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| Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500. | OMB Nos. 1210-0110 1210-0089 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection |
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| | |
|---------------|---|
| 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 |
|----------------|---|

| | |
|---|---|
| 1a Name of plan <u>HOLOWICKI ENTERPRISES PROFIT SHARING PLAN</u> | 1b Three-digit plan number (PN) ▶ <u>001</u> |
| 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>HOLOWICKI ENTERPRISES DBA MCDONALDS</u> <u>5049 CEMETERY ROAD</u> <u>HILLIARD, OH 43026</u> | 1c Effective date of plan <u>09/01/1994</u> 2b Employer Identification Number (EIN) <u>31-1177272</u> 2c Plan Sponsor's telephone number <u>614-876-3509</u> 2d Business code (see instructions) <u>722513</u> |

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

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

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/02/2025 | COURTNEY DURBIN |
| | 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 | 674 |
| 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) | 589 |
| | 6a(2) | 532 |
| | 6b | 0 |
| | 6c | 69 |
| | 6d | 601 |
| | 6e | 0 |
| | 6f | 601 |
| | 6g(1) | 137 |
| | 6g(2) | 134 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2J 2K 2F 2G 3D 3H 2T

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 | b General Schedules |
| (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) | (1) <input checked="" type="checkbox"/> H (Financial Information) |
| (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> I (Financial Information – Small Plan) |
| (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u> |
| (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ | (4) <input checked="" type="checkbox"/> C (Service Provider Information) |
| (5) <input checked="" type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) |
| | (6) <input type="checkbox"/> G (Financial Transaction Schedules) |

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

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

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

| | | |
|---|--|-------------------|
| <p>A Name of plan HOLOWICKI ENTERPRISES PROFIT SHARING PLAN</p> | <p>B Three-digit plan number (PN) ▶</p> | <p>001</p> |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 HOLOWICKI ENTERPRISES DBA MCDONALDS</p> | <p>D Employer Identification Number (EIN) 31-1177272</p> | |

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

| (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 |
| 39-0989781 | 86231 | 808528-000 | 134 | 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.

| | |
|---|---|
| <p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p> | <p>(b) Total amount of fees paid</p> <p style="text-align: center;">4005</p> |
|---|---|

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
CREATIVE RETIREMENT SYSTEMS, INC. 25 MERCHANT STREET, SUITE 135 CINCINNATI, OH 45246

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|----------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 0 | 4005 | ADMINISTRATION | 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 | |
| | | | |

(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 | 231142 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end..... | 4078352 |
| 6 | Contracts With Allocated Funds: | |
| a | State the basis of premium rates ▶ | |
| b | Premiums paid to carrier | 6b |
| c | Premiums due but unpaid at the end of the year | 6c |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d |
| e | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ | |
| f | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/> | |
| 7 | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | |
| a | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ STABLE VALUE OPTION | |
| b | Balance at the end of the previous year | 7b 189639 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) 22382 |
| | (2) Dividends and credits..... | 7c(2) 0 |
| | (3) Interest credited during the year..... | 7c(3) 3349 |
| | (4) Transferred from separate account | 7c(4) 36074 |
| | (5) Other (specify below)..... ▶ CONVERSION ASSETS, EBA CREDITS, FORFEITURE CREDITS | 7c(5) 20308 |
| | (6) Total additions | 7c(6) 82113 |
| d | Total of balance and additions (add lines 7b and 7c(6)) | 7d 271752 |
| e | Deductions: | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) 9214 |
| | (2) Administration charge made by carrier..... | 7e(2) 884 |
| | (3) Transferred to separate account | 7e(3) 286 |
| | (4) Other (specify below)..... ▶ FEE FOR SERVICE, FORFEITURE WITHDRAWALS, HARDSHIP WITHDRAWAL FEE, IN-SERVICE DISTRIBUTION FEE | 7e(4) 30226 |
| (5) Total deductions | 7e(5) 40610 | |
| f | Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f 231142 |

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. ▶

| | | |
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| 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 HOLOWICKI ENTERPRISES PROFIT SHARING PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 HOLOWICKI ENTERPRISES DBA MCDONALDS | D Employer Identification Number (EIN) 31-1177272 | |

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

TRANSAMERICA LIFE INSURANCE CO

39-0989781

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

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

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

BUDROS RUHLIN & ROE INC

31-1237051

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27 | INVESTMENT ADVISOR | 20529 | 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)

TRANSAMERICA LIFE INSURANCE CO.

39-0989781

| (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 37 52 62 64 67 | RECORDKEEPER | 16701 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

ARY ROEPCKE MULCHAEY PC

52-2370901

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 | AUDIT | 9200 | 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"/> |

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)

CREATIVE RETIREMENT SYSTEMS, INC.

31-1299207

| (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 37 64 | RECORDKEEPER | 1200 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 27 | Yes <input type="checkbox"/> No <input checked="" 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:

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

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u> | |
| A Name of plan <u>HOLOWICKI ENTERPRISES PROFIT SHARING 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>HOLOWICKI ENTERPRISES DBA MCDONALDS</u> | D Employer Identification Number (EIN) <u>31-1177272</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>INVESCO DISCOVERY MID CAP GROWTH RE</u> | | |
| b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u> | | |
| c EIN-PN <u>39-0989781-253</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>29680</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CLEARBRIDGE SMALL CAP GROWTH RET OP</u> | | |
| b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u> | | |
| c EIN-PN <u>39-0989781-380</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>95763</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DFA EMERGING MARKETS PORTFOLIO RET</u> | | |
| b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u> | | |
| c EIN-PN <u>39-0989781-525</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>49249</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DFA INFL-PROTECTED SEC PORTFOLIO RE</u> | | |
| b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u> | | |
| c EIN-PN <u>39-0989781-526</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>142411</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FEDERATED HERMES INSTL HIGH YLD BD</u> | | |
| b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u> | | |
| c EIN-PN <u>39-0989781-575</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>76752</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMORGAN EQUITY INCOME RET OPT</u> | | |
| b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u> | | |
| c EIN-PN <u>39-0989781-584</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>557014</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VICTORY SYCAMORE ESTABLISHED VALUE</u> | | |
| b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INS CO</u> | | |
| c EIN-PN <u>39-0989781-613</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>76440</u> |

| | | |
|--|--|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STOCK INDEX R | | |
| b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO | | |
| c EIN-PN 39-0989781-587 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 473205 |

| | | |
|---|--|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MID CAP INDEX RET | | |
| b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO | | |
| c EIN-PN 39-0989781-036 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21951 |

| | | |
|---|--|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REIT INDEX RET OPT | | |
| b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO | | |
| c EIN-PN 39-0989781-099 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34704 |

| | | |
|---|--|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL-CAP INDEX RET OPT | | |
| b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO | | |
| c EIN-PN 39-0989781-107 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33680 |

| | | |
|--|--|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD SMALL-CAP VALUE INDEX R | | |
| b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO | | |
| c EIN-PN 39-0989781-108 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54372 |

| | | |
|--|--|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTL DIVERSIFICATION | | |
| b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO | | |
| c EIN-PN 39-0989781-665 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 214752 |

| | | |
|---|--|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MASSACHUSETTS INV GR STK | | |
| b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO | | |
| c EIN-PN 39-0989781-666 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 560239 |

| | | |
|---|--|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA RETIREONTRK 2010 WITH | | |
| b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO | | |
| c EIN-PN 39-0989781-687 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8283 |

| | | |
|---|--|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA RETIREONTRK 2015 WITH | | |
| b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO | | |
| c EIN-PN 39-0989781-688 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6878 |

| | | |
|---|--|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA RETIREONTRK 2020 WITH | | |
| b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS CO | | |
| c EIN-PN 39-0989781-689 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 965 |

a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA RETIREONTRK 2025 WITH](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

| | | | |
|--|--|---|------------------------|
| c EIN-PN 39-0989781-690 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 114578 |
|--|--|---|------------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA RETIREONTRK 2030 WITH](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

| | | | |
|--|--|---|------------------------|
| c EIN-PN 39-0989781-691 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 455491 |
|--|--|---|------------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA RETIREONTRK 2035 WITH](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

| | | | |
|--|--|---|------------------------|
| c EIN-PN 39-0989781-692 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 254771 |
|--|--|---|------------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA RETIREONTRK 2040 WITH](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

| | | | |
|--|--|---|-----------------------|
| c EIN-PN 39-0989781-693 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 39063 |
|--|--|---|-----------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA RETIREONTRK 2045 WITH](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

| | | | |
|--|--|---|-----------------------|
| c EIN-PN 39-0989781-694 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 38585 |
|--|--|---|-----------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA RETIREONTRK 2050 WITH](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

| | | | |
|--|--|---|------------------------|
| c EIN-PN 39-0989781-695 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 119610 |
|--|--|---|------------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA RETIREONTRK 2055 WITH](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

| | | | |
|--|--|---|------------------------|
| c EIN-PN 39-0989781-696 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 171706 |
|--|--|---|------------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: [FEDERATED HERMES TOTAL RTN BD RET O](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

| | | | |
|--|--|---|------------------------|
| c EIN-PN 39-0989781-766 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 323221 |
|--|--|---|------------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA RETIREONTRK 2060 WITH](#)

b Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS CO](#)

| | | | |
|--|--|---|------------------------|
| c EIN-PN 39-0989781-821 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 124989 |
|--|--|---|------------------------|

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 HOLOWICKI ENTERPRISES PROFIT SHARING PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 HOLOWICKI ENTERPRISES DBA MCDONALDS | D Employer Identification Number (EIN) 31-1177272 |

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

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 3461 | 3380 |
| (2) Participant contributions | 1b(2) | 0 | 6725 |
| (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) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | 3453267 | 4078352 |
| (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) | 189639 | 231142 |
| (15) Other | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|------------------------------|------------------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 3646367 | 4319599 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | 4545 | 5378 |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 4545 | 5378 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 3641822 | 4314221 |

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) | 145035 | |
| (B) Participants..... | 2a(1)(B) | 317659 | |
| (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) | | 462694 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 0 |
| (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) | | 0 |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |

| | | (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) | | 414720 |
| (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 | | 23500 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 900914 |

Expenses

| | | | |
|---|---------------|--------|--------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 180885 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 180885 |
| 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) | 17901 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | 9200 | |
| (5) Investment advisory and investment management fees | 2i(5) | 20529 | |
| (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) | | 47630 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 228515 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 672399 |
| 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: **ARY ROEPCKE MULCHAEY, P.C.**

(2) EIN: **52-2370901**

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

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

Part IV Compliance Questions

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

During the plan year:

| | Yes | No | Amount |
|--|-------------------------------------|-------------------------------------|--------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 94988 |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| e Was this plan covered by a fidelity bond? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 360000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| l Has the plan failed to provide any benefit when due under the plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | <input type="checkbox"/> | <input type="checkbox"/> | |

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

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

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

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

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

| | | |
|--|---|---|
| SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 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>HOLOWICKI ENTERPRISES PROFIT SHARING 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>HOLOWICKI ENTERPRISES DBA MCDONALDS</u> | D Employer Identification Number (EIN) <u>31-1177272</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): 39-0989781

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 Q703912A.

| | | |
|--|---|---|
| <p>SCHEDULE MEP (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> | <p>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</p> <p>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)</p> <p>▶ File as an attachment to Form 5500.</p> | <p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
|--|---|---|

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

| | | |
|--|---|-------------------|
| <p>A Name of plan HOLOWICKI ENTERPRISES PROFIT SHARING PLAN</p> | <p>B Three-digit Plan number (PN)..... ▶</p> | <p>001</p> |
| <p>C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF HOLOWICKI ENTERPRISES DBA MCDONALDS</p> | <p>D Administrator's EIN 31-1177272</p> | |

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

| | | | |
|--|------------------------------------|---|---|
| 2a Name of Participating Employer WICKI VENTURES, LLC | 2b EIN 20-8522906 | 2c Percentage of Total Contributions for the Plan Year 49.00 | 2d Aggregate Account Balances Attributable to Participating Employer 1462155 |
| 2a Name of Participating Employer HOLOWICKI ENTERPRISES DBA MCDONALDS | 2b EIN 31-1177272 | 2c Percentage of Total Contributions for the Plan Year 51.00 | 2d Aggregate Account Balances Attributable to Participating Employer 2852066 |

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

| | | |
|--|-----------|--|
| 2e Does the plan include any individuals not participating through an employer or who are individual working owners? | 2e | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year. | 2f | |
| 2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a. | 2g | |

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

**Schedule MEP (2024)
v. 240311**

| | |
|-----------------|---|
| Part III | Pooled Employer Plan Information |
|-----------------|---|

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... Yes No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____

Holowicki Enterprises Profit Sharing Plan
Financial Statements
As of December 31, 2024 and 2023 and for the
Years Ended December 31, 2024 and 2023
Supplemental Schedules as of or for the Year Ended December 31, 2024

Index to Financial Statements

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| Notes to Financial Statements | 7 |
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*All other financial schedules required by Section 2520.103-10 of the U.S. Department of Labor's Annual Reporting and Disclosure Requirements under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



Richard E. Ary *CPA, J.D., LL.M*
John M. Roepcke *CPA*
Eric J. Mulchaey *CPA, CFE*
William T. Vasil *CPA, CFP®, MAcc*
Chelsea L. Williams *CPA*

Ary Roepcke Mulchaey, P.C.
Two Miranova Place
Suite 600
Columbus, OH 43215
614.486.3600
614.486.3400

Independent Auditor's Report

To the Plan Administrator and Plan Participants of the
Holowicki Enterprises Profit Sharing Plan:

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

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 Holowicki Enterprises Profit Sharing 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 Holowicki Enterprises Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- 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 Holowicki Enterprises Profit Sharing 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 Holowicki Enterprises Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2024 and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

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 schedule 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).

Ary Roepke Mulchaey, P.C.

Columbus, Ohio
October 2, 2025

Holowicki Enterprises Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

| | <u>2024</u> | <u>2023</u> |
|-----------------------------------|----------------------------|----------------------------|
| Assets | | |
| Investments, at fair value | \$ 4,078,352 | \$ 3,453,267 |
| Investments, at contract value | 231,142 | 189,639 |
| Total investments | <u>4,309,494</u> | <u>3,642,906</u> |
| Receivables: | | |
| Participant contributions | 6,725 | - |
| Employer contributions | 3,380 | 3,461 |
| Total receivables | <u>10,105</u> | <u>3,461</u> |
| Total assets | <u>4,319,599</u> | <u>3,646,367</u> |
| Liabilities | | |
| Accrued administrative expenses | <u>5,378</u> | <u>4,545</u> |
| Net assets available for benefits | <u><u>\$ 4,314,221</u></u> | <u><u>\$ 3,641,822</u></u> |

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

Holowicki Enterprises Profit Sharing Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2024 and 2023

| | <u>2024</u> | <u>2023</u> |
|---|---------------------|---------------------|
| Additions | | |
| Investment income: | | |
| Investment income under group annuity contract: | | |
| Income from pooled separate accounts | \$ 414,720 | \$ 418,022 |
| Earnings from Transamerica Stable Value Option | 3,349 | 2,038 |
| Fee income | 20,151 | 16,005 |
| Total investment income | <u>438,220</u> | <u>436,065</u> |
| Contributions: | | |
| Participant | 317,659 | 296,514 |
| Company | 145,035 | 144,972 |
| Total contributions | <u>462,694</u> | <u>441,486</u> |
| Total additions | <u>900,914</u> | <u>877,551</u> |
| Deductions | | |
| Benefits paid to participants | 180,885 | 66,084 |
| Administrative expenses | 47,630 | 32,050 |
| Total deductions | <u>228,515</u> | <u>98,134</u> |
| Net increase | 672,399 | 779,417 |
| Net assets available for benefits: | | |
| Beginning of year | 3,641,822 | 2,862,405 |
| End of year | <u>\$ 4,314,221</u> | <u>\$ 3,641,822</u> |

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

Holowicki Enterprises Profit Sharing Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of the Plan

General

The following description of the Holowicki Enterprises Profit Sharing Plan (the “Plan”), originally effective September 1, 1994, provides only general information. Participants should refer to the Plan document for a complete description of the Plan’s provisions.

The Plan is a defined contribution plan available to employees of Holowicki Enterprises dba McDonald’s and Wicki Ventures, LLC (collectively, the “Companies”). Employees are eligible to participate in the Plan after completing one year of service in which they complete at least 1,000 hours of service and are age 21. After completion of the service and age requirements, eligible employees may enter the Plan on January 1 or July 1. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Plan has two trustees who are employees of the Companies who oversee the Plan and receive no compensation from the Plan.

The Companies have entered into a group annuity contract with Transamerica Life Insurance Company (“TLIC”) with TLIC acting as the Plan’s custodian and Transamerica Retirement Solutions, LLC (“Transamerica”) acting as the Plan’s recordkeeper. Transamerica is an authorized agent of TLIC.

The Plan was amended and restated effective June 1, 2022 to, among other things, add a vesting schedule for both Company’s discretionary matching contribution and to exclude bonus compensation from plan eligible compensation effective January 1, 2023.

The Plan was amended and restated effective January 1, 2024 to, among other things, change the determination period for safe harbor matching contributions from the Plan year to each pay period.

Contributions

Participants may elect to contribute up to 100% of pretax or after-tax (“Roth”) annual compensation, as defined in the Plan document. Participant contributions may not exceed the maximum allowable contributions under the Internal Revenue Code (the “Code”), which totaled \$23,000 and \$22,500 for the years ended December 31, 2024 and 2023, respectively. For 2024 and 2023, participants who attain age fifty prior to the Plan year end are eligible to make catch-up contributions, subject to limitations imposed by the Code, not to exceed \$7,500.

Participants may also make rollover contributions to the Plan from certain types of individual retirement accounts or other qualified retirement plans.

Participants direct the investment of their contributions into various investment options offered by the Plan. Participants may change their investment options on a daily basis.

The Companies match participant contributions equal to 100% of the participant’s elective deferrals not in excess of 4% of eligible compensation (the “Safe Harbor Match”). The Companies may also elect to make discretionary matching contributions in addition to the Safe Harbor Match contributions as well as non-elective contributions to the Plan. The Companies elected not to make discretionary matching contributions or non-elective contributions for the years ended December 31, 2024 and 2023, respectively.

Holowicki Enterprises Profit Sharing Plan

Notes to Financial Statements

December 31, 2024 and 2023

Participant Accounts

Each participant's account is credited with the participant's contributions and an allocation of the Companies' contributions, Plan earnings and administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions, rollovers, Safe Harbor Match, and qualified non-elective contributions, plus actual earnings thereon. Vesting for both Company's discretionary matching contributions plus earnings is as follows:

| <u>Years of Service</u> | <u>Vesting</u> |
|-------------------------|----------------|
| Less than 2 | 0% |
| 2 | 20% |
| 3 | 40% |
| 4 | 60% |
| 5 | 80% |
| 6 | 100% |

Payment of Benefits

Upon termination of service due to death, separation of service, disability or retirement, a participant may elect to receive either a lump-sum distribution equal to the value of the participant's vested interest in his or her account, or in annual installments. For termination of service due to death of a participant, the beneficiary will receive a lump-sum distribution that will be equal to the participant's account. The participant's account will become fully vested upon the death of the participant.

Withdrawals

Participants may withdraw up to 100% of their elective accounts in the event of undue financial hardship as provided for in the Plan document.

Risks and Uncertainties

Investment securities are exposed to various risks, such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities and level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Plan Termination

Although the Companies have not expressed any intent to do so, the Companies have the right under the Plan to discontinue their contributions at any time. The Companies have the right at any time, by action of the Board of Directors, to terminate the Plan subject to provisions of ERISA. Upon Plan termination or partial termination, participants will become fully vested in their accounts.

Holowicki Enterprises Profit Sharing Plan

Notes to Financial Statements

December 31, 2024 and 2023

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments, including pooled separate accounts, are reported at fair value, except for fully benefit-responsive investment contract, which is reported at contract value. Fair value is determined as 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. Contract value represents the amount participants would receive if they were to withdraw or transfer their balance under the terms of the plan. See Note 3 for discussion of fair value measurements.

Investment income from pooled separate accounts includes dividends, interest, and net appreciation (depreciation) in fair value, which comprises both realized and unrealized gains and losses on investments bought, sold, and held during the year. Earnings from the fully-benefit responsive investment contract is recorded at contract value as earned. Purchases and sales of securities within pooled separate accounts are recorded on a trade-date basis using fair value, with dividends recorded on the ex-dividend date and interest on an accrual basis. Net appreciation (depreciation) in fair value of investments is reflected in the statements of changes in net assets available for benefits.

Contributions

Contributions from Plan participants, and the related Safe Harbor Matching contributions from the Companies, are recorded in the year in which the employee contributions are withheld from compensation.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Companies and are excluded from these financial statements. Brokerage fees, transfer taxes, and other expenses incurred in connection with the investment of the Plan's assets will be added to the cost of such investments or deducted from the proceeds thereof, as the case may be. Fees related to the administration of the Plan including recordkeeping and investment advisory fees are deducted from participant accounts. The Plan also receives fee credits of 0.50% annually of the total assets under the group annuity contract.

Benefit Payments

Benefits are recorded when paid.

Holowicki Enterprises Profit Sharing Plan

Notes to Financial Statements

December 31, 2024 and 2023

3. Fair Value Measurements

Accounting Standards Codification (“ASC”) 820, *Fair Value Measurement*, requires investments for which fair value is measured using net asset value per share as a practical expedient to not be categorized within the fair value hierarchy. The following is a description of the valuation methodologies used for assets measured at fair value.

Pooled Separate Accounts: Valued at the respective net asset values (“NAV”) as reported by such account managers. The NAV, as provided by the account managers, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the accounts less their liabilities. This practical expedient is not used when it is determined to be probable that the accounts will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. The Plan does not have any contractual obligations to further invest in these funds. There are no unfunded commitments and the redemption and notice period is daily. The pooled separate accounts primarily invest in mutual funds and comingled trust funds.

4. Fully Benefit-Responsive Investment at Contract Value

Investment in the Transamerica Stable Value Option (“TSVO”) is considered fully benefit-responsive and is recorded at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses.

The Transamerica Stable Value Option investment is a non-tradable obligation of TLIC. The repayment of principal and interest credited to participants holding the investment is a financial obligation of TLIC. The terms of the group annuity contract require all participant-initiated transactions to occur at contract value with no conditions, limits or restrictions. There are no unfunded commitments related to the TSVO, the redemption frequency is daily and the redemption notice period is daily. Although Plan participants may withdraw assets from the TSVO without restrictions, TLIC may impose a hold period at the contract level in the event of a full contract discontinuance or partial contract discontinuance. As of December 31, 2024, the Companies have not initiated a full or partial contract discontinuance.

The TSVO seeks to protect against any loss of principal while providing returns in excess of money market and one-year U.S. Treasury bills. There is no stated minimum or maximum interest rate and TLIC declares rates periodically and backs the principal and interest of the investment. The crediting rate for the TSVO was 1.65% and 1.25% for the years ended December 31, 2024 and 2023, respectively. Any guarantees of principal and interest are subject to the claims paying ability of TLIC.

Holowicki Enterprises Profit Sharing Plan

Notes to Financial Statements

December 31, 2024 and 2023

5. Unaudited Information Certified by the Plan Custodian

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2024 and 2023, income (loss) from pooled separate accounts and earnings from the Transamerica Stable Value Option for the years ended December 31, 2024 and 2023, respectively, was prepared by or derived from information certified by Transamerica Life Insurance Company (the “Custodian”) and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Custodian that such information is complete and accurate within the meaning of CFR 2520.103-5 of the Department of Labor’s Rules and Regulations for Reporting and Disclosures under ERISA.

6. Tax Status

The Plan sponsor adopted a non-standardized pre-approved plan document. The Internal Revenue Service (“IRS”) has determined and informed the pre-approved plan sponsor, by an opinion letter dated on June 30, 2020, that the pre-approved plan is designed in accordance with applicable sections of the Code. The Plan has not received a determination letter specific to the Plan itself. The Plan sponsor has indicated that it will take the necessary steps, if any, to bring the Plan’s operations into compliance with 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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that, as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Parties-in-interest Transactions

The Companies, which are parties-in-interest, provide certain administrative services to the Plan at no charge. The cost of providing these services constitutes exempt party-in-interest transactions under ERISA. TLIC and Transamerica, under the group annuity contract, provides recordkeeping and administrative service to the Plan for which the Plan is charged. The Plan is also serviced by an outside third party administrator and an investment advisor. Both the third party administrator and the investment advisor receive fees from the Plan for services which constitute exempt party-in-interest transactions.

8. Prohibited Transactions

During 2024 and 2023, the Companies erroneously remitted the employees’ deferral for several payroll periods to the Plan later than the period prescribed by the Department of Labor regulations. These delinquent remittances are considered nonexempt party-in-interest transactions. Plan management has corrected the delinquent participant contributions for the year ended December 31, 2023 during 2024 and is in the process of correcting the delinquent participant contributions for the year ended December 31, 2024.

Holowicki Enterprises Profit Sharing Plan
Notes to Financial Statements
December 31, 2024 and 2023

9. Subsequent Events

The Plan was amended and restated effective March 11, 2025 to, among other things, convert the Plan to a single employer Plan sponsored solely by Holowicki Enterprises dba McDonald's. The Plan assets and participant account balances related to Wicki Ventures, LLC were transferred to a separate Plan.

The Plan administrator is currently in the process of transitioning the Plan's assets to a new custodian and recordkeeper, with the transition expected to be completed during 2025.

Subsequent events have been evaluated through October 2, 2025, the date the financial statements were available to be issued.

Holowicki Enterprises Profit Sharing Plan

EIN: 31-1177272 #001

Supplemental Schedule

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

For the Year Ended December 31, 2024

| | | | | |
|--|---|--|---|--|
| Participant Contributions Transferred Late to Plan | Total That Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51 |
| | \$ 94,988 | | | |
| Check Here if Late Participant Loan Repayments are included: <input type="checkbox"/> | Contributions Not Corrected | Contributions Corrected Outside VFCP | Corrections Pending Correction in VFCP | |
| | 6,211 (1) | 62,795 (3) | | |
| | \$ 6,725 (2) | 9,833 (4) | | |
| | | \$ 9,424 (5) | \$ - | \$ - |

- (1) Represents delinquent participant contributions from 2024 payroll periods. The Company transmitted the contributions to the Plan in 2024 and is in process of transmitting lost earnings to the Plan.
- (2) Represents delinquent participant contributions from 2024 payroll periods. The Company transmitted the contributions to the Plan in 2025 and is in process of transmitting lost earnings to the Plan.
- (3) Represents delinquent participant contributions from 2023 payroll periods. The Company transmitted the contributions to the Plan in 2023 and remitted missed earnings to the Plan in 2024.
- (4) Represents delinquent participant contributions from 2022 payroll periods. The Company transmitted the contributions to the Plan in 2023 and remitted missed earnings to the Plan in 2024.
- (5) Represents delinquent participant contributions from 2022 payroll periods. The Company transmitted the contributions to the Plan in 2022 and remitted missed earnings to the Plan in 2024.

The accompanying notes are an integral part of this schedule.

Holowicki Enterprises Profit Sharing Plan

EIN: 31-1177272 #001

Supplemental Schedule

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

| (a) | (b) | (c) | (e) |
|--|-----|---|---------------|
| Identity of issuer, borrower, lessor or similar party | | Description of investment, including maturity date, rate of interest, maturity or par value | Current value |
| Transamerica Life Insurance Company unallocated pooled separate account sub-accounts: | | | |
| * MFS | | Massachusetts Investors Growth Stock | \$ 560,239 |
| * JPMorgan | | Equity Income | 557,014 |
| * Transamerica | | Partners Stock Index | 473,205 |
| * Transamerica | | RetireOnTrack 2030 | 455,491 |
| * Federated Hermes | | Total Return Bond | 323,221 |
| * Transamerica | | RetireOnTrack 2035 | 254,771 |
| * MFS | | International Diversification | 214,752 |
| * Transamerica | | RetireOnTrack 2055 | 171,706 |
| * DFA | | Inflation-Protected Securities Portfolio | 142,411 |
| * Transamerica | | RetireOnTrack 2060 | 124,989 |
| * Transamerica | | RetireOnTrack 2050 | 119,610 |
| * Transamerica | | RetireOnTrack 2025 | 114,578 |
| * ClearBridge | | Small Cap Growth | 95,763 |
| * Federated Hermes | | Institutional High-Yield Bond | 76,752 |
| * Victory | | Sycamore Established Value | 76,440 |
| * Transamerica | | Vanguard Small-Cap Value Index | 54,372 |
| * DFA | | Emerging Markets Portfolio | 49,249 |
| * Transamerica | | RetireOnTrack 2040 | 39,063 |
| * Transamerica | | RetireOnTrack 2045 | 38,585 |
| * Transamerica | | Vanguard REIT Index | 34,704 |
| * Vanguard | | Small-Cap Index | 33,680 |
| * Invesco | | Discovery Mid Cap Growth | 29,680 |
| * State Street | | S&P Mid Cap Index | 21,951 |
| * Transamerica | | RetireOnTrack 2010 | 8,283 |
| * Transamerica | | RetireOnTrack 2015 | 6,878 |
| * Transamerica | | RetireOnTrack 2020 | 965 |
| | | | 4,078,352 |
| Transamerica Life Insurance Company | | | |
| * Transamerica | | Stable Value Option | 231,142 |
| Total | | | \$ 4,309,494 |

Note: Other columns required by the U.S. Department of Labor's Annual Reporting and Disclosure Requirements under ERISA have been omitted because they are not applicable.

* Denotes party-in-interest.

The accompanying notes are an integral part of this schedule.

Holowicki Enterprises Profit Sharing Plan

EIN: 31-1177272 #001

Supplemental Schedule

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

| (a) | (b) | (c) | (e) |
|--|-----|---|---------------|
| Identity of issuer, borrower, lessor or similar party | | Description of investment, including maturity date, rate of interest, maturity or par value | Current value |
| Transamerica Life Insurance Company unallocated pooled separate account sub-accounts: | | | |
| * MFS | | Massachusetts Investors Growth Stock | \$ 560,239 |
| * JPMorgan | | Equity Income | 557,014 |
| * Transamerica | | Partners Stock Index | 473,205 |
| * Transamerica | | RetireOnTrack 2030 | 455,491 |
| * Federated Hermes | | Total Return Bond | 323,221 |
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| * Transamerica | | RetireOnTrack 2055 | 171,706 |
| * DFA | | Inflation-Protected Securities Portfolio | 142,411 |
| * Transamerica | | RetireOnTrack 2060 | 124,989 |
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| * Transamerica | | RetireOnTrack 2025 | 114,578 |
| * ClearBridge | | Small Cap Growth | 95,763 |
| * Federated Hermes | | Institutional High-Yield Bond | 76,752 |
| * Victory | | Sycamore Established Value | 76,440 |
| * Transamerica | | Vanguard Small-Cap Value Index | 54,372 |
| * DFA | | Emerging Markets Portfolio | 49,249 |
| * Transamerica | | RetireOnTrack 2040 | 39,063 |
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| * Transamerica | | RetireOnTrack 2020 | 965 |
| | | | 4,078,352 |
| Transamerica Life Insurance Company | | | |
| * Transamerica | | Stable Value Option | 231,142 |
| Total | | | \$ 4,309,494 |

Note: Other columns required by the U.S. Department of Labor's Annual Reporting and Disclosure Requirements under ERISA have been omitted because they are not applicable.

* Denotes party-in-interest.

The accompanying notes are an integral part of this schedule.