

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON
1b Three-digit plan number (PN): 002
1c Effective date of plan: 10/01/1989
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code: 80 MEAD STREET, DAYTON, OH 45402
2b Employer Identification Number (EIN): 31-0512911
2c Plan Sponsor's telephone number: 937-222-4625
2d Business code (see instructions): 812330

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

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

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

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

Form 5500 (2024) v. 240311

| | | |
|---|--|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 124 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 66 |
| | 6a(2) | 75 |
| | 6b | 23 |
| | 6c | 31 |
| | 6d | 129 |
| | 6e | 1 |
| | 6f | 130 |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | 10 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 3D 3H

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

| | |
|---|---|
| 9a Plan funding arrangement (check all that apply) | 9b Plan benefit arrangement (check all that apply) |
| (1) <input type="checkbox"/> Insurance | (1) <input type="checkbox"/> Insurance |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust | (3) <input checked="" type="checkbox"/> Trust |
| (4) <input type="checkbox"/> General assets of the sponsor | (4) <input type="checkbox"/> General assets of the sponsor |

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

| | | |
|---|--|--|
| SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|---|--|--|

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

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

| | | |
|---|---|------------|
| A Name of plan <u>ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON</u> | B Three-digit plan number (PN) ▶ | <u>002</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ECONOMY LINEN AND TOWEL SERVICE, INC.</u> | D Employer Identification Number (EIN) <u>31-0512911</u> | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 | |

Part I Basic Information

| | | | |
|----------|---|----------------------------|---------------------------|
| 1 | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u> | | |
| 2 | Assets: | | |
| | a Market value | 2a | <u>1098765</u> |
| | b Actuarial value | 2b | <u>1098765</u> |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target |
| | a For retired participants and beneficiaries receiving payment | <u>22</u> | <u>237601</u> |
| | b For terminated vested participants | <u>30</u> | <u>274876</u> |
| | c For active participants | <u>78</u> | <u>131634</u> |
| | d Total | <u>130</u> | <u>644111</u> |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> | | |
| | a Funding target disregarding prescribed at-risk assumptions | 4a | |
| | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | |
| 5 | Effective interest rate | 5 | <u>5.22 %</u> |
| 6 | Target normal cost | | |
| | a Present value of current plan year accruals | 6a | <u>31261</u> |
| | b Expected plan-related expenses | 6b | <u>22000</u> |
| | c Target normal cost | 6c | <u>53261</u> |

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

| | | |
|------------------|---|--|
| SIGN HERE | | |
| | Signature of actuary | <u>10/15/2025</u> |
| | <u>KAI PETERSEN, FSA, EA, MAAA, CFA</u> | Date |
| | Type or print name of actuary | <u>23-04747</u> |
| | <u>THE RETIREMENT PLAN COMPANY</u> | Most recent enrollment number |
| | Firm name | <u>615-986-5500</u> |
| | <u>5200 MARYLAND WAY, SUITE 310</u> | Telephone number (including area code) |
| | <u>BRENTWOOD, TN 37027</u> | |
| | Address of the firm | |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

| Part II Beginning of Year Carryover and Prefunding Balances | | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 22123 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 22123 |
| 10 | Interest on line 9 using prior year's actual return of <u>12.50</u> % | 0 | 2765 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 0 |
| | b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.28</u> % | | 0 |
| | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 0 |
| | d Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 24888 |

| Part III Funding Percentages | | | |
|-------------------------------------|--|-----------|----------|
| 14 | Funding target attainment percentage | 14 | 152.70 % |
| 15 | Adjusted funding target attainment percentage | 15 | 156.24 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 141.25 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

| Part IV Contributions and Liquidity Shortfalls | | | | | | | |
|--|--------------------------------|------------------------------|-----------------------|--------------------------------|------------------------------|--------------|---|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: | | | | | | | |
| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Totals ▶ | | | | 18(b) | 0 | 18(c) | 0 |

| | | |
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| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | |
| | a Contributions allocated toward unpaid minimum required contributions from prior years | 19a 0 |
| | b Contributions made to avoid restrictions adjusted to valuation date | 19b 0 |
| | c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c 0 |
| 20 | Quarterly contributions and liquidity shortfalls: | |
| | a Did the plan have a "funding shortfall" for the prior year? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | c If line 20a is "Yes," see instructions and complete the following table as applicable: | |
| Liquidity shortfall as of end of quarter of this plan year | | |
| (1) 1st | (2) 2nd | (3) 3rd |
| | | |
| (4) 4th | | |

| | | | |
|---|---|--|---|
| Part V Assumptions Used to Determine Funding Target and Target Normal Cost | | | |
| 21 Discount rate: | | | |
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 4.96 % | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code) | | | 21b 2 |
| 22 Weighted average retirement age | | | 22 66 |
| 23 Mortality table(s) (see instructions) | <input checked="" type="checkbox"/> Prescribed - combined | <input type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute |

| | | | |
|---|--|--|-----------|
| Part VI Miscellaneous Items | | | |
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 26 Demographic and benefit information | | | |
| a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... | | | 27 |

| | | | |
|---|--|--|-------------|
| Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years | | | |
| 28 Unpaid minimum required contributions for all prior years | | | 28 0 |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | | | 29 0 |
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... | | | 30 0 |

| | | | |
|--|---------------------|--------------------|---------------|
| Part VIII Minimum Required Contribution For Current Year | | | |
| 31 Target normal cost and excess assets (see instructions): | | | |
| a Target normal cost (line 6c) | 31a | 53261 | |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 53261 | |
| 32 Amortization installments: | Outstanding Balance | Installment | |
| a Net shortfall amortization installment | 0 | 0 | |
| b Waiver amortization installment..... | 0 | 0 | |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | 33 | | |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... | 34 | 0 | |
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement | 0 | 0 | 0 |
| 36 Additional cash requirement (line 34 minus line 35) | 36 | 0 | |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | 37 | 0 | |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | 38a | 0 | |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... | 38b | 0 | |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | 39 | 0 | |
| 40 Unpaid minimum required contributions for all years | 40 | 0 | |

| | | | |
|---|--|--|--|
| Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions) | | | |
| 41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 | | | |

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

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

| | | |
|---|--|------------|
| A Name of plan ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON | B Three-digit plan number (PN) ▶ | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 ECONOMY LINEN AND TOWEL SERVICE, INC. | D Employer Identification Number (EIN) 31-0512911 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MORGAN STANLEY

20-4310632

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 | NA | 15744 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

THE RETIREMENT PLAN COMPANY

38-3712991

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11 | NA | 9945 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|--|--|--|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
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| | |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON | B Three-digit plan number (PN) ▶ 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 ECONOMY LINEN AND TOWEL SERVICE, INC. | D Employer Identification Number (EIN) 31-0512911 |

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

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | 0 | 0 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 3602 | 2423 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 84999 | 34888 |
| (2) U.S. Government securities | 1c(2) | 273078 | 234871 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | 15974 | 16102 |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | 524145 | 636054 |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 201025 | 192662 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 1102823 | 1117000 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | 4057 | 5263 |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 4057 | 5263 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 1098766 | 1111737 |

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| Income | | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | 0 | |
| (B) Participants..... | 2a(1)(B) | | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 0 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 9325 | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 9325 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | 0 | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 0 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | 53188 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 398536 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | -345348 |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | 418524 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (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) | | -13542 |
| c Other income | 2c | | 0 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 68959 |

Expenses

| | | | |
|---|---------------|-------|-------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 40244 | |
| (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) | | 40244 |
| 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) | 15744 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 15744 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 55988 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|-------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 12971 |
| 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: **DUVALL AND ASSOCIATED INC.**

(2) EIN: **31-1182600**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 543051.

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

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

| | | |
|---|--|------------|
| A Name of plan <u>ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON</u> | B Three-digit plan number (PN) ▶ | <u>002</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>ECONOMY LINEN AND TOWEL SERVICE, INC.</u> | D Employer Identification Number (EIN) <u>31-0512911</u> | |

| | |
|---------------|----------------------|
| Part I | Distributions |
|---------------|----------------------|

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

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

| | | |
|---|--|---|
| 1 | | 0 |
|---|--|---|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 31-1317107

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 | | 1 |
|---|--|---|

| | |
|----------------|---|
| Part II | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|----------------|---|

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501302A.

ECONOMY LINEN & TOWEL SERVICE, INC.
PLANT PENSION FUND - DAYTON

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON
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DECEMBER 31, 2024 AND 2023

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Note: Certain supplemental schedules are required by the Department of Labor Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974 (ERISA). Schedules not filed herewith are omitted because of the absence of conditions under which they are required.



DUVALL & ASSOCIATES, INC.

c e r t i f i e d p u b l i c a c c o u n t a n t s

4 0 0 S u g a r C a m p C i r c l e S u i t e 3 0 0

D a y t o n , O H 4 5 4 0 9

T e l e p h o n e (9 3 7) 2 2 8 - 4 2 7 2 F a x (9 3 7) - 2 2 8 - 7 6 2 6

• w w w . d u v a l l e p a . c o m •

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
Economy Linen and Towel Services, Inc. Plant Pension Fund – Dayton

Opinion

We have audited the financial statements of Economy Linen and Towel Services, Inc. Plant Pension Fund - Dayton, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits and changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and accumulated plan benefits of Economy Linen and Towel Services, Inc. Plant Pension Fund – Dayton as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its accumulated plan benefits 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. 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 Economy Linen and Towel Services, Inc. Plant Pension Fund – Dayton 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 these 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 Economy Linen and Towel Services, Inc. Plant Pension Fund – Dayton's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Economy Linen and Towel Services, Inc. Plant Pension Fund – Dayton'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 Economy Linen and Towel Services, Inc. Plant Pension Fund – Dayton'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.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Duvall & Associates, Inc.

Duvall & Associates, Inc.

Dayton, Ohio

October 15, 2025

ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
 DECEMBER 31, 2024 AND 2023

| | 2024 | 2023 |
|--|--------------|--------------|
| ASSETS | | |
| Investments - at fair value: | | |
| Cash and money market funds | \$ 29,857 | \$ 76,499 |
| Common stocks | 652,155 | 540,118 |
| Government securities | 234,871 | 273,078 |
| Mutual funds and exchange-traded funds | 192,662 | 205,524 |
| Total Investments | 1,109,545 | 1,095,219 |
| RECEIVABLES | | |
| Interest receivable | 1,893 | 3,072 |
| Total Receivables | 1,893 | 3,072 |
| TOTAL ASSETS | 1,111,438 | 1,098,291 |
| LIABILITIES | - | - |
| NET ASSETS AVAILABLE FOR BENEFITS | \$ 1,111,438 | \$ 1,098,291 |

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

ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

| | 2024 | 2023 |
|---|--------------|--------------|
| ADDITIONS TO NET ASSETS ATTRIBUTED TO: | | |
| Investment income(loss): | | |
| Interest and dividends | \$ 24,796 | \$ 20,501 |
| Net realized gains and losses | 9,981 | 19,711 |
| Net increase in market value of investments | 44,258 | 101,553 |
| Other income | 2,435 | 3 |
| Total investment income (loss) | 81,470 | 141,768 |
| Total additions | 81,470 | 141,768 |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO: | | |
| Benefits paid to participants | 30,299 | 68,058 |
| Contract administrator fees | 9,645 | 9,730 |
| Investment advisory fees | 15,969 | 14,791 |
| Other expenses | 12,410 | 10,464 |
| Total deductions | 68,323 | 103,043 |
| NET INCREASE (DECREASE) | 13,147 | 38,725 |
| NET ASSETS AVAILABLE FOR BENEFITS | | |
| Beginning of year | 1,098,291 | 1,059,566 |
| End of year | \$ 1,111,438 | \$ 1,098,291 |

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

ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON
STATEMENT OF ACCUMULATED PLAN BENEFITS
AS OF DECEMBER 31, 2024 AND 2023

| | 2024 | 2023 |
|---|------------|------------|
| ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS | | |
| Vested benefits: | | |
| Participants currently in pay status | \$ 255,781 | \$ 245,564 |
| Participants with deferred benefits | 293,944 | 282,715 |
| Active participants | 177,687 | 189,876 |
| | 727,412 | 718,155 |
| Nonvested benefits | 19,219 | 23,115 |
| TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS | \$ 746,631 | \$ 741,270 |

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

ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON
 STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
 FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

| | 2024 | 2023 |
|---|------------|------------|
| ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR | \$ 741,270 | \$ 554,234 |
| INCREASE DURING THE YEAR ATTRIBUTED TO: | | |
| Change in actuarial assumptions | 2,416 | (19,206) |
| Net benefits accumulated | (3,071) | 243,577 |
| Interest from decrease in discount period | 36,315 | 26,144 |
| Benefits paid | (30,299) | (63,479) |
| NET INCREASE (DECREASE) | 5,361 | 187,036 |
| ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR | \$ 746,631 | \$ 741,270 |

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

ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States as more explicitly described in the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC).

Financial Estimates

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

Plan Expenses

Economy Linen and Towel Service, Inc. has agreed to pay a portion of the administrative fees of the Plan, and these fees are not reflected in these financial statements.

Investment Valuation and Income Recognition

Investments are reported at fair value. Purchases and sales of investment are recorded on a trade date basis. Net appreciation in fair value of investments includes realized gains and losses on investments sold during the year as well as net appreciation(depreciation) of the investments held at the end of the year. Interest and dividend income is accrued in the period earned.

Allowance for Credit Losses

In June 2016, the FASB issued Accounting Standards Update (ASU) 2016-13, Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments. This ASU applies to most financial assets that are not accounted for at fair value through net income. Prior to the implementation of ASU 2016-13, U.S. GAAP reflected an incurred loss methodology for recognizing credit losses which delayed recognition until it was probable a loss has been incurred. In contrast, ASU 2016-13 requires entities to recognize credit losses once they are expected. The Plan adopted ASU 2016-13 on January 1, 2023, and it had no material impact on its financial statements. The allowance for credit losses is a valuation account that is deducted from, or added to, the amortized cost basis of a financial asset to present the net amount expected to be collected on the financial asset. Management uses internal and external data to estimate the allowance balance from relevant available information such as information pertaining to past events, current conditions, and reasonable and supportable forecasts. Historical credit loss experience provides the basis for the estimate of expected credit losses. Historical credit loss information is updated based on several factors such as environmental factors and the volume and severity of past due financial assets. Management has determined that no allowance for credit losses was necessary at December 31, 2024 and 2023.

Actuarial Cost Method

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and probability of payment (by means of decrements such as death, withdrawal, and disability). The actuarial cost method used by the Plan is known as the Unit Credit Method and the significant assumptions are as follows:

ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

- Discount Rate – 5.19% and 5.00% per annum for the years ended December 31, 2024 and 2023, respectively.
- Life expectancy of participants - Pre-retirement and Post-Retirement mortality is calculated using the RP2014 Non-Annuitant for males and MP2022 for females.
- Normal retirement age – First of month after the later of age 65 and fifth anniversary of date of participation

If the Plan terminates, different actuarial assumptions and other factors will be applicable in determining the actuarial present value of accumulated plan benefits.

Benefit Payments

Benefits are recorded when paid to participants.

Contributions

Contributions are recognized when due and the employer has made a formal commitment to contribute.

2. DESCRIPTION OF PLAN

The following description of the Economy Linen and Towel Service, Inc. Plant Pension Fund - Dayton (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established October 1, 1989 to provide retirement benefits for eligible employees of Economy Linen and Towel Service, Inc. Amended and restated provisions of the Plan generally became effective on January 1, 2019. The Plan is a defined benefit plan and is qualified under the Internal Revenue Code. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and the Internal Revenue Code (IRC).

Eligibility Requirements

Eligible employees must complete one year of service and be members of the Chicago and Midwest Regional Joint Board Workers United. Eligible employees enter the plan on either the first day of the plan year or the first day of the seventh month of the plan year coinciding with or following the date eligibility requirements are met.

Contributions

There are no employee contributions under the Plan. The Employer contribution is actuarially determined on the basis of the retirement benefits of all its participating employees and meets the minimum funding standards of ERISA. Employer contributions are generally funded quarterly.

Vesting

Participants in the plan become 100% vested after 5 years of service.

Early Retirement

The Plan permits early retirement at age 60 with at least ten years of service.

ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

2. DESCRIPTION OF PLAN (CONTINUED)

Disability

A participant of the plan who becomes disabled for six months is entitled to a disability benefit equal to the actuarial equivalent of his/her vested accrued benefit

Normal Retirement

Employees are entitled to annual pension benefits beginning on the first of the month after the later of age 65 or five years of participation in the Plan. A year of participation is defined as having completed at least 1,000 hours of service. The monthly pension benefit amount is equal to \$8 multiplied by years of service (maximum of 40 years).

Terminated Participants' Benefit

A participant who, prior to normal retirement date, terminates employment for any reason other than death or early retirement will receive a deferred vested pension. This benefit amount is the actuarial equivalent of the participant's vested accrued benefit at normal retirement date.

Pre-retirement Death Benefit

If a participant is married at the time of death, then the spouse will receive a death benefit equal to the actuarial equivalent of the "minimum spouse's death benefit". A "minimum spouse's death benefit" is equal to the amount that would have been paid to the spouse if the participant had begun receiving distributions under a joint and 50% survivor annuity.

Death benefits are not provided to unmarried participants.

Form of Benefit Payment

At retirement, the participant has the option of a single life annuity commencing after the retirement date or a single lump sum payment. If, however, the accrued vested benefit is less than \$5,000, then a single lump sum payment will be made as soon as administratively practical.

Forfeitures

No amount or benefit forfeited or lost in any manner under the provisions of the Plan shall be applied to increase the benefits of any employee, participant, or other person entitled to benefits under the Plan.

3. TAX STATUS

The Plan obtained its latest determination letter on March 30, 2018, in which the Internal Revenue Service stated the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter; however, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

4. CONTRIBUTIONS

Contributions from the Company are recorded based upon amounts required to be funded under the provisions of ERISA. No Company contributions were required for the ERISA minimum funding requirements for the years ended December 31, 2024 and 2023, respectively.

ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

5. INVESTMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuations methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Fair Value Measurements and Disclosure Topic of FASB ASC establishes a fair value hierarchy that prioritizes the inputs used to measure fair value into three levels of input and expands disclosures regarding the fair value measurements. The FASB ASC Topic defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The disclosures that follow do not relate to what is known as investment risk, such as the risk of a permanent decline in the fair value of an investment, or an investment's custodial risk. The level of input described below relate solely to the process of determining the fair value of each of the investments held by the Plan on the report date. The three levels of input are as follows:

- Level 1 Inputs are unadjusted quoted prices in active markets for identical assets, and the Plan had the ability to access that information on December 31, 2024 and 2023.
- Level 2 Inputs are other than Level 1 quoted prices that are observable either directly or indirectly.
- Level 3 Valuations based on unobservable inputs such as when observable inputs are not available or inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

Level 1 Investments

The reported fair values of the Plan's investment in mutual funds shown below are based on quoted active market prices.

| | 2024 | 2023 |
|--------------------------------------|--------------|--------------|
| Cash & money market funds | \$ 29,857 | \$ 76,499 |
| U.S. Government securities | 234,871 | 273,078 |
| Mutual funds & exchange-traded funds | 192,662 | 205,524 |
| Common stocks | 652,155 | 540,118 |
| | \$ 1,109,545 | \$ 1,095,219 |

The plan does not hold any Level 2 or 3 investments

ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

6. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31:

| | 2024 | 2023 |
|--|--------------|--------------|
| Net assets available for benefits per financial statements | \$ 1,111,438 | \$ 1,098,291 |
| Differences in Investments | 298 | 48 |
| Net assets available for benefits per 5500 | \$ 1,111,736 | \$ 1,098,339 |

The following is a reconciliation of the change in net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31:

| | 2024 | 2023 |
|--|-----------|-----------|
| Net increase in net assets available for benefits per financial statements | 13,147 | 38,725 |
| Difference in investment income | (177) | 12 |
| Net increase in net assets available for benefits per 5500 | \$ 12,970 | \$ 38,737 |

7. PLAN TERMINATION

Under ERISA, certain payments of the unfunded vested benefits would be guaranteed by the Pension Benefit Guaranty Corporation (PBGC). Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty while other benefits may not be provided for at all. Reference should be made to the Plan document for further details. It is anticipated that all Plan benefits will be paid by employer funded amounts when the Plan is terminated. There are no current plans to terminate the Plan.

8. RISKS AND UNCERTAINTIES

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

9. SUBSEQUENT EVENTS

Management has evaluated, for possible adjustment to or disclosure in the financial statements, events occurring after December 31, 2024 through the date of the independent auditors' report on page 3, which is the date on which the financial statements were available to be issued.

ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON
EIN: #31-0512911 PN #002 FYE: 12/31/24
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, LINE 4I

| (A) (B) & (C) IDENTITY AND DESCRIPTION | | (D) COST | (E) VALUE |
|---|----------------|------------|------------|
| AB corporate Inc SHS (11,153 shares) | Mutual Fund | \$ 120,460 | \$ 108,407 |
| Accenture Plc Ireland (42 shares) | Common Stock | 12,305 | 14,775 |
| Adobe Inc (30 shares) | Common Stock | 13,673 | 13,340 |
| Aecom(125) | Common Stock | 12,058 | 13,353 |
| Aflac Incorporated (205 shares) | Common Stock | 10,469 | 21,205 |
| Alcon Inc (175 shares) | Common Stock | 11,841 | 14,856 |
| Aptiv Plc (206 shares) | Common Stock | 16,731 | 12,459 |
| Arista Networks Inc.(112 shares) | Common Stock | 7,884 | 12,379 |
| Becton Dickinson (62 shares) | Common Stock | 15,377 | 14,066 |
| Bentley SYS INC (127 shares) | Common Stock | 6,728 | 5,931 |
| Bruker Corp (183 shares) | Common Stock | 10,741 | 10,727 |
| Cadence Design Systems (50 shares) | Common Stock | 12,975 | 15,023 |
| Cons Staples Sel Sector SPDR (20 shares) | Mutual Fund | 1,139 | 1,572 |
| Danaher Corp Del Com (56 shares) | Common Stock | 7,459 | 12,855 |
| Fair Issac & CO INC (7 shares) | Common Stock | 7,533 | 13,937 |
| Fed Home Ln BK, 12/04/2028, 3.800% | Govt Security | 30,000 | 29,258 |
| Federal National MTG ASSN, 11/15/2030, 3.750% | Govt Security | 3,942 | 4,436 |
| Federate Herms Govt Obl Avr (4,733.36 shares) | Mutual Fund | - | 4,733 |
| Federate Herms Govt Obl PRM (5,004.820 shares) | Mutual Fund | - | 5,005 |
| Fiserv Inc. (82 shares) | Common Stock | 16,369 | 16,844 |
| Flextronics Intl Ltd (571 shares) | Common Stock | 10,469 | 21,921 |
| GE Healthcare Technologies (212) | Common Stock | 17,825 | 16,574 |
| Health Care Select Sector SPDR (15 shares) | Mutual Fund | 1,351 | 2,064 |
| Hexcel Corp New (195 shares) | Common Stock | 11,008 | 12,227 |
| Hologic Inc. (119 shares) | Common Stock | 9,881 | 8,579 |
| Icon Plc (50 shares) | Common Stock | 11,338 | 10,486 |
| Industrial Sel Sec Spdr Fd (9 shares) | Mutual Fund | 1,145 | 1,186 |
| Intercontinental Exchang (116 shares) | Common Stock | 10,756 | 17,285 |
| Intuit Inc (18 shares) | Common Stock | 8,488 | 11,313 |
| Ishares Core Dividend Growth (129 shares) | Mutual Fund | 6,544 | 7,913 |
| Ishares Core MSCI Pacific ET (90 shares) | Mutual Fund | 5,604 | 5,499 |
| Ishares MSCI ASIA Ex-Japan (102 shares) | Mutual Fund | 7,511 | 7,362 |
| Ishares MSCI Canada Eft (79 shares) | Mutual Fund | 3,327 | 3,184 |
| Ishares Msci Eafe ETF (146 shares) | Mutual Fund | 10,947 | 11,039 |
| Jeffries Finl Group Inc. (213 shares) | Common Stock | 15,887 | 16,699 |
| Johnson & Johnson (72 shares) | Common Stock | 11,710 | 10,413 |
| JP Morgan, 7.4126% | Corporate Debt | 16,183 | 16,102 |
| Microsoft Corp (66 shares) | Common Stock | 13,654 | 27,819 |
| Monolithic PWR System in (16 shares) | Common Stock | 9,684 | 9,467 |
| Morgan Stanley Private Bank | Money Market | 426 | 426 |

See Independent Auditors' Report on
Supplementary Information.

ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON
EIN: #31-0512911 PN #002 FYE: 12/31/24
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, LINE 4I

| (A) (B) & (C) IDENTITY AND DESCRIPTION | | (D) COST | (E) VALUE |
|---|---------------|-----------|-----------|
| Morgan Stanley Private Bank | Money Market | \$ 34,463 | \$ 34,463 |
| Nextera Energy Inc (218 shares) | Common Stock | 14,670 | 15,628 |
| Nvidia (250 shares) | Common Stock | 8,255 | 33,573 |
| Nxp Semiconductors Nv (58 shares) | Common Stock | 9,481 | 12,055 |
| On Hldg Ag Namen Akt A (268 shares) | Common Stock | 13,320 | 14,678 |
| Palo Alto Networks INC (66 shares) | Common Stock | 7,670 | 12,009 |
| Procter & Gamble (102 shares) | Common Stock | 15,276 | 17,100 |
| Reinsurance Group of America (65 shares) | Common Stock | 13,631 | 13,886 |
| Rockwell Automation Inc (67 shares) | Common Stock | 16,190 | 19,148 |
| SPDR Gold Tr Gold Shs (56shares) | Mutual Fund | 7,786 | 13,559 |
| SPDR S&P Biotech (12 shares) | Mutual Fund | 1,167 | 1,081 |
| Taiwan SmcndctrMfg Co Ltd Adr (88 shares) | Common Stock | 12,706 | 17,379 |
| TE Connectivity Plc (107 shares) | Common Stock | 14,815 | 15,298 |
| Tetra Tech Inc (246 shares) | Common Stock | 6,878 | 9,801 |
| The Financial Sel Seect Spdr Fd (26 shares) | Mutual Fund | 1,151 | 1,257 |
| Topbuild Corp Com (23 shares) | Common Stock | 4,831 | 7,161 |
| Unilever Plc (319 shares) | Common Stock | 16,135 | 18,087 |
| Unitedhealth Group Inc (29 shares) | Common Stock | 11,493 | 14,670 |
| US Treasury Note, 10/31/2027, 4.125% | Govt Security | 61,548 | 61,775 |
| US Treasury Note, 11/15/2043, 4.750% | Govt Security | 9,173 | 8,895 |
| US Treasury Note, 11/15/2053, 4.750% | Govt Security | 19,406 | 17,835 |
| US Treasury Note, 2/15/2034, 4.000% | Govt Security | 8,090 | 7,665 |
| US Treasury Note, 5/15/2034, 4.375% | Govt Security | 11,332 | 10,841 |
| US Treasury Note, 5/15/2044, 4.625% | Govt Security | 16,811 | 15,528 |
| US Treasury Note, 5/31/2026, 4.875% | Govt Security | 11,158 | 11,094 |
| US Treasury Note, 6/30/2030, 3.750% | Govt Security | 23,019 | 22,259 |
| US Treasury Note, 7/31/2026, 4.375% | Govt Security | 20,136 | 20,040 |
| US Treasury Note, 9/30/2030, 4.625% | Govt Security | 25,133 | 25,246 |
| Utilities Sel Sect SPDR (15 shares) | Mutual Fund | 1,049 | 1,135 |
| Vanguard Communication S (17 shares) | Mutual Fund | 1,875 | 2,634 |
| Vanguard Growth ETF (16 shares) | Mutual Fund | 4,245 | 6,567 |
| Vanguard Value ETF (50 shares) | Mutual Fund | 6,989 | 8,465 |
| Veralto Corp (218 shares) | Common Stock | 17,485 | 22,203 |
| Visa Inc CL A (68 shares) | Common Stock | 13,375 | 21,491 |
| Waste Mgmt Inc(Dela) (86 shares) | Common Stock | 10,773 | 17,354 |
| rounding | | | (2) |

See Independent Auditors' Report on
Supplementary Information.

CONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON
EIN: #31-0512911 PN #002 FYE: 12/31/24

SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
SCHEDULE H, LINE 4I

| (A) (B) & (C) IDENTITY AND DESCRIPTION | (D) COST | (E) VALUE |
|--|-------------|--------------|
| Mutual Fund | Mutual Fund | 16,192 7,089 |

See Independent Auditors' Report on
Supplementary Information.

ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON
EIN: #31-0512911 PN #002 FYE: 12/31/24

SCHEDULE OF REPORTABLE TRANSACTIONS
SCHEDULE H, ITEM 4J

| (a) | (b) | (c) | (d) | (g) | (h) | (i) |
|---|-------------------------|-------------------|------------------|------------------|---|---------------------|
| Identity of party involved | Description of asset | Purchase price | Selling price | Cost of asset | Current Value of asset on transaction date | Net gain or loss |
| Series of Transactions in Excess of 5% of Plan Assets | | | | | | |

NONE

See Independent Auditors' Report on
Supplementary Information

Attachment to 2024 Form 5500
Schedule SB, line 26 - Schedule of Active Participant Data

Plan Name: ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON EIN: 31-0512911
Plan Sponsor's Name: ECONOMY LINEN AND TOWEL SERVICE, INC. PN: 002

| Attained Age | YEARS OF CREDITED SERVICE | | | | | | | | |
|--------------|---------------------------|---------------|---------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|
| | Under 1 No. | 1 to 4 No. | 5 to 9 No. | 10 to 14 No. | 15 to 19 No. | 20 to 24 No. | 25 to 29 No. | 30 to 34 No. | 40 & up No. |
| Under 25 | | 3 | | | | | | | |
| 25 to 29 | | 7 | | | | | | | |
| 30 to 34 | | 6 | | | | | | | |
| 35 to 39 | 2 | 4 | 1 | | | | | | |
| 40 to 44 | 3 | 2 | 1 | | 1 | | | | |
| 45 to 49 | 2 | 9 | | 1 | | | | | |
| 50 to 54 | 2 | 4 | 3 | | | | | | |
| 55 to 59 | 3 | 7 | 3 | 1 | | | | | |
| 60 to 64 | 6 | 3 | 5 | 2 | | 1 | | | |
| 65 to 69 | 1 | 2 | 1 | | | | | | |
| 70 & up | 2 | | | | 1 | | | | |

Attachment to 2024 Form 5500
Schedule SB, Part V - Actuarial Methods and Assumptions

Plan Name: ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON EIN: 31-0512911
Plan Sponsor's Name: ECONOMY LINEN AND TOWEL SERVICE, INC. PN: 002

Actuarial Methods and Assumptions

| | |
|---------------------------------|---|
| Valuation Date | 01/01 |
| Pre-Retirement Mortality | 2024 Non Annuitant Mortality Table for males and females |
| Post-Retirement Mortality | 2024 Annuitant Mortality Table for males and females |
| Increase in Compensation Levels | N/A |
| Retirement Age | 1st of month following age 65 or valuation date, whichever is later |

The average retirement age of current retirees was reviewed in determining the reasonableness of this assumption. Additionally, although early retirement at 60 and 10 is available, the fact the early retirement benefit amount is not significantly subsidized has also been considered when setting this assumption

Pre-Retirement Turnover Rates Terminations for active participants occur according to

| Age | Rate |
|-----|-------|
| 25 | 17.2% |
| 35 | 13.7% |
| 45 | 8.4% |
| 55 | 1.7% |
| 65 | 0.0% |

Form of Payment Life Annuity
Software limitations constrain this assumption to lump sums or normal form. Since lump sums are not an available option under the plan, normal form has been assumed.

Cost Method Unit Credit
Assets Actuarial value of assets equals market value of assets.
Expense Load Expense load of \$19,000 is added to the normal cost. The expense load equals to the average of expenses for the prior two years rounded to the nearest \$1,000.

MAP-21 (as amended by ARPA) Interest Rates for Minimum Funding and AFTAP Purposes

| | |
|--------------------------------------|-------|
| Interest Rate: 1st Tier (Years 1-5) | 4.75% |
| Interest Rate: 2nd Tier (Years 6-20) | 4.96% |
| Interest Rate: 3rd Tier (Years 21+) | 5.59% |

Section 404 Interest Rates for Maximum Deductible Contributions

| | |
|--------------------------------------|---|
| Interest Rates | IRS segmented rates with two month lookback |
| Interest Rate: 1st Tier (Years 1-5) | 4.02% |
| Interest Rate: 2nd Tier (Years 6-20) | 4.73% |
| Interest Rate: 3rd Tier (Years 21+) | 4.95% |

| (a)&(b)Identity/Descript. of Asset | (c)Purchase Price | (d)Selling Price | (g)Cost of Asset | (h)Value on Trans Date | (i)Net Gain or (Loss) |
|---------------------------------------|----------------------|---------------------|---------------------|---------------------------|--------------------------|
| None | | | | | |

| | | |
|---|--|--|
| SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|---|--|--|

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

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

| | | |
|---|---|-----|
| A Name of plan ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON | B Three-digit plan number (PN) ▶ | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ECONOMY LINEN AND TOWEL SERVICE, INC. | D Employer Identification Number (EIN) 31-0512911 | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 | |

| | | | |
|---|----------------------------|---------------------------|--------------------------|
| Part I Basic Information | | | |
| 1 Enter the valuation date: | Month <u>01</u> | Day <u>01</u> | Year <u>2024</u> |
| 2 Assets: | | | |
| a Market value | 2a | 1,098,765 | |
| b Actuarial value | 2b | 1,098,765 | |
| 3 Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment | 22 | 237,601 | 237,601 |
| b For terminated vested participants | 30 | 274,876 | 274,876 |
| c For active participants | 78 | 131,634 | 190,763 |
| d Total | 130 | 644,111 | 703,240 |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) | <input type="checkbox"/> | | |
| a Funding target disregarding prescribed at-risk assumptions | 4a | | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | | |
| 5 Effective interest rate | 5 | 5.22% | |
| 6 Target normal cost | | | |
| a Present value of current plan year accruals | 6a | 31,261 | |
| b Expected plan-related expenses | 6b | 22,000 | |
| c Target normal cost | 6c | 53,261 | |

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

| | | |
|------------------|--|---|
| SIGN HERE | <i>S. Kai Petersen</i> Signature of actuary KAI PETERSEN, FSA, EA, MAAA, CFA Type or print name of actuary THE RETIREMENT PLAN COMPANY Firm name 5200 MARYLAND WAY, SUITE 310 BRENTWOOD TN 37027 Address of the firm | <u>10/15/2025</u> Date <u>2304747</u> Most recent enrollment number <u>615-986-5500</u> Telephone number (including area code) |
|------------------|--|---|

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. **Schedule SB (Form 5500) 2024 v. 240311**

| Part II Beginning of Year Carryover and Prefunding Balances | | (a) Carryover balance | (b) Prefunding balance |
|--|---|-----------------------|------------------------|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 22,123 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 22,123 |
| 10 | Interest on line 9 using prior year's actual return of <u>12.50%</u> | 0 | 2,765 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 0 |
| | b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.28%</u> | | 0 |
| | b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 0 |
| | d Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) | 0 | 24,888 |

| Part III Funding Percentages | | | |
|-------------------------------------|--|-----------|---------|
| 14 | Funding target attainment percentage | 14 | 152.70% |
| 15 | Adjusted funding target attainment percentage | 15 | 156.24% |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 141.25% |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | |
|-----------------------|--------------------------------|------------------------------|-----------------------|--------------------------------|------------------------------|---|
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| | | | | | | |
| Totals ▶ | | | 18(b) | 0 | 18(c) | 0 |

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

| | | |
|---|------------|---|
| a Contributions allocated toward unpaid minimum required contributions from prior years. | 19a | 0 |
| b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 0 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year | | | |
|--|---------|---------|---------|
| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
| | | | |

| | | | | |
|---|--|------------------------|-----------------------|---|
| Part V Assumptions Used to Determine Funding Target and Target Normal Cost | | | | |
| 21 Discount rate: | | | | |
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 4.96 % | 3rd segment: 5.59% | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code)..... | | | | 21b 2 |
| 22 Weighted average retirement age | | | | 22 66 |
| 23 Mortality table(s) (see instructions) | <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute | | | |

| | | | | |
|---|--|--|--|-----------|
| Part VI Miscellaneous Items | | | | |
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 26 Demographic and benefit information | | | | |
| a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... | | | | 27 |

| | | | | |
|---|--|--|--|-------------|
| Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years | | | | |
| 28 Unpaid minimum required contributions for all prior years | | | | 28 0 |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | | | | 29 0 |
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | | | | 30 0 |

| | | | | |
|--|---------------------|--------------------|---------------|-------------------|
| Part VIII Minimum Required Contribution For Current Year | | | | |
| 31 Target normal cost and excess assets (see instructions): | | | | |
| a Target normal cost (line 6c)..... | | | | 31a 53,261 |
| b Excess assets, if applicable, but not greater than line 31a | | | | 31b 53,261 |
| 32 Amortization installments: | Outstanding Balance | | Installment | |
| a Net shortfall amortization installment | 0 | | 0 | |
| b Waiver amortization installment | 0 | | 0 | |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | | | | 33 |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... | | | | 34 0 |
| | Carryover balance | Prefunding balance | Total balance | |
| 35 Balances elected for use to offset funding requirement | 0 | 0 | 0 | |
| 36 Additional cash requirement (line 34 minus line 35)..... | | | | 36 0 |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... | | | | 37 0 |
| 38 Present value of excess contributions for current year (see instructions) | | | | |
| a Total (excess, if any, of line 37 over line 36) | | | | 38a 0 |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | | | | 38b 0 |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | | | | 39 0 |
| 40 Unpaid minimum required contributions for all years | | | | 40 0 |

| | | | | |
|---|--|--|--|--|
| Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions) | | | | |
| 41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 | | | | |

Attachment to 2024 Form 5500
Schedule SB, line 26 - Schedule of Active Participant Data

Plan Name: ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON EIN: 31-0512911
Plan Sponsor's Name: ECONOMY LINEN AND TOWEL SERVICE, INC. PN: 002

| Attained Age | YEARS OF CREDITED SERVICE | | | | | | | | |
|--------------|---------------------------|---------------|---------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|
| | Under 1 No. | 1 to 4 No. | 5 to 9 No. | 10 to 14 No. | 15 to 19 No. | 20 to 24 No. | 25 to 29 No. | 30 to 34 No. | 40 & up No. |
| Under 25 | | 3 | | | | | | | |
| 25 to 29 | | 7 | | | | | | | |
| 30 to 34 | | 6 | | | | | | | |
| 35 to 39 | 2 | 4 | 1 | | | | | | |
| 40 to 44 | 3 | 2 | 1 | | 1 | | | | |
| 45 to 49 | 2 | 9 | | 1 | | | | | |
| 50 to 54 | 2 | 4 | 3 | | | | | | |
| 55 to 59 | 3 | 7 | 3 | 1 | | | | | |
| 60 to 64 | 6 | 3 | 5 | 2 | | 1 | | | |
| 65 to 69 | 1 | 2 | 1 | | | | | | |
| 70 & up | 2 | | | | 1 | | | | |

Attachment to 2024 Form 5500
Schedule SB, Part V - Actuarial Methods and Assumptions

Plan Name: ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON EIN: 31-0512911
Plan Sponsor's Name: ECONOMY LINEN AND TOWEL SERVICE, INC. PN: 002

Actuarial Methods and Assumptions

| | |
|---------------------------------|---|
| Valuation Date | 01/01 |
| Pre-Retirement Mortality | 2024 Non Annuitant Mortality Table for males and females |
| Post-Retirement Mortality | 2024 Annuitant Mortality Table for males and females |
| Increase in Compensation Levels | N/A |
| Retirement Age | 1st of month following age 65 or valuation date, whichever is later |

The average retirement age of current retirees was reviewed in determining the reasonableness of this assumption. Additionally, although early retirement at 60 and 10 is available, the fact the early retirement benefit amount is not significantly subsidized has also been considered when setting this assumption

Pre-Retirement Turnover Rates Terminations for active participants occur according to

| Age | Rate |
|-----|-------|
| 25 | 17.2% |
| 35 | 13.7% |
| 45 | 8.4% |
| 55 | 1.7% |
| 65 | 0.0% |

Form of Payment Life Annuity
Software limitations constrain this assumption to lump sums or normal form. Since lump sums are not an available option under the plan, normal form has been assumed.

Cost Method Unit Credit
Assets Actuarial value of assets equals market value of assets.
Expense Load Expense load of \$19,000 is added to the normal cost. The expense load equals to the average of expenses for the prior two years rounded to the nearest \$1,000.

MAP-21 (as amended by ARPA) Interest Rates for Minimum Funding and AFTAP Purposes

| | |
|--------------------------------------|-------|
| Interest Rate: 1st Tier (Years 1-5) | 4.75% |
| Interest Rate: 2nd Tier (Years 6-20) | 4.96% |
| Interest Rate: 3rd Tier (Years 21+) | 5.59% |

Section 404 Interest Rates for Maximum Deductible Contributions

| | |
|--------------------------------------|---|
| Interest Rates | IRS segmented rates with two month lookback |
| Interest Rate: 1st Tier (Years 1-5) | 4.02% |
| Interest Rate: 2nd Tier (Years 6-20) | 4.73% |
| Interest Rate: 3rd Tier (Years 21+) | 4.95% |

Attachment to 2024 Form 5500
Schedule SB, Part V - Statement of Plan Provisions

Plan Name: ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON EIN: 31-0512911
Plan Sponsor's Name: ECONOMY LINEN AND TOWEL SERVICE, INC. PN: 002

Pension Plan Specifications

| Effective Date | 10/01/1989 | | | | | | |
|--------------------------------------|--|--------------|------------------------|-----|----|----|------|
| Valuation Date | 01/01/2024 | | | | | | |
| Monthly Pension Formula | \$8 multiplied by Years of Service (maximum 40 years) | | | | | | |
| Compensation | Total Pay | | | | | | |
| Final Average Compensation | N/A | | | | | | |
| Eligibility requirements | 1 Year of Service and Employee subject to requirements in document | | | | | | |
| Entry date | January 1 or July 1 following attainment of eligibility requirements | | | | | | |
| Normal Retirement Age | 1st of month after the later of Age 65 and 5th anniversary of date of participation | | | | | | |
| Early Retirement Age | Age 60 and 10 Years of Service | | | | | | |
| Early Retirement Benefit | Normal Retirement Benefit reduced by 0.5% for each month in which the Early Retirement Date precedes the Normal Retirement Date | | | | | | |
| Normal Form of Payment | Single Life annuity | | | | | | |
| Additional Optional Forms of Payment | Life annuity with period certain; Joint and survivor annuity | | | | | | |
| Vesting Schedule | Vesting accrues according to the following schedule: <table><thead><tr><th><u>Years</u></th><th><u>Vesting Percent</u></th></tr></thead><tbody><tr><td>0-4</td><td>0%</td></tr><tr><td>5+</td><td>100%</td></tr></tbody></table> | <u>Years</u> | <u>Vesting Percent</u> | 0-4 | 0% | 5+ | 100% |
| <u>Years</u> | <u>Vesting Percent</u> | | | | | | |
| 0-4 | 0% | | | | | | |
| 5+ | 100% | | | | | | |
| Maximum Salary | \$345,000 (limited by IRC section 401(a)(17)) | | | | | | |
| Maximum Benefit | \$275,000 (limited by IRC section 415) | | | | | | |
| Actuarial Equivalence | 1994 GAR Mortality and 6.0% interest | | | | | | |
| Death Benefit | Pre-retirement Survivor Annuity (for married participants) | | | | | | |

Attachment to 2024 Form 5500
Schedule SB, Part V - Statement of Plan Provisions

Plan Name: ECONOMY LINEN AND TOWEL SERVICE, INC. PLANT PENSION FUND - DAYTON EIN: 31-0512911
Plan Sponsor's Name: ECONOMY LINEN AND TOWEL SERVICE, INC. PN: 002

Pension Plan Specifications

| Effective Date | 10/01/1989 | | | | | | |
|--------------------------------------|--|--------------|------------------------|-----|----|----|------|
| Valuation Date | 01/01/2024 | | | | | | |
| Monthly Pension Formula | \$8 multiplied by Years of Service (maximum 40 years) | | | | | | |
| Compensation | Total Pay | | | | | | |
| Final Average Compensation | N/A | | | | | | |
| Eligibility requirements | 1 Year of Service and Employee subject to requirements in document | | | | | | |
| Entry date | January 1 or July 1 following attainment of eligibility requirements | | | | | | |
| Normal Retirement Age | 1st of month after the later of Age 65 and 5th anniversary of date of participation | | | | | | |
| Early Retirement Age | Age 60 and 10 Years of Service | | | | | | |
| Early Retirement Benefit | Normal Retirement Benefit reduced by 0.5% for each month in which the Early Retirement Date precedes the Normal Retirement Date | | | | | | |
| Normal Form of Payment | Single Life annuity | | | | | | |
| Additional Optional Forms of Payment | Life annuity with period certain; Joint and survivor annuity | | | | | | |
| Vesting Schedule | Vesting accrues according to the following schedule: <table><thead><tr><th><u>Years</u></th><th><u>Vesting Percent</u></th></tr></thead><tbody><tr><td>0-4</td><td>0%</td></tr><tr><td>5+</td><td>100%</td></tr></tbody></table> | <u>Years</u> | <u>Vesting Percent</u> | 0-4 | 0% | 5+ | 100% |
| <u>Years</u> | <u>Vesting Percent</u> | | | | | | |
| 0-4 | 0% | | | | | | |
| 5+ | 100% | | | | | | |
| Maximum Salary | \$345,000 (limited by IRC section 401(a)(17)) | | | | | | |
| Maximum Benefit | \$275,000 (limited by IRC section 415) | | | | | | |
| Actuarial Equivalence | 1994 GAR Mortality and 6.0% interest | | | | | | |
| Death Benefit | Pre-retirement Survivor Annuity (for married participants) | | | | | | |

| (a) (b) & (c) Identity and Description | | (d) Cost | (e) Value |
|---|----------------|----------|-----------|
| Schedule H, Line 4i - Schedule of Assets (Held at End of Year) | | | |
| Ishares MSCI ASIA Ex-Japan (102 shares) | Mutual Fund | 7,511 | 7,362 |
| AB corporate Inc SHS (11153 shares) | Mutual Fund | 120,460 | 108,407 |
| Aecom (125 shares) | Common Stock | 12,058 | 13,353 |
| Accenture Plc Ireland (42 shares) | Common Stock | 12,305 | 14,775 |
| Adobe Inc (30 shares) | Common Stock | 13,673 | 13,340 |
| Aflac Incorporated (205 shares) | Common Stock | 10,469 | 21,205 |
| Alcon Inc (175 shares) | Common Stock | 11,840 | 14,856 |
| Arista Network (112 shares) | Common Stock | 7,884 | 12,379 |
| Aptiv Plc (206 shares) | Common Stock | 16,731 | 12,459 |
| Becton Dickinson (62 shares) | Common Stock | 15,377 | 14,066 |
| Topbuild Corp Com (23 shares) | Common Stock | 4,831 | 7,161 |
| Bruker Corp (183 shares) | Common Stock | 10,741 | 10,728 |
| Bentley SYS INC (127 shares) | Common Stock | 6,728 | 5,931 |
| Cadence Design System (50 shares) | Common Stock | 12,975 | 15,023 |
| Ishares Core Dividend Growth (129 shares) | Mutual Fund | 6,544 | 7,913 |
| Danaher Corp Del Com (56 shares) | Common Stock | 7,459 | 12,855 |
| Ishare MSCI EFA (146 shares) | Mutual Fund | 10,947 | 11,039 |
| Ishare MSCI canada (79 shares) | Mutual Fund | 3,327 | 3,184 |
| Feb 3.80% 04-DEC-28 | Govt Security | 30,000 | 29,258 |
| Fiserv Inc (82 shares) | Common Stock | 16,369 | 16,844 |
| Fair Isaac Co (7 shares) | Common Stock | 7,533 | 13,937 |
| Flextronics Intl Ltd (571 shares) | Common Stock | 10,469 | 21,921 |
| FNMA 6.625% 15Nov30 | Govt Security | 3,942 | 4,436 |
| Ge Helthcare Technologies (212 shares) | Common Stock | 17,825 | 16,574 |
| Spdr Gold Tr Gold Shs (56 shares) | Mutual Fund | 7,786 | 13,559 |
| Federated hermes Govt OBL (5005 shares) | Mutual Fund | N/A | 5,005 |
| Federated Hermes OBL (4733 shares) | Mutual Fund | N/A | 4,733 |
| Hologic Inc (119 shares) | Common Stock | 9,881 | 8,579 |
| Hexcel Corp New (195 shares) | Common Stock | 11,008 | 12,227 |
| Intercontinental Exchang (116 shares) | Common Stock | 10,756 | 17,285 |
| Icon Plc (50 shares) | Common Stock | 11,338 | 10,486 |
| Intuit Inc (18 shares) | Common Stock | 8,488 | 11,313 |
| Ishares Core MSCI Canada (90 shares) | Mutual Fund | 5,604 | 5,499 |
| Jefferies Finl Group (213 shares) | Common Stock | 15,887 | 16,699 |
| Johnson & Johnson (72 shares) | Common Stock | 11,710 | 10,413 |
| JP Morgan 8.213% | Corporate Debt | 16,183 | 16,102 |
| Morgan Stanley Bank | Money Market | 15,993 | 15,993 |
| Morgan Stanley Bank 6 | Money Market | 18,895 | 18,895 |
| Monolithic PWR System in (16 shares) | Common Stock | 9,684 | 9,467 |
| Microsoft Corp (66 shares) | Common Stock | 13,654 | 27,819 |
| Nextera Energy Inc (218 shares) | Common Stock | 14,670 | 15,628 |
| Nvidia (250 shares) | Common Stock | 8,255 | 33,573 |
| Nxp Semiconductors Nv (58 shares) | Common Stock | 9,481 | 12,055 |

| (a) (b) & (c) Identity and Description | | (d) Cost | (e) Value |
|--|---------------|----------|-----------|
| On Holding (268 shares) | Common Stock | 13,320 | 14,678 |
| Palo Alto Networks INC (66 shares) | Common Stock | 7,670 | 12,009 |
| Procter & Gamble (102 shares) | Common Stock | 15,276 | 17,100 |
| Reinsurance Group America (65 shares) | Common Stock | 13,631 | 13,886 |
| Rockwell Automation Inc (67 shares) | Common Stock | 16,190 | 19,148 |
| TE Connectivity Ltd New (107 shares) | Common Stock | 14,815 | 15,298 |
| Taiwan Smcndctr Mfg (88 shares) | Common Stock | 12,706 | 17,379 |
| Tetra Tech Inc (246 shares) | Common Stock | 6,878 | 9,801 |
| Unilever Plc (319 shares) | Common Stock | 16,135 | 18,087 |
| Unitedhealth Group Inc (29 shares) | Common Stock | 11,493 | 14,670 |
| US TRE NTE4.875% | Govt Security | 11,158 | 11,094 |
| US Tre No 4 % 11-15 | Govt Security | 8,090 | 7,665 |
| US Tre No 4.125% 27-09-30 | Govt Security | 61,548 | 61,775 |
| US TRE NTE4.625% | Govt Security | 25,133 | 25,246 |
| US TRE NT 4.375% | Govt Security | 20,136 | 20,040 |
| US TRE NTE 4.75% | Govt Security | 9,173 | 8,895 |
| US Treasury Bond4.625% | Govt Security | 16,811 | 15,528 |
| US Treasury Note 4.375 | Govt Security | 11,332 | 10,841 |
| US Treasury Bond 4.75 | Govt Security | 19,406 | 17,836 |
| US Treasury Note 3.75 | Govt Security | 23,019 | 22,259 |
| Visa Inc CL A (68 shares) | Common Stock | 13,375 | 21,491 |
| Veralto Corp (218 shares) | Common Stock | 17,485 | 22,203 |
| Vanguard Communication S (17 shares) | Mutual Fund | 1,875 | 2,634 |
| Vanguard Value ETF (50 shares) | Mutual Fund | 6,989 | 8,465 |
| Vanguard Growth ETF (16 shares) | Mutual Fund | 4,245 | 6,567 |
| Waste Mgmt Inc(Dela) (86 shares) | Common Stock | 10,773 | 17,354 |
| SPDR BIOTECH (12 shares) | Mutual Fund | 1,167 | 1,081 |
| The Financial Sel SECT SPDR (26 shares) | Mutual Fund | 1,150 | 1,257 |
| Industrial Sel Sec Spdr (9 shares) | Mutual Fund | 1,145 | 1,186 |
| Cons Staples Sel Sector SPDR (20 shares) | Mutual Fund | 1,139 | 1,572 |
| Utilities Sel Sect SPDR (15 shares) | Mutual Fund | 1,049 | 1,135 |
| Health Care Select Sector SPDR (15 shares) | Mutual Fund | 1,351 | 2,064 |
| Rounding adjustment | | | -3 |
| | | 972,934 | 1,114,577 |

| (a) & (b) Identity and Description | (c) Cost | (d) Proceeds |
|------------------------------------|----------|--------------|
|------------------------------------|----------|--------------|

Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year

| | | | |
|-------------|-------------|--------|-------|
| Mutual Fund | Mutual Fund | 16,192 | 7,089 |
|-------------|-------------|--------|-------|