

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- 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: SOUTHERN FOODSERVICE MANAGEMENT, INC. 401(K) PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 10/01/1991
2a Plan sponsor's name (employer, if for a single-employer plan): SOUTHERN FOODSERVICE MANAGEMENT, INC.
2b Employer Identification Number (EIN): 63-0315905
2c Plan Sponsor's telephone number: 205-871-8000
2d Business code (see instructions): 722300

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	644
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)	538
	6a(2)	525
	6b	0
	6c	51
	6d	576
	6e	0
	6f	576
	6g(1)	195
	6g(2)	141
h	13	
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:
 2E 2F 2G 2J 2K 3D

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 checked="" type="checkbox"/> Insurance	(1) <input checked="" 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 type="checkbox"/> Trust	(3) <input 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 type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </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 checked="" 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<p>A Name of plan SOUTHERN FOODSERVICE MANAGEMENT, INC. 401(K) PLAN</p>	<p>B Three-digit plan number (PN) ▶ 002</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN FOODSERVICE MANAGEMENT, INC.</p>	<p>D Employer Identification Number (EIN) 63-0315905</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA LIFE AND ANNUITY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	PHU961	143	10/01/2023	09/30/2024

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

(a) Total amount of commissions paid 14212	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
JAMES T. MURFEE **120 OFFICE PARK DRIVE, SUITE 100**
BIRMINGHAM, AL 35223

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14212		BROKER COMMISSIONS	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.		
4	Current value of plan's interest under this contract in the general account at year end	441307
5	Current value of plan's interest under this contract in separate accounts at year end.....	4865885
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year.....	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP PENSION FUNDING	
b	Balance at the end of the previous year	7b 647866
c	Additions: (1) Contributions deposited during the year	7c(1) 14518
	(2) Dividends and credits	7c(2) 0
	(3) Interest credited during the year	7c(3) 11469
	(4) Transferred from separate account.....	7c(4) 10428
	(5) Other (specify below)	7c(5) 0
	▶	
	(6) Total additions	7c(6) 36415
d	Total of balance and additions (add lines 7b and 7c(6))	7d 684281
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 220631
	(2) Administration charge made by carrier	7e(2) 15387
	(3) Transferred to separate account.....	7e(3) 0
	(4) Other (specify below)	7e(4) 6956
▶ ADJUSTMENTS		
	(5) Total deductions	7e(5) 242974
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f 441307

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3)).....		9a(4)
b	Benefit charges (1) Claims paid.....	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2)).....		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies.....	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves.....		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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 **10/01/2023** and ending **09/30/2024**

A Name of plan SOUTHERN FOODSERVICE MANAGEMENT, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN FOODSERVICE MANAGEMENT, INC.	D Employer Identification Number (EIN) 63-0315905	

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				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; border-bottom: 1px solid black;">VOYA RETIREMENT INSURANCE & ANNUITY</td> <td style="width:60%; border-bottom: 1px solid black;">PO BOX 990067 HARTFORD, CT 06199</td> </tr> <tr> <td style="border-bottom: 1px solid black;">71-0294708</td> <td></td> </tr> </table>	VOYA RETIREMENT INSURANCE & ANNUITY	PO BOX 990067 HARTFORD, CT 06199	71-0294708	
VOYA RETIREMENT INSURANCE & ANNUITY	PO BOX 990067 HARTFORD, CT 06199			
71-0294708				

(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)

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>SOUTHERN FOODSERVICE MANAGEMENT, INC. 401(K) PLAN</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SOUTHERN FOODSERVICE MANAGEMENT, INC.</u>	D Employer Identification Number (EIN) <u>63-0315905</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS AM BALANCED R3</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY</u>				
c EIN-PN	<u>71-0294708-002</u>	d Entity code	<u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>337929</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS GROWTH FND R3</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY</u>				
c EIN-PN	<u>71-0294708-002</u>	d Entity code	<u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>324222</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS NEW WORLD R3</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY</u>				
c EIN-PN	<u>71-0294708-002</u>	d Entity code	<u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>72249</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS NW PRSPCTV R3</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY</u>				
c EIN-PN	<u>71-0294708-002</u>	d Entity code	<u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>100901</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLKRCK HLTH SCI OPPORT PRT IA</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY</u>				
c EIN-PN	<u>71-0294708-002</u>	d Entity code	<u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>67290</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COHEN&STEERS REAL EST S FUND A</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY</u>				
c EIN-PN	<u>71-0294708-002</u>	d Entity code	<u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>157150</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLUMBIA DIVIDEND INCOME FND A</u>				
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE & ANNUITY</u>				
c EIN-PN	<u>71-0294708-002</u>	d Entity code	<u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>64029</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA HIGH YIELD BD FND ADV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82769
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN UTILITIES FUND R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 228565
a Name of MTIA, CCT, PSA, or 103-12 IE: INV GOLD & SPEC MIN FD R		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51611
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTL DIVERSIFICATION FD R2		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 127963
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS TECHNOLOGY FUND R2		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 269077
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS VALUE FUND R2		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78724
a Name of MTIA, CCT, PSA, or 103-12 IE: MASS INVESTORS TRUST R2		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26417
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERG BERM GENESIS FUND ADV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8434
a Name of MTIA, CCT, PSA, or 103-12 IE: VY AMCEN SM-MDCP VL PORT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 136053
a Name of MTIA, CCT, PSA, or 103-12 IE: VY JPM SMCP CR EQ PORT SRV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 126838

a Name of MTIA, CCT, PSA, or 103-12 IE: VY TRWPR GRW EQTY PT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72574
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD VIF - DIVRSD VL PORT		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 97695
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD VIF - EQUITY INC PORT		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74444
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD VIF - SM COMP GRW PORT		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49960
a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY INTEGRITY SCP VL FD Y		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36720
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA FIXED ACCOUNT		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 229879
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA FIXED ACCOUNT A		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 211428
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GNMA INCOME FUND A		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79055
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDEX SOLUTION 2065 P ADV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22966
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDX SOLUTION 2025 P ADV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74144

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDX SOLUTION 2030 PT ADV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 209547
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDX SOLUTION 2035 P ADV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 449617
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDX SOLUTION 2040 PT ADV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 159646
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDX SOLUTION 2045 P ADV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 368207
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDX SOLUTION 2050 PT ADV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63614
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDX SOLUTION 2055 P ADV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 151535
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDX SOLUTION 2060 P ADV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78865
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INDX SOLUTION INC P ADV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23174
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INTERMEDIATE BOND PRT I		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37490
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA LARGE CAP GROWTH PRT SRV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY		
c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 258532

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA MID CAP OPPORT PORT I

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY

c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 134636
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RUSSELL LGCP INDX PRT I

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY

c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 134956
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA RUSSELL MDCP INDX PRT I

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY

c EIN-PN 71-0294708-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28287
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

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b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

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 10/01/2023 and ending 09/30/2024	
A Name of plan SOUTHERN FOODSERVICE MANAGEMENT, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN FOODSERVICE MANAGEMENT, INC.	D Employer Identification Number (EIN) 63-0315905

Part I	Asset and Liability Statement
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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
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	539	2266
(2) Participant contributions	1b(2)	92	92
(3) Other	1b(3)	0	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	3719661	4865885
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	647866	441307
(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	4368158	5309550
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		0
k Total liabilities (add all amounts in lines 1g through 1j)	1k		0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4368158	5309550

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)	68678	
(B) Participants	2a(1)(B)	351270	
(C) Others (including rollovers)	2a(1)(C)	15536	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		435484
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	11469	
(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)		
(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)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		1094019
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		35
d Total income. Add all income amounts in column (b) and enter total.....	2d		1541007

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	581994	
(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)		581994
f Corrective distributions (see instructions).....	2f		0
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)	17621	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		17621
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		599615

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		941392
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: **HORTON, LEE, BURNETT, PEACOCK, CLEV**

(2) EIN: **63-1034180**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7223
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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 _____.

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 10/01/2023 and ending 09/30/2024

A Name of plan <u>SOUTHERN FOODSERVICE MANAGEMENT, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SOUTHERN FOODSERVICE MANAGEMENT, INC.</u>	D Employer Identification Number (EIN) <u>63-0315905</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>71-0294708</u>		
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	

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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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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.	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 10/01/2021 (MM/DD/YYYY) and the Opinion Letter serial number Q703007A.

SOUTHERN FOODSERVICE MANAGEMENT, INC.
401 (K) PLAN

Employer Id No.: 63-0315905
Plan Number: 002

Financial Statements as of September 30, 2024 and 2023,
for the Year Ended September 30, 2024,
Supplemental Schedules as of and for the Year Ended
September 30, 2024, and Independent Auditor's Report

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Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Independent Auditor's Report

To the Board of Trustees of
Southern Foodservice Management 401(k) Plan

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

We have performed audits of the accompanying financial statements of Southern Foodservice Management 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of September 30, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended September 30, 2024, 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 Southern Foodservice Management 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

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

- the amounts and disclosures in the 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.
- the information in the financial statements referred to above 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).

Independent Auditor's Report (continued)

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Southern Foodservice Management 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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.

Independent Auditor's Report (continued)

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

- 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 Southern Foodservice Management, Inc. 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Southern Foodservice Management 401(k) 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of (1) Form 5500, Schedule H, Part IV, Line 4a - Schedule of delinquent participant contributions for the year ended September 30, 2024 and (2) Form 5500, Schedule H, Part IV, Line 4i - Schedule of assets (held at end of year) as of September 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental 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 generally accepted auditing standards. 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Independent Auditor's Report (continued)

Other Matter - Supplemental Schedules Required by ERISA (continued)

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 Department of Labor'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).

*Horton, Lee, Burnett, Peacock,
Cleveland & Grainger, P.C.*

Birmingham, AL

July 10, 2025

SOUTHERN FOODSERVICE MANAGEMENT, INC. 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of September 30, 2024 and 2023

<u>ASSETS</u>	<u>2024</u>	<u>2023</u>
Investments, at fair value:		
Pooled separate accounts	\$ 4,865,885	\$ 3,719,661
Investments, at contract value:		
Guaranteed interest rate - fixed accounts	441,307	647,866
Receivables:		
Employer and other employer contributions	2,266	539
Participant contributions	92	92
Total receivables	<u>2,358</u>	<u>631</u>
Total assets	<u>5,309,550</u>	<u>4,368,158</u>
<u>LIABILITIES</u>		
Excess contributions payable	<u>11,008</u>	<u>-</u>
Total liabilities	<u>11,008</u>	<u>-</u>
Net assets available for benefits	<u>\$ 5,298,542</u>	<u>\$ 4,368,158</u>

See accompanying notes.

SOUTHERN FOODSERVICE MANAGEMENT, INC. 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended September 30, 2024

Additions:

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 1,094,019
Interest	11,469

1,105,488

Contributions:

Employer	59,677
Participant	346,360
Other employer	2,903
Rollovers	15,536

424,476

Other Income

35

Total additions

1,529,999

Deductions:

Deductions from net assets attributed to:

Benefits paid to participants	581,994
Administrative expenses	17,621

599,615

Total deductions

Net increase in net assets

930,384

Net assets available for benefits:

Beginning of year	4,368,158
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End of year

\$ 5,298,542

See accompanying notes.

SOUTHERN FOODSERVICE MANAGEMENT, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of September 30, 2024 and 2023, and for the Year Ended September 30, 2024

A. DESCRIPTION OF THE PLAN

The following description of the Southern Foodservice Management, Inc. 401(k) Plan (“Plan”), as amended and restated effective October 1, 2021, provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

1. General – The Plan Sponsor, Southern Foodservice Management, Inc., established the Plan effective October 1, 1991. An affiliate of the Plan Sponsor has also adopted the Plan. The Plan Sponsor and its affiliate are referred to hereinafter as the “Company”. The Plan is a defined contribution plan covering all employees who have attained one year of service and are 21 years of age or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Board of Trustees (“Board”) is responsible for the oversight of the Plan. The Board also determines the appropriateness of the Plan’s investment offerings and monitors investment performance.
2. Contributions – Each year, participants may contribute a percentage of pretax or after-tax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds held in pooled separate accounts and a fully benefit-responsive guaranteed interest rate - fixed account contract as investment options for participants. The Company may make a discretionary matching contribution each year to each participant based on his or her elective deferrals in a percentage set by the Company. For the year ended September 30, 2024, the Company contributed 25% of the first 6% of base compensation that a participant contributed to the Plan. Employer contributions, which include other corrective contributions, totaled \$62,580 for the year ended September 30, 2024. Contributions are subject to certain Internal Revenue Service (“IRS”) limitations.
3. Participant Accounts – Each participant’s account is credited with the participant’s contribution and allocations of (a) the Company’s matching contribution and, (b) Plan earnings or losses, and charged with an allocation of any administration expenses paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.
4. Vesting – Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company’s contribution portion of their accounts is based on years of continuous service.

Years of Service	Vesting %
Less than two years	0%
Two years	20%
Three years	40%
Four years	60%
Five years	80%
Six years or more	100%

SOUTHERN FOODSERVICE MANAGEMENT, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of September 30, 2024 and 2023, and for the Year Ended September 30, 2024

A. DESCRIPTION OF THE PLAN (continued)

5. Forfeited Accounts – At September 30, 2024 and 2023, forfeited nonvested accounts totaled \$8,777 and \$10,290, respectively. These accounts can be used to reduce employer contributions or to pay administrative fees. For the year ended September 30, 2024, forfeitures from nonvested accounts totaled \$15,911. Forfeitures used to reduce the Company’s contributions totaled \$2,938 for the year ended September 30, 2024. Forfeitures used to pay administrative fees totaled \$13,431 for the year ended September 30, 2024.
6. Payment of Benefits – The following are the plan provisions with respect to the payment of benefits:
 - Upon termination of service before death, disability or retirement, the participant may elect to have his/her balance distributed as soon as administratively feasible following termination. However, if the value of the participant’s vested account balance does not exceed \$5,000, then a distribution will be made regardless of consent to receive it and will be paid in a lump-sum payment. If the value of the participant’s vested account balance exceeds \$5,000, the participant must consent to a distribution before it is made. If the vested account balance exceeds \$5,000, the participant may elect to receive his/her distribution in a lump-sum payment, installments over a period of not more than assumed life expectancy, or partial withdrawals of at least \$100.
 - Upon termination of employment at retirement age, the participant will become 100% vested in all of his/her accounts under the Plan and the distribution will be made, at the participant’s election, as soon as administratively feasible. If the participant remains employed past the normal retirement age, he/she may defer the receipt of benefits until he/she terminates employment but not later than 72 years of age. However, if the value of the participant’s vested account balance does not exceed \$5,000, then a distribution will be made regardless of consent to receive it and will be paid in a lump-sum payment. If the value of the participant’s vested account balance exceeds \$5,000, the participant must consent to a distribution before it is made. If the vested account balance exceeds \$5,000, the participant may elect to receive his/her distribution in a lump-sum payment, installments over a period of not more than assumed life expectancy, or partial withdrawals of at least \$100.
 - Upon termination due to disability, the participant will become 100% vested in all of his/her accounts. Payments will be paid as if the participant had retired. However, if the value of the participant’s vested account balance does not exceed \$5,000, then a distribution will be made regardless of consent to receive it and will be paid in a lump-sum payment. If the value of the participant’s vested account balance exceeds \$5,000, the participant must consent to a distribution before it is made. If the vested account balance exceeds \$5,000, the participant may elect to receive his/her distribution in a lump-sum payment, installments over a period of not more than assumed life expectancy, or partial withdrawals of at least \$100.

SOUTHERN FOODSERVICE MANAGEMENT, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of September 30, 2024 and 2023, and for the Year Ended September 30, 2024

A. DESCRIPTION OF THE PLAN (continued)

6. Payment of Benefits (continued) –

- Distributions after the death of a participant will be paid to the participant’s spouse or beneficiary. However, if the value of the participant’s vested account balance does not exceed \$5,000, then a distribution will be made regardless of consent to receive it and will be paid in a lump-sum payment. If the vested account balance exceeds \$5,000, the participant’s beneficiary may elect to receive his/her distribution in a lump-sum payment, installments over a period of not more than assumed life expectancy, or partial withdrawals of at least \$100. Upon death of a participant prior to the participant’s retirement or other termination of employment, the participant’s account shall become 100% vested in all of his/her accounts.

7. Plan Amendments –

- Effective April 1, 2024, the Plan was amended to allow participants to change elected deferral rates at any time during the Plan year.
- Effective April 1, 2024, the Plan was amended to exclude taxable fringe benefits from Plan compensation.
- Subsequent to September 30, 2024, the Plan was amended to reduce service requirements for Plan eligibility from one year to six months. This amendment will become effective January 1, 2025.
- Subsequent to September 30, 2024, the Plan was amended to change participant entry dates from semi-annually to quarterly. This amendment will become effective January 1, 2025.

8. Investment Options – Participants direct contributions, including employer cash matching and non-matching contributions, into any of the investment options offered by VOYA Retirement Insurance and Annuity Company, (“VOYA”), the Plan custodian. Participants may change their investment options at any time.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting:

The financial statements of the Plan are prepared on the accrual method of accounting.

Management estimates:

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (“GAAP”) requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

SOUTHERN FOODSERVICE MANAGEMENT, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of September 30, 2024 and 2023, and for the Year Ended September 30, 2024

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment valuation and income recognition:

All Plan investments as of September 30, 2024 and 2023 were held by VOYA, the Plan custodian. Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Board determines the Plan's valuation policies utilizing information provided by the investment advisors and custodian. See note D for discussion of fair value measurements.

The Plan offers a choice of various mutual funds via pooled separate accounts including (i) money market and bond funds which invest primarily in securities issued or guaranteed by the United States Treasury and certain United States Government agencies and municipalities that provide income that is generally not subject to state income tax, (ii) fixed-income funds which invest in a diversified group of high-quality, fixed income investments, and (iii) equity funds which invest in common stocks and consist of several individual investment options for various levels of risk tolerance. Investments in pooled separate accounts are recorded at the fair value of the underlying 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. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Excess contributions payable:

For the year ended September 30, 2024, participant contributions and employer contributions made in excess of amounts allowed by the IRS totaled \$4,910 and \$6,098, respectively and have been recorded as excess contributions payable, with a corresponding reduction to 2024 contributions. The Plan refunded the excess contributions and related net gains or losses prior to December 16, 2024.

For the year ended September 30, 2023, participant contributions and employer contributions made in excess of amounts allowed by the IRS totaled \$27,386 and \$7,968, respectively. The excess contributions were refunded after December 15, 2023 and, therefore, have not been recorded as a liability as of September 30, 2023.

Payment of benefits:

Benefits are recorded when paid.

Administrative expenses:

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid directly by the Company are excluded from these financial statements. Fees related to the administration of payment of benefits are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in the net appreciation of fair value of investments.

SOUTHERN FOODSERVICE MANAGEMENT, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of September 30, 2024 and 2023, and for the Year Ended September 30, 2024

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Risks and uncertainties:

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

C. CERTIFIED INVESTMENTS

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held at September 30, 2024 and 2023, and net appreciation in fair value of investments and interest income for the year ended September 30, 2024, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by VOYA (the custodian of the Plan).

Balances certified by VOYA at September 30, 2024 and 2023 include:

	<u>2024</u>	<u>2023</u>
Investments, at fair value	\$ 4,865,885	\$ 3,719,661
Investments, at contract value	\$ 441,307	\$ 647,866

Amounts certified by VOYA for the year ended September 30, 2024 include:

Net appreciation in fair value of investments	\$ 1,094,019
Interest	\$ 11,469

D. FAIR VALUE MEASUREMENTS

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

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

SOUTHERN FOODSERVICE MANAGEMENT, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of September 30, 2024 and 2023, and for the Year Ended September 30, 2024

D. FAIR VALUE MEASUREMENTS (continued)

Level 2 – Inputs to the valuation methodology include (i) quoted prices for similar assets or liabilities in active markets; (ii) quoted prices for identical or similar assets or liabilities in inactive markets; (iii) inputs other than quoted prices that are observable for the asset or liability; (iv) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

There are no Plan assets requiring the use of Level 1, Level 2, or Level 3 inputs for the periods presented. Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used to measure fair value at September 30, 2024 and 2023.

Pooled separate accounts are valued, as a practical expedient, at the NAV of units held by the Plan at year end. The NAV of these accounts is based on the market value of its underlying mutual funds. The NAV is not a publicly-quoted price in an active market.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Investments measured at NAV:		
Pooled separate accounts *	\$ <u>4,865,885</u>	\$ <u>3,719,661</u>
Total investments at fair value	\$ <u><u>4,865,885</u></u>	\$ <u><u>3,719,661</u></u>

* Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line items presented in the statements of net assets available for benefits.

SOUTHERN FOODSERVICE MANAGEMENT, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of September 30, 2024 and 2023, and for the Year Ended September 30, 2024

D. FAIR VALUE MEASUREMENTS (continued)**Fair value of investments in entities that use NAV**

The following table summarizes the investments for which fair value is measured using the NAV per share practical expedient as of September 30, 2024 and 2023:

<u>September 30, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Pooled separate accounts	\$ 4,865,885	n/a	Daily	Daily
<u>September 30, 2023</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Pooled separate accounts	\$ 3,719,661	n/a	Daily	Daily

E. GUARANTEED INTEREST RATE - FIXED ACCOUNT CONTRACT

As of September 30, 2024 and 2023, the Plan maintained one fully benefit-responsive guaranteed interest rate - fixed account contract (“GIRFAC”) related investment option, the VOYA Fixed Account issued by VOYA. VOYA maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The GIRFAC issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rates to participants for the contract as of September 30, 2024 and 2023 were 1.50% and 1.22%, respectively. The crediting rate is based on a formula established by the contract issuer but may not be less than 1.00%. The crediting rate is reviewed on a yearly basis for resetting. The GIRFAC does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by VOYA, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Contract value of the GIRFAC as of September 30, 2024 and 2023 was \$441,307 and \$647,866, respectively.

The Plan’s ability to receive amounts due is dependent on the issuer’s ability to meet its financial obligations. The issuer’s ability to meet its contractual obligations may be affected by future economic and regulatory developments.

SOUTHERN FOODSERVICE MANAGEMENT, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of September 30, 2024 and 2023, and for the Year Ended September 30, 2024

E. GUARANTEED INTEREST RATE - FIXED ACCOUNT CONTRACT (continued)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (complete or partial Plan termination or merger with another plan), (2) violation of the Plan's prohibited competing investment options or deletion of equity wash provisions, (3) or bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, (5) withdrawals in a contract year that total more than 20% of the current value of all Plan accounts, and (6) premature termination of the contract. The Plan administrator does not believe that the occurrence of any such event which would limit the Plan's ability to transact at contract value with participants is probable.

The issuer has the option to payout 100% of the current value of the contract after completion of five contract years.

F. RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds, held in pooled separate accounts, managed by VOYA Retirement Insurance and Annuity Company. VOYA Retirement Insurance and Annuity Company is the custodian, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. For the year ended September 30, 2024, the Plan made a direct payment to the third party administrator of \$1,470, which was not covered by revenue sharing. The Plan sponsor pays directly any other fees related to the Plan's operations.

G. CONCENTRATION OF INDIVIDUAL INVESTMENTS

The fair values of the Plan's investments in VOYA Fixed Account (stated at contract value), American Funds Balanced Fund, American Funds Growth Fund, Franklin Utilities Fund, MFS Technology Fund, VOYA Index Solution 2035 Portfolio Fund, VOYA Index Solution 2045 Portfolio Fund, and VOYA Large Cap Growth Fund totaled \$2,466,028 as of September 30, 2024. These investments approximated 46% of the total Plan's investments as of September 30, 2024.

The fair values of the Plan's investments in VOYA Fixed Account A (stated at contract value), VOYA Fixed Account (stated at contract value), American Funds Balanced Fund, American Funds Growth Fund, VOYA Index Solution 2045 Portfolio Fund, MFS Technology Fund, and VOYA Index Solution 2035 Portfolio Fund totaled \$1,961,574 as of September 30, 2023. These investments approximated 45% of the total Plan's investments as of September 30, 2023.

H. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100 percent vested in their employer contributions.

SOUTHERN FOODSERVICE MANAGEMENT, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of September 30, 2024 and 2023, and for the Year Ended September 30, 2024

I. INCOME TAX STATUS

The Company adopted a non-standardized pre-approved profit sharing 401(k) plan. The non-standardized pre-approved profit sharing plan received a favorable opinion letter from the IRS on June 30, 2020 which stated that the non-standardized pre-approved profit sharing plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (“IRC”). Although the Plan has been amended since the non-standardized pre-approved profit sharing plan received the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan administrator has analyzed the tax position taken by the Plan, and has concluded that as of September 30, 2024, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Notwithstanding the foregoing, the IRS may nonetheless audit the Plan to ensure it has been operated in accordance with the Plan document and applicable laws. The Plan sponsor believes it is no longer subject to income tax examinations for years prior to 2020.

J. RECLASSIFICATIONS

Certain reclassifications have been made to conform prior year information to the current year presentation.

K. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at September 30, 2024 to Schedule H of Form 5500:

Net assets available for benefits per the financial statements	\$ 5,298,542
Excess contributions payable	<u>11,008</u>
Net assets available for benefits per Schedule H to the Form 5500	<u>\$ 5,309,550</u>

SOUTHERN FOODSERVICE MANAGEMENT, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

As of September 30, 2024 and 2023, and for the Year Ended September 30, 2024

K. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 (continued)

The following is a reconciliation of employer and other employer contributions per the financial statements for the year ended September 30, 2024, to Schedule H of Form 5500:

Employer and other employer contributions per the financial statements	\$ 62,580
December 2024 excess employer's contribution	<u>6,098</u>
Employer contribution per Schedule H to the Form 5500	<u><u>\$ 68,678</u></u>

The following is a reconciliation of participant contributions per the financial statements for the year ended September 30, 2024, to Schedule H of Form 5500:

Participant contributions per the financial statements	\$ 346,360
December 2024 excess participant contributions	<u>4,910</u>
Participant contributions per Schedule H to the Form 5500	<u><u>\$ 351,270</u></u>

L. DELINQUENT PARTICIPANT CONTRIBUTIONS

The Plan failed to timely remit participant contributions in accordance with Department of Labor regulations. For the years ending September 30, 2024 and 2023, delinquent participant contributions totaled \$7,131 and \$92, respectively, and are pending correction outside the Voluntary Fiduciary Corrections Program.

M. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through the date the financial statements were available to be issued, which is the same date as the Independent Auditor's Report. There were no material subsequent events that required recognition or disclosure in these financial statements.

SOUTHERN FOODSERVICE MANAGEMENT, INC. 401(K) PLAN

Employer ID No.: 63-0315905

Plan No.: 002

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

As of September 30, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current value
* VOYA Retirement Insurance and Annuity Company			
Guaranteed interest rate - fixed accounts:			
	VOYA Fixed Account (stated at contract value)	Guaranteed interest rate - fixed account	\$ 229,879
	VOYA Fixed Account A (stated at contract value)	Guaranteed interest rate - fixed account	211,428
Pooled separate accounts:			
	American Funds Balanced Fund	Pooled separate account	337,929
	American Funds Growth Fund	Pooled separate account	324,222
	American Funds New Prospective	Pooled separate account	100,901
	American Funds New World	Pooled separate account	72,249
	Blackrock Health Sciences Opportunity Fund	Pooled separate account	67,290
	Cohen & Steers Real Estate S Fund A	Pooled separate account	157,150
	Columbia Dividend Income Fund A	Pooled separate account	64,029
	Columbia High Yield Bond Fund	Pooled separate account	82,769
	Franklin Utilities Fund	Pooled separate account	228,565
	Invesco Gold & Special Minerals Fund	Pooled separate account	51,611
	Massachusetts Investors Trust Fund	Pooled separate account	26,417
	MFS International Diversification Fund	Pooled separate account	127,963
	MFS Technology Fund	Pooled separate account	269,077
	MFS Value Fund	Pooled separate account	78,724
	Neuberger Berman Genesis Fund	Pooled separate account	8,434
	Victory Integrity Small-Cap Value Fund	Pooled separate account	36,720
	VOYA American Cent Small-Mid Cap Value	Pooled separate account	136,053
	VOYA GNMA Income Fund	Pooled separate account	79,055
	VOYA Index Solution 2025 Portfolio Fund	Pooled separate account	74,144
	VOYA Index Solution 2030 Portfolio Fund	Pooled separate account	209,547
	VOYA Index Solution 2035 Portfolio Fund	Pooled separate account	449,617
	VOYA Index Solution 2040 Portfolio Fund	Pooled separate account	159,646
	VOYA Index Solution 2045 Portfolio Fund	Pooled separate account	368,207
	VOYA Index Solution 2050 Portfolio Fund	Pooled separate account	63,614
	VOYA Index Solution 2055 Portfolio Fund	Pooled separate account	151,535
	VOYA Index Solution 2060 Portfolio Fund	Pooled separate account	78,865
	VOYA Index Solution 2065 Portfolio Fund	Pooled separate account	22,966
	VOYA Index Solution Income Portfolio Fund	Pooled separate account	23,174
	VOYA Intermediate Bond Portfolio	Pooled separate account	37,490
	VOYA JP Morgan Small Cap Core Equity Portfolio	Pooled separate account	126,838

See accompanying notes.

SOUTHERN FOODSERVICE MANAGEMENT, INC. 401(K) PLAN

Employer ID No.: 63-0315905

Plan No.: 002

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(continued)

As of September 30, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current value
* VOYA Retirement Insurance and Annuity Company (continued):			
Pooled separate accounts (continued):			
	VOYA Large Cap Growth Fund	Pooled separate account	\$ 258,532
	VOYA Midcap Opportunities Portfolio	Pooled separate account	134,636
	VOYA Russell Large Cap Index Portfolio	Pooled separate account	134,956
	VOYA Russell Mid Cap Index Fund	Pooled separate account	28,287
	VOYA T. Rowe Price Growth Equity Portfolio	Pooled separate account	72,574
	VVIF- Diversified Value Fund	Pooled separate account	97,695
	VVIF- Equity Income Portfolio	Pooled separate account	74,444
	VVIF- Small Company Growth Fund	Pooled separate account	<u>49,960</u>
			<u>\$ 5,307,192</u>

The above information has been certified by the Custodian as being complete and accurate.

Column (d) Cost information has not been presented as all investments are participant directed.

* Indicates party-in-interest to the Plan

See accompanying notes.

SOUTHERN FOODSERVICE MANAGEMENT, INC. 401(K) PLAN

Employer ID No.: 63-0315905

Plan No.: 002

FORM 5500, SCHEDULE H, PART IV, LINE 4a - SCHEDULE OF DELINQUENT
PARTICIPANT CONTRIBUTIONS

For the Year Ended September 30, 2024

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Check here <input type="checkbox"/> If Late Participant Loan Repayments Are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	
\$ 7,223	\$ 7,223	\$ -	\$ -	\$ -

See accompanying notes.