

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 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, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: C.R.H. CATERING CO., INC. 401(K) RETIREMENT PLAN AND TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1992
2a Plan sponsor's name, mailing address, city, state, etc.: C.R.H. CATERING CO., INC., 175 PECHIN ROAD, DUNBAR, PA 15431
2b Employer Identification Number (EIN): 25-1186514
2c Plan Sponsor's telephone number: 724-628-8100
2d Business code (see instructions): 454210

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

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

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

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

Form 5500 (2024) v. 240311

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	360
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)	229
	6a(2)	194
	6b	1
	6c	122
	6d	317
	6e	0
	6f	317
	6g(1)	235
	6g(2)	216
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 3B 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 type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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.
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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 C.R.H. CATERING CO., INC. 401(K) RETIREMENT PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 C.R.H. CATERING CO., INC.	D Employer Identification Number (EIN) 25-1186514	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

GUTHRIE BELCZYK & ASSOCIATES PC

1024 RT 519 STE 200
EIGHTY FOUR, PA 15330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	19900	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KNAPP

725 14TH ST
OAKMONT, PA 15139

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	9348	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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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 C.R.H. CATERING CO., INC. 401(K) RETIREMENT PLAN AND TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 C.R.H. CATERING CO., INC.	D Employer Identification Number (EIN) 25-1186514

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1015920	8290
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	87172	71306
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2046448	2982426
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	962071	1024232

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	4111611	4086254
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
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	4111611	4086254

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)	53253	
(B) Participants.....	2a(1)(B)	305167	
(C) Others (including rollovers).....	2a(1)(C)	121404	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		479824
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	4379	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4379
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	164381	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		164381
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	
(B) Other.....	2b(5)(B)	0	
(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)	0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	321759
c Other income	2c	45540
d Total income. Add all income amounts in column (b) and enter total	2d	1015883

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1001443
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	1001443
f Corrective distributions (see instructions)	2f	10549
g Certain deemed distributions of participant loans (see instructions)	2g	0
h Interest expense	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	0
(2) Contract administrator fees	2i(2)	0
(3) Recordkeeping fees	2i(3)	0
(4) IQPA audit fees	2i(4)	19900
(5) Investment advisory and investment management fees	2i(5)	9348
(6) Bank or trust company trustee/custodial fees	2i(6)	0
(7) Actuarial fees	2i(7)	0
(8) Legal fees	2i(8)	0
(9) Valuation/appraisal fees	2i(9)	0
(10) Other trustee fees and expenses	2i(10)	0
(11) Other expenses	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	29248
j Total expenses. Add all expense amounts in column (b) and enter total	2j	1041240

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	-25357
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: GUTHRIE, BELCZYK & ASSOCIATES, P.C.

(2) EIN: 25-1714998

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13028
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
--	---	--

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

A Name of plan <u>C.R.H. CATERING CO., INC. 401(K) RETIREMENT PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>C.R.H. CATERING CO., INC.</u>	D Employer Identification Number (EIN) <u>25-1186514</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): 20-3691708

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 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A.

**C.R.H. CATERING CO., INC.
401(k) RETIREMENT PLAN AND TRUST**

**Audited Financial Statements
and Supplemental Schedules**

**As of December 31, 2024 and 2023
and for the year ended December 31, 2024**

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GUTHRIE, BELCZYK & ASSOCIATES, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

CHARLES R. GUTHRIE, CPA
R. CARLYN BELCZYK, CPA
MARK G. WINIECKI, CPA, MST

SANDRA K. GUTHRIE, CPA, CFE
MICHAEL K. WARNE, CPA, MST

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
C.R.H. CATERING CO., INC. 401(k) RETIREMENT PLAN AND TRUST

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

We have performed audits of the accompanying financial statements of **C.R.H. CATERING CO., INC. 401(k) RETIREMENT PLAN AND TRUST**, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for plan benefits – modified cash basis as of December 31, 2024 and 2023, and the related statement of changes in net assets available for plan benefits – modified cash basis for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting as described in Note 2.

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting as described in Note 2, which includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting as described in Note 2.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the modified cash basis of accounting as described in Note 2.

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.

Emphasis of Matter

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements and supplemental Schedules of Assets (Held at End of Year) and Delinquent Participant Contributions are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Supplemental Schedules Required by ERISA

The supplemental Schedules of Assets (Held at End of Year) – Modified Cash Basis and Delinquent Participant Contributions as of and for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such

information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Very truly yours,

A handwritten signature in black ink that reads "Guthrie, Belczyk & Associates, P.C." in a cursive, slightly slanted script.

Guthrie, Belczyk, & Associates, P.C.

Eighty Four, Pennsylvania

September 16, 2025

C.R.H. CATERING CO., INC. 401(k) RETIREMENT PLAN AND TRUST
 Statements of Net Assets Available for Plan Benefits – Modified Cash Basis
 December 31, 2024 and 2023

	<u>ASSETS</u>	
	<u>2024</u>	<u>2023</u>
Investments, at fair value – Great West Trust Company, LLC	\$ 4,014,948	\$ 4,024,440
Notes receivable from participants	<u>71,306</u>	<u>87,171</u>
<u>TOTAL ASSETS</u>	4,086,254	4,111,611
<u>LIABILITIES</u>		
Liabilities – none	<u>0</u>	<u>0</u>
<u>NET ASSETS AVAILABLE FOR PLAN BENEFITS</u>	<u>\$ 4,086,254</u>	<u>\$ 4,111,611</u>

See the accompanying *Notes to the Financial Statements*

C.R.H. CATERING CO., INC. 401(k) RETIREMENT PLAN AND TRUST

Statement of Changes in Net Assets Available for Plan Benefits – Modified Cash Basis

For the Year Ended December 31, 2024

	<u>2024</u>
<u>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</u>	
Investment Income:	
Net appreciation (depreciation) in fair value of assets	\$ 309,477
Interest and dividends	216,394
Other Income	<u>5,809</u>
<u>Net Investment Income (Loss)</u>	531,680
Interest income on notes receivable from participants	4,379
Contributions:	
Participants	305,167
Employer	53,253
Rollover	<u>121,404</u>
<u>Total Contributions</u>	<u>479,824</u>
<u>Total Additions</u>	1,015,883
<u>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:</u>	
Benefits paid to participants	1,001,443
Administrative expenses	29,248
Corrective distributions	<u>10,549</u>
<u>Total Deductions</u>	<u>1,041,240</u>
<u>Net Increase (Decrease) in Net Assets</u>	(25,357)
Net assets available for plan benefits – beginning of year	<u>4,111,611</u>
<u>NET ASSETS AVAILABLE FOR PLAN BENEFITS – END OF YEAR</u>	<u>\$ 4,086,254</u>

See the accompanying *Notes to the Financial Statements*

C.R.H. CATERING CO., INC. 401(k) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2024 and 2023

Note 1 – Description of Plan

The following description provides only general information about the **C.R.H. CATERING CO., INC. 401(k) RETIREMENT PLAN AND TRUST** (the Plan). Participants should refer to the Plan Document and amendments for a more comprehensive description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all of the employees of C.R.H. Catering Co., Inc. and its wholly owned Subsidiary (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was instituted by the Company effective January 1, 1992. Employees become eligible to participate in the 401(k) and employer matching feature of the Plan after attaining age 18.

Contributions

Participants may elect to contribute a percentage of their pre-tax annual compensation to the Plan, subject to certain limitations, as described in the Plan and imposed by law. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company makes discretionary matching contributions to the plan in an amount equal to the lesser of 25% of total employee deferrals or 25% of 6% of eligible compensation, except for two groups of unionized employees, one of which by written agreement receives no company-matching contributions and the other of which by written agreement receives a flat company contribution of \$150 per month per employee. The employer matching contribution was \$53,253 for the plan year ended December 31, 2024.

Profit sharing contributions, if any, made to the Plan are allocated to participant accounts in the ratio that a participant's compensation bears to the total eligible compensation paid to all eligible participants. There was no profit sharing contribution made for the plan year ended December 31, 2024.

Participant Accounts

Each participant's account is credited with (a) the participant's elective deferral contributions, (b) employer matching and discretionary (if any) contributions, (c) any employee rollover contributions, and (d) an allocation of plan income or loss, and is charged with an allocation of plan expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

C.R.H. CATERING CO., INC. 401(k) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2024 and 2023

Note 1 – Description of Plan (continued)

Vesting

Participants are immediately vested in all voluntary and rollover contributions plus actual earnings thereon. Vesting in the remainder of their account is based on years of continuous service. Vesting in the Company's employer contribution is based on the following schedule:

Completed Years of Service	Vested Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Investment Options

Upon enrollment in the Plan, participants may direct their contributions, the Company's matching contribution, and the Company's qualified non-elective contributions, if any, in a variety of investment options as more fully described in the Plan's literature. Participants may change their investment options at any time.

Participants may also direct the investment of their account balance into a Self-Directed Brokerage Account (SDBA), which allows participants to buy and sell almost any registered investment company or other public security available.

Notes Receivable from Participants

Participants may borrow from their fund accounts for hardship or general purposes. Participants may not receive a loan of less than \$1,000.

Type of Loan	Purpose Limitation	Loan Limitation
Hardship	up to 50% of vested balance	up to 50% of vested balance
General	up to 50% of vested balance	up to 50% of vested balance

Loan transactions are treated as a transfer to (from) the investment funds from (to) the Participant Loan fund. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. Interest rates range from 4.25% to 9.50%. Principal and interest are repaid ratably through payroll deductions.

All loans are secured by the balance in the participant's account.

C.R.H. CATERING CO., INC. 401(k) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2024 and 2023

Note 1 – Description of Plan (continued)

Payment of Benefits

Upon termination of employment, a participant's vested account balance is distributed as follows:

- If before normal retirement age:
 - balances under \$1,000 will be distributed in a single lump sum payment as soon as administratively feasible.
 - balances exceeding \$1,000 can be postponed until the participant's required beginning date.
- If after normal retirement age:
 - balances under \$5,000 will be distributed in a single lump sum payment as soon as administratively feasible.
 - balances exceeding \$5,000 can be postponed until the participant's required beginning date.

Distributions of vested balances in excess of \$5,000 can be received as follows:

- a single lump sum payment in cash or property.
- installments over a period of not more than the participant's assumed life expectancy (or the assumed life expectancies of the participant and the participant's beneficiary).

A participant has a 100% vested and non-forfeitable interest in all amounts credited under the Plan upon death, disability or the attainment of age 65.

In-service distributions are permitted under the plan to participants who have attained the age of 59½ or who have reached normal retirement age (65 years of age). Distributions can only be made from accounts in which the participant is fully vested.

Hardship distributions are permitted from all accounts in which the participant is 100% vested.

Plan Fiduciary

Great West Trust Company, LLC is the current plan investment fiduciary and has served in that capacity since August 2005.

Forfeited Accounts

Forfeitures occur when participants terminate employment prior to becoming fully vested. The amounts forfeited by terminated participants in any plan year are initially held in a holding account by the custodian and invested in fund shares selected by the Plan administrator. These amounts are used to restore forfeitures in the event of re-employment. Forfeitures may be used to pay administrative expenses and reduce non-elective employer contributions. During the year ended December 31, 2024, \$7,250 of forfeited participant accounts was used to reduce plan expenses or employer contributions. At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$8,290 and \$770 respectively.

C.R.H. CATERING CO., INC. 401(k) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2024 and 2023

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

The Plan prepares its financial statements utilizing the modified cash basis of accounting, which is a basis of accounting other than United States generally accepted accounting principles. Under this method, income is generally recognized when collected rather than when earned and expenses are generally recognized when paid rather than when incurred. In addition, investments are reflected at their fair value and notes receivable from participants are reflected at their unpaid principal balances.

Use of Estimates

Plan management uses estimates and assumptions in preparing financial statements in accordance with the modified cash basis of accounting. Those estimates and assumptions affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Net Appreciation (Depreciation)

The Plan presents, in the statement of changes in net assets available for plan benefits, the net appreciation (depreciation) in the value of its investments, which consists of the realized gains and losses and the unrealized appreciation and depreciation on those investments.

Investment Valuation

Plan assets are reported at Fair Value in accordance with Financial Accounting Standards Board Codification (ASC) 820-10, *Fair Value Measurements*. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, and establishes a framework for measuring fair value.

Income Recognition

Purchase and sales of securities are recorded on a trade-date basis. Interest income is recorded as received. Dividends are recorded on the ex-dividend date. Capital gain distributions are included in dividend income.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Interest income is recorded when received. Related fees are recorded as administrative expenses and are expensed when they are paid. Delinquent notes receivable are reclassified as distributions based upon the terms of the Plan document. No allowance has been recorded relative to these notes.

Payments of Benefits

Benefits, excess contributions and corrective distributions are recorded when paid.

C.R.H. CATERING CO., INC. 401(k) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2024 and 2023

Note 2 – Summary of Significant Accounting Policies (continued)

Excess Contributions

Amounts refundable by the Plan to participants for contributions made in excess of limits prescribed by the Internal Revenue Service are recorded when paid. These amounts are captioned as “Corrective distributions” on the Statement of Changes in Net Assets Available for Plan Benefits. During the year ended December 31, 2024, excess contributions paid by the Plan to participants amounted to \$10,549.

Expenses

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

Statement Reclassifications

Certain reclassifications may have been made in the prior year’s amounts to conform with current year statement presentation.

Subsequent Events

Subsequent events have been evaluated through September 16, 2025, which is the date the financial statements were available to be issued.

Note 3 - Fair Value Measurement

The Plan has adopted the provisions of *Fair Value Measurement*, Accounting Standards Codification (ASC) 820-10. This topic requires disclosures about fair value measurements in financial statements based on hierarchical levels directly related to the amount of subjectivity associated with the inputs used to determine the fair value of financial instruments. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements.)

In determining fair value, the Plan utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and/or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated or generally unobservable inputs and minimize the use of unobservable inputs. The Plan utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs.

The inputs or methodologies used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

C.R.H. CATERING CO., INC. 401(k) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2024 and 2023

Note 3 - Fair Value Measurement (continued)

Accounting Standards Codification (ASC) 820-10 establishes a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined 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.
- **Level 2** – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
 - 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
- **Level 3** - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value:

Mutual Funds – Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year end and are classified in Level 1.

Money Market Funds – The carrying value of money market funds is a reasonable estimate of fair value due to the short-term, highly liquid and high credit quality nature of this financial instrument.

Self-Directed Brokerage Accounts – Plan participants can invest in almost any publicly traded securities, registered investment companies, and certain other securities through a self-directed brokerage account. The underlying investments are valued as follows:

- * Common Stocks – Shares of common stock are valued at quoted market prices, which represent the net asset value of shares and are classified as Level 1.
- * Money Market Funds – The carrying value of money market funds is a reasonable estimate of fair value due to the short term, highly liquid and high credit quality nature of this financial investment.

C.R.H. CATERING CO., INC. 401(k) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2024 and 2023

Note 3 - Fair Value Measurement (continued)

The following tables present the Plan's investments carried at fair value as of December 31, 2024 and 2023, in accordance with ASC 820-10 valuation hierarchy defined above:

	<u>December 31, 2024</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 2,982,426	\$ 0	\$ 0	\$ 2,982,426
Money Market	8,290	0	0	8,290
Self-Directed				
Brokerage Accounts	<u>1,024,232</u>	<u>0</u>	<u>0</u>	<u>1,024,232</u>
<u>Total Investments</u>				
<u>at Fair Value</u>	<u>\$ 4,014,948</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 4,014,948</u>

	<u>December 31, 2023</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 2,046,448	\$ 0	\$ 0	\$ 2,046,448
Money Market	1,015,921	0	0	1,015,921
Self-Directed				
Brokerage Accounts	<u>962,071</u>	<u>0</u>	<u>0</u>	<u>962,071</u>
<u>Total Investments</u>				
<u>at Fair Value</u>	<u>\$ 4,024,440</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 4,024,440</u>

Note 4 – Information Certified by the Custodian (Unaudited)

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Great West Trust Company, LLC.

1. Investments by fund group, at fair value
2. Dividend income
3. Interest income
4. Net appreciation (depreciation) in fair value of investments
5. Reportable transactions
6. Participant loans

C.R.H. CATERING CO., INC. 401(k) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2024 and 2023

Note 5 - Risk and Uncertainties

The Plan invests in a variety of investment funds and securities. Investments in general are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the value of the investments will occur in the near-term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Plan Benefits.

Loans are granted to Plan participants that meet certain criteria. See Notes 1 and 2. The market value of the account used to collateralize each loan is subject to fluctuations based on market conditions.

Note 6 – Party-in-Interest Transactions

Great West Trust Company, LLC is the custodian of the plan assets as defined by the Plan. These transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services for the year ended December 31, 2024, were approximately \$9,350.

Note 7 – Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for plan benefits. In addition, certain investment related expenses are included in the net appreciation (depreciation) in fair value of investments presented in the accompanying statement of changes in net assets available for plan benefits.

Note 8 – Income Tax Status

The plan obtained its latest determination letter dated September 2, 1994, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving that determination letter. However, the plan administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the plan's financial statements.

The plan has adopted Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740-10, *Accounting for Uncertainty in Income Taxes*, which clarifies the accounting for uncertainty in income taxes by prescribing the recognition threshold a tax position is required to meet before being recognized in the financial statements. The standard also provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition.

C.R.H. CATERING CO., INC. 401(k) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2024 and 2023

Note 8 – Income Tax Status (continued)

Management has reviewed the impact of ASC 740-10 on the accompanying financial statements and has determined that there are no material uncertain tax positions or unrecognized tax benefits and there is no material impact on the financial statements. In addition, there were no penalties or interest recognized on the statement of changes in net assets available for plan benefits.

The Plan’s ASC 740-10 evaluation was performed for the tax years 2021 through 2024. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any periods in progress.

Note 9 – Plan Termination

The Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In January 2025 the Company adopted a formal resolution to terminate the Plan effective May 1, 2025. At that time participants became 100% vested in their accounts. See Note 13.

Note 10 – Concentration of Credit Risk

The Plan’s investments are held and transactions occur within a custodial organization, Great West Trust Company, LLC. Plan assets are afforded certain protection under the Securities Investor Protection Corporation in the amount of \$500,000 per account type. Plan assets exceeded this amount as of December 31, 2024 and 2023.

Note 11 - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of interest and dividend income per the financial statements at December 31, 2024, to Form 5500:

Interest and dividend income per financial statements	\$	216,394
Less: Interest income from self-directed brokerage account included in other income on Form 5500	(26)
Less: Dividend income from self-directed brokerage account included in other income on Form 5500	(51,987)
<u>Interest and Dividend Income per Form 5500</u>	\$	<u>164,381</u>

C.R.H. CATERING CO., INC. 401(k) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2024 and 2023

Note 11 - Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of net appreciation (depreciation) per the financial statements at December 31, 2024, to Form 5500:

Net appreciation (depreciation) per financial statements	\$ 309,477
Add: Appreciation (depreciation) from self-directed brokerage account included in other income on Form 5500	<u>12,282</u>
<u>Net Investment Gain (Loss) per Form 5500</u>	<u>\$ 321,759</u>

The following is a reconciliation of other income per the financial statements at December 31, 2024, to Form 5500:

Other income per financial statements	\$ 5,809
Less (Appreciation) depreciation from self-directed brokerage account included in other income on Form 5500	(12,282)
Add: Interest and dividend income from self-directed brokerage account included in other income on Form 5500	<u>52,013</u>
<u>Other Income per Form 5500</u>	<u>\$ 45,540</u>

Note 12 – Delinquent Participants Contributions

During the plan years ended December 31, 2024 and 2022, the Company failed to remit in a timely manner to the Plan's trustee, certain contributions and repayments as defined by ERISA. Late contributions totaling \$13,028 and \$77 were made nine days and three days beyond the prescribed due dates for 2024 and 2022, respectively, and are considered to be prohibited transactions.

The Company has prepared the necessary documents, and calculated and remitted the accrued interest due plus applicable penalties, (less than \$1) for 2022. These corrections were made outside the EBSA Voluntary Fiduciary Correction Program (VFCP).

The Company is in the process of preparing the necessary documents and calculating and remitting the accrued interest due plus applicable penalties for 2024. Management estimates that the lost income associated with the delay in contributions for 2024 to be less than \$50. These corrections will be made outside the EBSA VFCP.

C.R.H. CATERING CO., INC. 401(k) RETIREMENT PLAN AND TRUST

Notes to the Financial Statements

December 31, 2024 and 2023

Note 13 – Subsequent Events

In January 2025, substantially all of the assets of C.R.H. Catering Co., Inc. were acquired by another entity. Employees of C.R.H. Catering Co., Inc. were notified and given the following options/alternatives to consider before the final payout date of April 30, 2025:

- Roll their account balance into an individual retirement account (IRA).
- Take a distribution of their account balance.

The company adopted a formal resolution to terminate the plan as of May 1, 2025. As of the date of this report, all assets have been distributed from the Plan.

SUPPLEMENTARY INFORMATION

C.R.H. CATERING CO., INC. 401(k) RETIREMENT PLAN AND TRUST

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) – Modified Cash Basis

December 31, 2024

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>	
Fidelity Government Money Market Fund	Money Market	0	\$ 704,397	
Fidelity Advisor Balanced Fund	Mutual Fund	0	126,287	
Fidelity Advisor Equity Growth Fund	Mutual Fund	0	463,030	
Fidelity Advisor Growth & Income Fund	Mutual Fund	0	293,273	
Fidelity Advisor Large Cap Fund	Mutual Fund	0	348,618	
Fidelity Advisor High Income Adv Fund	Mutual Fund	0	97,885	
Fidelity Advisor Stock Selector All Cap Fund	Mutual Fund	0	242,078	
Fidelity Advisor Equity Income Fund	Mutual Fund	0	86,496	
Fidelity Advisor Growth Opportunities Fund	Mutual Fund	0	309,144	
Fidelity Advisor Stock Selector Mid Cap	Mutual Fund	0	311,218	
Forfeiture account	Money Market	0	8,290	
Self-Directed Brokerage Accounts (SDBA)	SDBA Investments	0	1,024,232	
Notes Receivable From Participants	Various maturity dates not greater than 5 years, various interest rates (4.25% to 9.50%)	0	<u>71,306</u>	
<u>TOTAL ASSETS (HELD AT END OF YEAR)</u>			<u>\$ 4,086,254</u>	

C.R.H. CATERING CO., INC. 401(k) RETIREMENT PLAN AND TRUST
 Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
 December 31, 2024

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included. <input type="checkbox"/>	Contribution not corrected	Contribution corrected outside VFCP	Contribution pending correction in VFCP	
<u>\$ 13,105</u>	<u>\$ 0</u>	<u>\$ 13,105</u>	<u>\$ 0</u>	<u>\$ 0</u>

* Delinquency of \$77 was for the plan year ended December 31, 2022, and was corrected in 2024. See Note 12.

* Delinquency of \$13,028 was for the plan year ended December 31, 2024, and has not been corrected as of the date of this report. See Note 12.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

C.R.H. Catering Co., Inc. 401(k) Retirement Plan and Trust

01-JAN-24 to 31-DEC-24

11-JAN-25 02:25:40

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IFBAQX			127,512.00	126,287.37
IFMCAX			261,726.08	311,217.91
IFA-EGF			315,520.28	463,030.12
IFA-EIF			79,086.24	86,495.89
IFGITX			204,416.95	293,273.46
IGROPP			143,632.43	309,143.73
IFALGX			239,302.86	348,618.32
IFSHJX			144,169.96	242,077.60
IHIYLD			87,176.69	97,885.06
IFZBXX			704,396.86	704,396.86
ISDBSCH			1,024,231.96	1,024,231.96
			3,331,172.31	4,006,658.28
PARTICIPANT LOANS	VARIOUS	4.250-9.500	70,715.90	71,305.96
FORFEITURES			8,290.02	8,290.02

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 25-1186514

LEGEND

INVESTMENT OPTION:

IFBAQX	Fidelity Adv Balanced M	IFMCAX	Fidelity Adv Stock Selector Mid Cap M
IFA-EGF	Fidelity Advisor Equity Growth Fund M	IFA-EIF	Fidelity Advisor Equity Income M
IFGITX	Fidelity Advisor Growth & Income M	IGROPP	Fidelity Advisor Growth Opportunities M
IFALGX	Fidelity Advisor Large Cap M	IFSHJX	Fidelity Advisor Stock Selector M
IHIYLD	Fidelity Advisor Capital & Income M	IFZBXX	Fidelity(R) Government MMkt Dly Mny
ISDBSCH	Schwab SDB		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year