

<p style="text-align: center;"><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: 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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>CARIBBEAN RESTAURANTS RETIREMENT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> 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>CARIBBEAN RESTAURANTS, LLC</u></p> <p><u>PO. BOX 366999</u> <u>SAN JUAN, PR 00936-6999</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1999</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>66-0348741</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>787-474-7777</u></p> <p><b>2d</b> Business code (see instructions) <u>541990</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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2025	SYLVIA LOCHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2025	SYLVIA LOCHER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	5484
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	2847
	<b>6a(2)</b>	2946
	<b>6b</b>	0
	<b>6c</b>	2968
	<b>6d</b>	5914
	<b>6e</b>	0
	<b>6f</b>	5914
	<b>6g(1)</b>	5355
<b>6g(2)</b>	5245	
<b>6h</b>	35	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

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

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>CARIBBEAN RESTAURANTS RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CARIBBEAN RESTAURANTS, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>66-0348741</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	500000	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	7887	2941
<b>(3)</b> Other .....	<b>1b(3)</b>	7071	7762
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2291488	2659013
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	1057847	1118979
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	4132690	4600540
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	381767	393184
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	8378750	8782419
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	10446	4795
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	10446	4795
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	8368304	8777624

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	294701	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		294701
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	256309	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		256309
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	459169	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(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)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		1010179

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	522375	
(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)		522375
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)		
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)		
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses .....	2i(11)	78484	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		78484
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		600859

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		409320
<b>l</b> 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: **CORDERO CPA & CO**

(2) EIN: **66-0348741**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>CARIBBEAN RESTAURANTS RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>CARIBBEAN RESTAURANTS, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>66-0348741</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>66-0348741</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	224

<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> 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

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

<b>Part IV</b>	<b>ESOPs</b> (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.
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**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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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

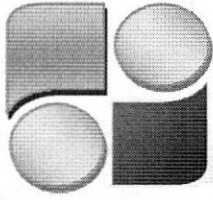
**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 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 \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.



## **CORDERO CPA & CO, PSC**

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*CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS*

### **INDEPENDENT AUDITORS' REPORT**

To the Retirement Committee of  
Caribbean Restaurants Retirement Plan:

#### **Report on the Audit of the Financial Statements**

##### **Opinion**

We have audited the accompanying financial statements of Caribbean Restaurants Retirement Plan (the Plan), as of and for the years ended December 31, 2024 and 2023, and the related notes to the financial statements, which collectively comprise the Plan's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the fiduciary net position of the Plan as of December 31, 2024 and 2023, and the changes in fiduciary net position for the years then ended 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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 Plan's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

### **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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 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.

### **Required Supplementary Information**

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis and pension information as listed in the table of contents be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required

supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Cordero CPA & Co. P.S.C. Lic. #213  
San Juan, Puerto Rico  
October 7, 2025

*Cordero CPA & Co PSC*



DPSC213-38  
Caribbean Restaurants Retirement Plan

**CARIBBEAN RESTAURANTS RETIRMENT PLAN**  
**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS**  
**AS OF DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments - at fair value:		
Equity Securities	4,600,540	4,132,690
Debt securities	1,118,979	1,057,847
Registered investment companies	393,184	381,767
Interest bearing cash	2,659,013	2,291,488
	<u>8,771,716</u>	<u>7,863,792</u>
Total investments		
Receivables:		
Participant contributions	2,941	7,887
Employer's contributions	-	500,000
Other	7,762	7,071
	<u>10,703</u>	<u>514,958</u>
Total receivables		
Total assets	8,782,419	8,378,750
LIABILITIES - Accounts Payable	4,795	10,446
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>8,777,624</u></u>	<u><u>8,368,304</u></u>

See notes to financial statements.

**CARIBBEAN RESTAURANTS RETIRMENT PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
ADDITIONS:		
Contributions - participant contributions	\$ 294,701	\$ 295,472
Contributions - employer contribution	-	500,000
	<hr/>	<hr/>
Total contributions	294,701	795,472
	<hr/>	<hr/>
Investment income:		
Net appreciation in fair value of investments	459,169	629,569
Dividends and interest	256,309	195,192
	<hr/>	<hr/>
Net investment income	715,478	824,761
	<hr/>	<hr/>
DEDUCTIONS:		
Benefits paid to participants	522,375	321,065
Administrative expenses	78,484	77,779
	<hr/>	<hr/>
Total deductions	600,859	398,844
	<hr/>	<hr/>
INCREASE IN NET ASSETS	409,320	1,221,389
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	8,368,304	7,146,915
	<hr/>	<hr/>
End of year	8,777,624	8,368,304
	<hr/> <hr/>	<hr/> <hr/>

See notes to financial statements.

**CARIBBEAN RESTAURANTS RETIREMEN PLAN**  
**Employer ID No: 660348741**  
**Plan Number : 001**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS**  
**(HELD AT END OF YEAR)**  
**AS OF DECEMBER 31, 2024**

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment, Including Maturity Date, Rate of Interest Collateral and Par of Maturity Value	(c) Cost	(d) Current Value
ACCOR SA SPON ADR	587 shares if common stock	\$ 5,153	\$ 5,688
ADYEN N V ADR	337 shares if common stock	3,862	4,940
ALCON INC CHF	79 shares if common stock	6,252	6,706
AON PLC CL A	21 shares if common stock	6,156	7,542
ARCELORMITTAL LUXEMBOURG	267 shares if common stock	6,641	6,176
ASHTREAD GROUP PLC ORD	24 shares if common stock	6,068	5,868
ASM INT NV EUR	11 shares if common stock	4,765	6,261
ASML HLDG NV SPON ADR	10 shares if common stock	6,265	6,931
ASTRAZENECA PLC SPON ADR	157 shares if common stock	10,371	10,287
AUTOLIV INC	73 shares if common stock	7,735	6,847
AXA ADR	108 shares if common stock	3,849	3,843
BAE SYSTEMS PLC SPON ADR	119 shares if common stock	5,091	6,802
BANK IRELAND GROUP PLC	620 shares if common stock	4,850	5,673
BARCLAYS PLC ADR	514 shares if common stock	5,588	6,831
BP PLC SPON ADR	86 shares if common stock	3,182	2,542
BRIDGESTONE CORP LTD ADR JAPAN	313 shares if common stock	6,765	5,252
BUREAU VERITAS SA UNSPONSORED	109 shares if common stock	7,201	6,571
COCA COLA FEMSA S.A.B. DE C.V.	43 shares if common stock	3,816	3,349
COCA COLA EUROPACIFIC PARTNERS	69 shares if common stock	4,409	5,300
COMPASS GROUP PLC SPON ADR	221 shares if common stock	5,027	7,423
CONVATEC GROUP PLC UNSP ADR	409 shares if common stock	5,273	4,679
DAIFUKU CO LTD ADR	456 shares if common stock	3,703	4,692
DAVIDE CAMPARI ADR	634 shares if common stock	5,804	3,921
DEUTSCHE TELEKOM AG DE SPON	194 shares if common stock	4,394	5,791
DEUTSCHE BOERSE ADR	315 shares if common stock	4,625	7,248
DSM FIRMENICH AG SPON ADR	529 shares if common stock	5,992	5,385
DSV A/S ADR	68 shares if common stock	5,730	7,222
EBARA CORP ADR	880 shares if common stock	4,223	7,281
EMBRAER S A SPON ADR	126 shares if common stock	3,846	4,622
EPIROC AKTIEBOLAG ADR	410 shares if common stock	7,820	7,118
EXPERIAN PLC SPON ADR	256 shares if common stock	8,034	10,939
FREEMPORT-MCMORAN INC	63 shares if common stock	2,742	2,399
FUJITSU LTD ADR NEW JAPAN ADR	476 shares if common stock	7,634	8,359
HALEON PLC SPON ADR	708 shares if common stock	6,001	6,754
HEINEKEN NV SPON ADR	157 shares if common stock	\$ 7,985	\$ 5,555
HITACHI LTD ADR NEW JAPAN	172 shares if common stock	3,556	8,507
ICON PLC EUR	23 shares if common stock	4,832	4,823
IMCD GROUP N V UNSPONSORED ADR	99 shares if common stock	7,173	7,353
ING GROEP N V NL SPON ADR	302 shares if common stock	3,895	4,732
JULIUS BAER GROUP LTD ADR	432 shares if common stock	5,085	5,562
KBC GROUP NV ADR	166 shares if common stock	4,508	6,403
KERRY GROUP PLC SPON ADR	82 shares if common stock	9,160	8,195
LASERTEC CORP ADR	196 shares if common stock	5,612	3,695
LEONARDO SPA ADR	454 shares if common stock	4,978	6,133
LONDON STK EXCHANGE	325 shares if common stock	8,341	11,599
LONZA GROUP AG ADR	114 shares if common stock	4,321	6,701
LVMH MOET HENNESSY LOUIS ADR	52 shares if common stock	7,023	6,796
MERCK KGAA SPON ADR	208 shares if common stock	7,250	5,955
MINIBISHI UFJ FINANCIAL GROUP	1003 shares if common stock	10,356	11,755
MTU AERO ENGINES HLDGS AG ADR	37 shares if common stock	4,636	6,130
NATWEST GROUP PLC SPONSORED	693 shares if common stock	6,479	7,048
NOMURA RESEARCH INSTITUTE LTD	153 shares if common stock	3,875	4,495
NOVO NORDISK A/S SPON ADR	126 shares if common stock	15,474	10,839
RELX PLC SPON ADR	166 shares if common stock	3,497	7,540

**CARIBBEAN RESTAURANTS RETIREMEN PLAN**  
**Employer ID No: 660348741**  
**Plan Number : 001**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS**  
**(HELD AT END OF YEAR)**  
**AS OF DECEMBER 31, 2024**

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment, Including Maturity Date, Rate of Interest Collateral and Par of Maturity Value	(c) Cost	(d) Current Value
RENESAS ELECTRONICS CORP ADR	787 shares if common stock	6,350	4,978
RENTOKIL INITIAL PLC SPON ADR	304 shares if common stock	8,449	7,697
SAFRAN SA ADR	131 shares if common stock	6,506	7,140
SANDOZ GROUP AG SPON ADR	108 shares if common stock	3,475	4,374
SAP SE SPON ADR	56 shares if common stock	7,246	13,788
SCHLUMBERGER LTD NETHERLANDS	148 shares if common stock	6,910	5,674
SHELL PLC SPON ADR	78 shares if common stock	4,722	4,887
SIEMENS A G SPON ADR	81 shares if common stock	8,199	7,831
SIEMENS HEALTHINEERS AG ADR	135 shares if common stock	3,831	3,552
SMC CORP SPON ADR	305 shares if common stock	8,215	5,911
SONOVA HLDG AG ADR	84 shares if common stock	5,129	5,463
SONY GROUP CORP SPONSORED ADR	407 shares if common stock	8,809	8,612
SYMRISE AG ADR	351 shares if common stock	9,262	9,270
TENCENT MUSIC ENTMT GROUP SPON	327 shares if common stock	3,992	3,711
TERUMO CORP ADR	369 shares if common stock	\$ 6,423	\$ 7,196
TOKYO ELECTRON LTD ADR	79 shares if common stock	7,707	5,964
TOYOTA MOTOR CORP NEW JAPAN	29 shares if common stock	5,129	5,644
UNICREDIT SPA UNSPONSORED ADR	392 shares if common stock	6,854	7,832
UNILEVER PLC AMER SHS NEW SPON	167 shares if common stock	8,855	9,469
UNIVERSAL MUSIC GRO ADR	494 shares if common stock	5,821	6,303
WISE PLC SPON ADR	223 shares if common stock	2,504	3,075
ACUITY BRANDS INC	43 shares if common stock	5,615	12,562
AMPHASTAR PHARMACEUTICALS INC	256 shares if common stock	12,007	9,505
APPLIED INDL TECH	69 shares if common stock	3,813	16,523
APTARGROUP INC	56 shares if common stock	6,262	8,798
ATKORE INC	72 shares if common stock	10,411	6,008
AXCELIS TECHNOLOGIES INC COM	124 shares if common stock	12,206	8,664
BADGER METER INC	62 shares if common stock	4,094	13,151
CABLE ONE INC	16 shares if common stock	13,589	5,794
CACTUS INC	265 shares if common stock	10,645	15,465
CARTER'S INC	135 shares if common stock	10,548	7,316
CATHAY GENL BANCORP	174 shares if common stock	7,231	8,284
CAVCO INDUSTRIES INC	32 shares if common stock	7,590	14,279
CHEMED CORP NEW	34 shares if common stock	16,936	18,013
CHESAPEAKE UTILITIES CRP	77 shares if common stock	8,048	9,344
CHOICE HOTELS INTL INC NEW	113 shares if common stock	12,054	16,044
COHEN & STEERS INC	150 shares if common stock	7,333	13,851
COLUMBIA SPORTSWEAR CO	190 shares if common stock	16,090	15,947
COMMERCE BANCSHARES	210 shares if common stock	10,196	13,085
CORCEPT THERAPEUTICS INC	231 shares if common stock	5,113	11,640
CORVEL CORP	177 shares if common stock	5,362	19,693
CSG SYSTEMS INTL INC	254 shares if common stock	11,297	12,982
CULLEN FROST BANKERS INC	156 shares if common stock	17,142	20,943
DOLBY LABORATORIES INC CL A	151 shares if common stock	11,037	11,793
DONALDSON CO INC	235 shares if common stock	11,389	15,827
DONNELLY FINL SOLUTIONS INC	189 shares if common stock	10,387	11,856
EVERCORE INC	41 shares if common stock	5,334	11,365
EXLSERVICE HOLDINGS INC	423 shares if common stock	9,569	18,773
FIRST SOURCE CORP	105 shares if common stock	4,862	6,130
FLOWERS FOODS INC	587 shares if common stock	\$ 12,292	\$ 12,127
FOUR CORNERS PPTY TRUST	339 shares if common stock	8,119	9,200
FRANKLIN ELECTRIC CO	158 shares if common stock	9,234	15,397
GLOBUS MED INC	137 shares if common stock	6,066	11,331
GRAPHIC PACKAGING HOLDING CO	323 shares if common stock	9,594	8,773
H & R BLOCK INC	124 shares if common stock	6,983	6,552

**CARIBBEAN RESTAURANTS RETIREMEN PLAN**  
**Employer ID No: 660348741**  
**Plan Number : 001**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS**  
**(HELD AT END OF YEAR)**  
**AS OF DECEMBER 31, 2024**

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment, Including Maturity Date, Rate of Interest Collateral and Par of Maturity Value	(c) Cost	(d) Current Value
HAEMONETICS CORP MASS	236 shares if common stock	15,718	18,427
HALOZYME THERAPEUTICS INC	227 shares if common stock	11,711	10,853
HANOVER INSURANCE GROUP INC	89 shares if common stock	11,266	13,765
HELMERICH & PAYNE INC	243 shares if common stock	7,064	7,781
ICU MEDICAL INC	83 shares if common stock	13,298	12,879
IDACORP INC	96 shares if common stock	9,225	10,491
INDEPENDENT BANK CORP	158 shares if common stock	9,282	10,142
INMODE LTD ILS	361 shares if common stock	7,052	6,029
INSPERITY INC	58 shares if common stock	5,249	4,496
INSTALLED BLDG PRODUCTS	42 shares if common stock	8,082	7,361
INTERDIGITAL INC	71 shares if common stock	3,935	13,754
INTL BANCSHARES CORP TEXAS	258 shares if common stock	13,560	16,295
LANCASTER COLONY CORP	78 shares if common stock	12,863	13,505
LANDSTAR SYSTEMS INC	71 shares if common stock	7,292	12,202
LITTELFUSE INC	71 shares if common stock	17,409	16,731
MAGNOLIA OIL & GAS CORP CL A	599 shares if common stock	13,042	14,005
MATADOR RES CO	149 shares if common stock	9,259	8,383
MINERALS TECHNOLOGIES INC	160 shares if common stock	8,669	12,194
MSC INDL DIRECT CO INC	160 shares if common stock	13,072	11,950
ONE GAS INC	148 shares if common stock	7,737	10,249
PLEXUS CORP	98 shares if common stock	9,511	15,335
POWER INTEGRATIONS INC	178 shares if common stock	6,451	10,983
PRESTIGE CONSUMER HEALTHCARE INC	213 shares if common stock	15,626	16,633
PROGRESS SOFTWARE CORP	263 shares if common stock	12,002	17,134
QUALYS INC	139 shares if common stock	16,109	19,491
SELECTIVE INS GROUP	168 shares if common stock	12,568	15,711
SENSIENT TECHNOLOGIES CORP	134 shares if common stock	9,124	9,549
SHUTTERSTOCK INC	148 shares if common stock	10,657	4,492
SILGAN HOLDINGS INC	352 shares if common stock	12,003	18,322
SIMPLY GOOD FOODS CO	474 shares if common stock	16,879	18,477
STAG INDL INC	392 shares if common stock	\$ 14,101	\$ 13,257
TERADATA CORP	425 shares if common stock	13,943	13,239
U S PHYSICAL THERAPY INC	136 shares if common stock	10,889	12,065
UFP TECHNOLOGIES INC	28 shares if common stock	6,991	6,846
UMB FINANCIAL CORP	68 shares if common stock	6,785	7,674
UNITIL CORP	98 shares if common stock	4,617	5,311
VALMONT INDUSTRIES INC	30 shares if common stock	6,041	9,200
WATTS WATER TECHNOLOGIES INC	88 shares if common stock	9,910	17,890
ADOBE INC	122 shares if common stock	38,275	54,251
ADVANCED MICRO DEVICES INC	277 shares if common stock	27,020	33,459
ALPHABET INC CL A	389 shares if common stock	61,002	73,638
AMAZON.COM INC	567 shares if common stock	70,421	124,394
APPLIED MATERIALS INC	159 shares if common stock	31,770	25,858
BOOKING HLDGS INC	10 shares if common stock	20,259	49,684
CHIPOTLE MEXICAN GRILL INC	729 shares if common stock	28,461	43,959
COSTAR GROUP INC	481 shares if common stock	37,678	34,435
COSTCO WHOLESALE CORP	43 shares if common stock	18,823	39,400
CROWDSTRIKE HLDGS INC	87 shares if common stock	13,025	29,768
INSULET CORP	147 shares if common stock	37,220	38,377
INTUIT	67 shares if common stock	20,535	42,110
INTUITIVE SURGICAL INC	127 shares if common stock	30,981	66,289
KKR & CO INC CL A	173 shares if common stock	19,480	25,587
LILLY ELI & CO	67 shares if common stock	16,065	51,724
MERCADOLIBRE INC	20 shares if common stock	39,816	34,009
MICROSOFT CORP	256 shares if common stock	85,832	107,904

**CARIBBEAN RESTAURANTS RETIREMEN PLAN**

**Employer ID No: 660348741**

**Plan Number : 001**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS**

**(HELD AT END OF YEAR)**

**AS OF DECEMBER 31, 2024**

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment, Including Maturity Date, Rate of Interest Collateral and Par of Maturity Value	(c) Cost	(d) Current Value
MSCI INC	48 shares if common stock	11,029	28,800
NVIDIA CORP	1013 shares if common stock	39,810	136,036
O REILLY AUTOMOTIVE INC	35 shares if common stock	34,560	41,503
ON SEMICONDUCTOR CORP	481 shares if common stock	37,286	30,327
PALO ALTO NETWORKS INC	250 shares if common stock	24,783	45,490
QUANTA SERVICES INC	78 shares if common stock	11,526	24,652
SERVICENOW INC	59 shares if common stock	14,757	62,547
THE TRADE DESK INC CL A	428 shares if common stock	37,824	50,303
TKO GROUP HLDGS INC CL A	290 shares if common stock	36,147	41,212
TRANE TECHNOLOGIES PLC	62 shares if common stock	11,872	22,900
VEEVA SYSTEMS INC CL A	193 shares if common stock	\$ 36,744	\$ 40,578
VERTIV HLDG CO	361 shares if common stock	30,271	41,013
VISA INC CL A	146 shares if common stock	29,666	46,142
AIR PROD & CHEMICAL INC	64 shares if common stock	18,415	18,563
AMER ELECTRIC POWER CO	107 shares if common stock	8,981	9,868
AMERICAN INTL GROUP	445 shares if common stock	16,425	32,396
ASTRAZENECA PLC SPON	111 shares if common stock	6,604	7,273
AT&T INC	601 shares if common stock	11,487	13,685
BAXTER INTL INC	1100 shares if common stock	50,377	32,076
BP PLC SPON ADR	1336 shares if common stock	41,011	39,492
BRITISH AMER TOBACCO PLC GB	742 shares if common stock	25,815	26,949
CARDINAL HEALTH INC	414 shares if common stock	33,451	48,964
CISCO SYSTEMS INC	452 shares if common stock	20,725	26,758
CITIGROUP INC	843 shares if common stock	46,257	59,339
CNH INDL NV EUR	688 shares if common stock	8,137	7,794
COGNIZANT TECH SOLUTIONS CRP	385 shares if common stock	23,633	29,607
COMCAST CORP NEW CL A	899 shares if common stock	35,081	33,738
CONSTELLATION BRANDS INC CL A	37 shares if common stock	9,369	8,177
CROWN CASTLE INC REIT	208 shares if common stock	20,971	18,878
CVS HEALTH CORP	773 shares if common stock	44,431	34,700
DIAGEO PLC NEW GB SPON ADR	56 shares if common stock	8,523	7,119
DOLLAR GEN CORP	244 shares if common stock	38,927	18,500
DOMINION ENERGY INC	166 shares if common stock	9,062	8,941
ELECTRONIC ARTS	168 shares if common stock	23,049	24,578
ELEVANCE HEALTH INC	48 shares if common stock	17,240	17,707
ENTERGY CORP NEW	240 shares if common stock	13,534	18,197
EXELON CORP	408 shares if common stock	16,121	15,357
FIDELITY NATL INFORMATION SVCS	343 shares if common stock	32,632	27,704
FIDELITY NATIONAL FINANCIAL IN COM	348 shares if common stock	13,899	19,537
FIRST CITIZENS BANCSHS	29 shares if common stock	21,903	61,278
FORTREA HLDGS INC	168 shares if common stock	6,310	3,133
FOX CORP CL A	240 shares if common stock	8,724	11,659
GALLAGHER ARTHUR J & CO	47 shares if common stock	4,831	13,341
GENERAL MOTORS CO	646 shares if common stock	21,539	34,412
HASBRO INC	331 shares if common stock	16,815	18,506
HESS CORP	183 shares if common stock	\$ 27,123	\$ 24,341
HEWLETT PACKARD ENTERPRISE CO	525 shares if common stock	9,133	11,209
HP INC	1158 shares if common stock	40,684	37,786
HUMANA INC	52 shares if common stock	20,572	13,193
INTERCONTINENTALEXCHANGE GROUP	169 shares if common stock	19,877	25,183
INTERPUBLIC GROUP OF COS INC	433 shares if common stock	13,432	12,132
INTL FLAVORS&FRGRNCS	118 shares if common stock	9,219	9,977
JOHNSON CTLS INTL PLC	290 shares if common stock	18,701	22,890
JPMORGAN CHASE & CO	158 shares if common stock	20,593	37,874
KEURIG DR PEPPER INC	391 shares if common stock	12,707	12,559

**CARIBBEAN RESTAURANTS RETIREMEN PLAN**  
**Employer ID No: 660348741**  
**Plan Number : 001**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS**  
**(HELD AT END OF YEAR)**  
**AS OF DECEMBER 31, 2024**

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment, Including Maturity Date, Rate of Interest Collateral and Par of Maturity Value	(c) Cost	(d) Current Value
KIMBERLY CLARK CORP	128 shares if common stock	17,981	16,773
KONINKLIJKE PHILIPS NV SPON	606 shares if common stock	13,429	15,344
KRAFT HEINZ CO/THE	1082 shares if common stock	41,459	33,228
LABCORP HOLDINGS INC	113 shares if common stock	23,047	25,913
LEAR CORP COM NEW	94 shares if common stock	12,057	8,902
LEIDOS HLDGS INC	130 shares if common stock	11,851	18,728
LILLY ELI & CO	20 shares if common stock	12,593	15,440
L3 HARRIS TECHNOLOGIES INC	192 shares if common stock	40,222	40,374
MEDTRONIC PLC	465 shares if common stock	44,572	37,143
MICRON TECHNOLOGY INC	120 shares if common stock	7,912	10,099
MICROSOFT CORP	94 shares if common stock	29,203	39,621
MID AMER APARTMENT COMMUNITIES INC	64 shares if common stock	8,995	9,892
NEWELL BRANDS INC	667 shares if common stock	14,049	6,643
PFIZER INC	283 shares if common stock	8,180	7,508
PG & E CORP (HOLDING COMPANY)	955 shares if common stock	16,252	19,272
PPG INDUSTRIES INC	116 shares if common stock	15,584	13,856
RTX CORP	271 shares if common stock	19,959	31,360
SANOFI SPON ADR	691 shares if common stock	33,955	33,327
SEALED AIR CORP	614 shares if common stock	31,705	20,772
SEMPRA	307 shares if common stock	22,538	26,930
SHELL PLC SPON ADR	484 shares if common stock	29,949	30,323
SONY GROUP CORP SPONSORED ADR	1567 shares if common stock	27,914	33,158
SS&C TECHNOLOGIES HLDGS INC	660 shares if common stock	42,940	50,015
SUNCOR ENERGY INC NEW CAD	469 shares if common stock	15,891	16,734
TAIWAN SEMICONDUCTOR MFG CO	77 shares if common stock	7,508	15,207
TECK RESOURCES LTD CL B ORD CAD	205 shares if common stock	9,329	8,309
THE CIGNA GROUP \$0.04	55 shares if common stock	11,860	15,188
UBS GROUP AG	285 shares if common stock	8,810	8,641
VERIZON COMMUNICATIONS INC	653 shares if common stock	26,563	26,113
VISA INC	69 shares if common stock	14,985	21,807
WABTEC INC	72 shares if common stock	11,932	13,650
WALT DISNEY CO (HOLDING CO)	98 shares if common stock	9,514	10,912
WELLS FARGO & CO	1057 shares if common stock	40,484	74,244
WILLIAMS COS INC (DEL)	300 shares if common stock	9,008	16,236
WILLIS TOWERS WATSON PUB LTD	69 shares if common stock	15,824	21,614

**CARIBBEAN RESTAURANTS RETIREMEN PLAN**

**Employer ID No: 660348741**

**Plan Number : 001**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS**

**(HELD AT END OF YEAR)**

**AS OF DECEMBER 31, 2024**

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment, Including Maturity Date, Rate of Interest Collateral and Par of Maturity Value	(c) Cost	(d) Current Value
FHLMC PL J17898	3.50% 02/01/27	133	130
FNMA PL AV6368	3.50% 01/01/29	727	673
FNMA PL AW1543	3.50% 03/01/29	291	268
FNMA PL AL8238	3.50% 08/01/30	193	181
FNMA PL AL8081	3.50% 02/01/31	240	226
FHLMC PL Z58705	3.50% 07/01/33	637	591
FHLMC PL J40419	3.50% 03/01/34	315	294
FNMA PL 310151	5.50% 11/01/34	1,611	1,434
FNMA PL FM3340	3.50% 05/01/35	640	587
FHLMC PL SB0921	3.50% 07/01/38	3,933	3,993
FNMA PL 190391	6.00% 09/01/38	974	958
FHLMC PL G07961	3.50% 03/01/45	4,308	3,750
FNMA PL AL7231	3.50% 08/01/45	7,621	6,591
FNMA PL AL7206	4.00% 08/01/45	1,304	1,135
FNMA PL MA2771	3.00% 10/01/46	8,545	7,143
FHLMC PL G08747	3.00% 02/01/47	4,583	4,057
FNMA PL FM3664	4.00% 03/01/49	13,110	11,327
FNMA PL CA3866	3.50% 07/01/49	9,096	7,687
FNMA PL CA3872	3.50% 07/01/49	5,716	4,835
FNMA PL FM7599	3.50% 01/01/51	8,306	7,021
FNMA PL FM7460	4.00% 03/01/51	15,070	13,113
FNMA PL MA4358	3.50% 06/01/51	8,992	7,612
FNMA PL MA4439	3.00% 10/01/51	5,761	4,843
FNMA PL FS0675	3.00% 02/01/52	7,010	6,797
FHLMC PL SD8202	3.50% 03/01/52	13,084	11,322
FHLMC PL SD8213	3.00% 05/01/52	2,220	2,195
FNMA PL MA4624	3.00% 06/01/52	1,574	1,487
FNMA PL BT7848	3.50% 07/01/52	2,387	2,369
FHLMC PL QE6074	4.00% 07/01/52	6,851	6,460
FHLMC PL RA7772	4.00% 08/01/52	1,652	1,564
FNMA PL BW6230	4.00% 09/01/52	1,596	1,571
FNMA PL MA4732	4.00% 09/01/52	4,151	3,974
FNMA PL MA4731	3.50% 09/01/52	5,568	5,500
FNMA PL MA4838	3.50% 12/01/52	1,642	1,607
FHLMC PL SD8336	3.50% 04/01/53	1,756	1,665
FNMA PL BW4879	3.00% 04/01/53	794	791
FNMA PL CB6455	4.00% 06/01/53	4,148	4,154
FNMA PL BX4573	3.00% 08/01/53	1,642	1,644
FHLMC PL SD8379	4.00% 10/01/53	7,132	6,945
FNMA PL CB7316	4.00% 10/01/53	2,638	2,626
FNMA PL MA5262	3.50% 12/01/53	1,695	1,709
FHLMC PL SD8413	4.00% 01/01/54	2,754	2,681
FNMA PL MA5526	3.50% 10/01/54	1,785	1,746
ALLIANZ FIXED INCOME SERIES C	Registered Investment Co 22,189 shares	219,472	196,599
ALLIANZ FIXED INCOME SERIES M	Registered Investment Co 22,859 shares	226,693	196,585

**CARIBBEAN RESTAURANTS RETIREMEN PLAN**  
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**(HELD AT END OF YEAR)**  
**AS OF DECEMBER 31, 2024**

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment, Including Maturity Date, Rate of Interest Collateral and Par of Maturity Value	(c) Cost	(d) Current Value
CITIGROUP INC NTS	1.122% 01/28/27	\$ 8,013	\$ 7,683
GOLDMAN SACHS GROUP INC	1.431% 03/09/27	7,971	7,680
CVS HEALTH CORP NTS B/E	1.300% 08/21/27	14,003	12,686
CAPITAL ONE FINCL CORP	3.800% 01/31/28	4,828	4,825
JPMORGAN CHASE & CO B/E	3.540% 05/01/28	4,951	4,858
VERIZON COMM INC	4.329% 09/21/28	9,534	7,850
MARSH & MCLENNAN COS INC	4.375% 03/15/29	5,049	4,912
FISERV INC B/E	3.500% 07/01/29	8,009	7,505
TRUIST FINANCIAL CORP	7.161% 10/30/29	8,313	8,557
ABBVIE INC NTS B/E	3.200% 11/21/29	8,846	7,424
MORGAN STANLEY B/E	4.431% 01/23/30	9,850	8,762
AMGEN INC NTS B/E	5.250% 03/02/30	8,886	9,086
COMCAST CORP NEW B/E	3.400% 04/01/30	8,871	7,436
ORACLE CORP NTS B/E	2.950% 04/01/30	8,772	7,226
T-MOBILE INC NTS B/E	3.875% 04/15/30	8,453	8,468
COMCAST CORP NTS B/E	1.500% 02/15/31	7,968	6,514
RTX CORP NTS B/E	6.000% 03/15/31	8,172	8,398
HCA INC NTS B/E	5.450% 04/01/31	8,970	8,983
GENL MOTORS CO NTS B/E	5.600% 10/15/32	6,850	7,064
BK OF AMER CORP	5.015% 07/22/33	7,015	6,863
L3 HARRIS TECHNOLOGIES	5.400% 07/31/33	6,562	6,985
KINDER MORGAN INC NTS	5.400% 02/01/34	6,935	6,896
WELLS FARGO & CO B/E	5.557% 07/25/34	9,430	8,986
PNC FINL SVCS GROUP INC	6.875% 10/20/34	7,031	7,655
US BANCORP B/E	5.678% 01/23/35	9,055	9,082
FNMA PL MA4404	2.500% 08/01/36	14,899	12,993
FHLMC PL SB8132	2.000% 12/01/36	13,620	11,721
FNMA PL AE0949	4.000% 02/01/41	9,910	8,877
FNMA PL AU3742	3.500% 08/01/43	8,495	7,634
FNMA PL MA1600	3.500% 10/01/43	3,475	3,062
FHLMC PL G60713	3.500% 09/01/46	8,494	7,203
FNMA PL BC4714	3.000% 10/01/46	7,856	6,569
FNMA PL MA3238	3.500% 01/01/48	2,083	1,872
FHLMC PL SD8006	4.000% 08/01/49	3,281	2,928
FNMA PL MA3872	3.500% 12/01/49	7,932	6,907
FNMA PL MA4378	2.000% 07/01/51	48,174	37,390
FNMA PL MA4379	2.500% 07/01/51	47,071	37,387
FHLMC PL SD8206	3.000% 04/01/52	24,168	23,665
FHLMC PL SD8277	5.500% 12/01/52	14,410	14,150
FHLMC PL SD8314	4.500% 04/01/53	10,178	10,320
FNMA PL MA5106	5.000% 08/01/53	8,986	8,833
FNMA PL CB9153	6.000% 09/01/54	12,980	12,964

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US TREASURY NOTE	2.25%	08/15/27	\$ 149,377	\$ 132,110
US TREASURY NOTE	2.75%	08/15/32	31,773	31,040
US TREASURY NOTE	4.13%	11/15/32	33,442	31,211
US TSY	3.13%	08/15/44	31,301	22,548
US TSY	2.88%	11/15/46	33,090	25,460
US TREASURY NOTE	2.625%	01/31/26	28,575	26,543
US TREASURY NOTE	0.500%	02/28/26	51,228	49,819
US TREASURY NOTE	4.875%	04/30/26	14,024	14,108
US TREASURY NOTE	4.625%	10/15/26	24,116	24,145
US TREASURY NOTE	2.750%	04/30/27	35,558	34,800
US TREASURY NOTE	4.500%	05/15/27	19,100	19,093
US TREASURY NOTE	1.000%	07/31/28	7,986	7,120
US TREASURY NOTE	4.625%	09/30/28	12,252	12,111
US TREASURY NOTE	4.000%	01/31/29	10,843	10,848
US TREASURY NOTE	1.750%	01/31/29	19,803	18,058
US TREASURY NOTE	3.250%	06/30/29	16,246	16,220
US TREASURY NOTE	3.625%	09/30/31	19,433	19,004
US TREASURY NOTE	4.125%	11/15/32	15,933	15,606
US TREASURY NOTE	4.375%	05/15/34	7,054	6,894
Treasury Bill SPDR BLOOMBERG 1-3 MONTH	417	1 to 3 months	38,124	38,126
UBS Liquid Asset Account *		Money Market Fund	<u>2,659,013</u>	<u>2,659,013</u>
Total			<u>\$ 8,023,013</u>	<u>\$ 8,771,716</u>

\* Party-in-interest

See accompanying Independent Auditor's Report.

(concluded)

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

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

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**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 multilemployer 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**

<b>1a</b> Name of plan CARIBBEAN RESTAURANTS RETIREMENT PLAN		<b>1b</b> Three-digit plan number (PN) ▶	001
		<b>1c</b> Effective date of plan	01/01/1999
<b>2a</b> 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) CARIBBEAN RESTAURANTS, LLC		<b>2b</b> Employer Identification Number (EIN)	66-0348741
PO. BOX 366999		<b>2c</b> Plan Sponsor's telephone number (787)	474-7777
SAN JUAN PR 00936-6999		<b>2d</b> Business code (see instructions)	541990

**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		<u>10/14/25</u>	SYLVIA LOCHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/14/25</u>	SYLVIA LOCHER
	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

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	5,484
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	2,847
	<b>6a(2)</b>	2,946
	<b>6b</b>	0
	<b>6c</b>	2,968
	<b>6d</b>	5,914
	<b>6e</b>	0
	<b>6f</b>	5,914
	<b>6g(1)</b>	5,355
	<b>6g(2)</b>	5,245
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	35

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

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

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

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**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.

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**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 \_\_\_\_\_

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**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**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**

For calendar plan year 2024 or fiscal plan year beginning		01/01/2024	and ending	12/31/2024
<b>A</b> Name of plan CARIBBEAN RESTAURANTS RETIREMENT PLAN		<b>B</b> Three-digit plan number (PN) ►		001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 CARIBBEAN RESTAURANTS, LLC		<b>D</b> Employer Identification Number (EIN) 66-0348741		

**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.

<b>Assets</b>		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash.....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	500,000	
<b>(2)</b> Participant contributions.....	<b>1b(2)</b>	7,887	2,941
<b>(3)</b> Other .....	<b>1b(3)</b>	7,071	7,762
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2,291,488	2,659,013
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	1,057,847	1,118,979
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other.....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	4,132,690	4,600,540
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants).....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	381,767	393,184
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>		

		(a) Beginning of Year	(b) End of Year
<b>1d</b>	Employer-related investments:		
(1)	Employer securities.....	<b>1d(1)</b>	
(2)	Employer real property.....	<b>1d(2)</b>	
<b>e</b>	Buildings and other property used in plan operation.....	<b>1e</b>	
<b>f</b>	Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	8,378,750      8,782,419
<b>Liabilities</b>			
<b>g</b>	Benefit claims payable.....	<b>1g</b>	
<b>h</b>	Operating payables.....	<b>1h</b>	
<b>i</b>	Acquisition indebtedness.....	<b>1i</b>	
<b>j</b>	Other liabilities.....	<b>1j</b>	10,446      4,795
<b>k</b>	Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	10,446      4,795
<b>Net Assets</b>			
<b>l</b>	Net assets (subtract line 1k from line 1f).....	<b>1l</b>	8,368,304      8,777,624

**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.

		(a) Amount	(b) Total
<b>Income</b>			
<b>a</b>	<b>Contributions:</b>		
(1)	Received or receivable in cash from: (A) Employers.....	<b>2a(1)(A)</b>	
	(B) Participants.....	<b>2a(1)(B)</b>	
	(C) Others (including rollovers).....	<b>2a(1)(C)</b>	
	(2) Noncash contributions.....	<b>2a(2)</b>	
	(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>	294,701
<b>b</b>	<b>Earnings on investments:</b>		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	
	(B) U.S. Government securities.....	<b>2b(1)(B)</b>	
	(C) Corporate debt instruments.....	<b>2b(1)(C)</b>	
	(D) Loans (other than to participants).....	<b>2b(1)(D)</b>	
	(E) Participant loans.....	<b>2b(1)(E)</b>	
	(F) Other.....	<b>2b(1)(F)</b>	
	(G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>	0
(2)	Dividends: (A) Preferred stock.....	<b>2b(2)(A)</b>	
	(B) Common stock.....	<b>2b(2)(B)</b>	
	(C) Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	
	(D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>	
(3)	Rents.....	<b>2b(3)</b>	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	<b>2b(4)(A)</b>	
	(B) Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	
	(C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate.....	<b>2b(5)(A)</b>	
	(B) Other.....	<b>2b(5)(B)</b>	
	(C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		1,010,179

**Expenses**

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	522,375	
(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)		522,375
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)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	78,484	
(12) Total administrative expenses. Add lines 2i(1) through (11).....	2i(12)		78,484
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		600,859

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d.....	2k		409,320
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: CORDERO CPA & CO

(2) EIN: 66-0348741

**d** The opinion of an independent qualified public accountant is **not attached** because:

- (1)  This form is filed for a CCT, PSA, 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:

**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.) .....

**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.) .....

**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.) .....

**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.) .....

**e** Was this plan covered by a fidelity bond? .....

**f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....

**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? .....

**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? .....

**i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....

**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.) .....

**k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....

**l** Has the plan failed to provide any benefit when due under the plan? .....

**m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....

**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. ....

	Yes	No	Amount
<b>4a</b>		X	
<b>4b</b>		X	
<b>4c</b>		X	
<b>4d</b>		X	
<b>4e</b>	X		500,000
<b>4f</b>		X	
<b>4g</b>		X	
<b>4h</b>		X	
<b>4i</b>	X		
<b>4j</b>		X	
<b>4k</b>		X	
<b>4l</b>		X	
<b>4m</b>		X	
<b>4n</b>			

**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)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**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

<b>A</b> Name of plan CARIBBEAN RESTAURANTS RETIREMENT PLAN		<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 CARIBBEAN RESTAURANTS, LLC		<b>D</b> Employer Identification Number (EIN) 66-0348741	

**Part I Distributions**

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... **1**

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 66-0348741

**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** 224

**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>
<b>c</b> 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).....	<b>6c</b>

**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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year.....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year.....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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 \_\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.