

| | | |
|---|---|---|
| <p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p> |
|---|---|---|

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

| | |
|---|--|
| <p>1a Name of plan <u>BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>001</u></p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BAKER'S BURGERS, INC</u></p> <p><u>4210 RIVERWALK PARKWAY, SUITE 120</u> <u>RIVERSIDE, CA 92505</u></p> | <p>1c Effective date of plan <u>03/31/1961</u></p> <p>2b Employer Identification Number (EIN) <u>95-2592162</u></p> <p>2c Plan Sponsor's telephone number <u>909-888-1342</u></p> <p>2d Business code (see instructions) <u>236110</u></p> |

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

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

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 09/16/2025 | ADRIENNE LINDGREN |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | | |
|---|--|-----|
| 3a Plan administrator's name and address <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 | 692 |
| 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) | 560 |
| | 6a(2) | 473 |
| | 6b | 27 |
| | 6c | 104 |
| | 6d | 604 |
| | 6e | 1 |
| | 6f | 605 |
| | 6g(1) | 272 |
| | 6g(2) | 252 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | 3 |

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 2H 2J 2K 2T 3D 3H

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 checked="" type="checkbox"/> Trust | (3) <input checked="" type="checkbox"/> Trust |
| (4) <input type="checkbox"/> General assets of the sponsor | (4) <input type="checkbox"/> General assets of the sponsor |

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 2
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

| | | |
|--|--|--|
| A Name of plan BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN | | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BAKER'S BURGERS, INC | | D Employer Identification Number (EIN) 95-2592162 |

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
NEW ENGLAND FINANCIAL/MET LIFE

| (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 |
| 13-5581829 | 65978 | 003689-001 | 5 | 01/01/2024 | 12/31/2024 |

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 | (b) Total amount of fees paid |
|---|--------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ **AS STATED IN RATE BOOK**

| | | |
|--|-----------|------|
| b Premiums paid to carrier | 6b | 2543 |
| 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) individual policies (2) group deferred annuity
 (3) other (specify) ▶

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

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

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

| | | |
|---|----------------------------|--------------|
| b Balance at the end of the previous year | 7b | 0 |
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| | 7c(2) | |
| | 7c(3) | |
| | 7c(4) | |
| | 7c(5) | |
| (6) Total additions | 7c(6) | 0 |
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | 0 |
| e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| | 7e(2) | |
| | 7e(3) | |
| | 7e(4) | |
| | (5) Total deductions | 7e(5) |
| f Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f | 0 |

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) | 0 |
| 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) | 0 |
| | (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) | 0 |
| | (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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

| | |
|--|--|
| A Name of plan BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BAKER'S BURGERS, INC | D Employer Identification Number (EIN) 95-2592162 |

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

JOHN HANCOCK USA

| (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 |
| 01-0233346 | 65838 | 60833 | 359 | 01/01/2024 | 12/31/2024 |

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 22229 | (b) Total amount of fees paid 10354 |
|---|--|

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

COMPENSATION CONSULTANTS, INC.

**44700 VILAGE CT, SUITE 200
PALM DESERT, CA 92260**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|--|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| 22229 | | | 3 |

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

COMPENSATION CONSULTANTS, INC.

**44700 VILAGE CT, SUITE 200
PALM DESERT, CA 92260**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|--|----------------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | 7454 | MARKETING ALLOWANCE | 5 |

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

Schedule A (Form 5500) 2024
v. 240311

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

COMPENSATION CONSULTANTS, INC.

44700 VILAGE CT, SUITE 200
PALM DESERT, CA 92260

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|------------------------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | 2900 | TPA LOAN & DISTRIBUTION FEES | 5 |

(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 | 221768 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end..... | 14872218 |
| 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 checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ | |
| b | Balance at the end of the previous year | 7b 206247 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) 15916 |
| | (2) Dividends and credits..... | 7c(2) |
| | (3) Interest credited during the year..... | 7c(3) 3059 |
| | (4) Transferred from separate account | 7c(4) |
| | (5) Other (specify below)..... ▶ LOAN PAYMENTS & CREDITS | 7c(5) 1706 |
| | (6) Total additions | 7c(6) 20681 |
| d | Total of balance and additions (add lines 7b and 7c(6)) | 7d 226928 |
| e | Deductions: | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) |
| | (2) Administration charge made by carrier..... | 7e(2) 448 |
| | (3) Transferred to separate account | 7e(3) |
| | (4) Other (specify below)..... ▶ TRANSFER FOR NEW LOANS | 7e(4) 4712 |
| (5) Total deductions | 7e(5) 5160 | |
| f | Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f 221768 |

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) | 0 |
| 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) | 0 |
| | (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) | 0 |
| | (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> 2024 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

| | | |
|--|--|------------|
| A Name of plan BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BAKER'S BURGERS, INC | D Employer Identification Number (EIN) 95-2592162 | |

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

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

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

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

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

JOHN HANCOCK USA

P.O. BOX 600
BUFFALO, NY 14201

01-0233346

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------|---|--|--|--|---|--|
| 15 60 68 28 62 59 63 | RECORDKEEPER | 1330 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

| (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 |
|---|--------------------------------------|--|
| | | |

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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| 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/> 2024 This Form is Open to Public Inspection. |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

| | | |
|---|--|------------|
| A Name of plan <u>BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BAKER'S BURGERS, INC</u> | D Employer Identification Number (EIN) <u>95-2592162</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) |
|---------------|--|

| | | |
|---|-------------------------------|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2060 LIFETIME</u> | | |
| b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u> | | |
| c EIN-PN <u>01-0233346-000</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>26421</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2055 LIFETIME</u> | | |
| b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u> | | |
| c EIN-PN <u>01-0233346-000</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>215790</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2050 LIFETIME</u> | | |
| b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u> | | |
| c EIN-PN <u>01-0233346-000</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>15081</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2045 LIFETIME</u> | | |
| b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u> | | |
| c EIN-PN <u>01-0233346-000</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>292452</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2040 LIFETIME</u> | | |
| b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u> | | |
| c EIN-PN <u>01-0233346-000</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>64124</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2035 LIFETIME</u> | | |
| b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u> | | |
| c EIN-PN <u>01-0233346-000</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>83427</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2030 LIFETIME</u> | | |
| b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u> | | |
| c EIN-PN <u>01-0233346-000</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>100548</u> |

a Name of MTIA, CCT, PSA, or 103-12 IE: [JH MULTIMANAGER 2025 LIFETIME](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

| | | | |
|--|--|---|-----------------------|
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 48354 |
|--|--|---|-----------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: [JH MULTIMANAGER 2020 LIFETIME](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

| | | | |
|--|--|---|-----------------------|
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 35333 |
|--|--|---|-----------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: [JH MULTIMANAGER AGGRESSIVE LS](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

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|--|--|---|-------------------------|
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 1226796 |
|--|--|---|-------------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: [JH MULTIMANAGER GROWTH LS](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

| | | | |
|--|--|---|-------------------------|
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3742839 |
|--|--|---|-------------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: [JH MULTIMANAGER BALANCED LS](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

| | | | |
|--|--|---|-------------------------|
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 2435968 |
|--|--|---|-------------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: [JH MULTIMANAGER MODERATE LS](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

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|--|--|---|------------------------|
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 549921 |
|--|--|---|------------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: [JH MULTIMANAGER CONSERV LS](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

| | | | |
|--|--|---|------------------------|
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 950480 |
|--|--|---|------------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: [AMERICAN CENTURY HERITAGE](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

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|--|--|---|----------------------|
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3737 |
|--|--|---|----------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: [JH MULTIMANAGER 2065 LIFETIME](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

| | | | |
|--|--|---|-----------------------|
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 11351 |
|--|--|---|-----------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: [CAPITAL APPRECIATION FUND](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK USA](#)

| | | | |
|--|--|---|----------------------|
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 6889 |
|--|--|---|----------------------|

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| a Name of MTIA, CCT, PSA, or 103-12 IE: CLEARBRIDGE GROWTH FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78479 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15924 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 730 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPAC GROWTH FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16450 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY CONTRAFUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80950 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FINANCIAL INDUSTRIES FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38018 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL-MID GROWTH | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3503 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL ALL CAP CORE FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 176750 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66017 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO EQV INTERNATL EQUITY FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 312 |

| | | |
|--|-------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87127 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN MIDCAP VALUE FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9492 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 306428 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2131833 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 273897 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 694 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: MFS UTILITIES FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15473 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HEALTH SCI | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19239 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCI & TECH | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80034 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SML CAP VAL | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13852 |

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|--|--|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON FOREIGN SMALLER CO | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2624 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: AF THE GROWTH FUND OF AMERICA | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12324 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. GROWTH FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16807 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 371471 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: DOMINI IMPACT EQUITY FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 368926 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN MUTUAL BEACON FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5788 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL GLOBAL DISCOVERY | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 331750 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL LARGE CAP VALUE | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1468 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR TOTAL BOND | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4061 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN U.S. EQUITY FUND | | |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA | | |
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 404753 |

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INC

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

| | | | |
|--------------------------------|------------------------|---|-------|
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 59667 |
|--------------------------------|------------------------|---|-------|

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

| | | | |
|--------------------------------|------------------------|---|-----|
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 347 |
|--------------------------------|------------------------|---|-----|

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

| | | | |
|--------------------------------|------------------------|---|-----|
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 802 |
|--------------------------------|------------------------|---|-----|

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

| | | | |
|--------------------------------|------------------------|---|-------|
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 20322 |
|--------------------------------|------------------------|---|-------|

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

| | | | |
|--------------------------------|------------------------|---|-------|
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 27221 |
|--------------------------------|------------------------|---|-------|

a Name of MTIA, CCT, PSA, or 103-12 IE: AF AMERICAN BALANCED FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

| | | | |
|--------------------------------|------------------------|---|-------|
| c EIN-PN 01-0233346-000 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 19174 |
|--------------------------------|------------------------|---|-------|

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

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

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

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

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

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

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

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

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

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

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

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

| | | |
|--|--|--|
| 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. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|--|--|--|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BAKER'S BURGERS, INC | D Employer Identification Number (EIN) 95-2592162 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | 4700 | 1813 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 226903 | 3637 |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | | |
| 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) | 328923 | 405241 |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | 13075766 | 14872218 |
| (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) | 206247 | 221768 |
| (15) Other | 1c(15) | 74851 | 71377 |

| 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 | 13917390 | 15576054 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 29 | 0 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 29 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 13917361 | 15576054 |

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) | 235155 | |
| (B) Participants..... | 2a(1)(B) | 468348 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 703503 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 3059 | |
| (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) | 30014 | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 33073 |
| (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) | | 0 |
| (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) | -3474 | |
| (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) | | 1471036 |
| (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 | | 28629 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 2232767 |

Expenses

| | | | |
|---|---------------|--------|--------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 544746 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 2543 | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 547289 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 2900 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 23885 | |
| (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) | | 26785 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 574074 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 1658693 |
| 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: **TALLEY, LLP**

(2) EIN: **81-3071614**

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

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

Part IV Compliance Questions

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

During the plan year:

| | Yes | No | Amount |
|--|-----|----|--------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 500000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

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

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

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

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

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

| | | |
|--|---|---|
| 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> 2024 This Form is Open to Public Inspection. |
|--|---|---|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

| | | |
|--|--|------------|
| A Name of plan <u>BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN</u> | B Three-digit plan number (PN) | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>BAKER'S BURGERS, INC</u> | D Employer Identification Number (EIN) <u>95-2592162</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 | | 0 |
|---|--|---|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 01-0233346 33-6032306

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)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703007A.

**BAKER'S BURGERS, INC.
PROFIT SHARING 401(K) PLAN**

**Report, Financial Statements
And Supplemental Information**

December 31, 2024 and 2023

**BAKER’S BURGERS, INC.
PROFIT SHARING 401(K) PLAN**

**INDEX TO REPORT, FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION**

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* Schedules required by the Department of Labor Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974 and not included herein have been omitted because they are not applicable or the required information is included in the financial statements or notes hereto.

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee and Participants of
the Baker's Burgers, Inc. Profit Sharing 401(k) Plan

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

We have performed audits of the financial statements of Baker's Burgers, Inc. Profit Sharing 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 the Plan's ability to continue as a going concern for one year after the date that the financial statements are 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 Matters — Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion,

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the 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).

Talley, LLP

Orange, California
August 28, 2025

BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31,

ASSETS

| | <u>2024</u> | <u>2023</u> |
|-------------------------------------|--------------------|--------------------|
| Investments at fair value: | | |
| Cash and cash equivalents | \$ 1,814 | \$ 4,700 |
| Pooled accounts | 14,872,218 | 13,075,766 |
| Guaranteed accounts | 221,768 | 206,247 |
| Life insurance | <u>71,377</u> | <u>74,851</u> |
| Total investments at fair value | 15,167,177 | 13,361,564 |
| Receivables: | | |
| Contributions receivable - employer | 5,451 | 233,026 |
| Notes receivable from participants | <u>405,240</u> | <u>328,923</u> |
| Total receivables | <u>410,691</u> | <u>561,949</u> |
| Total assets | 15,577,868 | 13,923,513 |

LIABILITIES

| | | |
|--|-----------------------------|-----------------------------|
| Operating payable - Total liabilities | <u>1,814</u> | <u>6,152</u> |
| Net assets available for benefits | <u><u>\$ 15,576,054</u></u> | <u><u>\$ 13,917,361</u></u> |

The accompanying notes are an integral part of these financial statements.

BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31,

| | 2024 | 2023 |
|---|---------------|---------------|
| Additions to net assets attributed to: | | |
| Contributions: | | |
| Participants | \$ 468,679 | \$ 456,564 |
| Employer | 236,544 | 233,026 |
| Total contributions | 705,223 | 689,590 |
| Investment income: | | |
| Net appreciation in fair value of investments | 1,467,563 | 1,808,371 |
| Interest and dividends | 3,059 | 986 |
| Total investment income | 1,470,622 | 1,809,357 |
| Interest income on notes receivable from participants | 30,014 | 17,361 |
| Total additions | 2,205,859 | 2,516,308 |
| Deductions from net assets attributed to: | | |
| Benefits paid directly to participants | 544,746 | 738,480 |
| Insurance premiums | 2,543 | 2,543 |
| Other (income) expenses | (123) | 4,283 |
| Total deductions | 547,166 | 745,306 |
| Net increase in net assets | 1,658,693 | 1,771,002 |
| Net assets available for benefits: | | |
| Beginning of year | 13,917,361 | 12,146,359 |
| End of year | \$ 15,576,054 | \$ 13,917,361 |

The accompanying notes are an integral part of these financial statements.

BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1 – GENERAL DESCRIPTION OF THE PLAN

The Baker's Burgers, Inc. Profit Sharing 401(k) Plan (the "Plan") (formerly, Neal T. Baker Enterprises, Inc. Profit Sharing 401(k) Plan) of Neal T. Baker Enterprises was established March 31, 1961 and subsequently adopted effective April 1, 2016 by Baker's Burgers, Inc., an affiliated organization. The Plan was most recently restated effective January 1, 2022. The following description of the Plan 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 is a defined contribution profit-sharing plan covering eligible employees of Neal T. Baker Enterprises and Baker's Burgers, Inc. The Plan provides for retirement, death, and disability benefits. Employees of the Company and its participating affiliate are generally eligible to participate in the Plan after one year and 1,000 service hours calculated over a twelve consecutive month period and attaining age eighteen. Participants are eligible for the Company's matching and discretionary contributions provided they worked at least 1,000 service hours during the Plan year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan is intended to be a qualified defined contribution plan that satisfies the requirements of section 401(k) of the Internal Revenue Code (the "Code"). Under the Code, participants are not liable for federal income taxes on employee contributions, Company contributions or Plan earnings until such time as they are partially or completely withdrawn from the Plan.
- 2. Contributions.** Under the Plan, employees may elect to defer a portion of their compensation, as defined in the Plan. Contributions are subject to certain statutory limitations as imposed by the IRS. Participants may also contribute amounts representing distributions from other qualified contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company determines the appropriate contribution to the trust fund for each fiscal year. The Plan is a qualified safe harbor plan and the Company matches 100% of the participants' deferrals up to 4% of compensation. For the years ended December 31, 2024 and 2023, the Company made safe harbor matching contributions of \$236,544 and \$233,026, respectively.
- 3. Participant Accounts.** Each participant's account is credited with the participant's elective contribution, the Company's matching contribution and an allocation of the Company's discretionary contribution and Plan earnings (losses). Allocations of the Company's discretionary contribution are based on the participant's compensation. Participant accounts are charged with an allocation of administrative expenses paid by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1 – GENERAL DESCRIPTION OF THE PLAN (CONTINUED)

4. **Vesting.** Participants are immediately vested in their contributions and the Company's safe harbor matching contributions, plus actual earnings thereon. Vesting of the Company's matching contribution and discretionary contribution portion of their accounts are based on years of continuous service. These Company contributions vest 20% after two years of service and increase 20% for each additional year. A year of service is defined as working 1,000 service hours during a period of twelve consecutive months. A participant is fully vested after six years of continuous service.
5. **Investment Options.** Participants may choose among various investment funds in which their contributions are to be invested. All of the Plan's investment options are participant-directed.
6. **Notes Receivable from Participants.** Participants may borrow from their Plan accounts a total amount not to exceed the lesser of (1) \$50,000 or (2) 50% of the participant's vested interest in the Plan. The loans are secured by the balance in the participant's accounts and bear interest at rates that range from 4.25% to 9.5%, which are comparable to rates currently charged by local institutional lenders. Principal and interest are paid ratably through regular payroll deductions.
7. **Payment of Benefits.** On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or equal installments through the purchase of an annuity contract. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. The normal retirement age under the Plan is 65. Participants may receive partial distributions of their vested benefits from their account subject to the rules and regulations of the Plan. The net assets available for benefits at December 31, 2024 and 2023 included benefits payable of \$3,182,049 and \$2,577,160, respectively, to individuals who terminated employment as of December 31, 2024 and 2023, but who had not yet received their benefits.
8. **Forfeited Accounts.** Upon a participant's termination of employment, the value of a participant's account that exceeds his or her vested interest is forfeited. Forfeitures may be used to reduce future Company contributions and administrative expenses. The amount of forfeitures was approximately \$2,425 and \$4,671 for the years ended December 31, 2024 and 2023, respectively. As of December 31, 2024 and 2023, forfeited non-vested accounts used to offset administrative expenses totaled \$28,607 and \$24,103, respectively.
9. **Plan Administration.** There were no administrative expenses paid by the plan for the years ended December 31, 2024 and 2023. Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Certain administrative functions are performed by officers or employees of the Company. No officer or employee receives compensation from the Plan.

BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1 – GENERAL DESCRIPTION OF THE PLAN (CONTINUED)

10. **Plan Termination.** The Company anticipates and believes that the Plan will continue without interruption but reserves the right to terminate the Plan in whole or in part at any time. In the event of Plan termination, each participant would become fully vested to the extent of the balance in their account, and all accumulated Plan benefits would be disbursed to the participants.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Basis of Accounting

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the participant loan balance is reduced and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for discussion on fair value measurements.

BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition (Continued)

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 in the fair value of investments consists of both realized and unrealized gains and losses. Realized gains and losses are measured as the difference between the historical cost of investments sold or redeemed during the year and the proceeds received from their sale or redemption.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation of fair value of investments.

Operating Payable

There were no amounts payable to participants for contributions for ineligible participants as of December 31, 2024. Amounts payable to participants totaled \$30 for contributions from ineligible participants are recorded as accounts payable as of December 31, 2023. As a result, the Company incurred a reduction to contributions for the year ended December 31, 2023.

Amounts payable totaling \$1,814 and \$6,122 to offset future employer matching contributions are recorded as accounts payable as of December 31, 2024 and 2023, respectively.

BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 3 – INVESTMENTS

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value during the years ended December 31, 2024 and 2023 as follows:

| | Year ended December 31, <u>2024</u> | Year ended December 31, <u>2023</u> |
|---|---|---|
| Pooled Accounts | \$ 1,471,036 | \$ 1,635,811 |
| Life Insurance | (<u>3,473</u>) | <u>172,560</u> |
| Net appreciation in fair value investments | <u>\$ 1,467,563</u> | <u>\$ 1,808,371</u> |

The Company did not recognize any realized gains or losses related to its life insurance policy for the year ended December 31, 2024. During the year ended December 31, 2023, the Company realized a gain on a life insurance policy in the amount of \$169,244. This amount is reflected as an addition to net assets for the year ended December 31, 2023.

NOTE 4 – SUMMARY OF FINANCIAL DATA CERTIFIED BY THE CUSTODIAN OF PLAN ASSETS

The following financial data was certified as complete and accurate by the custodian of Plan Assets of the Plan as of and for the years ended December 31, 2024 and 2023 in accordance with Section 29 CFR 2520.103-5(d) of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

Statements of net assets available for benefits:

| | December 31, <u>2024</u> | December 31, <u>2023</u> |
|---|-----------------------------|-----------------------------|
| Investments in – | | |
| Pooled accounts | \$ 14,872,218 | \$ 13,075,766 |
| Guaranteed accounts | 221,768 | 206,247 |
| Notes receivable from participants | <u>405,240</u> | <u>328,923</u> |
| Total net assets available for benefits | <u>\$ 15,499,226</u> | <u>\$ 13,610,936</u> |

BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 4 – SUMMARY OF FINANCIAL DATA CERTIFIED BY THE CUSTODIAN OF PLAN ASSETS (CONTINUED)

Statement of changes in net assets available for plan benefits:

| | Year ended December 31, <u>2024</u> | Year ended December 31, <u>2023</u> |
|--|---|---|
| Additions to net assets: | | |
| Contributions: | | |
| Employer | \$ 464,536 | \$ 232,926 |
| Participant | <u>468,679</u> | <u>457,247</u> |
| | 933,215 | 690,173 |
| Net appreciation in fair value of assets | 1,471,036 | 1,635,809 |
| Transfers and other income | 1,445 | 520,752 |
| Interest and dividends | 3,059 | 986 |
| Interest income on notes from participants | <u>30,013</u> | <u>17,361</u> |
| Total additions | 2,438,768 | 2,865,081 |
| Benefits paid to participants – total deductions | <u>550,478</u> | <u>725,800</u> |
| Net increase in net assets | 1,888,290 | 2,139,281 |
| Net assets available for benefits | | |
| Beginning of year | <u>\$ 13,610,936</u> | <u>\$ 11,471,655</u> |
| End of year | <u>\$ 15,499,226</u> | <u>\$ 13,610,936</u> |

BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 5 – FEDERAL INCOME TAX STATUS

The Plan adopted the Volume Submitter Profit Sharing Plan with CODA, which obtained its latest determination letter on March 31, 2008. In this letter, the Internal Revenue Service states that the Plan qualifies, in form, under Section 401(a) of the Internal Revenue Code of 1986 as amended (the "Code"), and the underlying trust is therefore exempt from federal income taxes under Section 501(a) of the Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for periods prior to 2021.

NOTE 6 – PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by John Hancock Life Insurance Company USA, custodian of the Plan's assets; therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for loan and other transaction fees amounted to \$26,786 and \$23,419 for the years ended December 31, 2024 and 2023, respectively. 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.

NOTE 7 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of assets available for benefits. The methods used to measure fair value may produce an amount 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.

Guidance included in ASC 820-10 "Fair Value Measurements and Disclosures" provides a framework for measuring fair value and establishes a fair value hierarchy that prioritizes the inputs used to measure fair value, giving the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1 inputs) and the lowest priority to unobservable inputs (Level 3 inputs):

BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 7 - FAIR VALUE MEASUREMENTS (CONTINUED)

Level 1 - The fair value of investments is based on quoted net asset values ("NAV") of the shares held by the Plan at year-end.

Level 2 - Inputs are based on quoted prices for similar investments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.

Level 3 - Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Pooled accounts and guaranteed interest accounts ("guaranteed accounts"): Valued at the NAV of units held by the Plan at year-end. The NAV is based upon quoted market prices.

Life insurance: Valued at cash surrender value, which approximates fair value. Cash surrender value is the value that will be paid to the policy holder in the event the policy is voluntarily terminated before an insured event occurs.

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

| | <u>December 31, 2024</u> | | | |
|----------------------|--------------------------|----------------|------------------|----------------------|
| | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u> |
| Pooled accounts* | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 14,872,218</u> |
| Guaranteed accounts* | <u>-</u> | <u>-</u> | <u>-</u> | <u>221,768</u> |
| Life insurance | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 71,377</u> | <u>\$ 71,377</u> |

BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 7 - FAIR VALUE MEASUREMENTS (CONTINUED)

| | <u>December 31, 2023</u> | | | |
|----------------------|--------------------------|----------------|------------------|----------------------|
| | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u> |
| Pooled accounts* | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 13,075,766</u> |
| Guaranteed accounts* | <u>-</u> | <u>-</u> | <u>-</u> | <u>206,247</u> |
| Life insurance | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 74,851</u> | <u>\$ 74,851</u> |

*This category includes pooled accounts and guaranteed accounts that are designed to deliver safety and stability by preserving principal and accumulating earnings. Valued at the NAV of units held by the Plan at year-end, the NAV is determined by the custodian of the fund and is based on the fair value of the underlying assets held by the fund. In accordance with ASC 820, Fair Value Measurement, certain investments are measured at fair value using the NAV per share (or its equivalent) practical expedient that have not been classified in the fair value hierarchy.

The fair value amount presented in this table is intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The following tables set forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2024 and 2023:

| | <u>Life Insurance</u> |
|--|---------------------------|
| Balances, January 1, 2024 | \$ 74,851 |
| Net realized and unrealized gains and losses included in net appreciation in fair value of investments | (3,474) |
| Balances, December 31, 2024 | <u>\$ 71,377</u> |

| | <u>Life Insurance</u> |
|--|---------------------------|
| Balances, January 1, 2023 | \$ 442,252 |
| Cash proceeds from life insurance policy | (539,961) |
| Net realized and unrealized gains and losses included in net appreciation in fair value of investments | <u>172,560</u> |
| Balances, December 31, 2023 | <u>\$ 74,851</u> |

BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 8 - RISKS AND UNCERTAINTIES

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

NOTE 9 – GUARANTEED ACCOUNTS

The Plan has guaranteed accounts with John Hancock Life Insurance Company that are not fully benefit responsive. John Hancock Life Insurance Company maintains the contributions in a general account allocated to participants' retirement accounts. Guaranteed accounts guarantee the return of principal plus compound interest earned over a defined 3 or 10 year term, less any applicable contract or participant-level recordkeeping charges, provided all contributions remain in the account until the end of the guarantee period.

The guaranteed accounts are reported at the estimated fair value reported to the Plan by John Hancock Life Insurance Company (representing contributions made under the contract, plus accumulated interest at the contract rates, less any withdrawals) because they are not fully benefit-responsive. The Plan's participant investment balances held in the general account had an estimated fair value of \$221,768 and \$206,247 as of December 31, 2024 and 2023, 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.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation or (4) a material amendment to the agreement without the consent of the issuer.

BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 9 – GUARANTEED ACCOUNTS (CONTINUED)

Guaranteed interest rates are based upon the claims paying ability of the issuing company, John Hancock Life Insurance Company. Guaranteed interest accounts are not insured by the Federal Deposit Insurance Corporation. For the year ended December 31, 2024, the average annual interest rates were 1.39% and 1.98% for the 3 and 10 year guaranteed interest accounts, respectively. For the year ended December 31, 2023, the average annual interest rates were 0.49% and 1.15% for the 3 and 10 year guaranteed interest accounts, respectively.

NOTE 10 – SUBSEQUENT EVENTS

Subsequent events have been evaluated by the Company's management through August 28, 2025, the date these financial statements were available to be issued. No material subsequent events have occurred since December 31, 2024 that required recognition or disclosure in the current period financial statements.

SUPPLEMENTAL INFORMATION

BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

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

EIN: 95-2592162

PLAN # 001

DECEMBER 31, 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 | (d) Cost | (e) Current value |
|--------------------------------|--|---|----------|-------------------|
| <u>Pooled accounts:</u> | | | | |
| * | John Hancock | Money Market Fund | ** | \$ 2,131,833 |
| * | John Hancock | Multimanager 2020 | ** | 35,333 |
| * | John Hancock | Multimanager 2025 | ** | 48,354 |
| * | John Hancock | Multimanager 2030 | ** | 100,548 |
| * | John Hancock | Multimanager 2035 | ** | 83,427 |
| * | John Hancock | Multimanager 2040 | ** | 64,124 |
| * | John Hancock | Multimanager 2045 | ** | 292,452 |
| * | John Hancock | Multimanager 2050 | ** | 15,081 |
| * | John Hancock | Multimanager 2055 | ** | 215,790 |
| * | John Hancock | Multimanager 2060 | ** | 26,421 |
| * | John Hancock | Multimanager 2065 | ** | 11,351 |
| * | John Hancock | Multimanager Conservative | ** | 950,480 |
| * | John Hancock | Multimanager Moderate | ** | 549,921 |
| * | John Hancock | Multimanager Balanced | ** | 2,435,968 |
| * | John Hancock | Multimanager Growth | ** | 3,742,839 |
| * | John Hancock | Multimanager Aggressive | ** | 1,226,796 |
| * | John Hancock | Invesco International Equity Fund | ** | 312 |
| * | John Hancock | Vanguard Short-Term Utility | ** | \$ 15,473 |

* *Party-in-interest.*

** *Historical cost information is not required for participant directed investment funds.*

BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

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

EIN: 95-2592162

PLAN # 001

DECEMBER 31, 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 | (d) Cost | (e) Current value |
|--|--|--|----------|-------------------|
| <u>Pooled accounts (continued):</u> | | | | |
| * | John Hancock | Investment Company of America | ** | \$ 802 |
| * | John Hancock | Franklin Mutual Beacon Fund | ** | 5,788 |
| * | John Hancock | Fidelity Advisor Total Bond Fund | ** | 4,061 |
| * | John Hancock | Mutual Global Discovery Fund | ** | 331,750 |
| * | John Hancock | Fidelity Contra Fund | ** | 80,950 |
| * | John Hancock | Growth Fund of America | ** | 12,324 |
| * | John Hancock | American Century Heritage Fund | ** | 3,737 |
| * | John Hancock | Domini Impact Equity Fund | ** | 368,926 |
| * | John Hancock | T. Rowe Price Small Cap Value Fund | ** | 13,852 |
| * | John Hancock | J.P. Morgan Mid Cap Value Fund | ** | 9,492 |
| * | John Hancock | Small Cap Index Fund | ** | 694 |
| * | John Hancock | American Funds Euro Pacific Growth Fund | ** | 16,450 |
| * | John Hancock | T. Rowe Price Science and Technology Fund | ** | 80,034 |
| * | John Hancock | PIMCO Real Return Fund | ** | 347 |
| * | John Hancock | T. Rowe Price Equity Income Fund | ** | 59,667 |
| * | John Hancock | Invesco Small Cap Growth Fund | ** | 87,127 |
| * | John Hancock | U.S. Growth Fund | ** | \$ 16,807 |

* *Party-in-interest.*

** *Historical cost information is not required for participant directed investment funds.*

BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

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

EIN: 95-2592162

PLAN # 001

DECEMBER 31, 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 | (d) Cost | (e) Current value |
|-----|--|--|----------|-------------------|
| | <u>Pooled accounts (continued):</u> | | | |
| * | John Hancock | J.P. Morgan US Equity Fund | ** | \$ 404,753 |
| * | John Hancock | 500 Index Fund | ** | 371,471 |
| * | John Hancock | Fundamental Large Cap Value Fund | ** | 1,468 |
| * | John Hancock | T. Rowe Price Health Science | ** | 19,239 |
| * | John Hancock | D.F.A. US Small Cap Fund | ** | 730 |
| * | John Hancock | Total Stock Market Index Fund | ** | 20,322 |
| * | John Hancock | International Index Fund | ** | 15,924 |
| * | John Hancock | Blue Chip Growth Fund | ** | 66,017 |
| * | John Hancock | Fundamental All Cap Core Fund | ** | 176,750 |
| * | John Hancock | Capital Appreciation Fund | ** | 6,889 |
| * | John Hancock | Real Est. Securities Fund | ** | 273,897 |
| * | John Hancock | Franklin Small-Mid Growth Fund | ** | 3,503 |
| * | John Hancock | High Yield Fund | ** | 27,221 |
| * | John Hancock | American Balanced Fund | ** | 19,174 |
| * | John Hancock | ClearBridge Growth Fund | ** | \$ 78,479 |

* *Party-in-interest.*

** *Historical cost information is not required for participant directed investment funds.*

BAKER'S BURGERS, INC. PROFIT SHARING 401(K) PLAN

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

EIN: 95-2592162

PLAN # 001

DECEMBER 31, 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 | (d) Cost | (e) Current value |
|--|---|--|----------|----------------------|
| <u>Pooled accounts (continued):</u> | | | | |
| * | John Hancock | Financial Industries Fund | ** | \$ 38,018 |
| * | John Hancock | Templeton Foreign Smaller Co. Fund | ** | 2,624 |
| * | John Hancock | Mid Cap Index Fund | ** | <u>306,428</u> |
| | | | | 14,872,218 |
| <u>Guaranteed accounts:</u> | | | | |
| * | John Hancock | Ten Year Guaranteed Account | ** | 2,578 |
| * | John Hancock | Three Year Guaranteed Account | ** | <u>219,190</u> |
| | | | | 221,768 |
| <u>Metropolitan Life Insurance Company:</u> | | | | |
| | | Life insurance policies | ** | 71,377 |
| <u>Cash and cash equivalents:</u> | | | | |
| * | | John Hancock Cash Account | ** | 1,814 |
| <u>Notes receivable from participants:</u> | | | | |
| | | Loans to participants with maturity dates less than 5 years and interest rates of 4.25% - 9.5%. | \$ 0 | <u>405,240</u> |
| | | | | <u>\$ 15,572,417</u> |

* Party-in-interest.

** Historical cost information is not required for participant directed investment funds.

SCHEDULE OF INVESTMENT ASSETS BOTH ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR

BAKER'S BURGERS, INC.
 PROFIT SHARING 401(K) PLAN

PLAN #001 # 95-2592162

PLAN YEAR END 12/31/24 5500 ATTACHMENT SCHEDULE 2 SCHEDULE H # 4 (i)

| (a) Identity of issue, borrower lessor, or similar party | (b) Description of investment including maturity date rate of interest, collateral, par or maturity value | (c) Cost of acquisitions | (d) Proceeds of dispositions |
|--|---|--------------------------|------------------------------|
| AMERICAN FUNDS | A F. Washington Mutual Fund | 215.00 | 211.00 |
| JOHN HANCOCK | Small Cap Growth Index Fund | 302.00 | 286.00 |
| JOHN HANCOCK | DFA Tava Fund | 172.00 | 160.00 |
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| | | 689.00 | 657.00 |

SCHEDULE OF ASSETS HELD AT END OF YEAR

BAKER'S BURGERS, INC.
PROFIT SHARING 401(K) PLAN

PLAN # 001

95-2592162

PLAN YEAR END 12/31/24

5500 ATTACHMENT SCHEDULE 1 SCHEDULE H # 4(i)

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date rate of interest, collateral, par or maturity value | (d) Cost ** | (e) Current Value |
|-----|---|---|-------------|-------------------|
| -0- | JOHN HANCOCK | THREE YEAR GUARANTEED ACCT. | ** | 219,190 |
| -0- | JOHN HANCOCK | TEN YEAR GUARANTEED ACCT. | ** | 2,578 |
| -0- | JOHN HANCOCK | JH Multimanager 2065 Lifetime | ** | 11,351 |
| -0- | JOHN HANCOCK | JH Multimanager 2060 Lifetime | ** | 26,421 |
| -0- | JOHN HANCOCK | JH Multimanager 2055 Lifetime | ** | 215,790 |
| 0 | JOHN HANCOCK | JH Multimanager 2050 Lifetime | ** | 15,081 |
| -0- | JOHN HANCOCK | JH Multimanager 2045 Lifetime | ** | 292,452 |
| -0- | JOHN HANCOCK | JH Multimanager 2040 Lifetime | ** | 64,124 |
| -0- | JOHN HANCOCK | JH Multimanager 2035 Lifetime | ** | 83,427 |
| -0- | JOHN HANCOCK | JH Multimanager 2030 Lifetime | ** | 100,548 |
| -0- | JOHN HANCOCK | JH Multimanager 2025 Lifetime | ** | 48,354 |
| -0- | JOHN HANCOCK | JH Multimanager 2020 Lifetime | ** | 35,333 |
| -0- | JOHN HANCOCK | JH Multimanager Aggressive LS | ** | 1,226,796 |
| -0- | JOHN HANCOCK | JH Multimanager Growth LS | ** | 3,742,839 |
| -0- | JOHN HANCOCK | JH Multimanager Balanced LS | ** | 2,435,968 |
| -0- | JOHN HANCOCK | JH Multimanager Moderate LS | ** | 549,921 |
| -0- | JOHN HANCOCK | JH Multimanager Conserv LS | ** | 950,480 |
| -0- | J.H. AMERICAN CENTURY | American Century Heritage | ** | 3,737 |
| -0- | J.H. JENNISON | Capital Appreciation Fund | ** | 6,889 |
| -0- | JH LEGG MASON | ClearBridge Aggressive Growth | ** | 78,479 |
| -0- | J.H. SSAG | Intl Equity Index Fund | ** | 15,924 |
| -0- | J.H. D.F.A. | DFA U.S. Small Cap Fund | ** | 730 |
| -0- | JH AMERICAN FUNDS | American Funds EuroPac Growth | ** | 16,450 |
| -0- | JH FIDELITY | Fidelity ContraFund | ** | 80,950 |
| -0- | JOHN HANCOCK | Financial Industries Fund | ** | 38,018 |
| -0- | JH FRANKLIN TEMPLETON | Franklin Small-Mid Growth | ** | 3,503 |
| -0- | JOHN HANCOCK | Fundamental All Cap Core Fund | ** | 176,750 |
| -0- | J.H. T. ROWE PRICE | Blue Chip Growth Fund | ** | 66,017 |
| -0- | J.H. INVESCO | Invesco EQV Intl Equity Fund | ** | 312 |
| -0- | J.H. INVESCO | Invesco Small Cap Growth | ** | 87,127 |
| -0- | JH J.P. MORGAN | JPMorgan MidCap Value Fund | ** | 9,492 |
| -0- | JOHN HANCOCK | Mid Cap Index Fund | ** | 306,428 |
| -0- | JOHN HANCOCK | Money Market Fund | ** | 2,131,833 |
| -0- | J.H. WELLINGTON | Real Est. Securities Fund | ** | 273,897 |
| -0- | JOHN HANCOCK | Small Cap Index Fund | ** | 694 |
| -0- | J.H. MFS | MFS Utilities Fund | ** | 15,473 |
| -0- | JH T. ROWE PRICE | T. Rowe Price Health Sci | ** | 19,239 |
| -0- | JH T. ROWE PRICE | T. Rowe Price Sci & Tech | ** | 80,034 |
| -0- | JH T. ROWE PRICE | T. Rowe Price Sml Cap Val | ** | 13,852 |
| -0- | JH FRANKLIN TEMPLETON | Templeton Foreign Smaller Co | ** | 2,624 |
| -0- | JH AMERICAN FUNDS | AF The Growth Fund of America | ** | 12,324 |
| -0- | JOHN HANCOCK | John Hancock U.S. Growth Fund | ** | 16,807 |

SCHEDULE OF ASSETS HELD AT END OF YEAR

BAKER'S BURGERS, INC.
PROFIT SHARING 401(K) PLAN

PLAN # 001

95-2592162

PLAN YEAR END 12/31/24

5500 ATTACHMENT SCHEDULE 1 SCHEDULE H # 4(i)

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c)Description of investment including maturity date rate of interest, collateral, par or maturity value | (d) Cost ** | (e) Current Value |
|-----|---|---|----------------|-------------------|
| -0- | JOHN HANCOCK | 500 Index Fund | ** | 371,471 |
| -0- | JH DOMINI | Domini Impact Equity Fund | ** | 368,926 |
| -0- | JH FRANKLIN TEMPLETON | Franklin Mutual Beacon Fund | ** | 5,788 |
| -0- | JH FRANKLIN TEMPLETON | Mutual Global Discovery | ** | 331,750 |
| -0- | JOHN HANCOCK | Fundamental Large Cap Value | ** | 1,468 |
| -0- | J.H. FIDELITY ADVISOR | Fidelity Advisor Total Bond | ** | 4,061 |
| -0- | J.H. J. P. MORGAN | JPMorgan U.S. Equity Fund | ** | 404,753 |
| -0- | JH T. ROWE PRICE | T. Rowe Price Equity Inc | ** | 59,667 |
| -0- | J.H. PIMCO | PIMCO Real Return | ** | 347 |
| -0- | JH AMERICAN FUNDS | Investment Company of America | ** | 802 |
| -0- | JOHN HANCOCK | Total Stock Market Index Fund | ** | 20,322 |
| -0- | JH WESTERN ASSET MANG. | High Yield Fund | ** | 27,221 |
| -0- | JH AMERICAN FUNDS | AF American Balanced Fund | ** | 19,174 |
| -0- | JOHN HANCOCK | PARTICIPANT LOANS - 4.25% TO 9.5 INT. | ** | 405,241 |
| -0- | JOHN HANCOCK | CASH ACCOUNT | ** | 1,813 |
| -0- | MET LIFE | CASH VALUE LIFE INS. 5 POLICIES | ** | 71,377 |
| | | | | |
| | | TOTAL INVESTMENTS | - | 15,572,417 |