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:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [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
CLEVELAND BAKERS AND AFFILIATED UNIONS 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2010

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)
CLEVELAND BAKERS AND AFFILIATED UNIONS 401(K) PLAN

9665 ROCKSIDE ROAD, SUITE B
VALLEY VIEW, OH 44125-6279

2b Employer Identification Number (EIN)
34-0082405

2c Plan Sponsor's telephone number
216-771-5386

2d Business code (see instructions)
311800

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.	10/08/2026	PHILIP LUKIC
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2026	TONY SLEE
	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: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	4353
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)**	3301
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	4347
b	Retired or separated participants receiving benefits	**6b**	987
c	Other retired or separated participants entitled to future benefits	**6c**	235
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	5569
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	19
f	Total. Add lines **6d** and **6e**.	**6f**	5588
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)**	598
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)**	4041
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	27

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

2E 2F 2G 2J 2K 2S 2T

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)** [ ] **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 _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
CLEVELAND BAKERS AND AFFILIATED UNIONS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CLEVELAND BAKERS AND AFFILIATED UNIONS 401(K) PLAN

D Employer Identification Number (EIN)
34-0082405

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FLEXIBLE PLAN INVESTMENTS
3883 TELEGRAPH ROAD, SUITE 100
BLOOMFIELD HILLS, MI 48302

(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)

JOHN HANCOCK RETIREMENT PLAN SVCS

200 CLARENDON STREET
BOSTON, MA 02111

01-0233346

(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?
15 26 28 37 38 50 51 64 67	RECORDKEEPER	245031	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KESTRA INVESTMENT SERVICES, LLC

63 S ROCKFORD DRIVE, SUITE 101
TEMPE, AZ 85288

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 27 50	INVESTMENT MANAGER	144097	Yes [ ] No [ ]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

CITRIN COOPERMAN & COMPANY, LLP

100 JERICHO QUADRANGLE STE 342
JERICHO, NY 11753

22-2428965

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	ACCOUNTANT	40000	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)

MOGILA LAW GROUP LLC

5 PENN PLAZA, 23RD FLOOR
NEW YORK, NY 10001

87-2593727

(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?
29 50	LEGAL	30000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WB ADVISORS

118 NORTH BEDFORD RD 100 SUITE
MOUNT KISCO, NY 10549

45-4840347

(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?
13 50	THIRD PARTY ADMINISTRATOR	12000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
CLEVELAND BAKERS AND AFFILIATED UNIONS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CLEVELAND BAKERS AND AFFILIATED UNIONS 401(K) PLAN

D Employer Identification Number (EIN)
34-0082405

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK STABLE VALUE FUND CIT

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
80-6136981-001	C	143489

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
CLEVELAND BAKERS AND AFFILIATED UNIONS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CLEVELAND BAKERS AND AFFILIATED UNIONS 401(K) PLAN

D Employer Identification Number (EIN)
34-0082405

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	14645	59893
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	41194	40804
(2) Participant contributions	1b(2)	38533	67778
(3) Other	1b(3)	4240	1174806
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(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)	22563	32644
(9) Value of interest in common/collective trusts	1c(9)	124914	143489
(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)	10688655	36616951
(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	10934744	38136365
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	40927	89294
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	40927	89294
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	10893817	38047071

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)	1298225	
(B) Participants	2a(1)(B)	1544732	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2842957
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	1403	
(F) Other	2b(1)(F)	3668	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5071
(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)	1773744	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1773744
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		927123
c Other income	2c		7837
d Total income. Add all **income** amounts in column (b) and enter total	2d		5556732
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1084865	
(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)		1084865
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		1283
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	12000	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	40000	
(5) Investment advisory and investment management fees	2i(5)	144097	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	30000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	285632	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		511729
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1597877
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3958855
l Transfers of assets:			
(1) To this plan	2l(1)		23194399
(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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CITRIN COOPERMAN & COMPANY, LLP **(2)** EIN: 22-2428965

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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**		X	
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**		X	

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.) ..... ☐ Yes ☐ No ☐ Not determined

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

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
CLEVELAND BAKERS AND AFFILIATED UNIONS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CLEVELAND BAKERS AND AFFILIATED UNIONS 401(K) PLAN

D Employer Identification Number (EIN)
34-0082405

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** |

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): _____ _____

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** | 18

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

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

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

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

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

6	**a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	**6a**	
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	**6c**	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Cleveland Bakers and Affiliated Unions 401(k) Plan

Financial Statements and
Supplemental Schedules

December 31, 2025 and 2024

Cleveland Bakers and Affiliated Unions 401(k) Plan

December 31, 2025 and 2024

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Independent Auditor's Report

To the Trustees and Participants
Cleveland Bakers and Affiliated Unions 401(k) Plan

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

We have performed audits of the financial statements of Cleveland Bakers and Affiliated Unions 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Cleveland Bakers and Affiliated Unions 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

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

"Citrin Cooperman" is the brand under which Citrin Cooperman & Company, LLP, a licensed independent CPA firm, and Citrin Cooperman Advisors LLC serve clients' business needs. The two firms operate as separate legal entities in an alternative practice structure. The entities of Citrin Cooperman & Company, LLP and Citrin Cooperman Advisors LLC are independent member firms of the Moore North America, Inc. (MNA) Association, which is itself a regional member of Moore Global Network Limited (MGNL). All the firms associated with MNA are independently owned and managed entities. Their membership in, or association with, MNA should not be construed as constituting or implying any partnership between them.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Cleveland Bakers and Affiliated Unions 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Cleveland Bakers and Affiliated Unions 401(k) Plan's ability to continue as a going concern for 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.

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Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Cleveland Bakers and Affiliated Unions 401(k) 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 Cleveland Bakers and Affiliated Unions 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

"Citrin Cooperman" is the brand under which Citrin Cooperman & Company, LLP, a licensed independent CPA firm, and Citrin Cooperman Advisors LLC serve clients' business needs. The two firms operate as separate legal entities in an alternative practice structure. The entities of Citrin Cooperman & Company, LLP and Citrin Cooperman Advisors LLC are independent member firms of the Moore North America, Inc. (MNA) Association, which is itself a regional member of Moore Global Network Limited (MGNL). All the firms associated with MNA are independently owned and managed entities. Their membership in, or association with, MNA should not be construed as constituting or implying any partnership between them.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule H, line 4i - schedule of assets (held at end of year) and schedule H, line 4j - schedule of reportable transactions as of or for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

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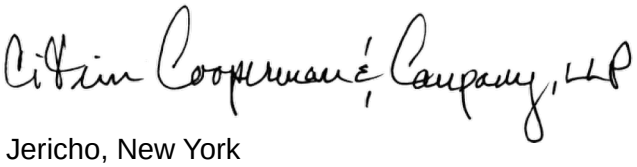
In our opinion:

- the form and content of the supplemental, other than the information in the supplemental that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Jericho, New York
October 14, 2026

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Cleveland Bakers and Affiliated Unions 401(k) Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments at fair value		
Mutual funds	$ 36,616,951	$ 10,688,655
Common collective trust	143,489	124,914
Total investments at fair value	36,760,440	10,813,569
Receivables		
Employer contributions	40,804	41,194
Participant contributions	67,778	38,533
Other receivables	12,046	4,240
Notes receivable from participants	32,644	22,563
Due from Local 2179 Pension Plan	1,162,760	-
Total receivables	1,316,032	106,530
Cash and cash equivalents	59,893	14,645
Total assets	38,136,365	10,934,744
Liabilities		
Payables		
Administrative expenses payable	89,294	40,927
Net assets available for benefits	$ 38,047,071	$ 10,893,817

See accompanying notes to the financial statements.

Cleveland Bakers and Affiliated Unions 401(k) Plan

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income (loss)		
Interest and dividends	$ 1,777,412	$ 308,299
Net appreciation in fair value of investments	927,123	718,345
Investment expenses	(144,097)	(75,124)
Investment income, net	2,560,438	951,520
Interest income on notes receivable from participants	1,403	1,308
Contributions		
Participant contributions	1,298,225	940,277
Employer contributions	1,544,732	1,145,359
Rollovers	-	128,238
Total contributions	2,842,957	2,213,874
Other revenue	7,837	-
Total additions	5,412,635	3,166,702
Deductions		
Benefits paid to participants	1,084,865	602,543
Deemed distributions	1,283	1,190
Administrative expenses	367,632	223,455
Total deductions	1,453,780	827,188
Net increase	3,958,855	2,339,514
Transfers upon mergers	23,194,399	-
Net assets available for benefits		
Beginning of year	10,893,817	8,554,303
End of year	$ 38,047,071	$ 10,893,817

See accompanying notes to the financial statements.

1. DESCRIPTION OF PLAN

The following description of the Cleveland Bakers and Affiliated Unions 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General - The Plan is a multiemployer contributory defined contribution plan that was established effective January 1, 2010, as a result of a collective bargaining agreement (CBA) between employers and Bakery, Confectionery, Tobacco Workers & Grain Millers International Union Local No. 19 (the Union). The Plan was restated effective January 1, 2022. To be eligible, an employee must be working for a participating employer who is subject to the CBA or for a participating employer subject to a trustee approved participation agreement. Further, the Plan covers all employees, excluding non-resident aliens with no United States income, who have completed 12 months of service, during which employee completes at least 1,000 hours of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Administration of the Plan is the responsibility of the Board of Trustees (the Trustees) and is governed by a joint board consisting of equal representation from the participating employers and the Union. The CBAs expire at various times through April 2029.

The Plan's Trustees, as Sponsor, have the right under the Plan to modify the benefits provided to active participants. The Plan may be terminated only by joint agreement between the employers and the Union, subject to the provisions set forth in ERISA. In the event of termination of the Plan, the Plan's assets shall be used for the exclusive benefit of the employees and their dependents or for the payment of administrative expenses of the Plan. There is currently no intention to terminate the Plan.

Eligibility - Participation in Salary Reduction Contributions: Each employee employed by a participating employer shall become a participant in the Plan on the entry date specified in his or her participating employer's addendum, subject to the eligibility requirements. Employees who are non-resident aliens with no United States income are excluded from participating in the Plan.

Participation in Matching Contributions: Each employee employed by a participating employer shall become a participant in the Match Portion of the Plan on the entry date specified in his or her participating employer's addendum, subject to the eligibility requirements. Employees who are non-resident aliens with no United States income are excluded from participating in the Plan.

Participation in Employer Contributions: Each employee employed by a participating employer shall become a participant in the Profit-Sharing Portion of the Plan on the entry date specified in his or her participating employer's addendum, subject to the eligibility requirements. Employees who are non-resident aliens with no United States income are excluded from participating in the Plan.

Contributions - Each year, participants may contribute a percentage of pretax annual compensation, as defined in the plan document, up to the maximum limits of the Internal Revenue Code (IRC). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. In accordance with the CBAs, employers are required to make monthly contributions at a fixed dollar amount agreed upon by the CBA. Contributions are subject to certain Internal Revenue Service (IRS) limitations. The annual IRS limitation was $23,500 for 2025 and $23,000 for 2024. Participants who have attained age 50 before the end of the plan year are eligible to make additional catch-up contributions of $7,500 for 2025 and 2024.

Breaks in service - A one-year break in service occurs if a participant has worked no more than 500 covered hours of service in a year. If a participant has a break in service, his or her plan participation can be affected. Participants who had any vested interest in their Plan account before their break in service, and return to work for the participating employer, their Plan participation resumes as of the date they are re-employed and they will be credited with the years accumulated toward vesting prior to their break in service. Even if they had no vested interest in their Plan account when they left, their Plan participation still resumes at re-employment if their break in service is shorter than their years of pre-break service or five years, whichever is greater.

Participants who had no vested interest in their account before their break in service and their one-year breaks in service equals or exceeds the greater of five or the aggregate number of years of service before the break, the years of service before the break need not be counted for vesting purposes, even if they eventually resume Plan participation.

Special rules apply if a break in service is due to "maternity or paternity leave" for pregnancy, the birth or adoption of your child, or caring for your child immediately after birth or adoption. In these cases, a participant can be credited with up to 501 hours of service in the year they leave, or in the following year, to prevent a break in service.

In all other cases, if a participant has a break in service and later returns to work for a participating employer, they are considered a new employee for the purposes of this Plan.

When a participant returns from a break in service and is re-employed, their Plan participation can begin again on the first day of the month coincident with or next following your date of re-employment.

If a participant forfeited any company contributions and related earnings upon their break in service, those amounts can be restored to their Plan account after they are re-employed, as long as they contribute back to the plan the full amount of any distribution which they received from the Plan at the time of their break in service. The "repayment" must be made within five (5) years from the date of reemployment, or, if earlier, before the date they would have had five consecutive one-year breaks in service following the date of distribution. If they were fully vested when they previously left, they do not have the opportunity to repay their distribution since there were no forfeitures on which to earn additional vesting upon their return.

Participant accounts - Each participant's account is credited with the participant's contributions and contributions made on behalf of the participating employers, as well as an allocation of the Plan's earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately 100 percent vested in their 401(k) contributions, rollover contributions, Roth contributions, and related earnings credited to their individual accounts. Participants will vest in their employer's profit-sharing contribution and matching contributions plus actual earnings thereon in accordance with the vesting method (hours of service or elapsed time) and schedule set forth in their participating employer's applicable addendum. All the years of service that a participant completes while working for a participating employer will be counted for the purpose of computing their vested percentage of the value of your account. A participant may also be given credit for years of service while they were on qualified military leave if they return to work after a period of qualified military service.

A participant also fully vests in their accounts when they reach normal retirement age as defined in the applicable addendum for participating employers, become totally disabled as defined under the social security act, or die while employed by a participating employer.

Payment of benefits - On termination of service due to death, disability, or retirement a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or installment payments as provided in the plan document. Vested benefits are payable in a single lump sum as long as the vested balance does not exceed $5,000. If the vested benefit is greater than $5,000 when a participant leaves a participating employer, they may request, in writing, an immediate distribution as permitted by the Plan in any of the methods permitted by the Plan. If they do not request an immediate distribution, their benefits will be deferred to the earlier of their normal retirement age or age 62 if later or until they request an immediate distribution. Unless a participant elects to transfer their benefit directly to an IRA or another plan, their distribution, generally, will be reduced by mandatory federal income tax withholding. The allowance of hardship withdrawals is permitted, but only if specified in and subject to the participant's participating employer's addendum.

In-service distributions of a participant's profit-sharing contribution account and matching contribution account shall be allowed at their normal retirement age, or later or if they become totally disabled. A participant may request distribution from their 401(k) contribution account at age 59½ or later or becoming totally disabled. A participant may request payment of their Roth contribution account at age 59½ or later or upon becoming totally disabled and may request payment of their rollover contribution account at any time.

Forfeited accounts - Forfeitures may be used to pay administrative expenses of the Plan. Forfeitures in the amount of $77,363 and $65,700, respectively, were used to reduce plan expenses during the years ended December 31, 2025 and 2024. At December 31, 2025 and 2024, forfeited non-vested accounts totaled $162,998 and $90,650, respectively.

Notes receivable from participants - Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate, determined daily, is set at the prevailing interest rate charged by persons in the business of lending money for loans made under similar circumstances, as defined. Principal and interest are paid ratably through payroll deductions. Terms range up to five years or greater for the purchase of a primary residence.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of accounting - The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of estimates - The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Cash and cash equivalents - The Plan considers all highly liquid instruments with original maturities of three months or less when purchased to be cash equivalents.

Benefits - Benefits are recorded when paid.

Expenses - Certain expenses of maintaining the Plan are paid by the Plan and recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

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 Trustees determine the Plan's valuation policies utilizing information provided by the investment advisers, 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.

Employers' contributions and related receivables - Contributions receivable are stated at the amount the Plan expects to collect from participants and employers pursuant to collective bargaining agreements. The allowance for doubtful accounts is based on the Plan’s review of outstanding receivables, collections experience and other circumstances that may affect the ability of the employers to pay their obligations to the Plan. Contributions receivable are written off when they are determined to be uncollectible. As of December 31, 2025 and 2024, there was no allowance for doubtful accounts.

Notes receivable from participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2025 and 2024. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Tax status - The Trust established under the Plan to hold the Plan’s assets is intended to qualify pursuant to Section 401(a) of the IRC, and, accordingly, the Trust’s net investment income is exempt from income taxes. The Plan adopted a volume submitter plan document offered by Bakers Union Local No. 19 that received a favorable tax determination letter from the IRS, dated January 9, 2014, stating that the form of the volume submitter plan document was in compliance with the applicable requirements of the IRC. Although the Plan has been amended since the date of the IRS determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore, believes that the Plan is qualified, and the related trust is tax exempt.

Uncertain tax positions - The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, there are currently no audits for any tax periods in process. Additionally, Plan management believes that the Plan’s returns for the years prior to the year ended December 31, 2022, are no longer open to examination, based on the statutory period for years subject to audit.

Subsequent events - Subsequent events were evaluated through October 14, 2026, the date the financial statements were available to be issued.

3. RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS

The Plan pays fees for arrangements with service providers and affiliated entities, including for management of certain Plan investments by the custodian. These transactions qualify as party in interest transactions.

The Plan's investments are managed by John Hancock Trust Company, LLC (John Hancock), the Plan's custodian. The total fees paid to John Hancock for custodian and administrative services for the years ended December 31, 2025 and 2024, was $324,054 and $182,863, respectively. The fees are included in benefit administrator fees in administrative expenses. The transactions with John Hancock are allowable party in interest transactions under ERISA.

John Hancock provides administrative services to the Plan pursuant to a service agreement. John Hancock may receive revenue from mutual fund service providers for services they provided to the mutual fund providers. This revenue may be used to offset certain amounts owed to John Hancock for their administrative services to the Plan. If the revenue received by John Hancock from such service providers exceeded the amount owed under the service agreement, they will remit the excess to the Plan's trust on a quarterly basis. During the years ended December 31, 2025 and 2024, the excess amount received by the Plan was $72,339 and $28,488, respectively. The refunds are included in benefit administrator fees in administrative expenses.

Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as party in interest transactions.

4. PLAN TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect. However, the right to discontinue the Plan is reserved by the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the participants and beneficiaries. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations and the terms of the CBA. In the event of Plan termination, participants would become 100 percent vested in their employer contributions.

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 Accounting Standards Codification (FASB ASC) 820, *Fair Value Measurement*, are described as follows:

Level 1 - Inputs to the valuation technique 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 technique 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 technique are unobservable and significant to the fair value measurement.

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

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.

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 (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Investments measured at net asset value: Consisting of common collective trusts, valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

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:

Assets at Fair Value as of December 31, 2025	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 36,616,951	$ -	$ -	$ 36,616,951
Total investments in the fair value hierarchy	36,616,951	-	-	36,616,951
Investments measured at net asset value (a) - Common collective trust	-	-	-	143,489
Total investments at fair value	$ 36,616,951	$ -	$ -	$ 36,760,440

Assets at Fair Value as of December 31, 2024	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 10,688,655	$ -	$ -	$ 10,688,655
Total investments in the fair value hierarchy	10,688,655	-	-	10,688,655
Investments measured at net asset value (a) - Common collective trust	-	-	-	124,914
Total investments at fair value	$ 10,688,655	$ -	$ -	$ 10,813,569

(a) In accordance with FASB ASC 820, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2025	**Fair Value**	**Unfunded Commitments**	**Redemption Frequency (if currently eligible)**	**Redemption Notice Period**
Common collective trust	$ 143,489	$ -	Daily	None

December 31, 2024	**Fair Value**	**Unfunded Commitments**	**Redemption Frequency (if currently eligible)**	**Redemption Notice Period**
Common collective trust	$ 124,914	$ -	Daily	None

6. 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.

The Plan maintains cash balances at large national and regional banks. Cash accounts at the banks are insured by the Federal Deposit Insurance Corporation (FDIC), subject to certain limits. At times, such cash balances may be in excess of the insured limits. As of December 31, 2025 and 2024, there were no amounts in excess of the FDIC limit.

For the years ended December 31, 2025, and 2024, approximately 74 percent and 67 percent, respectively, of employer contributions was received from one employer. A change in the financial condition of this employer could impact the future funding of the Plan.

7. INFORMATION CERTIFIED BY CUSTODIAN

The plan administrator has elected to have audits performed pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, certain information in the Plan’s financial statements and supplemental was agreed to or derived from information certified as complete and accurate by John Hancock Trust Company, the Plan's custodian and a qualified institution. The certified information includes the Plan’s investments and notes receivable from participants reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, and the accompanying supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity (including net appreciation/depreciation, interest, and dividends) and interest income on notes receivable from participants reported in the accompanying Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2025 and 2024.

	2025	2024
Investments at fair value		
Mutual funds	$ 36,616,951	$ 10,688,655
Common collective trust	143,489	124,914
Total investments at fair value	$ 36,760,440	$ 10,813,569
Notes receivable from participants	$ 32,644	$ 22,563
Interest and dividend income	$ 1,777,412	$ 308,299
Net appreciation in the fair value of investments	927,123	718,345
Total investment income	$ 2,704,535	$ 1,026,644

8. TRANSFERS INTO THE PLAN UPON MERGERS

On May 1, 2025, the Trustees approved the merger between the Plan and UAW Local 2179 Pension Plan. On August 1, 2025, UAW Local 2179 Pension Plan transferred participant balances totaling $3,336,459 to the Plan. At December 31, 2025, UAW Local 2179 Pension Plan custodian still held $1,162,760 of participant balances to be transferred to the Plan upon redemption of the investments. On May 5, 2026, UAW Local 2179 Pension Plan redeemed the investments for $1,160,764 and transferred participant balances totaling $1,160,764 to the Plan. Effective, May 5, 2026, UAW Local 2179 Pension Plan will cease to exist.

In July 2025, the Trustees also approved a merger between the Plan and See's Profit Sharing Plan. On October 1, 2025, See's Profit Sharing Plan transferred participant balances totaling $18,695,180 to the Plan. Effective October 1, 2025, See's Profit Sharing Plan will cease to exist.

9. OPERATING EXPENSES

The Plan recorded the following expenses for the years ended December 31, 2025 and 2024:

	2025	2024
Administrative expenses		
Benefits administrator fees	$ 245,031	$ 154,375
Third party administrator fees	12,000	12,000
Accounting fees	40,000	20,000
Legal fees	30,000	30,000
Consulting	29,200	-
Insurance	6,553	6,553
Advertising	1,500	-
Conferences and meetings	2,794	-
Office expenses	554	527
Total administrative expenses	$ 367,632	$ 223,455

Supplemental Schedules

Cleveland Bakers and Affiliated Unions 401(k) Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 34-0082405 Plan Number: 001

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
*	Common collective trust, CUSIP: 478033889	John Hancock Stable Val Fd R6, 143,489.437 shares	**	$ 143,489
	Mutual fund, CUSIP: 00142W843	Invesco US Gov Money Prt Instl, 127,359.970 shares	**	127,360
	Mutual Fund, CUSIP: 4812C0670	JPMorgan US Govt MMkt Cap Cl, 111,297.033 shares	**	111,297
	Mutual Fund, CUSIP: 19765N468	Columbia Total Return Bd Instl, 3,758.991 shares	**	116,303
	Mutual Fund, CUSIP: 544004880	Lord Abbett Bond Debenture R4, 552.263 shares	**	4,026
	Mutual Fund, CUSIP: 922031844	Vanguard S-T Federal Fund Adml, 14,905.901 shares	**	154,276
	Mutual Fund, CUSIP: 74149P200	T Rowe Price Retirement 2020, 386,959.207 shares	**	7,638,575
	Mutual Fund, CUSIP: 74149P788	T Rowe Price Retirement 2025, 419,443.716 shares	**	7,398,987
	Mutual Fund, CUSIP: 74149P309	T Rowe Price Retirement 2030, 240,710.677 shares	**	6,679,721
	Mutual Fund, CUSIP: 74149P770	T Rowe Price Retirement 2035, 144,467.042 shares	**	3,377,639
	Mutual Fund, CUSIP: 74149P408	T Rowe Price Retirement 2040, 83,254.122 shares	**	2,863,942
	Mutual Fund, CUSIP: 74149P762	T Rowe Price Retirement 2045, 78,083.745 shares	**	1,984,889
	Mutual Fund, CUSIP: 74149P754	T Rowe Price Retirement 2050, 71,075.664 shares	**	1,538,077
	Mutual Fund, CUSIP: 74149P747	T Rowe Price Retirement 2055, 56,346.65 shares	**	1,281,323
	Mutual Fund, CUSIP: 74149P325	T Rowe Price Retirement 2060, 31,701.691 shares	**	602,015
	Mutual Fund, CUSIP: 872797683	T Rowe Price Retirement 2065, 32,089.082 shares	**	474,277
	Mutual Fund, CUSIP: 024071813	American Balanced Fund R6, 2,476.96 shares	**	92,911
	Mutual Fund, CUSIP: 315911750	Fidelity 500 Index Fd, 5,361.093 shares	**	1,274,439
	Mutual Fund, CUSIP: 025076837	American Cent Sm Cap Val A, 679.089 shares	**	5,894
	Mutual Fund, CUSIP: 06828M504	Baron Focused Growth Inst, 7,542.187 shares	**	456,076
	Mutual Fund, CUSIP: 25157M778	DWS Small Cap Core Fund A 565.464 shares	**	28,104
	Mutual Fund, CUSIP: 315807883	Fidelity Adv Growth Opp Class, 2320.747 shares	**	53,981
	Mutual Fund, CUSIP: 316390442	Fidelity Sel Pharma Portfolio, 476.481 shares	**	$ 14,728
	Mutual Fund, CUSIP: 315920884	Fidelity Value Strategies I, 182.338 shares	**	8,986
	Mutual Fund, CUSIP: 32008F457	First Eagle Gold Fund R6, 309.573 shares	**	18,382
	Mutual Fund, CUSIP: 701765869	Parnassus Value Equity Inv, 886.947 shares	**	49,332
	Mutual Fund, CUSIP: 74676P839	Putnam Core Equity Y, 1,937.565 shares	**	95,561
	Mutual Fund, CUSIP: 315920280	Fidelity Focused Emerg Mkts A, 538.674 shares	**	22,856
	Mutual Fund, CUSIP: 61756E834	MSIF Intl Opportunity Port I, 3,435.245 shares	**	110,546
	Mutual Fund, CUSIP: 316391762	Fidelity Advisor Technology I, 740.577 shares	**	30,682
	Mutual Fund, CUSIP 9999999:	Brokerage Account 1,765.710 shares	**	1,766
				36,760,440
*	Participant loans	4.25% - 9.5%	$-	32,644
	Total plan assets			$ 36,793,084

* Denotes a party in interest.

** Cost information is not presented as all investments are participant-directed.

See independent auditor's report.

Cleveland Bakers and Affiliated Unions 401(k) Plan

Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 34-0082405 Plan Number: 001

For the Year Ended December 31, 2025

	(a)	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expenses	(g) Cost	(h) Current value	(i) Net gain/(loss)
Single Transactions									
Sell		JPMorgan US Govt MMkt Cap Cl CUSIP: 4812C0670; 1,550,676 shares	$ 1,550,676	$ 1,550,676	$ -	$ -	$ 1,550,676	$ 1,550,676	$ -
Sell		JPMorgan US Govt MMkt Cap Cl CUSIP: 4812C0670; 18,623,257 shares	18,623,257	18,623,257	-	-	18,623,257	18,623,257	-
Buy		JPMorgan US Govt MMkt Cap Cl CUSIP: 4812C0670; 1,550,827 shares	1,550,827	1,550,827	-	-	1,550,827	1,880,827	-
Buy		JPMorgan US Govt MMkt Cap Cl CUSIP: 4812C0670; 18,695,179 shares	18,695,179	18,695,179	-	-	18,695,179	18,695,179	-
Buy		T Rowe Price Retirement 2020 CUSIP: 74149P200, 312,763 shares	6,370,992	6,370,992	-	-	6,370,992	6,370,992	-
Buy		T Rowe Price Retirement 2025 CUSIP: 74149P788; 281,799 shares	5,114,661	5,114,661	-	-	5,114,661	5,114,661	-
Buy		T Rowe Price Retirement 2030 CUSIP: 74149P309; 22,573 shares	632,720	632,720	-	-	632,720	632,720	-
Buy		T Rowe Price Retirement 2030 CUSIP: 74149P309; 118,788 shares	3,366,447	3,366,447	-	-	3,366,447	3,366,447	-
Buy		T Rowe Price Retirement 2035 CUSIP: 74149P770; 50,422.921 shares	1,184,939	1,184,939	-	-	1,184,939	1,184,939	-
Buy		T Rowe Price Retirement 2040 CUSIP: 74149P408; 32,911 shares	1,129,838	1,129,838	-	-	1,129,838	1,129,838	-
Buy		T Rowe Price Retirement 2045 CUSIP: 74149P762; 23,368 shares	587,232	587,232	-	-	587,232	587,232	-
Buy		Fidelity 500 Index Fd CUSIP: 315911750; 5,302 shares	1,168,071	1,168,071	-	-	1,168,071	1,168,071	-
Total Single Transactions			$ 59,974,839	$ 59,974,839	$ -	$ -	$ 59,974,839	$ 60,304,839	$ -

See independent auditor's report.

Cleveland Bakers and Affiliated Unions 401(k) Plan

Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 34-0082405 Plan Number: 001

For the Year Ended December 31, 2025

	(a)	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expenses	(g) Cost	(h) Current value	(i) Net gain/(loss)
Series Transactions									
[A] Sell		JPMorgan US Govt MMkt Cap Cl CUSIP: 4812C0670; 20,215,952 shares	$ 20,215,952	$ 20,215,952	$ -	$ -	$ 20,215,952	$ 20,215,952	$ -
[B] Buy		JPMorgan US Govt MMkt Cap Cl CUSIP: 4812C0670; 20,266,799 shares	20,266,799	20,266,799	-	-	20,266,799	20,266,799	-
[C] Buy		T Rowe Price Retirement 2020 CUSIP: 74149P200, 351,971 shares	7,148,219	7,148,219	-	-	7,148,219	7,148,219	-
[D] Buy		T Rowe Price Retirement 2025 CUSIP: 74149P788; 340,238 shares	6,154,013	6,154,013	-	-	6,154,013	6,154,013	-
[E] Buy		T Rowe Price Retirement 2030 CUSIP: 74149P309; 169,678 shares	4,780,330	4,780,330	-	-	4,780,330	4,780,330	-
[F} Buy		T Rowe Price Retirement 2035 CUSIP: 74149P770; 79,593 shares	1,810,106	1,810,106	-	-	1,810,106	1,810,106	-
[G] Buy		T Rowe Price Retirement 2040 CUSIP: 74149P408; 49,271 shares	1,679,958	1,679,958	-	-	1,679,958	1,679,958	-
[H] Buy		T Rowe Price Retirement 2045 CUSIP: 74149P762; 41,181 shares	1,025,628	1,025,628	-	-	1,025,628	1,025,628	-
[I] Buy		T Rowe Price Retirement 2050 CUSIP: 74149P754; 33,843 shares	714,085	714,085	-	-	714,085	714,085	-
[J Buy		T Rowe Price Retirement 2055 CUSIP: 74149P747; 29,355 shares	653,379	653,379	-	-	653,379	653,379	-
[K] Buy		Fidelity 500 Index Fd CUSIP: 315911750; 5,445 shares	1,200,760	1,200,760	-	-	1,200,760	1,200,760	-
Total Series Transactions			$ 65,649,229	$ 65,649,229	$ -	$ -	$ 65,649,229	$ 65,649,229	$ -

See independent auditor's report.

Cleveland Bakers and Affiliated Unions 401(k) Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 34-0082405 Plan Number: 001

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
*	Common collective trust, CUSIP: 478033889	John Hancock Stable Val Fd R6, 143,489.437 shares	**	$ 143,489
	Mutual fund, CUSIP: 00142W843	Invesco US Gov Money Prt Instl, 127,359.970 shares	**	127,360
	Mutual Fund, CUSIP: 4812C0670	JPMorgan US Govt MMkt Cap Cl, 111,297.033 shares	**	111,297
	Mutual Fund, CUSIP: 19765N468	Columbia Total Return Bd Instl, 3,758.991 shares	**	116,303
	Mutual Fund, CUSIP: 544004880	Lord Abbett Bond Debenture R4, 552.263 shares	**	4,026
	Mutual Fund, CUSIP: 922031844	Vanguard S-T Federal Fund Adml, 14,905.901 shares	**	154,276
	Mutual Fund, CUSIP: 74149P200	T Rowe Price Retirement 2020, 386,959.207 shares	**	7,638,575
	Mutual Fund, CUSIP: 74149P788	T Rowe Price Retirement 2025, 419,443.716 shares	**	7,398,987
	Mutual Fund, CUSIP: 74149P309	T Rowe Price Retirement 2030, 240,710.677 shares	**	6,679,721
	Mutual Fund, CUSIP: 74149P770	T Rowe Price Retirement 2035, 144,467.042 shares	**	3,377,639
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	Mutual Fund, CUSIP: 74149P762	T Rowe Price Retirement 2045, 78,083.745 shares	**	1,984,889
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	Mutual Fund, CUSIP: 025076837	American Cent Sm Cap Val A, 679.089 shares	**	5,894
	Mutual Fund, CUSIP: 06828M504	Baron Focused Growth Inst, 7,542.187 shares	**	456,076
	Mutual Fund, CUSIP: 25157M778	DWS Small Cap Core Fund A 565.464 shares	**	28,104
	Mutual Fund, CUSIP: 315807883	Fidelity Adv Growth Opp Class, 2320.747 shares	**	53,981
	Mutual Fund, CUSIP: 316390442	Fidelity Sel Pharma Portfolio, 476.481 shares	**	$ 14,728
	Mutual Fund, CUSIP: 315920884	Fidelity Value Strategies I, 182.338 shares	**	8,986
	Mutual Fund, CUSIP: 32008F457	First Eagle Gold Fund R6, 309.573 shares	**	18,382
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	Mutual Fund, CUSIP: 315920280	Fidelity Focused Emerg Mkts A, 538.674 shares	**	22,856
	Mutual Fund, CUSIP: 61756E834	MSIF Intl Opportunity Port I, 3,435.245 shares	**	110,546
	Mutual Fund, CUSIP: 316391762	Fidelity Advisor Technology I, 740.577 shares	**	30,682
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				36,760,440
*	Participant loans	4.25% - 9.5%	$-	32,644
	Total plan assets			$ 36,793,084

* Denotes a party in interest.

** Cost information is not presented as all investments are participant-directed.

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Cleveland Bakers and Affiliated Unions 401(k) Plan

Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 34-0082405 Plan Number: 001

For the Year Ended December 31, 2025

	(a)	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expenses	(g) Cost	(h) Current value	(i) Net gain/(loss)
Single Transactions									
Sell		JPMorgan US Govt MMkt Cap Cl CUSIP: 4812C0670; 1,550,676 shares	$ 1,550,676	$ 1,550,676	$ -	$ -	$ 1,550,676	$ 1,550,676	$ -
Sell		JPMorgan US Govt MMkt Cap Cl CUSIP: 4812C0670; 18,623,257 shares	18,623,257	18,623,257	-	-	18,623,257	18,623,257	-
Buy		JPMorgan US Govt MMkt Cap Cl CUSIP: 4812C0670; 1,550,827 shares	1,550,827	1,550,827	-	-	1,550,827	1,880,827	-
Buy		JPMorgan US Govt MMkt Cap Cl CUSIP: 4812C0670; 18,695,179 shares	18,695,179	18,695,179	-	-	18,695,179	18,695,179	-
Buy		T Rowe Price Retirement 2020 CUSIP: 74149P200, 312,763 shares	6,370,992	6,370,992	-	-	6,370,992	6,370,992	-
Buy		T Rowe Price Retirement 2025 CUSIP: 74149P788; 281,799 shares	5,114,661	5,114,661	-	-	5,114,661	5,114,661	-
Buy		T Rowe Price Retirement 2030 CUSIP: 74149P309; 22,573 shares	632,720	632,720	-	-	632,720	632,720	-
Buy		T Rowe Price Retirement 2030 CUSIP: 74149P309; 118,788 shares	3,366,447	3,366,447	-	-	3,366,447	3,366,447	-
Buy		T Rowe Price Retirement 2035 CUSIP: 74149P770; 50,422.921 shares	1,184,939	1,184,939	-	-	1,184,939	1,184,939	-
Buy		T Rowe Price Retirement 2040 CUSIP: 74149P408; 32,911 shares	1,129,838	1,129,838	-	-	1,129,838	1,129,838	-
Buy		T Rowe Price Retirement 2045 CUSIP: 74149P762; 23,368 shares	587,232	587,232	-	-	587,232	587,232	-
Buy		Fidelity 500 Index Fd CUSIP: 315911750; 5,302 shares	1,168,071	1,168,071	-	-	1,168,071	1,168,071	-
Total Single Transactions			$ 59,974,839	$ 59,974,839	$ -	$ -	$ 59,974,839	$ 60,304,839	$ -

See independent auditor's report.

Cleveland Bakers and Affiliated Unions 401(k) Plan

Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 34-0082405 Plan Number: 001

For the Year Ended December 31, 2025

	(a)	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expenses	(g) Cost	(h) Current value	(i) Net gain/(loss)
Series Transactions									
[A] Sell		JPMorgan US Govt MMkt Cap Cl CUSIP: 4812C0670; 20,215,952 shares	$ 20,215,952	$ 20,215,952	$ -	$ -	$ 20,215,952	$ 20,215,952	$ -
[B] Buy		JPMorgan US Govt MMkt Cap Cl CUSIP: 4812C0670; 20,266,799 shares	20,266,799	20,266,799	-	-	20,266,799	20,266,799	-
[C] Buy		T Rowe Price Retirement 2020 CUSIP: 74149P200, 351,971 shares	7,148,219	7,148,219	-	-	7,148,219	7,148,219	-
[D] Buy		T Rowe Price Retirement 2025 CUSIP: 74149P788; 340,238 shares	6,154,013	6,154,013	-	-	6,154,013	6,154,013	-
[E] Buy		T Rowe Price Retirement 2030 CUSIP: 74149P309; 169,678 shares	4,780,330	4,780,330	-	-	4,780,330	4,780,330	-
[F} Buy		T Rowe Price Retirement 2035 CUSIP: 74149P770; 79,593 shares	1,810,106	1,810,106	-	-	1,810,106	1,810,106	-
[G] Buy		T Rowe Price Retirement 2040 CUSIP: 74149P408; 49,271 shares	1,679,958	1,679,958	-	-	1,679,958	1,679,958	-
[H] Buy		T Rowe Price Retirement 2045 CUSIP: 74149P762; 41,181 shares	1,025,628	1,025,628	-	-	1,025,628	1,025,628	-
[I] Buy		T Rowe Price Retirement 2050 CUSIP: 74149P754; 33,843 shares	714,085	714,085	-	-	714,085	714,085	-
[J Buy		T Rowe Price Retirement 2055 CUSIP: 74149P747; 29,355 shares	653,379	653,379	-	-	653,379	653,379	-
[K] Buy		Fidelity 500 Index Fd CUSIP: 315911750; 5,445 shares	1,200,760	1,200,760	-	-	1,200,760	1,200,760	-
Total Series Transactions			$ 65,649,229	$ 65,649,229	$ -	$ -	$ 65,649,229	$ 65,649,229	$ -

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