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

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

| | |
|---|--|
| <p>1a Name of plan <u>RESTAURANT SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>001</u></p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>RESTAURANT SERVICES INC</u></p> <p><u>5200 WATERFORD DISTRICT DRIVE # 300</u> <u>MIAMI, FL 33126-7001</u></p> | <p>1c Effective date of plan <u>01/01/1991</u></p> <p>2b Employer Identification Number (EIN) <u>65-0308534</u></p> <p>2c Plan Sponsor's telephone number <u>305-401-8577</u></p> <p>2d Business code (see instructions) <u>425120</u></p> |

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

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

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/02/2025 | ANGELE ARNASON |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/02/2025 | ANGELE ARNASON |
| | 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 | 120 |
| 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) | 82 |
| | 6a(2) | 81 |
| | 6b | 0 |
| | 6c | 37 |
| | 6d | 118 |
| | 6e | 0 |
| | 6f | 118 |
| | 6g(1) | 116 |
| 6g(2) | 112 | |
| 6h | 2 | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

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

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

| | |
|---|---|
| 9a Plan funding arrangement (check all that apply) | 9b Plan benefit arrangement (check all that apply) |
| (1) <input checked="" type="checkbox"/> Insurance | (1) <input checked="" type="checkbox"/> Insurance |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input 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 <u>0</u> | (4) <input checked="" type="checkbox"/> C (Service Provider Information) |
| (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) |
| | (6) <input type="checkbox"/> G (Financial Transaction Schedules) |

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 RESTAURANT SERVICES, INC. 401(K) EMPLOYEE SAVINGS 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 RESTAURANT SERVICES INC</p> | <p>D Employer Identification Number (EIN) 65-0308534</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
PRINCIPAL 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 |
| 42-0127290 | 61271 | 613953 | 118 | 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;">0</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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| | | |
|--|----------|---|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | 0 |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | 0 |

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) individual policies (2) group deferred annuity
 (3) other (specify) ▶

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

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

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

b Balance at the end of the previous year **7b** 152219

| | | |
|---|--------------|---------|
| c Additions: (1) Contributions deposited during the year | 7c(1) | 78706 |
| | 7c(2) | |
| | 7c(3) | 60440 |
| | 7c(4) | |
| | 7c(5) | 3114469 |
| ▶ LOAN PAYMENT, OUTSIDE INVESTMENT TRANSFER | | |

(6) Total additions **7c(6)** 3253615

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 3405834

| | | |
|---|--------------|---------|
| e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 321609 |
| | 7e(2) | 1914 |
| | 7e(3) | |
| | 7e(4) | 1457797 |
| ▶ OUTSIDE INVESTMENT TRANSFER | | |

(5) Total deductions **7e(5)** 1781320

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1624514

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

| | | |
|--|--|---|
| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 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 RESTAURANT SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 RESTAURANT SERVICES INC | D Employer Identification Number (EIN) 65-0308534 | |

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

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| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 13 37 50 64 | CONTRACT ADMINISTRATOR | 29306 | 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)

MORNINGSTAR INVESTMENT MANAGEMENT L

36-4317381

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 26 70 | INV ADV, PARTICIPANTS | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

NFP RETIREMENT, INC.

33-0905143

| (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 50 | INVESTMENT ADVISORY | 30000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Part I Service Provider Information (continued)

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|--|---|
| MORNINGSTAR INVESTMENT MANAGEMENT L | 26 70 | 0 |
| (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. | |
| PRINCIPAL LIFE INSURANCE COMPANY 42-0127290 | 14 BASIS POINTS ON ASSETS MANAGED BY MORNINGSTAR INVESTMENT MANAGEMENT LLC FOR TARGET MY RETIREMENT | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| | | |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| | | |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
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| SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection. |
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

| | | |
|--|--|------------|
| A Name of plan <u>RESTAURANT SERVICES, INC. 401(K) EMPLOYEE SAVINGS 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>RESTAURANT SERVICES INC</u> | D Employer Identification Number (EIN) <u>65-0308534</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>PRINCIPAL STABLE VALUE SELECT</u> | | |
| b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u> | | |
| c EIN-PN <u>93-6274328-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP VALUE I1 FUND</u> | | |
| b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u> | | |
| c EIN-PN <u>38-4065329-426</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>347035</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP VALUE I1 FUND</u> | | |
| b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u> | | |
| c EIN-PN <u>38-4097325-488</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>38262</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EMERGING MARKETS I1 FUND</u> | | |
| b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u> | | |
| c EIN-PN <u>86-1819869-672</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>81571</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GRTGRAY T. ROWE RET 2010 I1</u> | | |
| b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u> | | |
| c EIN-PN <u>38-7289830-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>201569</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GRTGRAY T. ROWE RET 2020 I1</u> | | |
| b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u> | | |
| c EIN-PN <u>38-7289832-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2845397</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GRTGRAY T. ROWE RET 2025 I1</u> | | |
| b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u> | | |
| c EIN-PN <u>38-7289833-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3339278</u> |

| | | |
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| a Name of MTIA, CCT, PSA, or 103-12 IE: GRTGRAY T.ROWE RET 2030 I1 | | |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY | | |
| c EIN-PN 38-7289834-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2971279 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: GRTGRAY T.ROWE RET 2035 I1 | | |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY | | |
| c EIN-PN 38-7289835-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1262432 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: GRTGRAY T.ROWE RET 2040 I1 | | |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY | | |
| c EIN-PN 38-7289836-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1231121 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: GRTGRAY T.ROWE RET 2045 I1 | | |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY | | |
| c EIN-PN 38-7289837-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 816509 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: GRTGRAY T.ROWE RET 2050 I1 | | |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY | | |
| c EIN-PN 38-7289838-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 744575 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: GRTGRAY T.ROWE RET 2055 I1 | | |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY | | |
| c EIN-PN 38-7289839-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 621518 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: GRTGRAY T.ROWE RET 2060 I1 | | |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY | | |
| c EIN-PN 38-7289840-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 235981 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: GRTGRAY T.ROWE RET 2065 I1 | | |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY | | |
| c EIN-PN 38-7289841-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 140209 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: GREATGRAY EURO GROWTH I1 | | |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY | | |
| c EIN-PN 38-7289844-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 724450 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH II CLASS I1 FD | | |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY | | |
| c EIN-PN 38-7304118-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1142181 |

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| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 2024 This Form is Open to Public Inspection |
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| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan RESTAURANT SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 RESTAURANT SERVICES INC | D Employer Identification Number (EIN) 65-0308534 |

| | |
|---------------|--------------------------------------|
| 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) | 250590 | 267941 |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | | |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| (2) U.S. Government securities | 1c(2) | | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | 149853 | 203704 |
| (9) Value of interest in common/collective trusts | 1c(9) | 18280734 | 16743369 |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 23382171 | 25072417 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | 152219 | 1624514 |
| (15) Other..... | 1c(15) | 747924 | 762504 |

| 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 | 42963491 | 44674449 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 42963491 | 44674449 |

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) | 805191 | |
| (B) Participants..... | 2a(1)(B) | 1022186 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 351299 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 2178676 |
| 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) | 15895 | |
| (F) Other..... | 2b(1)(F) | 60440 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 76335 |
| (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) | 300181 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 300181 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 1727880 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 4332615 |
| c Other income | 2c | | 109359 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 8725046 |

Expenses

| | | | |
|---|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 6954782 | |
| (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) | | 6954782 |
| 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) | 29306 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 30000 | |
| (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) | | 59306 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 7014088 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 1710958 |
| 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: **BERKOWITZ POLLACK BRANT**

(2) EIN: **59-2742314**

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

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

Part IV Compliance Questions

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

During the plan year:

| | Yes | No | Amount |
|--|-----|----|---------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 2750000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

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

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

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

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

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

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

| | | |
|---|--|------------|
| A Name of plan <u>RESTAURANT SERVICES, INC. 401(K) EMPLOYEE SAVINGS 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>RESTAURANT SERVICES INC</u> | D Employer Identification Number (EIN) <u>65-0308534</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): 42-0127290

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

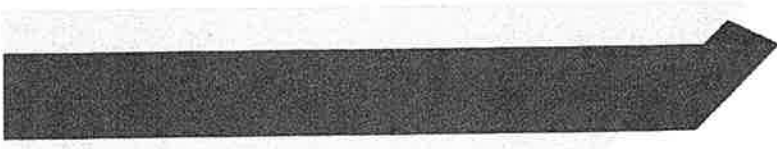
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day 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 Q702476A.



Restaurant Services, Inc.
401(k) Employee Savings Plan

Financial Statements

December 31, 2024 and 2023

**Berkowitz
Pollack
Brant** Advisors
+CPAs



RESTAURANT SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN

FINANCIAL STATEMENTS

December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
the Restaurant Services, Inc. 401(k) Employee Savings Plan

Opinion

We have audited the accompanying financial statements of Restaurant Services, Inc. 401(k) Employee Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Restaurant Services, Inc. 401(k) Employee Savings Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Restaurant Services, Inc. 401(k) Employee Savings 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 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.

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 Restaurant Services, Inc. 401(k) Employee Savings Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- 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 Restaurant Services, Inc. 401(k) Employee Savings 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 Restaurant Services, Inc. 401(k) Employee Savings Plan's ability to continue as a going concern for a reasonable period of time.

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.

Supplementary Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedule of Schedule H, line 4i -- Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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.

In forming our opinion on the supplementary schedule, we evaluated whether the supplementary schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Berkowitz Pollack Brant

Fort Lauderdale, Florida
July 28, 2025

RESTAURANT SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

| | December 31, | |
|--|----------------------|----------------------|
| | <u>2024</u> | <u>2023</u> |
| ASSETS: | | |
| Investments, at fair value: | | |
| Mutual funds | \$ 25,072,417 | \$ 23,382,171 |
| Collective investment trusts | 16,743,369 | 18,280,734 |
| Self-directed brokerage accounts | <u>762,504</u> | <u>747,924</u> |
| Total investments, at fair value | <u>42,578,290</u> | <u>42,410,829</u> |
| | | |
| Fully benefit-responsive investment, at contract value | <u>1,624,514</u> | <u>152,219</u> |
| | | |
| Total investments | <u>44,202,804</u> | <u>42,563,048</u> |
| | | |
| Receivables: | | |
| Notes receivable from participants | 203,704 | 149,853 |
| Employer's contribution | <u>267,941</u> | <u>250,590</u> |
| Total receivables | <u>471,645</u> | <u>400,443</u> |
| | | |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 44,674,449</u> | <u>\$ 42,963,491</u> |

See accompanying notes to financial statements.

RESTAURANT SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2024

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

| | |
|---|----------------|
| Investment income, net: | |
| Net appreciation in fair value of investments | \$ 6,169,854 |
| Interest and dividends | <u>360,621</u> |
| | 6,530,475 |

| | |
|---|--------|
| Interest income on notes receivable from participants | 15,895 |
|---|--------|

Contributions:

| | |
|---------------|------------------|
| Participants' | 1,022,186 |
| Employer's | 805,191 |
| Rollover | <u>351,299</u> |
| | <u>2,178,676</u> |

| | |
|-----------------|------------------|
| TOTAL ADDITIONS | <u>8,725,046</u> |
|-----------------|------------------|

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

| | |
|-------------------------------|------------------|
| Benefits paid to participants | 6,954,782 |
| Administrative expenses | <u>59,306</u> |
| TOTAL DEDUCTIONS | <u>7,014,088</u> |

| | |
|--------------|-----------|
| NET INCREASE | 1,710,958 |
|--------------|-----------|

| | |
|--|-------------------|
| NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR | <u>42,963,491</u> |
|--|-------------------|

| | |
|--|----------------------|
| NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR | <u>\$ 44,674,449</u> |
|--|----------------------|

See accompanying notes to financial statements.

RESTAURANT SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE A--DESCRIPTION OF PLAN

The following description of the Restaurant Services, Inc. 401(k) Employee Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan documents and agreements for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering substantially all full-time employees of Restaurant Services, Inc. and its wholly-owned subsidiaries, Supply Chain Services, LLC and Integize Technology Solutions, LLC (collectively referred to as the "Company", "Employer" or "Plan Sponsor") who have completed at least three months of service and who are twenty-one years of age or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Federal income taxes on pre-tax amounts contributed by the employees are deferred in accordance with Internal Revenue Code ("IRC") Section 401(K).

Plan Amendments: Effective July 1, 2023, the Plan was amended to allow participants to elect to designate all or any portion of their future elective deferral contributions as Roth elective deferral contributions.

Elective Deferrals and Contributions: Each year, participants may elect to have the Company contribute a portion of their total eligible annual compensation to the Plan ("elective deferrals"). For any calendar year, a participant's elective deferrals may not exceed a specific dollar amount [\$23,000 and if over 50 years of age, the participant may contribute an additional \$7,500 in 2024 as determined by the Internal Revenue Service ("IRS")]. Participants may contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company may elect to make a discretionary match contribution. The Company matched 100% of the participant's elective deferrals up to a maximum of 5% of the participant's compensation on a per pay period basis. Up to an additional 2% match may be awarded as a discretionary employer match upon the achievement of certain specified Company objectives. For the year ended December 31, 2024, the Company met these objectives and therefore elected to make additional contributions which would match 100% of each active participant's contributions up to a maximum of 7% of the participant's annual compensation.

Participant Accounts: Each participant's account is credited with the participant's elective deferrals and allocations of (a) the Company's discretionary match contribution and (b) investment earnings and losses and charged with an allocation of administrative expenses if the expenses are not paid by the Company.

RESTAURANT SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS--Continued

NOTE A--DESCRIPTION OF PLAN--Continued

Participant Accounts--Continued: Allocations are based on participant account balances in one or more investment options selected by the participant. Discretionary match allocations are based on participant contributions and participant compensation, respectively. Participants must be active in the Plan during the year in order to be eligible to receive the matching contribution or separated from employment due to retirement, disability or death. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options: Upon enrollment in the Plan, a participant may direct elective deferrals and employer matching contributions in any of the investment options offered by the Plan. Participants may change their investment options at their discretion.

Vesting: Participants are immediately vested in their elective deferrals plus actual earnings or losses thereon. Vesting in the Company's discretionary matching contribution portion of their accounts plus actual earnings thereon is based on years of credited continuous service. The following outlines the Plan's vesting schedule:

| <u>Years of Service</u> | <u>Vested Percentage</u> |
|-------------------------|--------------------------|
| 1 year | 33.3% |
| 2 years | 66.7% |
| 3 years and more | 100% |

Notes Receivable from Participants: Participants may borrow from their Plan accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The interest rate shall be a reasonable fixed rate and the term of the loan shall be a maximum of 5 years unless the loans are for the purchase of a principal residence in which case the loan term may exceed 5 years. The loans are secured by a security interest in the participant's vested account balance and are repaid through bi-monthly payroll deductions. The interest rates on participant loans outstanding at December 31, 2024 range from 5.25% to 10.50%.

Payments of Benefits: Participants (or the participants' beneficiary, if the participant is deceased) will be eligible to receive their benefit on the earlier of attaining the age of 59½ years, retirement, death, disability or termination due to any other reason, and may elect to receive either a lump-sum amount up to the value of the participant's vested interest in his or her account or installment payments over a specified period of time, not to exceed the participant's life expectancy or the joint life expectancy of the participant and the participant's beneficiary.

RESTAURANT SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS--Continued

NOTE A--DESCRIPTION OF PLAN--Continued

Payments of Benefits--Continued: The normal retirement age is 65 years. Once a participant reaches the age of 72 years (73 if reached after January 1, 2022), annual required minimum distributions must be taken. A participant may also receive a distribution if they experience undue financial hardship as further defined in the Plan document and in accordance with the IRC.

Forfeited Accounts: Forfeitures are created when participants terminate employment prior to becoming entitled to full benefits. Forfeitures of non-vested discretionary employer contributions are used by the Company to offset future contributions to the Plan or Plan administrative expenses.

There were approximately \$20,600 of forfeited non-vested accounts during the year ended December 31, 2024, which were used by the Company to offset contributions to the Plan and Plan administrative expenses, and there was no balance remaining as of December 31, 2024.

Expenses Paid by the Company: Plan administration expenses for professional fees amounting to approximately \$20,000 were paid by the Company in 2024.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates: The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition: Investments are reported at fair value (except for the fully benefit-responsive investment contract which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See Note C for discussion of fair value measurements and Note E for discussion on contract value. Purchases and sales of securities are recorded on a trade-date basis. Investment earnings and interest income are recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's net gains and losses on investments bought and sold as well as held during the year.

RESTAURANT SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS--Continued

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES--Continued

Notes Receivable from Participants: Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

Expenses: Certain expenses of maintaining the Plan are paid directly by the Company as disclosed in Note A and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's accounts and are included in administrative expenses. Certain investment advisory and management fees are included in administrative expenses on the accompanying Statement of Changes in Net Assets Available for Benefits.

Payment of Benefits: Benefits are recorded when paid.

Risks and Uncertainties: The Plan provides for investment options in various mutual funds, self-directed brokerage accounts, collective investment trusts and a fully benefit-responsive investment. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

Subsequent Events: The Plan's management has evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through July 28, 2025, the date the financial statements were available to be issued.

NOTE C--FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy in accordance with GAAP are described as follows:

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

RESTAURANT SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS--Continued

NOTE C--FAIR VALUE MEASUREMENTS--Continued

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

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

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

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan at year-end are open-end mutual funds that are registered with the Securities and Exchange Commission ("SEC"). These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective investment trusts: These investments are valued daily at the NAV of participant units held by the Plan. The NAV is used as a practical expedient to estimating fair value. The NAV, as provided by the trustees of these trust funds and reviewed by management, is based on the value of the underlying assets owned by the fund, minus its liabilities, divided by the number of units outstanding.

Self-directed brokerage accounts: The self-directed brokerage accounts primarily consist of common stock and other securities that are valued using quoted market prices of the underlying investment in the active market. These accounts may also include uninvested cash balances.

RESTAURANT SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS--Continued

NOTE C--FAIR VALUE MEASUREMENTS--Continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value on a recurring basis as of December 31, 2024 and 2023:

| | Assets at Fair Value as of December 31, 2024 | | | Total |
|--|--|---|---|----------------------|
| | Quoted Prices In Active Markets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Other Unobservable Inputs (Level 3) | |
| Mutual funds | \$ 25,072,417 | \$ - | \$ - | \$ 25,072,417 |
| Self-directed brokerage accounts | <u>762,504</u> | <u>-</u> | <u>-</u> | <u>762,504</u> |
| | <u>\$ 25,834,921</u> | <u>\$ -</u> | <u>\$ -</u> | 25,834,921 |
| Collective investment trusts, measured at NAV (a) | | | | <u>16,743,369</u> |
| Total assets at fair value | | | | <u>\$ 42,578,290</u> |

| | Assets at Fair Value as of December 31, 2023 | | | Total |
|--|--|---|---|----------------------|
| | Quoted Prices In Active Markets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Other Unobservable Inputs (Level 3) | |
| Mutual funds | \$ 23,382,171 | \$ - | \$ - | \$ 23,382,171 |
| Self-directed brokerage accounts | <u>747,924</u> | <u>-</u> | <u>-</u> | <u>747,924</u> |
| | <u>\$ 24,130,095</u> | <u>\$ -</u> | <u>\$ -</u> | 24,130,095 |
| Collective investment trusts, measured at NAV (a) | | | | <u>18,280,734</u> |
| Total assets at fair value | | | | <u>\$ 42,410,829</u> |

(a) In accordance with Accounting Standards Codification ("ASC") 820-10, certain investments that are measured at fair value using the NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

RESTAURANT SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS--Continued

NOTE D--FAIR VALUE OF INVESTMENTS IN ENTITIES THAT USE NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023, respectively.

| <u>December 31, 2024</u> | <u>Fair Value</u> | <u>Unfunded Commitments</u> | <u>Redemption Frequency</u> | <u>Redemption Notice Period</u> |
|------------------------------|----------------------|-----------------------------|-----------------------------|---------------------------------|
| Collective investment trusts | \$ 16,743,369 | N/A | Daily | Immediate(b) |
| Total | <u>\$ 16,743,369</u> | | | |

| <u>December 31, 2023</u> | <u>Fair Value</u> | <u>Unfunded Commitments</u> | <u>Redemption Frequency</u> | <u>Redemption Notice Period</u> |
|------------------------------|----------------------|-----------------------------|-----------------------------|---------------------------------|
| Collective investment trusts | \$ 18,280,734 | N/A | Daily | Immediate(b) |
| Total | <u>\$ 18,280,734</u> | | | |

(b) There is a five-day redemption notice period for transactions over \$1.0 million for all collective investment trusts except for the Principal Stable Value Select fund, which has a balance of \$0 and \$2,978,226 as of December 31, 2024 and 2023, respectively.

NOTE E--FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan holds a traditional investment contract, the Principal Fixed Income Guaranteed Option ("PFIGO"). This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. For the year ended December 31, 2024, contract value approximates fair value for the Plan's investment in the PFIGO.

The traditional investment contract held by the Plan is a guaranteed investment contract ("GIC"). The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate (4.75% at December 31, 2024) is based on a formula established by the contract issuer and may not be less than 0%. The crediting rate is reviewed on a semi-annual basis for resetting. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuers' ability to meet their financial obligations. The issuers' ability to meet their contractual obligations may be affected by future economic and regulatory developments.

RESTAURANT SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS--Continued

NOTE E--FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT--Continued

Certain events might limit the ability of the Plan to transact at contract value with the contract issuers, which include the following:

- The Plan's failure to qualify under Section 401(a) of the IRC or the failure of the trust to be tax-exempt under Section 501(a) of the IRC.
- Premature termination of the contracts.
- Plan termination or merger.
- Changes to the Plan's prohibition on competing investment options.
- Bankruptcy of the plan sponsor or other plan sponsor events (e.g. divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations

Generally, no events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuers to terminate the contract with the Plan and settle at an amount different from contract value, which include the following:

- An uncured violation of the Plan's investment guidelines.
- A breach of material obligation under the contract.
- A material misrepresentation.
- A material amendment to the agreements without the consent of the issuer.

NOTE F--CONCENTRATIONS

As of December 31, 2024 and 2023, two of the Plan's investment options held approximately 37% and 31% of the Plan's total investments, respectively.

NOTE G--TAX STATUS

The Plan obtained its latest determination letter on June 30, 2020, in which the Internal Revenue Service ("IRS") stated that the custom plan sponsored by Principal (prototype plan document) and related trust adopted by the Plan, as then designed, were in compliance with the applicable requirements of the IRC. The Plan itself has not received a determination letter from the IRS upon adoption of the prototype plan document. However, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, the Plan is qualified and is tax-exempt.

RESTAURANT SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS--Continued

NOTE G--TAX STATUS--Continued

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability 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 there are no uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examination for years prior to 2021.

NOTE H--PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Principal. Principal is the Custodian as defined by the Plan for the year ended December 31, 2024 and, therefore, these transactions qualify as party-in-interest transactions. Fees are incurred by the Plan for investment management services and the Plan makes direct payments to the Custodian for certain administrative expenses (See Note B).

NOTE I--PLAN TERMINATION

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

SUPPLEMENTARY INFORMATION

RESTAURANT SERVICES, INC., 401(K) EMPLOYEE SAVINGS PLAN

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

As of December 31, 2024

EIN# 65-0308534 PN: 001

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost ** | (e) Current Value |
|-----|--|--|-------------|-------------------|
| | Fidelity Investments | Registered Investment Company Fidelity 500 Index Fund | | \$8,859,265 |
| | MainStay Funds | Registered Investment Company MainStay Winslow LgCap Gr I Fd | | \$7,557,296 |
| | GREAT GRAY TRUST COMPANY | Common/Collective Trust GRTGRAY T.ROWE RET 2025 I1 | | \$3,339,278 |
| | GREAT GRAY TRUST COMPANY | Common/Collective Trust GRTGRAY T.ROWE RET 2030 I1 | | \$2,971,279 |
| | GREAT GRAY TRUST COMPANY | Common/Collective Trust GRTGRAY T.ROWE RET 2020 I1 | | \$2,845,397 |
| | JP Morgan Funds | Registered Investment Company JP Morgan US Equity A Fund | | \$2,549,367 |
| * | Principal Life Insurance Company | Insurance Company General PRIN FIXED INC GUAR OPTION | | \$1,624,514 |
| | BlackRock | Registered Investment Company BlackRock HY Bond Inv A Fund | | \$1,671,158 |
| | T. Rowe Price Funds | Registered Investment Company T Rowe Price Sm Cap Stock Fund | | \$1,397,759 |
| | GREAT GRAY TRUST COMPANY | Common/Collective Trust GRTGRAY T.ROWE RET 2035 I1 | | \$1,262,432 |
| | GREAT GRAY TRUST COMPANY | Common/Collective Trust GRTGRAY T.ROWE RET 2040 I1 | | \$1,231,121 |
| | GREAT GRAY TRUST COMPANY | Common/Collective Trust Mid Cap Growth II Class I1 Fd | | \$1,142,181 |
| | GREAT GRAY TRUST COMPANY | Common/Collective Trust GRTGRAY T.ROWE RET 2045 I1 | | \$816,509 |
| | Fidelity Investments | Registered Investment Company Fidelity Mid Cp Index Fund | | \$810,844 |
| | GREAT GRAY TRUST COMPANY | Common/Collective Trust GRTGRAY T.ROWE RET 2050 I1 | | \$744,575 |
| | GREAT GRAY TRUST COMPANY | Common/Collective Trust GREATGRAY EURO GROWTH I1 | | \$724,450 |
| | Pioneer | Registered Investment Company Pioneer Bond A Fund | | \$654,447 |
| | GREAT GRAY TRUST COMPANY | Common/Collective Trust GRTGRAY T.ROWE RET 2055 I1 | | \$621,518 |
| | Fidelity Investments | Registered Investment Company Fidelity Sm Cap Index Fund | | \$471,495 |
| | American Funds Service Company | Registered Investment Company Am Fds New Persp R4 Fund | | \$458,535 |
| | GREAT GRAY TRUST COMPANY | Common/Collective Trust Large Cap Value I1 Fund | | \$347,035 |

See accompanying independent auditor's report.

RESTAURANT SERVICES, INC., 401(K) EMPLOYEE SAVINGS PLAN

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

As of December 31, 2024

EIN# 65-0308534

PN: 001

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost ** | (e) Current Value |
|-----|--|--|----------------|-------------------|
| | Fidelity Investments | Registered Investment Company Fidelity US Bond Index Fund | | \$294,389 |
| | GREAT GRAY TRUST COMPANY | Common/Collective Trust GRTGRAY T.ROWE RET 2060 I1 | | \$235,981 |
| | GREAT GRAY TRUST COMPANY | Common/Collective Trust GRTGRAY T.ROWE RET 2010 I1 | | \$201,569 |
| * | Principal Funds Inc | Registered Investment Company Prin Real Estate Secs Inst Fd | | \$181,382 |
| | GREAT GRAY TRUST COMPANY | Common/Collective Trust GRTGRAY T.ROWE RET 2065 I1 | | \$140,209 |
| | American Century Investments | Registered Investment Company Amer Cent Mdcg Val I Fund | | \$101,604 |
| | GREAT GRAY TRUST COMPANY | Common/Collective Trust EMERGING MARKETS I1 FUND | | \$81,571 |
| | SEI TRUST COMPANY | Registered Investment Company Allspring Core Bond Instl Fd | | \$64,730 |
| | GREAT GRAY TRUST COMPANY | Common/Collective Trust Small Cap Value I1 Fund | | \$38,264 |
| | BlackRock | Registered Investment Company iShares MSCI EAFE Int Idx K Fd | | \$146 |
| | Schwab Funds | Brokerage Account Self-Directed Brokerage Acct | | \$762,504 |
| * | Participant Loans | Range of Interest Rates Rates Range From 5.25% To 10.50% | -0- | \$203,704 |

* Indicates a party-in-interest.

** Cost information omitted - investment is part of an individual account plan that a participant or beneficiary directed with respect to assets allocated to his or her account.

See accompanying independent auditor's report.

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

R S, I. 401() E S
 EIN 65 0308534
 PLAN NUMBER 001
 PLAN YEAR 01/01/2024 TO 12/31/2024

| (A) Identity of issuer, borrower, lessor or similar party. | (B) Description of investment including maturity date, rate of interest, collateral, par or maturity value. | (C) Description of investment including maturity date, rate of interest, collateral, par or maturity value. | (D) Cost | (E) Current Value |
|---|--|--|-------------|----------------------|
| BlackRock | Registered Investment Company iShares MSCI EAFE Int Idx K Fd | Registered Investment Company iShares MSCI EAFE Int Idx K Fd | \$ 0.00 | \$ 146.10 |
| SEI TRUST COMPANY | Registered Investment Company Allspring Core Bond Instl Fd | Registered Investment Company Allspring Core Bond Instl Fd | \$ 0.00 | \$ 64,729.91 |
| American Funds Service Company | Registered Investment Company Am Fds New Persp R4 Fund | Registered Investment Company Am Fds New Persp R4 Fund | \$ 0.00 | \$ 458,535.30 |
| American Century Investments | Registered Investment Company Amer Cent Mdcg Val I Fund | Registered Investment Company Amer Cent Mdcg Val I Fund | \$ 0.00 | \$ 101,604.06 |
| BlackRock | Registered Investment Company BlackRock HY Portfolio A Fund | Registered Investment Company BlackRock HY Portfolio A Fund | \$ 0.00 | \$ 1,671,157.53 |
| GREAT GRAY TRUST COMPANY | Common/Collective Trust Emerging Markets II Fund | Common/Collective Trust Emerging Markets II Fund | \$ 0.00 | \$ 81,570.93 |
| Fidelity Investments | Registered Investment Company Fidelity Mid Cp Index Fund | Registered Investment Company Fidelity Mid Cp Index Fund | \$ 0.00 | \$ 810,844.30 |
| Fidelity Investments | Registered Investment Company Fidelity Sm Cap Index Fund | Registered Investment Company Fidelity Sm Cap Index Fund | \$ 0.00 | \$ 471,495.36 |
| Fidelity Investments | Registered Investment Company Fidelity US Bond Index Fund | Registered Investment Company Fidelity US Bond Index Fund | \$ 0.00 | \$ 294,388.70 |
| Fidelity Investments | Registered Investment Company Fidelity 500 Index Fund | Registered Investment Company Fidelity 500 Index Fund | \$ 0.00 | \$ 8,859,264.81 |
| GREAT GRAY TRUST COMPANY | Common/Collective Trust GreatGray Euro Growth II | Common/Collective Trust GreatGray Euro Growth II | \$ 0.00 | \$ 724,450.30 |
| GREAT GRAY TRUST COMPANY | Common/Collective Trust GrtGray T.Rowe Ret 2010 II | Common/Collective Trust GrtGray T.Rowe Ret 2010 II | \$ 0.00 | \$ 201,569.31 |
| GREAT GRAY TRUST COMPANY | Common/Collective Trust GrtGray T.Rowe Ret 2020 II | Common/Collective Trust GrtGray T.Rowe Ret 2020 II | \$ 0.00 | \$ 2,845,397.43 |
| GREAT GRAY TRUST COMPANY | Common/Collective Trust GrtGray T.Rowe Ret 2025 II | Common/Collective Trust GrtGray T.Rowe Ret 2025 II | \$ 0.00 | \$ 3,339,278.25 |
| GREAT GRAY TRUST COMPANY | Common/Collective Trust GrtGray T.Rowe Ret 2030 II | Common/Collective Trust GrtGray T.Rowe Ret 2030 II | \$ 0.00 | \$ 2,971,279.49 |

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

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

R S, I. 401() E S
 EIN 65 0308534
 PLAN NUMBER 001
 PLAN YEAR 01/01/2024 TO 12/31/2024

| (A) | (B) | (C) | (D) | (E) |
|-----|--|---|---------|-----------------|
| | Identity of issuer, borrower, lessor or similar party. | Description of investment including maturity date, rate of interest, collateral, par or maturity value. | Cost | Current Value |
| | GREAT GRAY TRUST COMPANY | Common/Collective Trust GrtGray T.Rowe Ret 2035 I1 | \$ 0.00 | \$ 1,262,431.81 |
| | GREAT GRAY TRUST COMPANY | Common/Collective Trust GrtGray T.Rowe Ret 2040 I1 | \$ 0.00 | \$ 1,231,121.31 |
| | GREAT GRAY TRUST COMPANY | Common/Collective Trust GrtGray T.Rowe Ret 2045 I1 | \$ 0.00 | \$ 816,508.59 |
| | GREAT GRAY TRUST COMPANY | Common/Collective Trust GrtGray T.Rowe Ret 2050 I1 | \$ 0.00 | \$ 744,574.85 |
| | GREAT GRAY TRUST COMPANY | Common/Collective Trust GrtGray T.Rowe Ret 2055 I1 | \$ 0.00 | \$ 621,518.23 |
| | GREAT GRAY TRUST COMPANY | Common/Collective Trust GrtGray T.Rowe Ret 2060 I1 | \$ 0.00 | \$ 235,981.25 |
| | GREAT GRAY TRUST COMPANY | Common/Collective Trust GrtGray T.Rowe Ret 2065 I1 | \$ 0.00 | \$ 140,208.62 |
| | JP Morgan Funds | Registered Investment Company JP Morgan US Equity A Fund | \$ 0.00 | \$ 2,549,366.75 |
| | GREAT GRAY TRUST COMPANY | Common/Collective Trust LARGE CAP VALUE I1 FUND | \$ 0.00 | \$ 347,035.14 |
| | GREAT GRAY TRUST COMPANY | Common/Collective Trust MID CAP GROWTH II CLASS I1 FD | \$ 0.00 | \$ 1,142,181.40 |
| | MainStay Funds | Registered Investment Company NYLI Winslow Ig Cap Gr I | \$ 0.00 | \$ 7,557,296.23 |
| | Pioneer | Registered Investment Company Pioneer Bond A Fund | \$ 0.00 | \$ 654,447.17 |
| * | Principal Life Insurance Company | Insurance Company General Prin Fixed Inc Guar Option | \$ 0.00 | \$ 1,624,513.61 |
| * | Principal Funds Inc | Registered Investment Company Prin Real Estate Secs Inst Fd | \$ 0.00 | \$ 181,381.52 |
| | Schwab Funds | Brokerage Account Self-Directed Brokerage Acct | \$ 0.00 | \$ 762,504.21 |

