE SECI<br><br>06-0847856 | 0.10% PER YEAR ($10 PER $10,000) ON FUND ASSETS HELD BY OUR CLIENTS IN COMMISSION-BASED BROKERAGE ACCOUNTS AND FEE-BASED ADVISORY ACCOUNT PROGRAMS. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MORGAN STANLEY SMITH BARNEY LLC | 15 64 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| NORTHERN TRUST FDS NTH SM CAP VALU<br><br>39-1777365 | 0.10% PER YEAR ($10 PER $10,000) ON FUND ASSETS HELD BY OUR CLIENTS IN COMMISSION-BASED BROKERAGE ACCOUNTS AND FEE-BASED ADVISORY ACCOUNT PROGRAMS. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MORGAN STANLEY SMITH BARNEY LLC | 15 64 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| FEDERATED FDS HRMS INST HIYD BD IS<br><br>25-1111467 | 0.10% PER YEAR ($10 PER $10,000) ON FUND ASSETS HELD BY OUR CLIENTS IN COMMISSION-BASED BROKERAGE ACCOUNTS AND FEE-BASED ADVISORY ACCOUNT PROGRAMS. |

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MORGAN STANLEY SMITH BARNEY LLC | 15 64 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| AMERICAN FDS AMER HIGH INC TRUST F2<br><br>90-0924512 | 0.10% PER YEAR ($10 PER $10,000) ON FUND ASSETS HELD BY OUR CLIENTS IN COMMISSION-BASED BROKERAGE ACCOUNTS AND FEE-BASED ADVISORY ACCOUNT PROGRAMS. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MORGAN STANLEY SMITH BARNEY LLC | 15 64 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| CONGRESS SM CAP GRWTH INSTL<br><br>56-6415270 | 0.10% PER YEAR ($10 PER $10,000) ON FUND ASSETS HELD BY OUR CLIENTS IN COMMISSION-BASED BROKERAGE ACCOUNTS AND FEE-BASED ADVISORY ACCOUNT PROGRAMS. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MORGAN STANLEY SMITH BARNEY LLC | 15 64 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| JP MORGAN UNDSC MNGR BEHV VL I<br><br>13-2624428 | 0.10% PER YEAR ($10 PER $10,000) ON FUND ASSETS HELD BY OUR CLIENTS IN COMMISSION-BASED BROKERAGE ACCOUNTS AND FEE-BASED ADVISORY ACCOUNT PROGRAMS. |

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MORGAN STANLEY SMITH BARNEY LLC | 33 55 49 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| MORGAN STANLEY BANK N.A.<br><br>36-3707380 | TOTAL REV = ANNUAL PER ACCOUNT SERVICING FEE X NO. OF ACCOUNTS. FROM 1/1/2024-6/30/2024, ANNUAL PER ACCOUNT SERVICE FEE = $19. 7/1/2024-12/31/2024 = $12. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MORGAN STANLEY SMITH BARNEY LLC | 33 55 49 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| MORGAN STANLEY PRIVATE BANK N.A.<br><br>22-3458456 | TOTAL REV = ANNUAL PER ACCOUNT SERVICING FEE X NO. OF ACCOUNTS. FROM 1/1/2024-6/30/2024, ANNUAL PER ACCOUNT SERVICE FEE = $19. 7/1/2024-12/31/2024 = $12. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MORGAN STANLEY SMITH BARNEY LLC | 49 99 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| VIRTUS VIRTUS DUFF & PHELPS RE SECI<br><br>06-0847856 | MUTUAL FUND SUPPORT FEE ALSO CALLED A REV-SHARING PMT. FEE BASED ON TIERED RATE THAT INCREASES ALONG WITH MANAGEMENT FEE OF FUND SO LOWER MGMT FEE FUNDS PAY LOWER RATES THAN THOSE WITH HIGHER MGMT FEES. |

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MORGAN STANLEY SMITH BARNEY LLC | 49 99 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| NORTHERN TRUST FDS NRTH SM CAP VAL<br><br>39-1777365 | MUTUAL FUND SUPPORT FEE ALSO CALLED A REV-SHARING PMT. FEE BASED ON TIERED RATE THAT INCREASES ALONG WITH MANAGEMENT FEE OF FUND SO LOWER MGMT FEE FUNDS PAY LOWER RATES THAN THOSE WITH HIGHER MGMT FEES. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MORGAN STANLEY SMITH BARNEY LLC | 49 99 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| AMERICAN FDS AMER HIGH INC TRUST F2<br><br>90-0924512 | MUTUAL FUND SUPPORT FEE ALSO CALLED A REV-SHARING PMT. FEE BASED ON TIERED RATE THAT INCREASES ALONG WITH MANAGEMENT FEE OF FUND SO LOWER MGMT FEE FUNDS PAY LOWER RATES THAN THOSE WITH HIGHER MGMT FEES. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MORGAN STANLEY SMITH BARNEY LLC | 49 99 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| FEDERATED FDS HRMS INST HIYD BD IS<br><br>25-1111467 | MUTUAL FUND SUPPORT FEE ALSO CALLED A REV-SHARING PMT. FEE BASED ON TIERED RATE THAT INCREASES ALONG WITH MANAGEMENT FEE OF FUND SO LOWER MGMT FEE FUNDS PAY LOWER RATES THAN THOSE WITH HIGHER MGMT FEES. |

## Part I Service Provider Information (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE H (Form 5500)

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
SAKER SHOPRITES, INC. - LOCAL 360 EE'S RET PLAN

**B** Three-digit plan number (PN) ▶ 106

**C** Plan sponsor's name as shown on line 2a of Form 5500
SAKER SHOPRITES, INC.

**D** Employer Identification Number (EIN)
22-1729304

## Part I Asset and Liability Statement

**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 | 58290 | 41779 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 1320000 | 705000 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 143153 | 184020 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 396850 | 963110 |
| **(2)** U.S. Government securities | 1c(2) | 1148476 | 1477297 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | 10638076 | 13442236 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 13864525 | 13760049 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(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 | 27569370 | 30573491 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | 5250 | 5250 |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 5250 | 5250 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 27564120 | 30568241 |

## 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) | 1480000 | |
| **(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) | | 1480000 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 11080 | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 594945 | |
| **(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) | | 606025 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 404516 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 404516 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 1943115 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 2658318 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | -715203 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | 784942 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 784942 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 1513880 |
| c Other income | 2c | | 17593 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 4091753 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 585020 | |
| (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) | | 585020 |
| 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) | 8817 | |
| (4) IQPA audit fees | 2i(4) | 15600 | |
| (5) Investment advisory and investment management fees | 2i(5) | 176121 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | 140000 | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 162074 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 502612 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1087632 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 3004121 |
| 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: WITHUMSMITH & BROWN, PC **(2)** EIN: 22-2027092

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | **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 | | 15000000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **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 591760.

# 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
SAKER SHOPRITES, INC. - LOCAL 360 EE'S RET PLAN

**B** Three-digit plan number (PN) ▶ 106

**C** Plan sponsor's name as shown on line 2a of Form 5500
SAKER SHOPRITES, INC.

**D** Employer Identification Number (EIN)
22-1729304

## Part I 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): 22-1729304

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

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

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

**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: 32.0 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 60.0 %
High-Yield Debt: 5.0 % Real Assets: _____% Cash or Cash Equivalents: 3.0 % Other: _____%

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

## Part VII IRS Compliance Questions

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

# Saker ShopRites, Inc. - Local 360 Employees' Retirement Plan
# Financial Statements
# December 31, 2025 and 2024
# With Independent Auditor's Report

withum
ADVISORY TAX AUDIT

**Saker ShopRites, Inc. - Local 360 Employees' Retirement Plan**
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**December 31, 2025 and 2024**


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# Independent Auditor's Report

To the Plan Administrator of
Saker ShopRites, Inc. - Local 360 Employees' Retirement Plan:

## Opinion

We have audited the financial statements of Saker ShopRites, Inc. - Local 360 Employees' Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of January 1, 2025, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits as of December 31, 2025 and 2024, and the changes in net assets available for benefits for the years then ended and the accumulated plan benefits as of January 1, 2025, and the changes in accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

## Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Saker ShopRites, Inc. - Local 360 Employees' Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Saker ShopRites, Inc. - Local 360 Employees' Retirement Plan's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

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

## Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Saker ShopRites, Inc. - Local 360 Employees' Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Saker ShopRites, Inc. - Local 360 Employees' Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

## Supplemental 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 ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Withum Smith + Brown, PC

October 8, 2026

**Saker ShopRites, Inc. - Local 360 Employees' Retirement Plan**
**Statements of Net Assets Available for Benefits**
**December 31, 2025 and 2024**

| | 2025 | 2024 |
|---|---|---|
| **Assets** | | |
| Investments at fair value | $ 28,679,582 | $ 25,651,077 |
| Interest bearing cash | 963,110 | 396,850 |
| Cash and cash equivalents | 41,779 | 58,290 |
| Accrued income | 184,020 | 143,153 |
| Contributions receivable - employer | 705,000 | 1,320,000 |
| | 30,573,491 | 27,569,370 |
| **Liabilities** | | |
| Accrued expenses | 5,250 | 5,250 |
| **Net assets available for benefits** | $ 30,568,241 | $ 27,564,120 |

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

**Saker ShopRites, Inc. - Local 360 Employees' Retirement Plan**
**Statements of Changes in Net Assets Available for Benefits**
**For the Years Ended December 31, 2025 and 2024**

| | 2025 | 2024 |
|---|---|---|
| **Additions** | | |
| **Investment income** | | |
| Net appreciation in fair value of investments | $ 1,615,707 | $ 147,904 |
| Interest and dividends | 996,046 | 825,325 |
| **Total investment income** | 2,611,753 | 973,229 |
| **Contributions** | | |
| Employer contributions | 1,480,000 | 1,800,000 |
| **Total contributions** | 1,480,000 | 1,800,000 |
| **Total additions** | 4,091,753 | 2,773,229 |
| **Deductions** | | |
| Benefits paid directly to participants | 585,020 | 539,094 |
| Administrative expenses | 502,612 | 664,701 |
| **Total deductions** | 1,087,632 | 1,203,795 |
| **Net change in net assets available for benefits** | 3,004,121 | 1,569,434 |
| **Net assets available for benefits** | | |
| Beginning of year | 27,564,120 | 25,994,686 |
| **End of year** | $ 30,568,241 | $ 27,564,120 |

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

**Saker ShopRites, Inc. - Local 360 Employees' Retirement Plan**
**Statement of Accumulated Plan Benefits**
**January 1, 2025**

| | |
|---|---|
| **Actuarial present value of accumulated plan benefits** | |
| **Vested benefits** | |
| Active participants | $ 11,432,097 |
| Inactive participants with deferred benefits | 9,421,364 |
| Inactive participants receiving benefits | 5,155,525 |
| | 26,008,986 |
| Non-vested benefits | 127,724 |
| **Actuarial present value of accumulated Plan benefits** | $ 26,136,710 |

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

## Saker ShopRites, Inc. - Local 360 Employees' Retirement Plan
## Statement of Changes in Accumulated Plan Benefits
## Year Ended January 1, 2025

| | |
|---|---|
| Actuarial present value of accumulated Plan benefits at January 1, 2024 | $ 25,121,716 |
| **Increases (decreases) during the year attributed to** | |
| Increase for interest due to decrease in discounted period | 1,367,068 |
| Benefits accumulated and plan expenses | 187,020 |
| Benefits paid | (539,094) |
| **Net increase** | 1,014,994 |
| **Actuarial present value of accumulated benefits at January 1, 2025** | $ 26,136,710 |

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

## 1. Description of Plan

The following description of Saker ShopRites, Inc. - Local 360 Employees' Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

### General

The Plan is a noncontributory defined benefit plan established effective January 1, 1976, as restated January 1, 2015. The Plan covers all employees, excluding those not covered by the collective bargaining agreement between the employer and Local 360 (the "Union") employees, of Saker ShopRites, Inc. (the "Company") who have completed one year of service with a minimum of 1,000 hours and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Retirement Plan Committee is responsible for oversight of the Plan. The Plan's investment committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Retirement Plan Committee.

### Pension Benefits

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

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

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

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

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

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

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

### Funding Policy

The Plan's funding policy is for the Company to contribute an amount that will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met or exceeded in 2025 and 2024.

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

### Pre-Retirement Surviving Spouse Annuity

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

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

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

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

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

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

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

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

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

## 2. Summary of Accounting Policies

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

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

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

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

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

**Payment of Benefits**
Benefits payments to participants are recorded upon distribution.

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

**Actuarial Present Value of Accumulated Benefits**
Accumulated benefits are those future periodic payments that are attributable under the Plan’s provisions for services rendered by the employees.

Accumulated benefits include benefits expected to be paid to: (a) retired, disabled or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries. Benefits under the Plan are based on full-time employees working 1,800 hours each year to retirement age and part-time employees working 800 hours each year to retirement age. The accumulated benefits for active employees are based on their years of service. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated benefits is determined by the Plan’s actuaries, Acrisure & Cowden Associates, Inc., and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts of interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of January 1, 2025 and 2024, are: (a) IRS 2025 Generational Mortality Table as set forth in Notice 2024-42, for both healthy and disabled participants; IRS 2024 Generational Mortality Table as set forth in Notice 2023-73 for both healthy and disabled participants for 2024; life expectancy of participants using the PRI-2012 mortality table under Scale MP-2021 for 2025 and 2024 (b) retirement age assumptions (assumed average retirement age was 65); (c) assumed rate of interest of 5.50% as of both January 1, 2025 and 2024.

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

**Subsequent Events**
Subsequent events were evaluated through October 8, 2026 , the date the financial statements were available to be issued.

### 3. Funding Policy

The employer's policy is to fund annual contributions to the Plan so that all employees' benefits will be fully provided for by the time they retire. For the year ended December 31, 2025, the minimum funding required before credit balance and maximum tax deductible amounts was $1,453,596 and $14,450,429, respectively. For the year ended December 31, 2024, the minimum funding required before credit balance and maximum tax deductible amounts was $ 1,556,418 and $19,114,418 , respectively. The employer contributed $1,480,000 and $1,800,000 into the Plan for the Plan years ended December 31, 2025 and 2024, respectively. The employer has applied a credit to offset the minimum funding requirement; therefore, there was no minimum funding required at December 31, 2025 and 2024. The employer met the minimum funding requirements under ERISA for the years ended December 31, 2025 and 2024.

### 4. Plan Termination

Although it has not expressed any intention to do so, the employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.
Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

### 5. Fair Value Measurements

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

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

*Level 2* - Inputs to the valuation methodology include:

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

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

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

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

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

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

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

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

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

*Corporate Bonds:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flow approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

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

| | December 31, 2025 | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Interest bearing cash | $ 963,110 | $ - | $ - | $ 963,110 |
| Exchange-traded and closed-end funds | 12,345,130 | - | - | 12,345,130 |
| Mutual funds | 1,414,917 | - | - | 1,414,917 |
| U.S. government securities | 1,477,297 | - | - | 1,477,297 |
| Corporate bonds | 13,442,238 | - | - | 13,442,238 |
| | $ 29,642,692 | $ - | $ - | $ 29,642,692 |

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

## 6. Tax Status

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

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

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

## 7. Related-Party and Party In Interest Transactions

In 2025 and 2024, the Plan paid fees for investment management services of approximately $176,000 and $173,000, respectively, to the Plan’s investment custodian, Morgan Stanley.

## 8. Pension Protection Act

The Pension Protection Act of 2006 (“PPA”) as amended by the Worker, Retiree and Employer Recovery Act of 2008 (“WRERA”) imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. The “At-Risk” status is referred to as the Funding Target Attainment Percentage (“FTAP”). A plan’s funded percentage is referred to as the Adjusted Funding Target Attainment Percentage (“AFTAP”). The 2025 AFTAP for the Plan is 83.39%. Because the Plan’s AFTAP equals or exceeds 80%, the Plan is not subject to any benefit restrictions.

## 9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits. As of December 31, 2025 and 2024, zero investments and one investment respectively, represent a concentration of greater than 10% of the Plan's net assets available for benefits.

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

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

# Supplementary Information

**Saker ShopRites, Inc. - Local 360 Employees' Retirement Plan**
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**
**EIN: 22-1729304 Plan Number: 106**
**December 31, 2025**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | American Funds | American High Income Trust F2 | $ 509,676 | $ 521,372 |
| | Congress | Small Cap Growth (Csmcx) | 123,489 | 159,978 |
| | Federated Hermes | High Yield Bd Instl (Fihbx) | 488,041 | 457,239 |
| | JP Morgan | Undiscovered Managers Behavioral Value Fund Class I (Ubvsx) | 277,215 | 273,912 |
| | Virtus | Virtus Real Estate Sec I (Phrix) | 3,527 | 2,416 |
| | Total mutual funds | | 1,401,948 | 1,414,917 |
| | US Treasury Bond Fed Strip | Zero Coupon; Matures 5/15/2054 | 447,919 | 392,241 |
| | US Treasury Bond Fed Strip | Zero Coupon; Matures 2/15/2055 | 1,077,163 | 1,085,056 |
| | Total U.S. government securities | | 1,525,082 | 1,477,297 |
| | Abbvie Inc | 5.500% Interest; Matures 3/15/2064 | 190,263 | 180,268 |
| | Advanced Micro Devices Inc | 4.393% Interest; Matures 6/1/2052 | 152,990 | 148,627 |
| | Allstate Corp | 4.20% Interest; Matures 12/15/2046 | 181,446 | 144,541 |
| | Alphabet Inc | 2.25% Interest; Matures 8/15/2060 | 204,505 | 180,120 |
| | Amazon.Com Inc | 4.25% Interest; Matures 8/22/2057 | 152,804 | 96,575 |
| | Amazon.Com Inc | 3.25% Interest; Matures 5/12/2061 | 195,893 | 144,576 |
| | American Intl Group Inc | 4.375% Interest; Matures 1/15/2055 | 125,973 | 88,675 |
| | Amgen Inc | 4.40% Interest; Matures 2/22/2062 | 159,636 | 156,914 |
| | Anheuser-Busch | 4.75% Interest; Matures 4/15/2058 | 190,269 | 152,971 |
| | Aon Corp / Aon Global Holdings PLC | 3.90% Interest; Matures 2/28/2052 | 158,121 | 150,084 |
| | Apple Inc | 4.10% Interest; Matures 8/8/2062 | 268,956 | 256,181 |
| | AstraZeneca PLC | 3.00% Interest; Matures 5/28/2051 | 154,416 | 117,955 |
| | AT&T Inc | 3.50% Interest; Matures 2/01/2061 | 194,171 | 147,246 |
| | Bank of America Corp | 2.972% Interest; Matures 7/21/2052 | 140,782 | 131,528 |
| | Bank of America Corp | 3.483% Interest; Matures 3/13/2052 | 164,317 | 162,986 |
| | Berkshire Hathaway | 3.850% Interest; Matures 3/15/2052 | 223,208 | 223,857 |
| | Blackrock Funding Inc | 5.250% Interest; Matures 3/14/2054 | 173,157 | 168,105 |
| | Bristol-Meyers Squibb Co | 3.90% Interest; Matures 3/15/2062 | 121,528 | 109,070 |
| | Burlington Northern Santa Fe LLC | 2.875% Interest; Matures 6/15/2052 | 111,908 | 78,800 |
| | Carrier Global Corp | 6.200% Interest; Matures 3/15/2054 | 169,613 | 162,911 |
| | Caterpillar Inc | 3.25% Interest; Matures 4/09/2050 | 142,213 | 92,916 |
| | Caterpillar Inc | 4.750% Interest; Matures 5/15/2064 | 136,588 | 132,224 |
| | Chubb Ina Holdings Inc- | 3.05% Interest; Matures 12/15/2061 | 195,674 | 154,029 |
| | Cigna Group | 6.000% Interest; Matures 01/15/2056 | 184,368 | 180,118 |
| | Cisco Systems Inc | 5.350% Interest; Matures 2/26/2064 | 156,427 | 142,336 |
| | Citigroup Inc | 4.65% Interest; Matures 7/23/2048 | 182,662 | 176,820 |
| | Citigroup Inc | 5.612% Interest; Matures 03/04/2056 | 156,085 | 164,842 |
| | Coca-Cola Co/The | 2.75% Interest; Matures 6/01/2060 | 207,882 | 146,886 |
| | Comcast Corp | 5.500% Interest; Matures 5/15/2064 | 205,448 | 188,591 |
| | CVS Health Corp | 6.000% Interest; Matures 6/1/2063 | 150,607 | 145,258 |

See Independent Auditor's Report.

**Saker ShopRites, Inc. - Local 360 Employees' Retirement Plan**
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**
**EIN: 22-1729304 Plan Number: 106**
**December 31, 2025**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Deere & Co | 5.700% Interest; Matures 01/19/2055 | $ 213,964 | $ 207,511 |
| | Electronic Arts Inc | 2.95% Interest; Matures 2/15/2051 | 163,989 | 162,106 |
| | Elevance Health Inc | 5.650% Interest; Matures 6/15/2054 | 203,338 | 194,938 |
| | Eli Lilly And Co | 2.50% Interest; Matures 9/15/2060 | 168,232 | 150,439 |
| | Eli Lilly And Co | 5.200% Interest; Matures 8/14/2064 | 126,327 | 117,747 |
| | Exxon Mobile Corp | 3.095% Interest; Matures 8/16/2049 | 146,520 | 99,318 |
| | Exxon Mobile Corp | 3.452% Interest; Matures 4/15/2051 | 191,655 | 180,201 |
| | Florida Power & Light Co | 5.600% Interest; Matures 02/15/2066 | 148,217 | 148,159 |
| | GE Healthcare Technologies Inc | 6.377% interest; Matures 11/22/2052 | 167,383 | 164,293 |
| | Goldman Sachs Group Inc | 5.734% Interest; Matures 01/28/2056 | 240,882 | 253,900 |
| | Honeywell International Inc | 2.80% Interest; Matures 6/01/2050 | 175,153 | 131,152 |
| | Honeywell International Inc | 5.350% Interest; Matures 03/01/2064 | 117,223 | 119,290 |
| | Intercontinental Exchange Inc | 4.25% Interest; Matures 9/21/2048 | 146,714 | 100,316 |
| | Intercontinental Exchange Inc | 5.200% Interest; Matures 6/15/2062 | 125,150 | 114,872 |
| | Johnson & Johnson | 2.45% Interest; Matures 9/1/2060 | 186,773 | 165,755 |
| | JP Morgan Chase & Co | 3.328% Interest; Matures 4/22/2052 | 256,151 | 248,987 |
| | Kimberly-Clark Corp | 2.875% Interest; Matures 2/7/2050 | 152,594 | 149,231 |
| | KLA Corp | 3.30% Interest; Matures 3/01/2050 | 133,676 | 104,549 |
| | Lowe's Cos Inc | 5.850% Interest; Matures 4/1/2063 | 205,425 | 197,023 |
| | Marsh & McLennan Cos Inc | 5.450% Interest; Matures 3/15/2054 | 222,777 | 213,814 |
| | Mastercard Inc | 2.950% Interest; Matures 3/15/2051 | 124,138 | 115,036 |
| | Mastercard Inc | 3.65% Interest; Matures 6/1/2049 | 155,058 | 103,175 |
| | McDonalds Corp | 4.45% Interest; Matures 3/1/2047 | 164,278 | 119,857 |
| | McDonalds Corp | 5.450% Interest; Matures 8/14/2053 | 149,228 | 145,745 |
| | Merck & Co Inc | 2.45% Interest; Matures 6/24/2050 | 204,410 | 147,293 |
| | Merck & Co Inc | 5.700% Interest; Matures 12/04/2065 | 149,060 | 148,648 |
| | Meta Platforms Inc | 5.75% Interest; Matures 5/15/2063 | 204,968 | 192,744 |
| | Metlife Inc | 5.250% Interest; Matures 1/15/2054 | 156,272 | 152,438 |
| | Microsoft Corp | 3.95% Interest; Matures 8/8/2056 | 169,866 | 110,172 |
| | Microsoft Corp | 3.041% Interest; Matures 3/17/2062 | 162,449 | 140,737 |
| | Morgan Stanley | 2.802% Interest; Matures 1/25/2052 | 271,872 | 255,436 |
| | Netflix Inc | 5.400% Interest; Matures 8/15/2054 | 158,829 | 145,840 |
| | Nike Inc | 3.375% Interest; Matures 11/1/2046 | 142,497 | 96,624 |
| | Nvidia Corp | 3.70% Interest; Matures 4/1/2060 | 158,672 | 146,630 |
| | Oracle Corp | 4.375% Interest; Matures 5/15/2055 | 150,054 | 96,752 |
| | Oracle Corp | 6.125% Interest; Matures 08/03/2065 | 124,274 | 110,520 |
| | PayPal Holdings Inc | 3.25% Interest; Matures 6/01/2050 | 165,336 | 119,459 |
| | PepsiCo Inc | 3.875% Interest; Matures 3/19/2060 | 145,651 | 133,649 |
| | PepsiCo Inc | 4.650% Interest; Matures 2/15/2053 | 115,108 | 110,455 |
| | Pfizer Investment Enterprises PTE LTD | 5.340% Interest; Matures 05/19/2063 | 156,595 | 163,844 |
| | Prudential Financial Inc | 4.35% Interest; Matures 2/25/2050 | 180,155 | 145,713 |
| | Raymond James Financial Inc | 5.650% Interest; Matures 09/11/2055 | 176,558 | 171,645 |
| | Salesforce.Com Inc | 3.05% Interest; Matures 7/15/2061 | 181,729 | 136,298 |

See Independent Auditor's Report.

**Saker ShopRites, Inc. - Local 360 Employees' Retirement Plan**
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**
**EIN: 22-1729304 Plan Number: 106**
**December 31, 2025**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Shell International Finance BV | 3.000% Interest; Matures 11/26/2051 | $ 150,572 | $ 145,254 |
| | Shell International Finance BV | 3.75% Interest; Matures 9/12/2046 | 117,893 | 80,588 |
| | Starbucks Corp | 4.45% Interest; Matures 8/15/2049 | 151,597 | 107,793 |
| | Sysco Corp | 6.600% Interest; Matures 4/1/2050 | 168,887 | 165,090 |
| | Target Corp | 4.800% Interest; Matures 01/15/2053 | 142,427 | 146,976 |
| | The Home Depot Inc | 3.90% Interest; Matures 6/15/2047 | 157,082 | 107,602 |
| | The Home Depot Inc | 5.400% Interest;Matures 6/25/2064 | 129,731 | 119,791 |
| | T-Mobile Usa Inc | 5.800% Interest; Matures 9/15/2062 | 180,993 | 172,933 |
| | Union Pacific Corp | 3.75% Interest; Matures 2/5/2070 | 205,442 | 162,749 |
| | United Health Group Inc | 4.95% Interest; Matures 5/15/2062 | 233,738 | 216,565 |
| | Verizon Communications Inc | 3.700% Interest; Matures 3/22/2061 | 143,293 | 135,480 |
| | Verizon Communications Inc | 5.012% Interest; Matures 8/21/2054 | 141,093 | 96,786 |
| | Visa Inc | 2.000% Interest, Matures 8/15/2050 | 171,870 | 163,112 |
| | Walmart Inc | 4.500% Interest; Matures 4/15/2053 | 208,756 | 199,764 |
| | Walmart Inc | 4.500% Interest; Matures 9/9/2052 | 99,673 | 88,415 |
| | Walt Disney Co/The | 3.80% Interest; Matures 5/13/2060 | 136,076 | 128,426 |
| | Wells Fargo & Co | 4.611% Interest; Matures 4/25/2053 | 251,352 | 246,593 |
| | Total corporate bonds | | 15,201,585 | 13,442,238 |
| | First Trust | Hlth Care Alpha ETF (FXH)- Ets & Cefs | 68,003 | 106,195 |
| | First Trust | Fncl Alphadex ETF (FXO)- Ets & Cefs | 188,424 | 367,592 |
| | First Trust | Tech Alpha ETF (FXL)- Ets & Cefs | 67,497 | 236,433 |
| | Invesco | Ai And Next Gen Soft (IGPT) | 58,156 | 104,548 |
| | Invesco | S&P 500 Equal Weight (RSPS) | 37,794 | 56,163 |
| | iShares | Phlx Semiconductor ETF (SOXX)- Ets & Cefs | 110,377 | 495,091 |
| | iShares | Russell 1000 Grw ETF (IWF)- Ets & Cefs | 27,423 | 140,570 |
| | iShares | Russell 1000 Value ETF (IWD)- Ets & Cefs | 358,150 | 681,502 |
| | iShares | Russell 2000 ETF (IWM)- Ets & Cefs | 178,682 | 256,006 |
| | iShares | US Technology ETF (IYM)- Ets & Cefs | 65,873 | 414,536 |
| | Spdr State Street Global Adv. | Bloomberg Barclays Capital High Vie (JNK)- Ets & Cefs | 544,237 | 466,122 |
| | Spdr State Street Global Adv. | Consumer Discretionary Sel Sect Spdr Fd (XLY)- Ets & Cefs | 93,696 | 215,893 |
| | Spdr State Street Global Adv. | Health Care Select Sector Spdr Fd (XLV)- Ets & Cefs | 61,751 | 124,150 |
| | Spdr State Street Global Adv. | Industrial Select Sector Spdr Fd (XLI)- Ets & Cefs | 177,845 | 379,889 |
| | Spdr State Street Global Adv. | Real Estate Select Spdr Td Etf (XLRE)- Ets & Cefs | 82,375 | 86,954 |
| | Spdr State Street Global Adv. | Spdr S&P Biotech (XBI)- Ets & Cefs | 83,261 | 137,293 |
| | Spdr State Street Global Adv. | Spdr S&P Midcap 400 Etf Trust (MDY)- Ets & Cefs | 204,962 | 392,735 |
| | Spdr State Street Global Adv. | Spdr S&P Pharmaceuticals Etf (XPH)- Ets & Cefs | 86,539 | 110,620 |
| | Spdr State Street Global Adv. | The Financial Sel Sect Spdr Fd (XLF)- Ets & Cefs | 198,510 | 379,939 |
| | Spdr State Street Global Adv. | Utilities Sel Sect Spdr Fund (XLU)- Ets & Cefs | 131,650 | 154,538 |
| | Vaneck | Vectors Biotech Etf (BBH)- Ets & Cefs | 81,646 | 122,454 |
| | Vanguard | Communication Svcs Etf (VOX)- Ets & Cefs | 409,724 | 677,705 |
| | Vanguard | Consm Stples Et Etf (VDC)- Ets & Cefs | 114,646 | 135,616 |
| | Vanguard | Consumer Dsc Etf (VCR)- Ets & Cefs | 143,280 | 177,264 |
| | Vanguard | Energy Etf (VDE)- Ets & Cefs | 89,968 | 146,949 |

See Independent Auditor's Report.

**Saker ShopRites, Inc. - Local 360 Employees' Retirement Plan**
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**
**EIN: 22-1729304 Plan Number: 106**
**December 31, 2025**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Vanguard | Extended Dur Treas (EDV)- Ets & Cefs | $ 3,793,528 | $ 2,792,765 |
| | Vanguard | Ftse Developed Mkts E (VEA)- Ets & Cefs | 1,287,063 | 1,955,124 |
| | Vanguard | Ftse Emerging Markets (VWO)- Ets & Cefs | 440,349 | 560,125 |
| | Vanguard | Info Tech Etf (VGT)- Ets & Cefs | 113,736 | 470,359 |
| | Total exchange-traded & Closed-end Funds | | 9,299,145 | 12,345,130 |
| | Interest bearing cash | 2% Interest | 963,110 | 963,110 |
| | | | $ 28,390,870 | $ 29,642,692 |

*Denotes a party-in-interest.

See Independent Auditor's Report.

Saker ShopRites, Inc. Local 360 EE's Retirement Plan
(22-1729304 / 106)
Schedule SB, Line 26a - Schedule of Active Participant Data

## Participant Ages and Years of Service

| Attained Age | Years of Service (elapsed time service from hire) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | < 1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ | Total |
| < 25 | - | 61 | 12 | - | - | - | - | - | - | - | 73 |
| 25-29 | 1 | 38 | 19 | 4 | - | - | - | - | - | - | 62 |
| 30-34 | - | 23 | 12 | 10 | 5 | - | - | - | - | - | 50 |
| 35-39 | - | 27 | 12 | 3 | 14 | 2 | - | - | - | - | 58 |
| 40-44 | - | 15 | 4 | 6 | 10 | 8 | - | - | - | - | 43 |
| 45-49 | - | 21 | 11 | 6 | 15 | 9 | 3 | - | - | - | 65 |
| 50-54 | - | 17 | 13 | 7 | 11 | 8 | 3 | - | - | - | 59 |
| 55-59 | - | 17 | 13 | 11 | 9 | 20 | - | 2 | - | - | 72 |
| 60-64 | - | 16 | 14 | 10 | 21 | 10 | 1 | 2 | 2 | - | 76 |
| 65-69 | - | 13 | 9 | - | 6 | 7 | 1 | - | 2 | 2 | 40 |
| 70+ | - | 10 | 7 | 3 | 6 | 6 | 1 | - | - | - | 33 |
| Total | 1 | 258 | 126 | 60 | 97 | 70 | 9 | 4 | 4 | 2 | 631 |

Saker Shoprites, Inc. Local 360 Employees' Retirement Plan
(EIN/PN: 22-1729304 / 106)
Attachment to 2025 Form 5500 Schedule SB, Part V - Statement of Actuarial Assumptions

# Actuarial Methods and Assumptions

As of January 1, 2025

Mortality:

- IRS 2025 Generational Mortality Table as set forth in Notice 2024-42, for both healthy and disabled participants.
- ASC 960 – The PRI-2012 mortality table, sex-distinct, separate pre- and post-commencement participant rates and contingent survivor rates, blue collar adjustment, with fully generational mortality improvement projected under Scale MP-2021.

**IRS Prescribed Rates**

| Minimum/Maximum Funding: | Current Year | | Prior Year | |
|---|---|---|---|---|
| | Minimum | Maximum | Minimum | Maximum |
| First Segment Rate | 5.07% | 5.07% | 4.75% | 3.62% |
| Second Segment Rate | 5.31% | 5.33% | 4.87% | 4.46% |
| Third Segment Rate | 5.50% | 5.36% | 5.59% | 4.52% |
| Lookback Month | September | | September | |
| Effective Interest Rate | 5.42% | | 5.31% | |
| ASC 960 | 5.50% | | 5.50% | |

**Termination**

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

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

# Actuarial Methods and Assumptions (continued)

**Disability**

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

| | Incidence of Disability | |
|---|---|---|
| Age | Male | Female |
| 20 | 0.029% | 0.030% |
| 25 | 0.038% | 0.047% |
| 30 | 0.048% | 0.080% |
| 35 | 0.069% | 0.136% |
| 40 | 0.117% | 0.211% |
| 45 | 0.202% | 0.323% |
| 50 | 0.358% | 0.533% |

| | Incidence of Disability | |
|---|---|---|
| Age | Male | Female |
| 55 | 0.722% | 0.952% |
| 60 | 1.256% | 1.159% |
| 61 | 1.368% | 1.173% |
| 62 | 1.475% | 1.188% |
| 63 | 1.572% | 1.234% |
| 64 | 1.633% | 1.292% |

**Retirement**

Assumed rates of retirement are shown below.

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

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

**Surviving Spouse's Benefits**

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

**Form of Payment Election**

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

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

# Actuarial Methods and Assumptions (continued)

**Expenses**

$298,000 added to current year normal cost. This is an estimate of a) administrative expenses for 2025, based on experience for the prior plan year excluding the PBGC premium, plus b) the PBGC premium for the 2025 plan year.

Expected expense for the prior valuation was $516,000.

**Best Estimate of Investment Return**

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

**Salary Increases**

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

**Actuarial Cost Method**

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

**Asset Valuation Method**

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

**Late Retirement Increases**

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

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

**Census Data**

Census data as of January 1, 2025 was provided by the plan sponsor.

**Top Heavy Minimum**

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

**Significant Benefits Not Recognized**: None

# Actuarial Methods and Assumptions (continued)

**Prescribed Assumption or Method Set by Law or Legally Binding Authority**

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

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

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

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

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

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

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

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

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

# Justification for Significant Assumptions

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

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

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

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

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

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

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

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

# 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
SAKER SHOPRITES, INC. - LOCAL 360 EE'S RET PLAN

**B** Three-digit plan number (PN) ▶ 106

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SAKER SHOPRITES, INC.

**D** Employer Identification Number (EIN)
22-1729304

**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** | 27,546,094 |
| **b** Actuarial value | **2b** | 27,368,116 |

**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 | 185 | 5,302,346 | 5,302,346 |
| **b** For terminated vested participants | 713 | 9,635,637 | 9,635,637 |
| **c** For active participants | 631 | 11,710,105 | 11,840,473 |
| **d** Total | 1,529 | 26,648,088 | 26,778,456 |

**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** | 5.42% |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 677,381 |
| **b** Expected plan-related expenses | **6b** | 298,000 |
| **c** Target normal cost | **6c** | 975,381 |

**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**

TMK
Signature of actuary

10/13/2026
Date

TODD M KORDECKI
Type or print name of actuary

2609000
Most recent enrollment number

ACRISURE
Firm name

412-394-9983
Telephone number (including area code)

Four Gateway Center, Suite 605
444 Liberty Avenue
Pittsburgh PA 15222-1222
Address of the firm

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

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 4,738,273 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 1,098,121 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 3,640,152 |
| 10 | Interest on line 9 using prior year's actual return of 3.17 % | 0 | 115,393 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | **a** Present value of excess contributions (line 38a from prior year) | | 1,238,647 |
| | **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 5.31 % | | 7,462 |
| | **b(2)** Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 34,810 |
| | **c** Total available at beginning of current plan year to add to prefunding balance | | 1,280,919 |
| | **d** Portion of (c) to be added to prefunding balance | | 1,280,919 |
| 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 | 5,036,464 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 83.39 % |
| 15 | Adjusted funding target attainment percentage | 15 | 102.20 % |
| 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 | 86.58 % |
| 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 |
|---|---|---|---|---|---|
| 08/14/2025 | 60,000 | 0 | 06/23/2026 | 25,000 | 0 |
| 09/10/2025 | 235,000 | 0 | 07/16/2026 | 60,000 | 0 |
| 10/08/2025 | 60,000 | 0 | 08/13/2026 | 60,000 | 0 |
| 11/24/2025 | 60,000 | 0 | | | |
| 12/09/2025 | 60,000 | 0 | | | |
| 12/30/2025 | 300,000 | 0 | | | |
| 01/16/2026 | 60,000 | 0 | | | |
| 02/12/2026 | 60,000 | 0 | | | |
| 03/03/2026 | 100,000 | 0 | | | |
| 03/13/2026 | 60,000 | 0 | | | |
| 03/26/2026 | 60,000 | 0 | | | |
| 05/15/2026 | 60,000 | 0 | | | |
| 06/01/2026 | 100,000 | 0 | | | |
| 06/16/2026 | 60,000 | 0 | | | |
| | | | Totals ► 18(b) | 1,480,000 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| | **a** Contributions allocated toward unpaid minimum required contributions from prior years. | 19a | 0 |
| | **b** Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| | **c** Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 1,398,984 |

20 Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

## Part 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** | 66 |

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

## Part VIII Minimum Required Contribution For Current Year

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

| | | |
|---|---|---|
| **a** Target normal cost (line 6c) | **31a** | 975,381 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 4,446,804 | 478,215 |
| **b** Waiver amortization installment | | |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____ ) and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 1,453,596 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | 0 | 794,302 | 794,302 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 659,294 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 1,398,984 |

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

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 739,690 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 739,690 |
| **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

Saker Shoprites, Inc. Local 360 Employees' Retirement Plan
Plan Sponsor: Saker Shoprites, Inc.
EIN/PN: 22-1729304 / 106
Attachment to 2025 Form 5500 Schedule SB

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

| (1) Age | (2) Expected Active Headcount | (3) Retirement Rate | (4) Expected Retirements (2)*(3) | (5) Weighted Age (1)*(4) |
|---|---|---|---|---|
| 55 | 144.0577 | 0.0409 | 5.8849 | 323.6690 |
| 56 | 144.9170 | 0.0408 | 5.9197 | 331.5015 |
| 57 | 139.4913 | 0.0413 | 5.7661 | 328.6697 |
| 58 | 139.4541 | 0.0415 | 5.7873 | 335.6620 |
| 59 | 138.3735 | 0.0416 | 5.7585 | 339.7502 |
| 60 | 135.9570 | 0.0851 | 11.5763 | 694.5765 |
| 61 | 128.8037 | 0.0824 | 10.6134 | 647.4176 |
| 62 | 131.3121 | 0.0820 | 10.7664 | 667.5165 |
| 63 | 126.2960 | 0.0823 | 10.3981 | 655.0823 |
| 64 | 120.3867 | 0.0809 | 9.7372 | 623.1783 |
| 65 | 114.8660 | 0.2167 | 24.8925 | 1,618.0150 |
| 66 | 88.4563 | 0.2175 | 19.2406 | 1,269.8802 |
| 67 | 75.3136 | 0.2108 | 15.8748 | 1,063.6136 |
| 68 | 60.9382 | 0.2317 | 14.1165 | 959.9251 |
| 69 | 54.2187 | 0.2290 | 12.4151 | 856.6440 |
| 70 | 46.9890 | 0.7626 | 35.8331 | 2,508.3176 |
| 71 | 18.9731 | 0.5088 | 9.6532 | 685.3782 |
| 72 | 10.2770 | 0.3656 | 3.7577 | 270.5572 |
| 73 | 10.4994 | 0.4622 | 4.8528 | 354.2517 |
| 74 | 9.7987 | 0.2912 | 2.8537 | 211.1718 |
| 75 | 7.8924 | 1.0000 | 7.8924 | 591.9321 |
| 76 | 1.0000 | 1.0000 | 1.0000 | 76.0000 |
| 77 | 1.0000 | 1.0000 | 1.0000 | 77.0000 |
| 78 | 1.0000 | 1.0000 | 1.0000 | 78.0000 |
| 79 | 0.0000 | 1.0000 | 0.0000 | 0.0000 |
| 80 | 1.0000 | 1.0000 | 1.0000 | 80.0000 |
| 81 | 0.0000 | 1.0000 | 0.0000 | 0.0000 |
| 82 | 1.0000 | 1.0000 | 1.0000 | 82.0000 |
| Total | | | 238.5903 | 15729.7101 |

**Average** **65.93**

Saker Shoprites, Inc. Local 360 Employees' Retirement Plan
EIN/PN: 22-1729304 / 106
Attachment to 2025 Form 5500 Schedule SB

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

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total |
|---|---|---|---|---|
| 2025 | 177,377 | 273,764 | 532,237 | 983,378 |
| 2026 | 280,453 | 288,379 | 520,254 | 1,089,085 |
| 2027 | 358,923 | 317,411 | 506,368 | 1,182,701 |
| 2028 | 442,224 | 349,049 | 488,395 | 1,279,668 |
| 2029 | 503,353 | 377,096 | 473,984 | 1,354,433 |
| 2030 | 555,749 | 394,136 | 458,700 | 1,408,585 |
| 2031 | 609,907 | 436,780 | 442,527 | 1,489,213 |
| 2032 | 665,876 | 462,300 | 425,465 | 1,553,641 |
| 2033 | 702,851 | 468,632 | 407,541 | 1,579,023 |
| 2034 | 740,263 | 470,913 | 388,799 | 1,599,975 |
| 2035 | 773,745 | 485,412 | 369,310 | 1,628,467 |
| 2036 | 793,808 | 528,159 | 349,166 | 1,671,133 |
| 2037 | 824,158 | 547,520 | 328,475 | 1,700,152 |
| 2038 | 847,088 | 559,237 | 307,364 | 1,713,690 |
| 2039 | 864,241 | 587,041 | 285,981 | 1,737,263 |
| 2040 | 876,661 | 606,446 | 264,482 | 1,747,589 |
| 2041 | 890,482 | 613,517 | 243,036 | 1,747,035 |
| 2042 | 901,956 | 614,896 | 221,807 | 1,738,658 |
| 2043 | 923,373 | 621,869 | 200,955 | 1,746,197 |
| 2044 | 936,185 | 631,618 | 180,636 | 1,748,438 |
| 2045 | 932,372 | 653,561 | 160,995 | 1,746,929 |
| 2046 | 933,035 | 661,950 | 142,175 | 1,737,160 |
| 2047 | 934,040 | 683,972 | 124,315 | 1,742,327 |
| 2048 | 935,299 | 703,912 | 107,545 | 1,746,756 |
| 2049 | 908,997 | 721,864 | 91,987 | 1,722,848 |
| 2050 | 909,515 | 744,680 | 77,740 | 1,731,935 |
| 2051 | 896,763 | 773,037 | 64,881 | 1,734,680 |
| 2052 | 875,396 | 801,232 | 53,446 | 1,730,074 |
| 2053 | 870,930 | 821,593 | 43,433 | 1,735,956 |
| 2054 | 846,058 | 829,516 | 34,805 | 1,710,379 |
| 2055 | 816,554 | 842,166 | 27,492 | 1,686,212 |
| 2056 | 797,373 | 860,401 | 21,396 | 1,679,171 |
| 2057 | 775,922 | 886,617 | 16,402 | 1,678,942 |
| 2058 | 742,610 | 890,817 | 12,381 | 1,645,807 |
| 2059 | 720,041 | 880,850 | 9,200 | 1,610,091 |
| 2060 | 690,440 | 866,681 | 6,729 | 1,563,850 |
| 2061 | 667,034 | 852,221 | 4,846 | 1,524,101 |
| 2062 | 640,996 | 830,972 | 3,437 | 1,475,404 |
| 2063 | 614,006 | 809,698 | 2,402 | 1,426,105 |
| 2064 | 591,100 | 789,313 | 1,655 | 1,382,067 |
| 2065 | 567,483 | 759,363 | 1,125 | 1,327,971 |
| 2066 | 543,634 | 725,930 | 756 | 1,270,320 |
| 2067 | 517,228 | 692,933 | 502 | 1,210,663 |
| 2068 | 490,681 | 659,209 | 330 | 1,150,220 |

Saker Shoprites, Inc. Local 360 Employees' Retirement Plan
EIN/PN: 22-1729304 / 106
Attachment to 2025 Form 5500 Schedule SB

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

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total |
|---|---|---|---|---|
| 2069 | 463,267 | 625,564 | 214 | 1,089,046 |
| 2070 | 434,722 | 592,008 | 138 | 1,026,868 |
| 2071 | 407,073 | 558,557 | 88 | 965,718 |
| 2072 | 380,323 | 525,231 | 55 | 905,609 |
| 2073 | 354,510 | 492,061 | 34 | 846,605 |
| 2074 | 329,640 | 459,098 | 21 | 788,759 |

Saker Shoprites, Inc. Local 360 Employees' Retirement Plan
(EIN/PN: 22-1729304 / 106)
Attachment to 2025 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

# Plan Provisions

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

| | |
|---|---|
| **Effective Date and Plan Year** | Original plan: January 1, 1976<br>Restated plan: January 1, 2015<br>Plan year: January 1 through December 31 |
| **Status of The Plan** | The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements. |
| **Definitions** | |
| • Covered employees | Each employee whose employment is covered by a collective bargaining agreement between Saker ShopRites, Inc. and the United Food and Commercial Workers Union Local 360 (formerly Local 1360). |
| • Participation | Completion of twelve (12) consecutive months of employment containing at least 1,000 Hours of Service, and attainment of age twenty-one (21). Employees hired before January 1, 2013 are not subject to the age requirement. |
| • Employee contributions | Participant contributions are neither required nor permitted. |
| • Hours of service | Beginning January 1, 2013, Full Time employees are credited with 190 Hours of Service for each month in which at least one hour is worked. For Part-Time employees, 89 Hours of Service are credited for each month in which at least one hour is worked.<br><br>Prior to January 1, 2013, Hours of Service were based upon actual hours worked each year. |
| • Vesting service | For Full Time employees, Vesting Service is a calendar year in which 1,000 hours of service are credited. For Part Time employees, it is 500 hours of service.<br><br>For those commencing plan participation after December 31, 2012, Vesting Service does not include periods of service with the Tri-State Fund prior to employment with Saker ShopRites, Inc. Also, service earned under the Tri-State Fund following termination of employment with Saker ShopRites, Inc. does not count toward vesting in benefits under the Local 360 Plan. |

# Plan Provisions (continued)

- Credited service

Equal to the sum of (a) and (b):

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

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

- Accrued benefit

Monthly benefit effective January 1, 1999:

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

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

**Normal Retirement**

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

# Plan Provisions (continued)

**Early Retirement**

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

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

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

**Special Early Retirement**

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

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

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

**Unreduced Rule of 90 Early Retirement**

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

**Late Retirement**

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

**Deferred Vested**

- Eligibility: Five years of vesting service

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

**Disability**

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

**Pre-Retirement Death**

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

**Post-Retirement Death**

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

**Form of Payment**

- Automatic form for unmarried participants — Life Annuity

- Automatic form for married participants

  - For benefits accrued prior to January 1, 2013, an actuarially reduced 60% Joint and Survivor annuity with fully subsidized pop-up feature

  - For benefits accrued on or after January 1, 2013, an actuarially reduced 60% Joint and Survivor annuity

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

- Optional forms

  75% or 100% Joint and Survivor annuity, with fully subsidized pop-up feature (The pop-up feature is not provided for benefits earned after December 31, 2012).

  Social Security Level Income Option (The Level Income Option is not provided for benefits ended after December 31, 2012).

  Social Security Level Income Life and 60%, 75%, or 100% Survivor Option (The Level Income Option is not provided for benefits ended after December 31, 2012).

  Benefits with a present value of $5,000 or less are paid in a single lump sum distribution.

- Optional form conversion factors

  Benefits other than lump sums or Level Income Option: 7.5% Interest rate and RP-2000 combined healthy annuitant/non-annuitant mortality table without collar adjustment, blended 50% male and 50% female.

  Lump sums: Interest rate described in IRC Section 417(e)(3)(C) for the November preceding the plan year distribution and mortality table described in IRC Section 417(e)(3)(B).

  Level Income Option: The larger annuity resulting from the above.

**Miscellaneous**

- Maximum benefits

  Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

**Saker ShopRites, Inc. - Local 360 Employees' Retirement Plan**
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**
**EIN: 22-1729304 Plan Number: 106**
**December 31, 2025**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | American Funds | American High Income Trust F2 | $ 509,676 | $ 521,372 |
| | Congress | Small Cap Growth (Csmcx) | 123,489 | 159,978 |
| | Federated Hermes | High Yield Bd Instl (Fihbx) | 488,041 | 457,239 |
| | JP Morgan | Undiscovered Managers Behavioral Value Fund Class I (Ubvsx) | 277,215 | 273,912 |
| | Virtus | Virtus Real Estate Sec I (Phrix) | 3,527 | 2,416 |
| | Total mutual funds | | 1,401,948 | 1,414,917 |
| | US Treasury Bond Fed Strip | Zero Coupon; Matures 5/15/2054 | 447,919 | 392,241 |
| | US Treasury Bond Fed Strip | Zero Coupon; Matures 2/15/2055 | 1,077,163 | 1,085,056 |
| | Total U.S. government securities | | 1,525,082 | 1,477,297 |
| | Abbvie Inc | 5.500% Interest; Matures 3/15/2064 | 190,263 | 180,268 |
| | Advanced Micro Devices Inc | 4.393% Interest; Matures 6/1/2052 | 152,990 | 148,627 |
| | Allstate Corp | 4.20% Interest; Matures 12/15/2046 | 181,446 | 144,541 |
| | Alphabet Inc | 2.25% Interest; Matures 8/15/2060 | 204,505 | 180,120 |
| | Amazon.Com Inc | 4.25% Interest; Matures 8/22/2057 | 152,804 | 96,575 |
| | Amazon.Com Inc | 3.25% Interest; Matures 5/12/2061 | 195,893 | 144,576 |
| | American Intl Group Inc | 4.375% Interest; Matures 1/15/2055 | 125,973 | 88,675 |
| | Amgen Inc | 4.40% Interest; Matures 2/22/2062 | 159,636 | 156,914 |
| | Anheuser-Busch | 4.75% Interest; Matures 4/15/2058 | 190,269 | 152,971 |
| | Aon Corp / Aon Global Holdings PLC | 3.90% Interest; Matures 2/28/2052 | 158,121 | 150,084 |
| | Apple Inc | 4.10% Interest; Matures 8/8/2062 | 268,956 | 256,181 |
| | AstraZeneca PLC | 3.00% Interest; Matures 5/28/2051 | 154,416 | 117,955 |
| | AT&T Inc | 3.50% Interest; Matures 2/01/2061 | 194,171 | 147,246 |
| | Bank of America Corp | 2.972% Interest; Matures 7/21/2052 | 140,782 | 131,528 |
| | Bank of America Corp | 3.483% Interest; Matures 3/13/2052 | 164,317 | 162,986 |
| | Berkshire Hathaway | 3.850% Interest; Matures 3/15/2052 | 223,208 | 223,857 |
| | Blackrock Funding Inc | 5.250% Interest; Matures 3/14/2054 | 173,157 | 168,105 |
| | Bristol-Meyers Squibb Co | 3.90% Interest; Matures 3/15/2062 | 121,528 | 109,070 |
| | Burlington Northern Santa Fe LLC | 2.875% Interest; Matures 6/15/2052 | 111,908 | 78,800 |
| | Carrier Global Corp | 6.200% Interest; Matures 3/15/2054 | 169,613 | 162,911 |
| | Caterpillar Inc | 3.25% Interest; Matures 4/09/2050 | 142,213 | 92,916 |
| | Caterpillar Inc | 4.750% Interest; Matures 5/15/2064 | 136,588 | 132,224 |
| | Chubb Ina Holdings Inc- | 3.05% Interest; Matures 12/15/2061 | 195,674 | 154,029 |
| | Cigna Group | 6.000% Interest; Matures 01/15/2056 | 184,368 | 180,118 |
| | Cisco Systems Inc | 5.350% Interest; Matures 2/26/2064 | 156,427 | 142,336 |
| | Citigroup Inc | 4.65% Interest; Matures 7/23/2048 | 182,662 | 176,820 |
| | Citigroup Inc | 5.612% Interest; Matures 03/04/2056 | 156,085 | 164,842 |
| | Coca-Cola Co/The | 2.75% Interest; Matures 6/01/2060 | 207,882 | 146,886 |
| | Comcast Corp | 5.500% Interest; Matures 5/15/2064 | 205,448 | 188,591 |
| | CVS Health Corp | 6.000% Interest; Matures 6/1/2063 | 150,607 | 145,258 |

See Independent Auditor's Report.

**Saker ShopRites, Inc. - Local 360 Employees' Retirement Plan**
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**
**EIN: 22-1729304 Plan Number: 106**
**December 31, 2025**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Deere & Co | 5.700% Interest; Matures 01/19/2055 | $ 213,964 | $ 207,511 |
| | Electronic Arts Inc | 2.95% Interest; Matures 2/15/2051 | 163,989 | 162,106 |
| | Elevance Health Inc | 5.650% Interest; Matures 6/15/2054 | 203,338 | 194,938 |
| | Eli Lilly And Co | 2.50% Interest; Matures 9/15/2060 | 168,232 | 150,439 |
| | Eli Lilly And Co | 5.200% Interest; Matures 8/14/2064 | 126,327 | 117,747 |
| | Exxon Mobile Corp | 3.095% Interest; Matures 8/16/2049 | 146,520 | 99,318 |
| | Exxon Mobile Corp | 3.452% Interest; Matures 4/15/2051 | 191,655 | 180,201 |
| | Florida Power & Light Co | 5.600% Interest; Matures 02/15/2066 | 148,217 | 148,159 |
| | GE Healthcare Technologies Inc | 6.377% interest; Matures 11/22/2052 | 167,383 | 164,293 |
| | Goldman Sachs Group Inc | 5.734% Interest; Matures 01/28/2056 | 240,882 | 253,900 |
| | Honeywell International Inc | 2.80% Interest; Matures 6/01/2050 | 175,153 | 131,152 |
| | Honeywell International Inc | 5.350% Interest; Matures 03/01/2064 | 117,223 | 119,290 |
| | Intercontinental Exchange Inc | 4.25% Interest; Matures 9/21/2048 | 146,714 | 100,316 |
| | Intercontinental Exchange Inc | 5.200% Interest; Matures 6/15/2062 | 125,150 | 114,872 |
| | Johnson & Johnson | 2.45% Interest; Matures 9/1/2060 | 186,773 | 165,755 |
| | JP Morgan Chase & Co | 3.328% Interest; Matures 4/22/2052 | 256,151 | 248,987 |
| | Kimberly-Clark Corp | 2.875% Interest; Matures 2/7/2050 | 152,594 | 149,231 |
| | KLA Corp | 3.30% Interest; Matures 3/01/2050 | 133,676 | 104,549 |
| | Lowe's Cos Inc | 5.850% Interest; Matures 4/1/2063 | 205,425 | 197,023 |
| | Marsh & McLennan Cos Inc | 5.450% Interest; Matures 3/15/2054 | 222,777 | 213,814 |
| | Mastercard Inc | 2.950% Interest; Matures 3/15/2051 | 124,138 | 115,036 |
| | Mastercard Inc | 3.65% Interest; Matures 6/1/2049 | 155,058 | 103,175 |
| | McDonalds Corp | 4.45% Interest; Matures 3/1/2047 | 164,278 | 119,857 |
| | McDonalds Corp | 5.450% Interest; Matures 8/14/2053 | 149,228 | 145,745 |
| | Merck & Co Inc | 2.45% Interest; Matures 6/24/2050 | 204,410 | 147,293 |
| | Merck & Co Inc | 5.700% Interest; Matures 12/04/2065 | 149,060 | 148,648 |
| | Meta Platforms Inc | 5.75% Interest; Matures 5/15/2063 | 204,968 | 192,744 |
| | Metlife Inc | 5.250% Interest; Matures 1/15/2054 | 156,272 | 152,438 |
| | Microsoft Corp | 3.95% Interest; Matures 8/8/2056 | 169,866 | 110,172 |
| | Microsoft Corp | 3.041% Interest; Matures 3/17/2062 | 162,449 | 140,737 |
| | Morgan Stanley | 2.802% Interest; Matures 1/25/2052 | 271,872 | 255,436 |
| | Netflix Inc | 5.400% Interest; Matures 8/15/2054 | 158,829 | 145,840 |
| | Nike Inc | 3.375% Interest; Matures 11/1/2046 | 142,497 | 96,624 |
| | Nvidia Corp | 3.70% Interest; Matures 4/1/2060 | 158,672 | 146,630 |
| | Oracle Corp | 4.375% Interest; Matures 5/15/2055 | 150,054 | 96,752 |
| | Oracle Corp | 6.125% Interest; Matures 08/03/2065 | 124,274 | 110,520 |
| | PayPal Holdings Inc | 3.25% Interest; Matures 6/01/2050 | 165,336 | 119,459 |
| | PepsiCo Inc | 3.875% Interest; Matures 3/19/2060 | 145,651 | 133,649 |
| | PepsiCo Inc | 4.650% Interest; Matures 2/15/2053 | 115,108 | 110,455 |
| | Pfizer Investment Enterprises PTE LTD | 5.340% Interest; Matures 05/19/2063 | 156,595 | 163,844 |
| | Prudential Financial Inc | 4.35% Interest; Matures 2/25/2050 | 180,155 | 145,713 |
| | Raymond James Financial Inc | 5.650% Interest; Matures 09/11/2055 | 176,558 | 171,645 |
| | Salesforce.Com Inc | 3.05% Interest; Matures 7/15/2061 | 181,729 | 136,298 |

See Independent Auditor's Report.

**Saker ShopRites, Inc. - Local 360 Employees' Retirement Plan**
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**
**EIN: 22-1729304 Plan Number: 106**
**December 31, 2025**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Shell International Finance BV | 3.000% Interest; Matures 11/26/2051 | $ 150,572 | $ 145,254 |
| | Shell International Finance BV | 3.75% Interest; Matures 9/12/2046 | 117,893 | 80,588 |
| | Starbucks Corp | 4.45% Interest; Matures 8/15/2049 | 151,597 | 107,793 |
| | Sysco Corp | 6.600% Interest; Matures 4/1/2050 | 168,887 | 165,090 |
| | Target Corp | 4.800% Interest; Matures 01/15/2053 | 142,427 | 146,976 |
| | The Home Depot Inc | 3.90% Interest; Matures 6/15/2047 | 157,082 | 107,602 |
| | The Home Depot Inc | 5.400% Interest;Matures 6/25/2064 | 129,731 | 119,791 |
| | T-Mobile Usa Inc | 5.800% Interest; Matures 9/15/2062 | 180,993 | 172,933 |
| | Union Pacific Corp | 3.75% Interest; Matures 2/5/2070 | 205,442 | 162,749 |
| | United Health Group Inc | 4.95% Interest; Matures 5/15/2062 | 233,738 | 216,565 |
| | Verizon Communications Inc | 3.700% Interest; Matures 3/22/2061 | 143,293 | 135,480 |
| | Verizon Communications Inc | 5.012% Interest; Matures 8/21/2054 | 141,093 | 96,786 |
| | Visa Inc | 2.000% Interest, Matures 8/15/2050 | 171,870 | 163,112 |
| | Walmart Inc | 4.500% Interest; Matures 4/15/2053 | 208,756 | 199,764 |
| | Walmart Inc | 4.500% Interest; Matures 9/9/2052 | 99,673 | 88,415 |
| | Walt Disney Co/The | 3.80% Interest; Matures 5/13/2060 | 136,076 | 128,426 |
| | Wells Fargo & Co | 4.611% Interest; Matures 4/25/2053 | 251,352 | 246,593 |
| | Total corporate bonds | | 15,201,585 | 13,442,238 |
| | First Trust | Hlth Care Alpha ETF (FXH)- Ets & Cefs | 68,003 | 106,195 |
| | First Trust | Fncl Alphadex ETF (FXO)- Ets & Cefs | 188,424 | 367,592 |
| | First Trust | Tech Alpha ETF (FXL)- Ets & Cefs | 67,497 | 236,433 |
| | Invesco | Ai And Next Gen Soft (IGPT) | 58,156 | 104,548 |
| | Invesco | S&P 500 Equal Weight (RSPS) | 37,794 | 56,163 |
| | iShares | Phlx Semiconductor ETF (SOXX)- Ets & Cefs | 110,377 | 495,091 |
| | iShares | Russell 1000 Grw ETF (IWF)- Ets & Cefs | 27,423 | 140,570 |
| | iShares | Russell 1000 Value ETF (IWD)- Ets & Cefs | 358,150 | 681,502 |
| | iShares | Russell 2000 ETF (IWM)- Ets & Cefs | 178,682 | 256,006 |
| | iShares | US Technology ETF (IYM)- Ets & Cefs | 65,873 | 414,536 |
| | Spdr State Street Global Adv. | Bloomberg Barclays Capital High Vie (JNK)- Ets & Cefs | 544,237 | 466,122 |
| | Spdr State Street Global Adv. | Consumer Discretionary Sel Sect Spdr Fd (XLY)- Ets & Cefs | 93,696 | 215,893 |
| | Spdr State Street Global Adv. | Health Care Select Sector Spdr Fd (XLV)- Ets & Cefs | 61,751 | 124,150 |
| | Spdr State Street Global Adv. | Industrial Select Sector Spdr Fd (XLI)- Ets & Cefs | 177,845 | 379,889 |
| | Spdr State Street Global Adv. | Real Estate Select Spdr Td Etf (XLRE)- Ets & Cefs | 82,375 | 86,954 |
| | Spdr State Street Global Adv. | Spdr S&P Biotech (XBI)- Ets & Cefs | 83,261 | 137,293 |
| | Spdr State Street Global Adv. | Spdr S&P Midcap 400 Etf Trust (MDY)- Ets & Cefs | 204,962 | 392,735 |
| | Spdr State Street Global Adv. | Spdr S&P Pharmaceuticals Etf (XPH)- Ets & Cefs | 86,539 | 110,620 |
| | Spdr State Street Global Adv. | The Financial Sel Sect Spdr Fd (XLF)- Ets & Cefs | 198,510 | 379,939 |
| | Spdr State Street Global Adv. | Utilities Sel Sect Spdr Fund (XLU)- Ets & Cefs | 131,650 | 154,538 |
| | Vaneck | Vectors Biotech Etf (BBH)- Ets & Cefs | 81,646 | 122,454 |
| | Vanguard | Communication Svcs Etf (VOX)- Ets & Cefs | 409,724 | 677,705 |
| | Vanguard | Consm Stples Et Etf (VDC)- Ets & Cefs | 114,646 | 135,616 |
| | Vanguard | Consumer Dsc Etf (VCR)- Ets & Cefs | 143,280 | 177,264 |
| | Vanguard | Energy Etf (VDE)- Ets & Cefs | 89,968 | 146,949 |

See Independent Auditor's Report.

**Saker ShopRites, Inc. - Local 360 Employees' Retirement Plan**
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**
**EIN: 22-1729304 Plan Number: 106**
**December 31, 2025**

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Vanguard | Extended Dur Treas (EDV)- Ets & Cefs | $ 3,793,528 | $ 2,792,765 |
| | Vanguard | Ftse Developed Mkts E (VEA)- Ets & Cefs | 1,287,063 | 1,955,124 |
| | Vanguard | Ftse Emerging Markets (VWO)- Ets & Cefs | 440,349 | 560,125 |
| | Vanguard | Info Tech Etf (VGT)- Ets & Cefs | 113,736 | 470,359 |
| | Total exchange-traded & Closed-end Funds | | 9,299,145 | 12,345,130 |
| | Interest bearing cash | 2% Interest | 963,110 | 963,110 |
| | | | $ 28,390,870 | $ 29,642,692 |

*Denotes a party-in-interest.

See Independent Auditor's Report.

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

**Schedule SB, Line 32 - Schedule of Amortization Bases**

| | Type of Base | Present Value of Remaining Installments | Valuation Date Base was Established | Number of Years Remaining in the Amortization Period | Amortization Installment |
|---|---|---|---|---|---|
| 1. | Shortfall | $ 1,636,970 | 1/1/2020 | 10 | $ 203,848 |
| 2. | Shortfall | (148,487) | 1/1/2021 | 11 | (17,213) |
| 3. | Shortfall | (496,576) | 1/1/2022 | 12 | (54,020) |
| 4. | Shortfall | 2,643,136 | 1/1/2023 | 13 | 271,650 |
| 5. | Shortfall | (394,160) | 1/1/2024 | 14 | (38,491) |
| 6. | Shortfall | 1,205,921 | 1/1/2025 | 15 | 112,441 |
| | **Total** | **$ 4,446,804** | | | **$ 478,215** |