

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan MORRISON RESTAURANTS, INC. RETIREMENT PLAN
1b Three-digit plan number (PN) 002
1c Effective date of plan 07/01/1978
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) RUBY TUESDAY OPERATIONS LLC
2b Employer Identification Number (EIN) 86-1996189
2c Plan Sponsor's telephone number 865-379-5965
2d Business code (see instructions) 722511

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	179
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	2
	6a(2)	1
	6b	107
	6c	20
	6d	128
	6e	44
	6f	172
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

A Name of plan <u>MORRISON RESTAURANTS, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>RUBY TUESDAY OPERATIONS LLC</u>	D Employer Identification Number (EIN) <u>86-1996189</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>4105722</u>
	b Actuarial value	2b	<u>4288442</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>156</u>	<u>4138262</u>
	b For terminated vested participants	<u>21</u>	<u>33169</u>
	c For active participants	<u>2</u>	<u>2305</u>
	d Total	<u>179</u>	<u>4173736</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.04 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>90000</u>
	c Target normal cost	6c	<u>90000</u>

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

SIGN HERE		
	Signature of actuary	<u>02/28/2025</u>
	<u>MITZI M. SILVERSTEIN, F.S.A.</u>	Date
	Type or print name of actuary	<u>23-07184</u>
	<u>AON CONSULTING, INC.</u>	Most recent enrollment number
	Firm name	<u>336-748-1120</u>
	<u>MSC# 17848, AON PO BOX 551343 ATLANTA, GA 30355</u>	Telephone number (including area code)
	Address of the firm	

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

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>11.56</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.19</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	102.74 %
15	Adjusted funding target attainment percentage	15	%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	103.99 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
					0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 61
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years	
28 Unpaid minimum required contributions for all prior years	28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	90000	
b Excess assets, if applicable, but not greater than line 31a	31b	90000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)	
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021	

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan MORRISON RESTAURANTS, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 RUBY TUESDAY OPERATIONS LLC	D Employer Identification Number (EIN) 86-1996189	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

AON CONSULTING

100 NORTH MAIN STREET
SUITE 2200
WINSTON-SALEM, NC 27101

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	34350	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BANK OF AMERICA

135 S. LA SALLE STREET
CHICAGO, IL 60603

94-1687665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 21	NONE	27366	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

LBMC, PC

2095 LAKESIDE CENTRE WAY
SUITE 220
KNOXVILLE, TN 37922

63-1199757

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	11300	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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

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(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:	MITZI M. SILVERSTEIN, EA, FSA	b EIN:	22-2232264
c Position:	ACTUARY		
d Address:	100 NORTH MAIN STREET SUITE 2200 WINSTON-SALEM, NC 27101	e Telephone:	336-748-1120

Explanation: NEW ACTUARY SELECTED THROUGH COMPETITIVE BIDDING PROCESS.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan MORRISON RESTAURANTS, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 RUBY TUESDAY OPERATIONS LLC	D Employer Identification Number (EIN) 86-1996189

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	3489	791
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	46922	75550
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4055311	3704395
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4105722	3780736
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	45650	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	45650	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4060072	3780736

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8821	
(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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)	26411	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	2070742	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2070742	
(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)		229620
c Other income	2c		25825
d Total income. Add all income amounts in column (b) and enter total	2d		290677

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	522922	
(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)		522922
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	24367	
(6) Bank or trust company trustee/custodial fees	2i(6)	4499	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	18225	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		47091
j Total expenses. Add all expense amounts in column (b) and enter total	2j		570013

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-279336
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **LBMC, PC**

(2) EIN: **62-1199757**

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.)		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?.....		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.).....	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.).....	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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 531141.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan MORRISON RESTAURANTS, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 RUBY TUESDAY OPERATIONS LLC	D Employer Identification Number (EIN) 86-1996189	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	----------	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): _____

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

Morrison Restaurants, Inc.
Retirement Plan

Financial Statements
and Supplemental Schedules

*Years ended June 30, 2024 and 2023
with Independent Auditors' Report*

The logo for LBMC, consisting of the letters "LBMC" in white, bold, sans-serif font, centered within a solid blue rectangular background.

LBMC

Morrison Restaurants, Inc.
Retirement Plan

Financial Statements
and Supplemental Schedules

Years ended June 30, 2024 and 2023

Contents

Independent Auditors' Report.....	1
Financial Statements	
Statements of Net Assets Available for Benefits.....	5
Statements of Changes in Net Assets Available for Benefits.....	6
Notes to Financial Statements.....	7
Supplemental Schedules	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year).....	15
Schedule H, Line 4j - Schedule of Reportable Transactions	16



INDEPENDENT AUDITORS' REPORT

The Plan Committee
Morrison Restaurants, Inc. Retirement Plan

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

We have performed audits of the financial statements of the Morrison Restaurants, Inc. Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended June 30, 2024 and 2023, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report,

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- 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 has 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 *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

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 GAAP.

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of June 30, 2024 and schedule of reportable transactions for the year ended June 30, 2024 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

LBMC, PC

Knoxville, Tennessee
March 4, 2025

Morrison Restaurants, Inc. Retirement Plan
Statements of Net Assets Available for Benefits

	June 30	
	2024	2023
Assets		
Investments, at fair value	\$ 3,779,945	\$ 4,102,233
Interest receivable	791	3,489
Total assets	3,780,736	4,105,722
 Liabilities		
Accrued expenses	49,015	45,650
Net assets available for benefits	\$ 3,731,721	\$ 4,060,072

See accompanying Notes to Financial Statements.

Morrison Restaurants, Inc. Retirement Plan
 Statements of Changes in Net Assets Available for Benefits

	Year ended June 30	
	2024	2023
Additions		
Net realized and unrealized appreciation in fair value of investments	\$ 159,000	\$ 312,148
Interest and dividend income	<u>131,677</u>	<u>142,683</u>
Total additions	<u>290,677</u>	<u>454,831</u>
 Deductions		
Benefit payments	522,922	537,615
Administrative expenses	<u>96,106</u>	<u>103,530</u>
Total deductions	<u>619,028</u>	<u>641,145</u>
Net decrease	(328,351)	(186,314)
Net assets available for benefits at beginning of year	<u>4,060,072</u>	<u>4,246,386</u>
Net assets available for benefits at end of year	<u>\$ 3,731,721</u>	<u>\$ 4,060,072</u>

See accompanying Notes to Financial Statements.

Morrison Restaurants, Inc. Retirement Plan

Notes to Financial Statements

June 30, 2024 and 2023

1. Description of the Plan

The following description of Morrison Restaurants, Inc. Retirement Plan (the “Plan”) is to provide only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan’s provisions.

General

The Plan was established July 1, 1978, to provide retirement benefits for qualifying employees of Morrison Restaurants, Inc. and certain subsidiaries (collectively referred to herein as “MRI”). Effective December 31, 1987, the board of directors of MRI passed a resolution to effectively freeze the accumulated benefits at the current levels. No further benefits will accrue to participants in the Plan, and no new participants will be admitted to the Plan subsequent to the effective date.

Ruby Tuesday, Inc. (“RTI”) along with Morrison Fresh Cooking, Inc. (“MFC”), which were subsequently purchased by Piccadilly Cafeterias, Inc. (“Piccadilly”), and Morrison Health Care, Inc. (“MHC”), which was subsequently purchased by Compass Group, PLC (“Compass”), had sponsored the Plan since 1996 when RTI spun-off its family dining and healthcare food and nutrition service businesses to MFC and MHC, respectively.

The Plan is a noncontributory defined benefit pension plan covering certain employees of RTI, Piccadilly and Compass, who were the sponsors of the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Participants receive benefits based upon salary and length of service.

On October 29, 2003, Piccadilly announced it had filed for Chapter 11 protection under the United States Bankruptcy Code. On March 16, 2004, the participants were notified that Piccadilly had withdrawn as a plan sponsor from the Plan as a result of a court approved motion. Piccadilly’s funding obligations were assumed by the Plan’s other sponsors, RTI and Compass.

During July 2006, a portion of the Plan was spun-off and merged into the Compass Group USA, Inc. Retirement Plan for Salaried Employees. Former Piccadilly employees included in this spin-off group were selected so that approximately 50% of participants who are current and former employees of MFC were in the spin-off group. As a result of this spin-off, RTI was the sole plan sponsor.

On October 7, 2020, RTI announced its filing of a voluntary petition for reorganization under Chapter 11 of the Bankruptcy Code. On February 24, 2021, pursuant to the Bankruptcy Plan of Reorganization, Ruby Tuesday Operations LLC (“RTO”) purchased the operating assets of the remaining store locations, certain non-operating assets, and certain liabilities of the bankrupt RTI. As part of that purchase transaction, RTO assumed the obligations of the Plan and became the Plan’s sponsor (referred to herein as the “Sponsor”).

Morrison Restaurants, Inc. Retirement Plan
Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Administration

The general administration of the Plan is the responsibility of the Sponsor. Bank of America, N.A. (the "Trustee") is responsible for all Plan transactions, including maintenance of Plan records.

Contributions

The Sponsor's intent is to make contributions in amounts sufficient to annually fund the Plan's normal cost and prior service cost which is being amortized over a period of 30 years. No contributions for the years ended June 30, 2024 and 2023 were necessary to meet the minimum funding requirements of ERISA.

Vesting

The Plan is a noncontributory defined benefit pension plan which, prior to December 31, 1987, covered MRI employees who had completed 1,000 hours of service within a twelve-month period and attained the age of 21. Participants with five or more years of service are entitled to vested pension benefits beginning at normal retirement age (65). The Plan permits early retirement beginning at age 55.

Payment of Benefits

Benefits are paid to qualified participants or their designated beneficiaries based upon credited years of service. Participants may elect to receive benefit payments under a full range of actuarial equivalent optional methods which include, for married participants, the actuarial equivalent of life income in the form of a 50% spouse joint and survivor annuity.

Administrative Expenses

Certain Plan expenses are paid by the Plan; the remaining expenses are paid by the Sponsor. Administrative expenses paid by the Plan are reflected as administrative expenses in the statements of changes in net assets available for benefits.

Plan Termination

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

Morrison Restaurants, Inc. Retirement Plan
Notes to Financial Statements (continued)

2. Summary of Accounting Policies

Basis of Presentation

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

Fiscal Year-End

The Plan operates on a fiscal year ending June 30. All references in these financial statements are to the fiscal year-end, unless otherwise specified.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the participant to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on the employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ended December 31, 1987. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Investments

The Plan's investments are stated at fair value. In accordance with the policy of stating investments at fair value, net realized and unrealized appreciation or depreciation in fair value of investments is reflected in the statement of changes in net assets available for benefits. This includes gains and losses on investments bought or sold, as well as those held during the year.

The Plan does not require investments to be insured or collateralized. The maximum loss, if any, that would be incurred by the Plan if the counterparties to the Plan's investments failed to perform, is the recorded amount of such investments.

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.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Significant estimates include the actuarial present value of accumulated plan benefits. It is at least reasonably possible that a significant change may occur in the near term for the estimates of the actuarial present value of accumulated plan benefits. Accordingly, actual results could differ from those estimates.

Morrison Restaurants, Inc. Retirement Plan
Notes to Financial Statements (continued)

2. Summary of Accounting Policies (continued)

Benefit Payments

Benefit payments to participants are recorded when paid.

Subsequent Events

Management has performed an analysis of the activities and transactions subsequent to June 30, 2024 to determine the need for any adjustments to and/or disclosures within the financial statements for the year ended June 30, 2024. Management has performed their analysis through March 4, 2025, which was the date the financial statements were available to be issued.

3. Accumulated Plan Benefits

An external actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits on an ongoing basis as of the beginning of the Plan year is as follows:

	July 1, 2023
Actuarial present value of accumulated and vested plan benefits:	
Participants currently receiving payments	\$4,210,676
Other participants	38,098
Total actuarial present value of accumulated and vested plan benefits	\$4,248,774

4. Changes in Accumulated Plan Benefits

The changes in actuarial present value of accumulated plan benefits are as follows:

	2023
Actuarial present value of accumulated plan benefits at July 1, 2022	\$4,537,410
Increase (decrease) during the year attributable to:	
Interest	192,132
Benefits paid	(537,615)
Other changes	56,847
Actuarial present value of accumulated plan benefits at July 1, 2023	\$4,248,774

Morrison Restaurants, Inc. Retirement Plan
Notes to Financial Statements (continued)

4. Changes in Accumulated Plan Benefits (continued)

The more significant assumptions underlying the actuarial computations as of July 1, 2023, were as follows:

Interest Rate	4.50% at July 1, 2022 and July 1, 2023
Mortality basis	Amounts-weighted rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021 at July 1, 2022 and July 1, 2023
Retirement age	Assumed rates of retirement between age 55 and age 65 or age on valuation date if age is greater than age 65.

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

5. Unaudited Information – Certified Investments

Bank of America, N.A., the trustee of the Plan, holds investment assets and executes transactions therein, and substantially all information pertaining to the Plan’s investments included in the 2024 and 2023 financial statements has been certified by them. This information has not been audited by independent accountants.

6. Party-in-Interest Transactions

Parties-in-interest are defined under Department of Labor (DOL) regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others.

The Plan held a portion of its investments in a money market deposit account managed by the trustee of the Plan. For Plan years 2024 and 2023, transactions in the money market deposit account are included below:

	2024	2023
Purchases	\$ 28,596	\$ 120,706
Redemptions	28,596	120,706
Fund Balance	-	-

Amounts paid by the Plan to parties-in-interest included fees paid for investment management, actuarial services, and professional fees for the audit of the Plan. Certain professional fees for the administration of the Plan were paid by the Sponsor. Various administrative functions are performed by officers or employees of the Sponsor. No such officer or employee receives compensation from the Plan.

Morrison Restaurants, Inc. Retirement Plan

Notes to Financial Statements (continued)

7. Fair Value Measurements

Financial Accounting Standards Board Accounting Standards Codification 820, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy (in order of priority) are described below:

Level 1 – Observable inputs based on quoted prices in active markets for identical assets or liabilities;

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly; and

Level 3 – Unobservable inputs in which little or no market data exists which require the reporting entity to develop its own assumptions.

The investment's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan:

Mutual funds and exchange-traded funds: The fair values of mutual fund and exchange traded fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (level 1 inputs).

Money market deposit accounts: Fair values of money market deposit account balances have been determined based upon their quoted redemption prices and recent transaction prices of \$1.00 per share (level 2 inputs), with no discounts for credit quality or liquidity restrictions. The Plan's investments in money market deposit accounts occasionally exceed federally insured balances.

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

Morrison Restaurants, Inc. Retirement Plan
Notes to Financial Statements (continued)

7. Fair Value Measurements (continued)

	Fair Value Measurements at June 30, 2024 Using		
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments:			
Mutual funds	\$ 2,879,590	\$ -	\$ -
Exchange-traded funds	824,805	-	-
Money market deposit account	-	75,550	-
Total	\$ 3,704,395	\$ 75,550	\$ -

	Fair Value Measurements at June 30, 2023 Using		
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments:			
Mutual funds	\$ 1,944,024	\$ -	\$ -
Exchange-traded funds	2,111,287	-	-
Money market deposit accounts	-	46,922	-
Total	\$ 4,055,311	\$ 46,922	\$ -

8. Income Tax Status

The Internal Revenue Service has determined and informed the Sponsor by a letter dated September 21, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Apart from a plan amendment to reflect Ruby Tuesday Operations LLC as the primary plan sponsor from the Ruby Tuesday Bankruptcy Plan discussed above, there have been no amendments to the Plan since receipt of the determination letter. Plan management believes that the Plan is designed and is currently being operated in compliance with the applicable sections of the Internal Revenue code. Therefore, management believes that the Plan was qualified and the related trust was tax-exempt as of June 30, 2024.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain tax position that more likely than not would be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 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 progress.

Morrison Restaurants, Inc. Retirement Plan

Notes to Financial Statements (continued)

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market liquidity, 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 change could materially affect the amounts reported in the statement of net assets available for benefits.

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

10. Reconciliation of financial statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per financial statements	\$ 3,731,721	\$ 4,060,072
Accrued expenses	49,015	-
Net assets available for benefits per the Form 5500	<u>\$ 3,780,736</u>	<u>\$ 4,060,072</u>

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

	<u>2024</u>	<u>2023</u>
Change in net assets available for benefits per financial statements	\$ (328,351)	\$ (186,314)
Accrued expenses	49,015	-
Change in net assets available for benefits per Form 5500	<u>\$ (279,336)</u>	<u>\$ (186,314)</u>

Supplemental Schedules

Morrison Restaurants, Inc. Retirement Plan
Employer Identification Number: 86-1996189; Plan Number: 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
June 30, 2024

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
<u>Money market funds:</u>			
Federated Hermes	Govt Obligations FD CL Prem	\$ 75,550	\$ 75,550
Total Money Market Funds		<u>\$ 75,550</u>	<u>\$ 75,550</u>
<u>Mutual funds:</u>			
Vanguard	Short-Term Corporate Bond	1,154,769	1,157,966
Vanguard	Long-Term Corporate Bond	582,801	565,916
Vanguard	Scottsdale FDS Intermediate	1,160,295	1,155,708
Total mutual funds		<u>\$2,897,865</u>	<u>\$2,879,590</u>
<u>Exchange-traded funds:</u>			
Natixis	Loomis Sayles Growth Fund CL Y	23,569	41,983
Oakmark	Select Fund CL Instl	25,871	38,983
Conestoga	Small Cap Fund Instl Class	32,773	46,568
Harding Loevner Funds	Intl Equity Pt FD Instl CL	17,151	19,833
Allspring	Special Small Cap Value Fund CL Instl	37,726	46,269
Oakmark	Intl FD CL R6	20,790	18,621
Hartford Schroders	Emerg Mrkts Equity FD CL F	43,657	50,393
Baird	MidCap Fund Institutional CL	25,879	37,032
MFS	Mid Cap Value Fund CL R6	27,438	41,976
iShares	Russell MidCap	66,610	114,485
Vanguard	500 Index Fund SHS ETF	68,840	150,537
Vanguard	FTSE Developed Markets ETF	55,489	67,014
iShares	TR Russell 2000	39,733	61,070
Vanguard	FTSE Emerging Markets ETF	47,940	52,775
iShares	S&P 100	16,934	37,266
Total exchange-traded funds		<u>550,400</u>	<u>824,805</u>
Total assets held for investment purposes at end of year		<u>\$3,523,815</u>	<u>\$3,779,945</u>

The above data is based upon information which has been certified as complete and accurate by Bank of America

Morrison Restaurants, Inc. Retirement Plan
Employer Identification Number: 86-1996189; Plan Number: 002
Schedule H, Line 4j – Schedule of Reportable Transactions
Year ended June 30, 2024

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity date in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
(A) Single Transactions Reportable						
Federated Hermes Govt Obligations FD CL Prem	Money market fund Purchases	835,000	-	-	-	-
		386,377	-	-	-	-
		345,816	-	-	-	-
	Sales	-	220,108	220,108	220,108	-
		-	752,800	752,800	752,800	-
		-	247,774	247,774	247,774	-
		-	311,828	311,828	311,828	-
Vanguard Short-term Corporate Bond	Bond Fund Purchases	385,325	-	385,325	-	-
		492,739	-	492,739	-	-
Vanguard Long-term Corp Bond	Bond Fund Purchases	320,797	-	320,797	-	-
Vanguard Scottsdale FDS Vanguard Interme	Bond Fund Purchases	741,955	-	741,955	-	-
(B) Series of Non-security Transactions						
None reportable.						
(C) Aggregate Transactions in One Issue of Securities						
Oakmark Select FD CL R6	International equity fund 5 Sales	-	313,000	289,645	313,000	23,355
Ishares Russell Midcap	Exchange traded fund 7 Sales	-	384,981	373,402	384,981	11,579
Loomis Sayles Growth Fund CL Y	Domestic equity fund 7 Sales	-	241,000	233,358	241,000	7,642
Federated Hermes Govt Obligations FD CL Prem	Money market fund 72 Purchases 30 Sales	2,070,775	-	-	-	-
		-	2,042,147	2,042,147	2,042,147	-
Vanguard Short-term Corporate Bond	Bond Fund 5 Purchases	1,154,768	-	1,154,768	-	-
Vanguard Long-term Corp Bond	Bond Fund 5 Purchases	582,801	-	582,801	-	-
Vanguard Scottsdale FDS Vanguard Interme	Bond Fund 4 Purchases 2 Sales	1,076,005	-	1,076,005	-	-
		-	110,370	109,945	110,370	425
Vanguard 500 Index Fund SHS ETF	Exchange traded fund 7 Sales	-	356,827	339,672	356,827	17,155
(D) Other Transactions Involving Securities or Parties Involved in Single Transactions Reportable						
None reportable.						

* Denotes a party-in-interest to the Plan.
See Independent Auditors' Report

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54										
55-59		1								
60-64										
65-69		1								
70+										

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of March 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of March 2023), without regard to interest rate stabilization
1st Segment Rate	2.50%
2nd Segment Rate	3.83%
3rd Segment Rate	4.06%
Optional Payment Form Election Percentage	100% Life Annuity. Due to the small plan size and since all optional forms of payment are actuarially equivalent, everyone not yet in pay is assumed to receive a straight life annuity.
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65. Due to the small plan size, all deferred participants are assumed to commence payment at the plan's normal retirement age of 65.
Mortality Rates	
Healthy and Disabled	2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) and IRS Notice 2022-22
Withdrawal Rates	See Table 2
Disability Rates	None. The plan does not offer a different benefit to disabled participants. Any disability decrements are included in the withdrawal and retirement rates.
Decrement Timing	Beginning of year decrements

Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses. This assumption only impacts the preretirement death benefit provided by the plan. It is based on general US population trends.
Benefit and Compensation Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$265,000
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2021 Plan Year	6.00%
2022 Plan Year	6.00%, limited to 5.92%
2023 Plan Year	6.50%, limited to 5.74%
	Expected asset returns are based on the plan's asset allocation and capital market expectations as of July 1 each year.
Trust Expenses Included in Target Normal Cost	The prior year's administrative plan expenses, less prior year's PBGC premiums, plus current year's estimated premiums, rounded up to the next \$5,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	July 1, 2023

Actuarial Assumptions and Methods

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	30.00%
62	50.00%
63	40.00%
64	40.00%
65	100.00%

The plan is too small to have credible experience to create plan-specific retirement rates. Retirement rates steadily increase from the plan's earliest retirement age of 55 to the plan's normal retirement age of 65. There is an increase at age 61 due to participants being more likely to be able to afford to retire. Higher retirement rates are then expected at age 62 and later when participants are also eligible to receive Social Security benefits. Actual experience has been reasonable compared to expected experience for the small number of remaining employees in the plan.

Table 2

Withdrawal Rates

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
18	9.9699%	48	1.8963%
19	9.2666%	49	1.7314%
20	8.6651%	50	1.5661%
21	8.1444%	51	1.3998%
22	7.6890%	52	1.2319%
23	7.2870%	53	1.0618%
24	6.9399%	54	0.9310%
25	6.6141%	55	0.8519%
26	6.3504%	56	0.9262%
27	6.0827%	57	1.0039%
28	5.8225%	58	1.0889%
29	5.5700%	59	1.1924%
30	5.3255%	60	1.3119%
31	5.0888%	61	1.4440%
32	4.8597%	62	1.5863%
33	4.6380%	63	1.7413%
34	4.4233%	64	1.9185%
35	4.2151%	65	2.1260%
36	4.0130%	66+	0.0000%
37	3.8166%		
38	3.6254%		
39	3.4389%		
40	3.2566%		
41	3.0781%		
42	2.9030%		
43	2.7307%		
44	2.5609%		
45	2.3930%		
46	2.2265%		
47	2.0611%		

The plan is too small to have credible experience to create plan-specific withdrawal rates. Withdrawal rates steadily decrease with age until age 55, at which point participants may be more likely to leave work if they have benefits available from a different employer. Since participation in this plan was frozen in 1987, everyone remaining in the plan is fully vested and has been with Ruby Tuesday for at least 30 years. The withdrawal rates do not apply to anyone in the plan as of July 1, 2023 since the remaining employees are all at least age 55 and eligible to retire.

Changes in ERISA Methods/Assumptions Since the Prior Year

Method Changes

There have been no method changes in the funding valuation since the prior year.

Assumption Changes

The funding valuation reflects the following assumption changes:

- A change in the interest rate assumption from segment rates as of March 2022, adjusted as applicable to fall within the 25-year average interest rate stabilization corridor under ARPA, to segment rates as of March 2023, adjusted as applicable to fall within the 25-year average interest rate stabilization corridor under ARPA.
- A change in the mortality assumption from 2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) and IRS Notice 2020-85 to the 2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) and IRS Notice 2022-22.
- A change in the unlimited expected return on plan assets from 6.00% to 6.50%.

Rationale for Assumptions

For each economic and demographic assumption that has a significant effect on the measurement, the information and analysis used to support the actuary's determination that the assumption is reasonable, and that led to any change in the assumptions as summarized above, are described within this report.

Morrison Restaurants, Inc. Retirement Plan
Employer Identification Number: 86-1996189; Plan Number: 002

Schedule H, Line 4j – Schedule of Reportable Transactions

07/01/23 THROUGH 06/30/24

ACCOUNT
72-06-601-5849863

MORRISON RETIREMENT PLAN

VALUATION

4,105,722.02 THRESHOLD

PAGE 91
205,286.10

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	PREVIOUS ANNUAL MARKET	NET GAIN/LOSS
FEDERATED HERMES GOVT OBLIGATIONS FD CL PREM	PUR	12/11/23	835,000.000	-835,000.00	.00	.00	835,000.00	835,000.00	.00
	SAL	12/12/23	-220,107.560	220,107.56	.00	.00	-220,107.56	-220,107.56	.00
	PUR	01/04/24	386,377.280	-386,377.28	.00	.00	386,377.28	386,377.28	.00
	PUR	01/05/24	345,816.040	-345,816.04	.00	.00	345,816.04	345,816.04	.00
	SAL	01/09/24	-752,799.640	752,799.64	.00	.00	-752,799.64	-752,799.64	.00
	SAL	01/11/24	-247,774.310	247,774.31	.00	.00	-247,774.31	-247,774.31	.00
	SAL	01/22/24	-311,827.780	311,827.78	.00	.00	-311,827.78	-311,827.78	.00
VANGUARD SHORT-TERM CORPORATE BOND	PUR	01/08/24	5,000.000	-385,325.00	.00	.00	385,325.00	385,325.00	.00
	PUR	01/09/24	6,400.000	-492,738.56	.00	.00	492,738.56	492,738.56	.00
VANGUARD LONG-TERM CORP BOND	PUR	01/09/24	4,100.000	-320,797.12	.00	.00	320,797.12	320,797.12	.00
VANGUARD SCOTTSDALE FDS VANGUARD INTERME	PUR	12/12/23	9,400.000	-741,955.16	.00	.00	741,955.16	741,955.16	.00
	7 PURCHASES FOR		3,508,009.16	4 SALES FOR	1,532,509.29	ISSUE AGGREGATE TOTAL	5,040,518.45		

Morrison Restaurants, Inc. Retirement Plan
Employer Identification Number: 86-1996189; Plan Number: 002

Schedule H, Line 4j – Schedule of Reportable Transactions

07/01/23 THROUGH 06/30/24

ACCOUNT
72-06-601-5849863

MORRISON RETIREMENT PLAN

VALUATION

4,105,722.02 THRESHOLD PAGE 92 205,286.10

BROKER/PARTY ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	PREVIOUS ANNUAL MARKET	NET GAIN/LOSS
OAKMARK SELECT FD CL R6	SAL	10/12/23	-483.559	30,000.00	.00	.00	-22,512.62	-29,821.08	178.92
	SAL	11/30/23	-539.874	35,000.00	.00	.00	-25,134.42	-33,294.03	1,705.97
	SAL	12/11/23	-1,513.546	100,000.00	.00	.00	-70,464.79	-93,340.38	6,659.62
	SAL	01/04/24	-1,016.851	70,000.00	.00	.00	-47,340.61	-62,709.20	7,290.80
	SAL	01/05/24	-1,142.857	78,000.00	.00	.00	-53,206.95	-70,479.99	7,520.01
	0 PURCHASES FOR		.00	5 SALES FOR	313,000.00	ISSUE	AGGREGATE TOTAL	313,000.00	
ISHARES RUSSELL MIDCAP	SAL	08/02/23	-480.000	36,414.52	.00	.30	-22,643.56	-35,054.40	1,360.12
	SAL	12/12/23	-2,200.000	162,592.99	.00	1.31	-103,783.00	-160,666.00	1,926.99
	SAL	01/08/24	-2,000.000	152,028.78	.00	1.22	-94,348.19	-146,060.00	5,968.78
	SAL	01/09/24	-175.000	13,273.64	.00	.11	-8,255.47	-12,780.25	493.39
	SAL	01/22/24	-58.000	4,386.21	.00	.04	-2,736.10	-4,235.74	150.47
	SAL	03/20/24	-175.000	14,272.01	.00	.12	-8,255.47	-12,780.25	1,491.76
	SAL	06/18/24	-25.000	2,012.57	.00	.06	-1,179.35	-1,825.75	186.82
	0 PURCHASES FOR		.00	7 SALES FOR	384,980.72	ISSUE	AGGREGATE TOTAL	384,980.72	
LOOMIS SAYLES GROWTH FUND CL Y	SAL	08/01/23	-1,489.362	35,000.00	.00	.00	-22,734.56	-33,421.28	1,578.72
	SAL	10/12/23	-447.828	10,000.00	.00	.00	-6,835.93	-10,049.26	-49.26
	SAL	12/11/23	-3,600.169	85,000.00	.00	.00	-54,955.25	-80,787.79	4,212.21
	SAL	01/04/24	-1,324.503	30,000.00	.00	.00	-20,218.05	-29,721.85	278.15
	SAL	01/05/24	-3,087.781	70,000.00	.00	.00	-47,133.83	-69,289.81	710.19
	SAL	01/19/24	-256.191	6,000.00	.00	.00	-3,910.66	-5,748.93	251.07
	SAL	03/19/24	-193.349	5,000.00	.00	.00	-2,951.40	-4,338.75	661.25
	0 PURCHASES FOR		.00	7 SALES FOR	241,000.00	ISSUE	AGGREGATE TOTAL	241,000.00	
FEDERATED HERMES GOVT OBLIGATIONS FD CL PREM	SAL	07/03/23	-42,601.290	42,601.29	.00	.00	-42,601.29	-42,601.29	.00
	PUR	07/05/23	1,855.830	-1,855.83	.00	.00	1,855.83	1,855.83	.00
	PUR	07/07/23	567.710	-567.71	.00	.00	567.71	567.71	.00
	PUR	07/10/23	694.690	-694.69	.00	.00	694.69	694.69	.00
	PUR	07/12/23	78.030	-78.03	.00	.00	78.03	78.03	.00
	SAL	07/17/23	-1,521.740	1,521.74	.00	.00	-1,521.74	-1,521.74	.00
	PUR	07/19/23	460.410	-460.41	.00	.00	460.41	460.41	.00
	PUR	08/01/23	47,195.710	-47,195.71	.00	.00	47,195.71	47,195.71	.00
	PUR	08/02/23	66,063.520	-66,063.52	.00	.00	66,063.52	66,063.52	.00
	PUR	08/04/23	594.290	-594.29	.00	.00	594.29	594.29	.00

Morrison Restaurants, Inc. Retirement Plan
Employer Identification Number: 86-1996189; Plan Number: 002

Schedule H, Line 4j – Schedule of Reportable Transactions

07/01/23 THROUGH 06/30/24

ACCOUNT
72-06-601-5849863

MORRISON RETIREMENT PLAN

VALUATION

4,105,722.02 THRESHOLD

PAGE 93
205,286.10

BROKER/PARTY ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	PREVIOUS ANNUAL MARKET	NET GAIN/LOSS
FEDERATED HERMES GOVT OBLIGATIONS FD CL PREM	PUR	08/07/23	721.490	-721.49	.00	.00	721.49	721.49	.00
	PUR	08/08/23	61.350	-61.35	.00	.00	61.35	61.35	.00
	SAL	08/14/23	-2,431.480	2,431.48	.00	.00	-2,431.48	-2,431.48	.00
	PUR	08/16/23	460.410	-460.41	.00	.00	460.41	460.41	.00
	SAL	08/18/23	-34,350.000	34,350.00	.00	.00	-34,350.00	-34,350.00	.00
	SAL	09/01/23	-42,250.320	42,250.32	.00	.00	-42,250.32	-42,250.32	.00
	PUR	09/05/23	50.860	-50.86	.00	.00	50.86	50.86	.00
	PUR	09/07/23	591.540	-591.54	.00	.00	591.54	591.54	.00
	PUR	09/08/23	711.850	-711.85	.00	.00	711.85	711.85	.00
	PUR	09/11/23	56.500	-56.50	.00	.00	56.50	56.50	.00
	SAL	09/15/23	-2,364.810	2,364.81	.00	.00	-2,364.81	-2,364.81	.00
	PUR	09/21/23	2,774.490	-2,774.49	.00	.00	2,774.49	2,774.49	.00
	SAL	10/02/23	-39,478.550	39,478.55	.00	.00	-39,478.55	-39,478.55	.00
	PUR	10/03/23	1,794.740	-1,794.74	.00	.00	1,794.74	1,794.74	.00
	PUR	10/05/23	604.820	-604.82	.00	.00	604.82	604.82	.00
	PUR	10/06/23	747.220	-747.22	.00	.00	747.22	747.22	.00
	PUR	10/10/23	56.520	-56.52	.00	.00	56.52	56.52	.00
	PUR	10/12/23	52,000.000	-52,000.00	.00	.00	52,000.00	52,000.00	.00
	PUR	10/13/23	40,028.530	-40,028.53	.00	.00	40,028.53	40,028.53	.00
	SAL	10/16/23	-1,617.040	1,617.04	.00	.00	-1,617.04	-1,617.04	.00
	PUR	10/19/23	460.410	-460.41	.00	.00	460.41	460.41	.00
	PUR	10/20/23	673.420	-673.42	.00	.00	673.42	673.42	.00
	SAL	11/01/23	-42,150.990	42,150.99	.00	.00	-42,150.99	-42,150.99	.00
	PUR	11/02/23	45.650	-45.65	.00	.00	45.65	45.65	.00
	PUR	11/06/23	630.940	-630.94	.00	.00	630.94	630.94	.00
	PUR	11/07/23	764.540	-764.54	.00	.00	764.54	764.54	.00
	PUR	11/08/23	54.010	-54.01	.00	.00	54.01	54.01	.00
	SAL	11/14/23	-2,220.090	2,220.09	.00	.00	-2,220.09	-2,220.09	.00
	PUR	11/16/23	460.410	-460.41	.00	.00	460.41	460.41	.00
	PUR	11/30/23	35,000.000	-35,000.00	.00	.00	35,000.00	35,000.00	.00
	PUR	12/01/23	2,587.510	-2,587.51	.00	.00	2,587.51	2,587.51	.00
	PUR	12/04/23	45.090	-45.09	.00	.00	45.09	45.09	.00
	PUR	12/06/23	518.420	-518.42	.00	.00	518.42	518.42	.00
	PUR	12/07/23	1,494.890	-1,494.89	.00	.00	1,494.89	1,494.89	.00
	PUR	12/08/23	54.880	-54.88	.00	.00	54.88	54.88	.00
	PUR	12/11/23	835,000.000	-835,000.00	.00	.00	835,000.00	835,000.00	.00
	SAL	12/12/23	-220,107.560	220,107.56	.00	.00	-220,107.56	-220,107.56	.00

Morrison Restaurants, Inc. Retirement Plan
Employer Identification Number: 86-1996189; Plan Number: 002

Schedule H, Line 4j – Schedule of Reportable Transactions

07/01/23 THROUGH 06/30/24

ACCOUNT
72-06-601-5849863

MORRISON RETIREMENT PLAN

VALUATION

4,105,722.02 THRESHOLD

PAGE 94
205,286.10

BROKER/PARTY ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	PREVIOUS ANNUAL MARKET	NET GAIN/LOSS
FEDERATED HERMES GOVT OBLIGATIONS FD CL PREM	SAL	12/14/23	-1,446.190	1,446.19	.00	.00	-1,446.19	-1,446.19	.00
	PUR	12/15/23	1,612.190	-1,612.19	.00	.00	1,612.19	1,612.19	.00
	PUR	12/19/23	3,884.330	-3,884.33	.00	.00	3,884.33	3,884.33	.00
	PUR	12/20/23	1,727.620	-1,727.62	.00	.00	1,727.62	1,727.62	.00
	PUR	12/21/23	7,065.660	-7,065.66	.00	.00	7,065.66	7,065.66	.00
	PUR	12/22/23	7,739.080	-7,739.08	.00	.00	7,739.08	7,739.08	.00
	PUR	12/26/23	10,546.230	-10,546.23	.00	.00	10,546.23	10,546.23	.00
	PUR	12/27/23	1,707.150	-1,707.15	.00	.00	1,707.15	1,707.15	.00
	PUR	12/28/23	3,135.150	-3,135.15	.00	.00	3,135.15	3,135.15	.00
	SAL	01/02/24	-38,831.950	38,831.95	.00	.00	-38,831.95	-38,831.95	.00
	PUR	01/03/24	94.930	-94.93	.00	.00	94.93	94.93	.00
	PUR	01/04/24	386,377.280	-386,377.28	.00	.00	386,377.28	386,377.28	.00
	PUR	01/05/24	345,816.040	-345,816.04	.00	.00	345,816.04	345,816.04	.00
	PUR	01/08/24	46,259.540	-46,259.54	.00	.00	46,259.54	46,259.54	.00
	SAL	01/09/24	-752,799.640	752,799.64	.00	.00	-752,799.64	-752,799.64	.00
	SAL	01/11/24	-247,774.310	247,774.31	.00	.00	-247,774.31	-247,774.31	.00
	PUR	01/12/24	631.770	-631.77	.00	.00	631.77	631.77	.00
	SAL	01/16/24	-2,351.890	2,351.89	.00	.00	-2,351.89	-2,351.89	.00
	PUR	01/19/24	46,000.000	-46,000.00	.00	.00	46,000.00	46,000.00	.00
	SAL	01/22/24	-311,827.780	311,827.78	.00	.00	-311,827.78	-311,827.78	.00
	SAL	02/01/24	-41,055.500	41,055.50	.00	.00	-41,055.50	-41,055.50	.00
	PUR	02/06/24	9,801.660	-9,801.66	.00	.00	9,801.66	9,801.66	.00
	PUR	02/07/24	294.220	-294.22	.00	.00	294.22	294.22	.00
	PUR	02/08/24	15.160	-15.16	.00	.00	15.16	15.16	.00
	SAL	02/14/24	-2,329.440	2,329.44	.00	.00	-2,329.44	-2,329.44	.00
	PUR	02/20/24	460.410	-460.41	.00	.00	460.41	460.41	.00
	SAL	03/01/24	-42,934.950	42,934.95	.00	.00	-42,934.95	-42,934.95	.00
	PUR	03/06/24	9,287.620	-9,287.62	.00	.00	9,287.62	9,287.62	.00
	PUR	03/08/24	11.030	-11.03	.00	.00	11.03	11.03	.00
	SAL	03/14/24	-2,311.520	2,311.52	.00	.00	-2,311.52	-2,311.52	.00
	PUR	03/19/24	21,000.000	-21,000.00	.00	.00	21,000.00	21,000.00	.00
	PUR	03/20/24	4,743.810	-4,743.81	.00	.00	4,743.81	4,743.81	.00
	PUR	03/21/24	460.410	-460.41	.00	.00	460.41	460.41	.00
	PUR	03/27/24	1,104.960	-1,104.96	.00	.00	1,104.96	1,104.96	.00
	SAL	04/01/24	-42,991.050	42,991.05	.00	.00	-42,991.05	-42,991.05	.00
	SAL	04/03/24	-11,300.000	11,300.00	.00	.00	-11,300.00	-11,300.00	.00
	PUR	04/04/24	10,344.540	-10,344.54	.00	.00	10,344.54	10,344.54	.00

Morrison Restaurants, Inc. Retirement Plan
Employer Identification Number: 86-1996189; Plan Number: 002

Schedule H, Line 4j – Schedule of Reportable Transactions

07/01/23 THROUGH 06/30/24

ACCOUNT
72-06-601-5849863

MORRISON RETIREMENT PLAN

VALUATION

4,105,722.02 THRESHOLD PAGE 95 205,286.10

BROKER/PARTY ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	PREVIOUS ANNUAL MARKET	NET GAIN/LOSS
FEDERATED HERMES GOVT OBLIGATIONS FD CL PREM	SAL	04/05/24	-18,213.120	18,213.12	.00	.00	-18,213.12	-18,213.12	.00
	SAL	04/12/24	-2,316.640	2,316.64	.00	.00	-2,316.64	-2,316.64	.00
	PUR	04/16/24	96.720	-96.72	.00	.00	96.72	96.72	.00
	PUR	04/22/24	460.410	-460.41	.00	.00	460.41	460.41	.00
	SAL	05/01/24	-43,205.700	43,205.70	.00	.00	-43,205.70	-43,205.70	.00
	PUR	05/06/24	10,364.420	-10,364.42	.00	.00	10,364.42	10,364.42	.00
	PUR	05/08/24	10.100	-10.10	.00	.00	10.10	10.10	.00
	SAL	05/14/24	-2,244.660	2,244.66	.00	.00	-2,244.66	-2,244.66	.00
	PUR	05/21/24	460.410	-460.41	.00	.00	460.41	460.41	.00
	SAL	05/23/24	-1,500.000	1,500.00	.00	.00	-1,500.00	-1,500.00	.00
	SAL	06/03/24	-43,360.090	43,360.09	.00	.00	-43,360.09	-43,360.09	.00
	PUR	06/05/24	10,566.780	-10,566.78	.00	.00	10,566.78	10,566.78	.00
	PUR	06/12/24	10.270	-10.27	.00	.00	10.27	10.27	.00
	SAL	06/14/24	-2,258.400	2,258.40	.00	.00	-2,258.40	-2,258.40	.00
	PUR	06/17/24	578.910	-578.91	.00	.00	578.91	578.91	.00
	PUR	06/18/24	30,854.550	-30,854.55	.00	.00	30,854.55	30,854.55	.00
	PUR	06/24/24	460.410	-460.41	.00	.00	460.41	460.41	.00
	PUR	06/25/24	830.210	-830.21	.00	.00	830.21	830.21	.00
	72 PURCHASES FOR		2,070,774.66	30 SALES FOR	2,042,146.70	ISSUE AGGREGATE TOTAL	4,112,921.36		
VANGUARD SHORT-TERM CORPORATE BOND	PUR	01/08/24	5,000.000	-385,325.00	.00	.00	385,325.00	385,325.00	.00
	PUR	01/09/24	6,400.000	-492,738.56	.00	.00	492,738.56	492,738.56	.00
	PUR	01/11/24	1,900.000	-146,594.50	.00	.00	146,594.50	146,594.50	.00
	PUR	01/22/24	1,200.000	-92,766.00	.00	.00	92,766.00	92,766.00	.00
	PUR	03/20/24	485.000	-37,343.59	.00	.00	37,343.59	37,343.59	.00
	5 PURCHASES FOR		1,154,767.65	0 SALES FOR	.00	ISSUE AGGREGATE TOTAL	1,154,767.65		
VANGUARD LONG-TERM CORP BOND	PUR	01/08/24	1,000.000	-78,679.00	.00	.00	78,679.00	78,679.00	.00
	PUR	01/09/24	4,100.000	-320,797.12	.00	.00	320,797.12	320,797.12	.00
	PUR	01/11/24	410.000	-32,373.68	.00	.00	32,373.68	32,373.68	.00
	PUR	01/22/24	500.000	-39,119.50	.00	.00	39,119.50	39,119.50	.00
	PUR	03/20/24	1,450.000	-111,831.54	.00	.00	111,831.54	111,831.54	.00
	5 PURCHASES FOR		582,800.84	0 SALES FOR	.00	ISSUE AGGREGATE TOTAL	582,800.84		

Morrison Restaurants, Inc. Retirement Plan
Employer Identification Number: 86-1996189; Plan Number: 002

Schedule H, Line 4j – Schedule of Reportable Transactions

07/01/23 THROUGH 06/30/24

ACCOUNT
72-06-601-5849863

MORRISON RETIREMENT PLAN

VALUATION

4,105,722.02 THRESHOLD

PAGE 96

205,286.10

BROKER/PARTY ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	PREVIOUS ANNUAL MARKET	NET GAIN/LOSS
VANGUARD SCOTTSDALE FDS VANGUARD INTERME	SAL	12/01/23	-307.000	24,197.48	.00	.20	-26,453.51	-24,262.21	-64.73
	PUR	12/12/23	9,400.000	-741,955.16	.00	.00	741,955.16	741,955.16	.00
	PUR	01/08/24	1,000.000	-80,455.00	.00	.00	80,455.00	80,455.00	.00
	PUR	01/11/24	855.000	-68,806.13	.00	.00	68,806.13	68,806.13	.00
	PUR	01/22/24	2,300.000	-184,788.90	.00	.00	184,788.90	184,788.90	.00
	SAL	03/20/24	-1,080.000	86,172.51	.00	.69	-86,667.04	-85,682.78	489.73
	4 PURCHASES FOR		1,076,005.19	2 SALES FOR	110,369.99	ISSUE AGGREGATE TOTAL		1,186,375.18	
VANGUARD 500 INDEX FUND SHS ETF	SAL	10/13/23	-82.000	32,836.44	.00	.27	-18,753.74	-33,396.96	-560.52
	SAL	12/01/23	-30.000	12,571.25	.00	.11	-6,861.12	-12,218.40	352.85
	SAL	12/12/23	-400.000	169,218.40	.00	1.36	-91,481.66	-162,912.00	6,306.40
	SAL	01/08/24	-250.000	107,565.13	.00	.87	-57,176.04	-101,820.00	5,745.13
	SAL	01/09/24	-7.000	3,011.37	.00	.03	-1,600.93	-2,850.96	160.41
	SAL	03/20/24	-35.000	16,626.26	.00	.14	-8,004.64	-14,254.80	2,371.46
	SAL	06/18/24	-30.000	14,997.78	.00	.42	-6,861.12	-12,218.40	2,779.38
	0 PURCHASES FOR		.00	7 SALES FOR	356,826.63	ISSUE AGGREGATE TOTAL		356,826.63	

Morrison Restaurants, Inc. Retirement Plan
Employer Identification Number: 86-1996189; Plan Number: 002

Schedule H, Line 4j – Schedule of Reportable Transactions

07/01/23 THROUGH 06/30/24

ACCOUNT
72-06-601-5849863

MORRISON RETIREMENT PLAN

VALUATION

4,105,722.02 THRESHOLD

PAGE 97
205,286.10

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	PREVIOUS ANNUAL MARKET	NET GAIN/LOSS
MONEY MARKET PURCHASE									
FEDERATED HERMES GOVT OBLIGATIONS FD CL PREM	PUR	12/11/23	835,000.000	-835,000.00	.00	.00	835,000.00	835,000.00	.00
	SAL	12/12/23	-220,107.560	220,107.56	.00	.00	-220,107.56	-220,107.56	.00
	PUR	01/04/24	386,377.280	-386,377.28	.00	.00	386,377.28	386,377.28	.00
	PUR	01/05/24	345,816.040	-345,816.04	.00	.00	345,816.04	345,816.04	.00
	SAL	01/09/24	-752,799.640	752,799.64	.00	.00	-752,799.64	-752,799.64	.00
	SAL	01/11/24	-247,774.310	247,774.31	.00	.00	-247,774.31	-247,774.31	.00
	SAL	01/22/24	-311,827.780	311,827.78	.00	.00	-311,827.78	-311,827.78	.00
JEFFERIES & COMPANY									
VANGUARD LONG-TERM CORP BOND	PUR	01/09/24	4,100.000	-320,797.12	.00	.00	320,797.12	320,797.12	.00
UBS SECURITIES LLC									
VANGUARD SHORT-TERM CORPORATE BOND	PUR	01/09/24	6,400.000	-492,738.56	.00	.00	492,738.56	492,738.56	.00
	PUR	01/08/24	5,000.000	-385,325.00	.00	.00	385,325.00	385,325.00	.00
J.P. MORGAN SECURITIES INC.									
VANGUARD SCOTTSDALE FDS VANGUARD INTERME	PUR	12/12/23	9,400.000	-741,955.16	.00	.00	741,955.16	741,955.16	.00
	7 PURCHASES FOR		3,508,009.16	4 SALES FOR	1,532,509.29	ISSUE AGGREGATE TOTAL	5,040,518.45		

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2023

**This Form is Open to Public
Inspection**

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

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

A Name of plan MORRISON RESTAURANTS, INC RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF RUBY TUESDAY OPERATIONS LLC	D Employer Identification Number (EIN) 86-1996189	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2023</u>			
2 Assets:			
a Market value.....	2a	4,105,722	
b Actuarial value.....	2b	4,288,442	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	156	4,138,262	4,138,262
b For terminated vested participants.....	21	33,169	33,169
c For active participants.....	2	2,305	2,305
d Total.....	179	4,173,736	4,173,736
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	5.04%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	0	
b Expected plan-related expenses.....	6b	90,000	
c Target normal cost.....	6c	90,000	

Statement by Enrolled Actuary

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

SIGN HERE	Mitzi M. Silverstein <i>MMS</i>	02/28/2025
	Signature of actuary	Date
	MITZI M. SILVERSTEIN, F.S.A.	2307184
	Type or print name of actuary	Most recent enrollment number
	AON CONSULTING, INC.	336-748-1120
	Firm name	Telephone number (including area code)
	MSC# 17848, Aon PO Box 551343 Atlanta GA 30355	
	Address of the firm	

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2023 v. 230728

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 61

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	90,000
b Excess assets, if applicable, but not greater than line 31a	31b	90,000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

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

36 Additional cash requirement (line 34 minus line 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

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

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

Schedule SB Attachment (Form 5500)—2023 Plan Year
Morrison Restaurants Inc. Retirement Plan
EIN: 86-1996189 PN: 002

Schedule SB, line 15—No 2023 AFTAP Certification Issued

The pension plan was completely frozen prior to September 2005 and is exempt from benefit restrictions under IRC Section 436. Since a certified AFTAP would have no impact on plan administration, a 2023 AFTAP certification was not prepared.

Schedule SB Attachment (Form 5500)—2023 Plan Year
Morrison Restaurants Inc. Retirement Plan
EIN: 86-1996189 PN: 002

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	5.00%	0.8145	2.40
60	5.00%	0.7738	2.32
61	30.00%	0.7351	13.45
62	50.00%	0.5146	15.95
63	40.00%	0.2573	6.48
64	40.00%	0.1544	3.95
65	100.00%	0.0926	6.02
	Weighted Average		61.04

Schedule SB Attachment (Form 5500)—2023 Plan Year
Morrison Restaurants Inc. Retirement Plan
EIN: 86-1996189 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of March 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of March 2023), without regard to interest rate stabilization
1st Segment Rate	2.50%
2nd Segment Rate	3.83%
3rd Segment Rate	4.06%
Optional Payment Form Election Percentage	100% Life Annuity. Due to the small plan size and since all optional forms of payment are actuarially equivalent, everyone not yet in pay is assumed to receive a straight life annuity.
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65. Due to the small plan size, all deferred participants are assumed to commence payment at the plan's normal retirement age of 65.
Mortality Rates	
Healthy and Disabled	2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) and IRS Notice 2022-22
Withdrawal Rates	See Table 2
Disability Rates	None. The plan does not offer a different benefit to disabled participants. Any disability decrements are included in the withdrawal and retirement rates.
Decrement Timing	Beginning of year decrements

Schedule SB Attachment (Form 5500)—2023 Plan Year

Morrison Restaurants Inc. Retirement Plan

EIN: 86-1996189 PN: 002

Surviving Spouse Benefit

It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses. This assumption only impacts the preretirement death benefit provided by the plan. It is based on general US population trends.

Benefit and Compensation Limits

Projected benefits are limited by the current IRC section 415 maximum benefit of \$265,000

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2021 Plan Year

6.00%

2022 Plan Year

6.00%, limited to 5.92%

2023 Plan Year

6.50%, limited to 5.74%

Expected asset returns are based on the plan's asset allocation and capital market expectations as of July 1 each year.

Trust Expenses Included in Target Normal Cost

The prior year's administrative plan expenses, less prior year's PBGC premiums, plus current year's estimated premiums, rounded up to the next \$5,000.

Actuarial Method

Standard unit credit cost method

Valuation Date

July 1, 2023

Schedule SB Attachment (Form 5500)—2023 Plan Year
Morrison Restaurants Inc. Retirement Plan
EIN: 86-1996189 PN: 002

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	30.00%
62	50.00%
63	40.00%
64	40.00%
65	100.00%

Schedule SB Attachment (Form 5500)—2023 Plan Year
Morrison Restaurants Inc. Retirement Plan
EIN: 86-1996189 PN: 002

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
18	9.9699%	48	1.8963%
19	9.2666%	49	1.7314%
20	8.6651%	50	1.5661%
21	8.1444%	51	1.3998%
22	7.6890%	52	1.2319%
23	7.2870%	53	1.0618%
24	6.9399%	54	0.9310%
25	6.6141%	55	0.8519%
26	6.3504%	56	0.9262%
27	6.0827%	57	1.0039%
28	5.8225%	58	1.0889%
29	5.5700%	59	1.1924%
30	5.3255%	60	1.3119%
31	5.0888%	61	1.4440%
32	4.8597%	62	1.5863%
33	4.6380%	63	1.7413%
34	4.4233%	64	1.9185%
35	4.2151%	65	2.1260%
36	4.0130%	66+	0.0000%
37	3.8166%		
38	3.6254%		
39	3.4389%		
40	3.2566%		
41	3.0781%		
42	2.9030%		
43	2.7307%		
44	2.5609%		
45	2.3930%		
46	2.2265%		
47	2.0611%		

Schedule SB Attachment (Form 5500)—2023 Plan Year
Morrison Restaurants Inc. Retirement Plan
EIN: 86-1996189 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

General Information

Effective Date of Last Amendment	January 1, 2015
Plan Year	July 1 to June 30
Employer Fiscal Year	Determined based on five-week months for the first month of each quarter and four-week months for all other months of the year.
Employer ID Number	86-1996189
Plan Administrator's ID Number	86-1996189
Plan Number	002
Plan Administrator	Ruby Tuesday Operations LLC
Eligibility	The plan is frozen to new participants as of December 31, 1987. No new employees are eligible to participate in the plan.
Service	Years of service credit ceased as of December 31, 1987. Service shall equal total years of service with the employer. Prior to July 1, 1985, service is calculated under the rules of the plan in effect before July 1, 1985. After this date, a year of service is credited for each calendar year in which an employee works 1,000 hours. A break in service occurs at the start of any plan year in which the employee works 500 hours or less for the employer in such year.
Normal Retirement Date	Normal retirement date is the first day of the month coincident with or next following the attainment of age 65 and five years of service.
Normal Retirement Benefit	The annual benefit to be paid in monthly installments is the sum of (1) and (2): (1) 0.25% of high five-year average compensation during 1976 to 1985 not in excess of \$14,400 plus 1.25% of such earnings in excess of \$14,400 for each year of service prior to January 1, 1986.

Schedule SB Attachment (Form 5500)—2023 Plan Year

Morrison Restaurants Inc. Retirement Plan

EIN: 86-1996189 PN: 002

(2) 0.25% of annual compensation not in excess of the Social Security taxable wage base in effect during the year, plus 1.25% of annual compensation in excess of the wage base. In no event shall this be less than the benefit accrued under the prior plan.

Neither (1) or (2) above can be less than \$36.00 multiplied by the applicable years of service.

Accrued Benefit

There are no future accruals as of December 31, 1987.

Frozen accrued benefits have been provided to Aon by the prior actuary.

Early Retirement Benefit

Upon the completion of five years of credited service and the attainment of age 55, a participant may elect to retire. He may receive an immediate benefit equal to the normal retirement benefit multiplied by the appropriate factor from the table below.

Age	Percentage of Accrued Benefit Payable
65	100%
64	93%
63	86%
62	79%
61	72%
60	65%
59	62%
58	59%
57	56%
56	53%
55	50%

Death Benefit

In the event of a married participant's death after the completion of five years of service, but prior to normal retirement date, it will be assumed the participant had retired on the day prior to death and elected a joint and one-half survivor benefit payable at the earlier of his normal retirement date or his early retirement date.

In the event of a participant's death after attainment of his normal retirement age, it will be assumed the participant had retired on the day prior to death and elected a joint and one-half survivor benefit payable immediately.

Schedule SB Attachment (Form 5500)—2023 Plan Year
Morrison Restaurants Inc. Retirement Plan
EIN: 86-1996189 PN: 002

Severance Benefit

Upon the termination of employment after five or more years of service a participant shall have a vested interest in his accrued benefit which will be payable at normal retirement date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 5	0%
5 or more	100%

The participant may elect to receive his vested interest at age 55. Such benefit will be reduced as described under Early Retirement Benefits.

Optional Methods of Settlement

All optional methods of settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with one-half of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with three-fourths of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.
- (4) A reduced benefit to be paid for 120 months certain and thereafter for life.
- (5) A reduced benefit to be paid for 240 months certain and thereafter for life.
- (6) If the present value of the vested accrued benefit is \$7,500 or less, a lump sum cash payment.
- (7) If the present value of the vested accrued benefit is \$5,000 or less, the benefit shall be distributed in a lump sum without the participant's consent.

Schedule SB Attachment (Form 5500)—2023 Plan Year
Morrison Restaurants Inc. Retirement Plan
EIN: 86-1996189 PN: 002

All optional methods of settlement are actuarially equivalent to the normal form of payment on a unisex basis based on factors provided in Appendix C of the Plan document. Lump sums are calculated using the applicable interest rate for the last full month immediately preceding the first day of the plan year in which the date of distribution is to occur and the applicable mortality table, each as designated by the Secretary of the Treasury under Code section 417(e)(3).

Amendment or Termination of Plan

The employer reserves the right to amend or terminate the plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the plan if the employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure, and the employer shall be liable for any unfunded vested benefits to the extent required by law.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2023 Plan Year
Morrison Restaurants Inc. Retirement Plan
EIN: 86-1996189 PN: 002

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption changes:

- A change in the unlimited expected return on plan assets from 6.00% to 6.50%.

This change was made to better reflect expected future experience.

Since the non-prescribed assumption changes did not reduce the funding shortfall by more than the thresholds stated in Internal Revenue Code Section 430(h)(5), approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2023 Plan Year
Morrison Restaurants Inc. Retirement Plan
EIN: 86-1996189 PN: 002

Schedule SB, line 26a—Schedule of Active Participant Data as of July 1, 2023

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54										
55-59		1								
60-64										
65-69		1								
70+										

N-2

Schedule SB, line 15 – No 2023 AFTAP Certification Issued

PLAN YEAR: 2023

Plan Name: Morrison Restaurants Inc. Retirement Plan

EIN/PN: 86-1996189/002

Schedule SB, line 15 – No 2023 AFTAP Certification Issued

The pension plan was completely frozen prior to September 2005 and is exempt from benefit restrictions under IRC Section 436. Since a certified AFTAP would have no impact on plan administration, a 2023 AFTAP certification was not prepared.

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	5.00%	0.8145	2.40
60	5.00%	0.7738	2.32
61	30.00%	0.7351	13.45
62	50.00%	0.5146	15.95
63	40.00%	0.2573	6.48
64	40.00%	0.1544	3.95
65	100.00%	0.0926	6.02
	Weighted Average		61.04

General Information

Effective Date of Last Amendment	January 1, 2015
Plan Year	July 1 to June 30
Employer Fiscal Year	Determined based on five-week months for the first month of each quarter and four-week months for all other months of the year.
Employer ID Number	86-1996189
Plan Administrator's ID Number	86-1996189
Plan Number	002
Plan Administrator	Ruby Tuesday Operations LLC
Eligibility	The plan is frozen to new participants as of December 31, 1987. No new employees are eligible to participate in the plan.
Service	<p>Years of service credit ceased as of December 31, 1987.</p> <p>Service shall equal total years of service with the employer. Prior to July 1, 1985, service is calculated under the rules of the plan in effect before July 1, 1985. After this date, a year of service is credited for each calendar year in which an employee works 1,000 hours.</p> <p>A break in service occurs at the start of any plan year in which the employee works 500 hours or less for the employer in such year.</p>
Normal Retirement Date	Normal retirement date is the first day of the month coincident with or next following the attainment of age 65 and five years of service.
Normal Retirement Benefit	<p>The annual benefit to be paid in monthly installments is the sum of (1) and (2):</p> <p>(1) 0.25% of high five-year average compensation during 1976 to 1985 not in excess of \$14,400 plus 1.25% of such earnings in excess of \$14,400 for each year of service prior to January 1, 1986.</p>

(2) 0.25% of annual compensation not in excess of the Social Security taxable wage base in effect during the year, plus 1.25% of annual compensation in excess of the wage base. In no event shall this be less than the benefit accrued under the prior plan.

Neither (1) or (2) above can be less than \$36.00 multiplied by the applicable years of service.

Accrued Benefit

There are no future accruals as of December 31, 1987.

Frozen accrued benefits have been provided to Aon by the prior actuary.

Early Retirement Benefit

Upon the completion of five years of credited service and the attainment of age 55, a participant may elect to retire. He may receive an immediate benefit equal to the normal retirement benefit multiplied by the appropriate factor from the table below.

Age	Percentage of Accrued Benefit Payable
65	100%
64	93%
63	86%
62	79%
61	72%
60	65%
59	62%
58	59%
57	56%
56	53%
55	50%

Death Benefit

In the event of a married participant's death after the completion of five years of service, but prior to normal retirement date, it will be assumed the participant had retired on the day prior to death and elected a joint and one-half survivor benefit payable at the earlier of his normal retirement date or his early retirement date.

In the event of a participant's death after attainment of his normal retirement age, it will be assumed the participant had retired on the day prior to death and elected a joint and one-half survivor benefit payable immediately.

Severance Benefit

Upon the termination of employment after five or more years of service a participant shall have a vested interest in his accrued benefit which will be payable at normal retirement date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 5	0%
5 or more	100%

The participant may elect to receive his vested interest at age 55. Such benefit will be reduced as described under Early Retirement Benefits.

Optional Methods of Settlement

All optional methods of settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with one-half of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with three-fourths of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.
- (4) A reduced benefit to be paid for 120 months certain and thereafter for life.
- (5) A reduced benefit to be paid for 240 months certain and thereafter for life.
- (6) If the present value of the vested accrued benefit is \$7,500 or less, a lump sum cash payment.
- (7) If the present value of the vested accrued benefit is \$5,000 or less, the benefit shall be distributed in a lump sum without the participant's consent.

All optional methods of settlement are actuarially equivalent to the normal form of payment on a unisex basis based on factors provided in Appendix C of the Plan document. Lump sums are calculated using the applicable interest rate for the last full month immediately preceding the first day of the plan year in which the date of distribution is to occur and the applicable mortality table, each as designated by the Secretary of the Treasury under Code section 417(e)(3).

Amendment or Termination of Plan

The employer reserves the right to amend or terminate the plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the plan if the employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure, and the employer shall be liable for any unfunded vested benefits to the extent required by law.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Changes Since the Prior Year

The funding and plan reporting valuations do not reflect any plan changes.

Morrison Restaurants, Inc. Retirement Plan
Employer Identification Number: 86-1996189; Plan Number: 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

AS OF 06/30/24

ACCOUNT
72-06-601-5849863

MORRISON RETIREMENT PLAN

PAGE 5

PAR VALUE/ SHARES	ASSET DESCRIPTION	BOOK VALUE	MARKET PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	ACCRUED INCOME	YTM	MARKET YIELD	EST ANNUAL INCOME
CASH EQUIVALENTS									
MONEY MARKET FUNDS									
75,550.010	FEDERATED HERMES GOVT OBLIGATIONS FD CL PREM CUSIP NO: 608919718	75,550.01	1.000	75,550.01		254.22		5.237	3,956.55
	BANK OF AMERICA TEMPORARY OVERNIGHT DEPOSIT CUSIP NO: 992490460		1.000			.19			
	TOTAL MONEY MARKET FUNDS	75,550.01		75,550.01		254.41		5.237	3,956.55
	TOTAL CASH EQUIVALENTS	75,550.01		75,550.01		254.41		5.237	3,956.55
FIXED INCOME									
OTHER FIXED INCOME									
14,985.000	VANGUARD SHORT-TERM CORPORATE BOND MOODYS: NR S&P: NR CUSIP NO: 92206C409	1,154,767.65	77.275	1,157,965.88	3,198.23			3.586	41,520.44
7,460.000	VANGUARD LONG-TERM CORP BOND MOODYS: NR S&P: NR CUSIP NO: 92206C813	582,800.84	75.860	565,915.60	-16,885.24			5.051	28,585.97
14,459.000	VANGUARD SCOTTSDALE FDS VANGUARD INTERME MOODYS: NR S&P: NR CUSIP NO: 92206C870	1,160,295.07	79.930	1,155,707.87	-4,587.20			4.156	48,034.24

Morrison Restaurants, Inc. Retirement Plan
Employer Identification Number: 86-1996189; Plan Number: 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

AS OF 06/30/24

ACCOUNT
72-06-601-5849863

MORRISON RETIREMENT PLAN

PAGE 6

PAR VALUE/ SHARES	ASSET DESCRIPTION	BOOK VALUE	MARKET PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	ACCRUED INCOME	YTM	MARKET YIELD	EST ANNUAL INCOME
	TOTAL OTHER FIXED INCOME	2,897,863.56		2,879,589.35	-18,274.21			4.103	118,140.65
	TOTAL FIXED INCOME	2,897,863.56		2,879,589.35	-18,274.21			4.103	118,140.65
EQUITIES									
MUTUAL FUNDS-EQUITY									
1,573.140	BAIRD MIDCAP FUND INSTITUTIONAL CL CUSIP NO: 057071813	25,879.26	23.540	37,031.72	11,152.46				
652.945	CONESTOGA SMALL CAP FUND INSTL CLASS CUSIP NO: 207019704	32,772.85	71.320	46,568.04	13,795.19				
752.373	HARDING LOEVNER INTL EQUITY PT FD INSTL CL CUSIP NO: 412295107	17,150.72	26.360	19,832.55	2,681.83		1.963		389.32
724.816	OAKMARK INTL FD CL R6 CUSIP NO: 413838574	20,790.04	25.690	18,620.52	-2,169.52		2.258		420.54
555.715	OAKMARK SELECT FD CL R6 CUSIP NO: 413838616	25,871.92	70.150	38,983.41	13,111.49		.738		287.80
2,955.619	HARTFORD SCHROEDERS EMERG MKTS EQUITY FD CL F CUSIP NO: 41665X859	43,656.78	17.050	50,393.30	6,736.52		1.388		699.39
1,544.045	LOOMIS SAYLES GROWTH FUND CL Y CUSIP NO: 543487110	23,569.28	27.190	41,982.58	18,413.30				

Morrison Restaurants, Inc. Retirement Plan
Employer Identification Number: 86-1996189; Plan Number: 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

AS OF 06/30/24

ACCOUNT
72-06-601-5849863

MORRISON RETIREMENT PLAN

PAGE 7

PAR VALUE/ SHARES	ASSET DESCRIPTION	BOOK VALUE	MARKET PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	ACCRUED INCOME	YTM	MARKET YIELD	EST ANNUAL INCOME
1,283.675	MFS MID CAP VALUE FUND CL R6 CUSIP NO: 55273w475	27,438.45	32.700	41,976.17	14,537.72			1.498	628.81
1,107.714	ALLSPRING SPECIAL SMALL CAP VALUE FUND CL R6 CUSIP NO: 94988a668	37,726.38	41.770	46,269.21	8,542.83			.993	459.60
	TOTAL MUTUAL FUNDS-EQUITY	254,855.68		341,657.50	86,801.82			.845	2,885.46
	OTHER EQUITIES								
141.000	ISHARES S&P 100 CUSIP NO: 464287101	16,933.71	264.300	37,266.30	20,332.59			1.050	391.38
1,412.000	ISHARES RUSSELL MIDCAP CUSIP NO: 464287499	66,609.81	81.080	114,484.96	47,875.15			1.349	1,544.48
301.000	ISHARES TR RUSSELL 2000 CUSIP NO: 464287655	39,732.92	202.890	61,069.89	21,336.97			1.305	796.77
1,356.000	VANGUARD FTSE DEVELOPED MARKETS ETF CUSIP NO: 921943858	55,489.14	49.420	67,013.52	11,524.38			3.373	2,260.18
1,206.000	VANGUARD FTSE EMERGING MARKETS ETF CUSIP NO: 922042858	47,940.26	43.760	52,774.56	4,834.30			3.202	1,689.97
301.000	VANGUARD 500 INDEX FUND SHS ETF CUSIP NO: 922908363	68,839.95	500.130	150,539.13	81,699.18	536.83		1.324	1,992.62
	TOTAL OTHER EQUITIES	295,545.79		483,148.36	187,602.57	536.83		1.796	8,675.40

Morrison Restaurants, Inc. Retirement Plan
Employer Identification Number: 86-1996189; Plan Number: 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

AS OF 06/30/24

ACCOUNT
72-06-601-5849863

MORRISON RETIREMENT PLAN

PAGE 8

PAR VALUE/ SHARES	ASSET DESCRIPTION	BOOK VALUE	MARKET PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	ACCRUED INCOME	YTM	MARKET YIELD	EST ANNUAL INCOME
	TOTAL EQUITIES	550,401.47		824,805.86	274,404.39	536.83		1.402	11,560.86
	TOTAL INVESTMENTS	3,523,815.04		3,779,945.22	256,130.18	791.24		3.536	133,658.06
	TOTAL CASH								
	ACCRUED INCOME	791.24		791.24					
	TOTAL ASSETS	3,524,606.28		3,780,736.46					