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

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [ ] Form 5558
- [ ] automatic extension
- [X] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RESTAURANT & HOSPITALITY ASSOCIATION BENEFIT TRUST

1b Three-digit plan number (PN) 501

1c Effective date of plan 01/01/2018

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TRUSTEES OF RESTAURANT & HOSPITALITY ASSOCIATION BENEFIT TR

233 S. WACKER DRIVE SUITE 3600
CHICAGO, IL 60606

2b Employer Identification Number (EIN) 82-6830050

2c Plan Sponsor's telephone number 315-651-5785

2d Business code (see instructions) 525100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/18/2025	ALICIA M. BROCKLAND-TAKE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address ☐ Same as Plan Sponsor NATIONAL RESTAURANT ASSOCIATION SOLUTIONS,LLC 233 S. WACKER DRIVE, SUITE 3600 CHICAGO, IL 60606	**3b** Administrator's EIN 20-4495726 **3c** Administrator's telephone number 312-715-5363	
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**	2988
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	**6a(1)**	2988
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3886
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3886
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
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:

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

4A 4D 4E

9a Plan funding arrangement (check all that apply)
- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ 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 1
- (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 158437555

SCHEDULE A (Form 5500)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**2024** **This Form is Open to Public Inspection**

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

A Name of plan RESTAURANT & HOSPITALITY ASSOCIATION BENEFIT TRUST	**B** Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF RESTAURANT & HOSPITALITY ASSOCIATION BENEFIT TR	**D** Employer Identification Number (EIN) 82-6830050

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

1 Coverage Information:

(a) Name of insurance carrier

UNITED HEALTHCARE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	**(g)** To
36-2739571	79413	7970000	3886	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
664379	

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

QUICKBENEFITS, LLC — 6125 LUTHER LN STE 240, DALLAS, TX 75225-6202

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
99318			3

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

PETRA PACIFIC INSURANCE SERVICE INC — 770 THE CITY DR S STE 1500, ORANGE, CA 92868-6910

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
55556			3

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

ALLIANT INSURANCE SERVICES INC
701 B ST FL 6
SAN DIEGO, CA 92101-8156

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
28972			3

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

SCOTT BRICK EASTMAN
PO BOX 6009
ASHLAND, VA 23005-6009

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
23571			3

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

LOWDERMILK & ASSOCIATES, INC
5600 GREENWOOD PLAZA BLVD STE 265
GREENWOOD VLG, CO 80111-2320

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
21061			3

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

HIGGINBOTHAM INSURANCE AGENCY INC
11700 KATY FWY STE 1100
HOUSTON, TX 77079-1252

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
17900			3

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

MCGRIFF INSURANCE SERVICES INC
130 THEORY STE 200
IRVINE, CA 92617-3065

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
17485			3

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

LEAVITT CENTRAL COAST INSURANCE SVC
950 E BLANCO RD STE 103
SALINAS, CA 93901-4419

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
16699			3

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

PAYCHEX INSURANCE AGENCY, INC.
225 KENNETH DR
ROCHESTER, NY 14623-4277

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
16010			3

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

BEERE & PURVES INC
500 YGNACIO VALLEY RD STE 450
WALNUT CREEK, CA 94596-3853

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
15741			3

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

GALLAGHER BENEFIT SERVICES INC
PO BOX 95287
CHICAGO, IL 60694-5287

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
13963			3

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

ACRISURE PARTNERS WEST COAST INS SE
3155 OLSEN DR STE 400
SAN JOSE, CA 95117-1661

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
12063			3

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

GROUP BENEFITS SOURCE INC

2841 E EMPIRE ST STE 135
BLOOMINGTON, IL 61704-5496

(b) Amount of sales and base commissions paid	Fees and other commissions paid: **(c)** Amount	**(d)** Purpose	**(e)** Organization code
11017			3

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

JEFFREY S WALLACE

1806 TREE TOPS LN
SEYMOUR, TN 37865-3706

(b) Amount of sales and base commissions paid	Fees and other commissions paid: **(c)** Amount	**(d)** Purpose	**(e)** Organization code
10358			3

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

NFP CORPORATE SERVICES OH INC

6450 ROCKSIDE WOODS BLVD S STE 250
INDEPENDENCE, OH 44131-2237

(b) Amount of sales and base commissions paid	Fees and other commissions paid: **(c)** Amount	**(d)** Purpose	**(e)** Organization code
10156			3

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

INSURANCE NETWORK AGENCY

732 CAPITAL AVE SW
BATTLE CREEK, MI 49015-5018

(b) Amount of sales and base commissions paid	Fees and other commissions paid: **(c)** Amount	**(d)** Purpose	**(e)** Organization code
9849			3

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

EMPLOYER INSURANCE SOLUTIONS LLC

2101 N 9TH AVE
PENSACOLA, FL 32503-3946

(b) Amount of sales and base commissions paid	Fees and other commissions paid: **(c)** Amount	**(d)** Purpose	**(e)** Organization code
9585			3

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

MEMBERFY, LLC

9410 ATLEE COMMERCE BLVD STE 3
ASHLAND, VA 23005-8208

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
9373			3

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

STEPHEN F HOLMES

6505 LEE HWY
CHATTANOOGA, TN 37421-2420

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
9077			3

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

TRUCORDIA INSURANCE SERVICES, LLC

3175 COMMERCIAL AVE STE 200
NORTHBROOK, IL 60062-1924

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
8821			3

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

MARSH & MCLENNAN AGENCY LLC

4401 NORTHSIDE PKWY NW STE 800
ATLANTA, GA 30327-3093

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
8720			3

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

STAHL & ASSOCIATES INS INC

110 CARILLON PKWY
ST PETERSBURG, FL 33716-1201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
8355			3

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

JACK RICE INSURANCE LLC

9455 KOGER BLVD N STE 100
ST PETERSBURG, FL 33702-2431

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
8062			3

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

BRESKE & BRESKE INC

PO BOX 605
WINTER PARK, FL 32790-0605

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
7992			3

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

HYLANT GROUP INC

565 METRO PL S STE 450
DUBLIN, OH 43017-5386

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
7663			3

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

D H REEVES LLC

PO BOX 15210
MONROE, LA 71207-5210

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
7524			3

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

WARNER PACIFIC INSURANCE SERVICES,

32110 AGOURA RD
WESTLAKE VILLAGE, CA 91361-4026

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
7512			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
H2H ENROLLMENTS, LLC	20235 N CAVE CREEK RD PHOENIX, AZ 85024-4424

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
7052			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
CREST INSURANCE GROUP OF COLORADO L	5285 E WILLIAMS CIR STE 4500 TUCSON, AZ 85711-7456

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
6833			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
JUDE BROUSSARD	2020 W PINHOOK RD STE 301 LAFAYETTE, LA 70508-3212

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
6819			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
ALPINE LIFE PLANNING STRATEGIES INC	15936 E TALL TIMBER LN PARKER, CO 80134-4347

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
6795			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
CARAVUS LLC	168 N MERAMEC AVE STE 300 SAINT LOUIS, MO 63105-3758

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
6560			3

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

MARIO ELOY ROIZ

10446 NW 31ST TER
DORAL, FL 33172-1200

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
6461			3

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

PARAGON PARTNERS LTD

9420 E DOUBLETREE RANCH RD STE C103
SCOTTSDALE, AZ 85258-5589

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
6346			3

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

RSC INSURANCE BROKERAGE INC

333 W WACKER DR STE 1200
CHICAGO, IL 60606-1351

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
6124			3

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

ACRISURE LLC

PO BOX 1788
GRAND RAPIDS, MI 49501-1788

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
6089			3

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

JEAN ANN STEVENS

85 DORNOCH DR
PAWLEYS ISL, SC 29585-6779

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
6067			3

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

DIGITAL INSURANCE LLC

300 GALLERIA PKWY SE STE 1100
ATLANTA, GA 30339-3153

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
5832			3

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

HUNTINGTON INSURANCE INC

37 W BROAD ST STE 700
COLUMBUS, OH 43215-4132

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
5640			3

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

ROGERS BENEFIT GROUP INC-LA

3850 N CAUSEWAY BLVD STE 1200
METAIRIE, LA 70002-8114

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
5280			3

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

TAGGART & ASSOCIATES INC

PO BOX 147
BOULDER, CO 80306-0147

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
4806			3

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

MARC JACOBSON & ASSOCIATES LLC

425 HUEHL RD BLDG 16B
NORTHBROOK, IL 60062-2366

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
4687			3

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

CLEARPATH BENEFIT ADVISORS LLC

PO BOX 341
COLUMBUS, OH 43216-0341

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
4685			3

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

LORI DIANE LEWISON

3220 W 57TH ST 910
SIOUX FALLS, SD 57108-3145

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
4607			3

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

SAGE BENEFIT ADVISORS, AN ALERA GRO

1501 S LEMAY AVE UNIT 200
FORT COLLINS, CO 80524-4253

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
4247			3

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

RICHARD W BLANTON

5534 GALERIA DR STE D
BATON ROUGE, LA 70816-6097

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
4182			3

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

WILEY MURCH MOORER JR

509 E PRESIDENT ST
SAVANNAH, GA 31401-3504

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
4097			3

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

FOUNDATION RISK PARTNERS CORP
23161 VENTURA BLVD STE 100
WOODLAND HILLS, CA 91364-1186

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
3889			3

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

FILICE INSURANCE SERVICES LLC
1950 W CORPORATE WAY 33276
ANAHEIM, CA 92801-5373

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
3777			3

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

GABRIEL PAUL JANUSA
2901 N CAUSEWAY BLVD STE 207
METAIRIE, LA 70002-4838

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
3740			3

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

ROGERS BENEFIT GROUP INC - ARIZONA
7310 N 16TH ST STE 226
PHOENIX, AZ 85020-8212

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
3721			3

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

J SMITH LANIER, A MARSH & MCLENNAN
100 KIMBALL PL FL 3
ALPHARETTA, GA 30009-2615

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
3546			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
THE BOON INSURANCE AGENCY INC	234 SPRING LAKE DR ITASCA, IL 60143-3202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3108			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
DAVEVIC BENEFIT CONSULTANTS INC	PO BOX 976 GROVE CITY, PA 16127-0976

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3022			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
CASON GROUP, INC. (THE)	1612 MARION ST COLUMBIA, SC 29201-2939

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2880			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
EMPLOYEE BENEFITS OF VIRGINIA LLC	4130A INNSLAKE DR GLEN ALLEN, VA 23060-3344

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2865			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
NFP CORPORATE SERVICES (SE), INC	1901 ROXBOROUGH RD STE 300 CHARLOTTE, NC 28211-5588

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2728			3

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

ACRISURE NW PARTNERS INS SERV LLC - 19401 40TH AVE W STE 400 LYNNWOOD, WA 98036-5600

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
2604			3

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

LOTUS BENEFITS CORP 2655 1ST ST STE 250 SIMI VALLEY, CA 93065-1574

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
2412			3

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

CHAD MICHAEL BARANSKY 8615 E CORRINE DR SCOTTSDALE, AZ 85260-5306

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
2178			3

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

CENTERSTONE INSURANCE - FLORIDA 12404 PARK CENTRAL DR STE 400S DALLAS, TX 75251-1814

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
1939			3

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

PROFESSIONAL GROUP PLANS, INC 225 WIRELESS BLVD STE 200 HAUPPAUGE, NY 11788-3914

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
1880			3

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

DDCL INC.
1801 S MEYERS RD STE 150
OAKBROOK TERRACE, IL 60181-5255

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
1842			3

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

MUTUAL MED INSURANCE SERVICES LLC
4321 E 60TH ST
DAVENPORT, IA 52807-3505

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
1833			3

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

BLUE CHIP CONSORTIUM LLC (THE)
390 S WOODS MILL RD STE 100
CHESTERFIELD, MO 63017-3489

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
1794			3

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

UNISOURCE INS ASSOC LLC
10425 W NORTH AVE STE 226
WAUWATOSA, WI 53226-2416

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
1769			3

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

JEANINE KINZIE
3205 68TH ST SE
CALEDONIA, MI 49316-8425

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
1684			3

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

ROBERTSON RYAN & ASSOCIATES INC

330 E KILBOURN AVE STE 850
MILWAUKEE, WI 53202-3170

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1641			3

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

ROGERS BENEFIT GROUP INC - RIVER VA

475 N MARTINGALE RD STE 950
SCHAUMBURG, IL 60173-2268

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1638			3

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

INSURANCE AGENCY OF COLORADO INC

1950 W LITTLETON BLVD UNIT 107
LITTLETON, CO 80120-2000

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1508			3

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

CRAIG DONALD GILBERT

95 VITA CT
BOZEMAN, MT 59718-6637

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1470			3

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

EMERSON ROGERS LLC LA

3850 N CAUSEWAY BLVD STE 1200
METAIRIE, LA 70002-8114

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1466			3

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

IRONWOOD BENEFITS ADVISORY SERVICES
4401 NORTHSIDE PKWY NW STE 800
ATLANTA, GA 30327-3093

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1428			3

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

LEAVITT UNITED INSURANCE SERVICES I
2358 MARITIME DR STE 100
ELK GROVE, CA 95758-3662

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1307			3

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

EMERSON ROGERS LLC AZ
7310 N 16TH ST STE 315
PHOENIX, AZ 85020-8212

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1238			3

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

LEAVITT GREAT WEST INSURANCE SVCS L
2345 KING AVE W STE E
BILLINGS, MT 59102-6569

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1233			3

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

CHOICE BENEFITS INC
9007 BRITTANY WAY
TAMPA, FL 33619-4351

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1222			3

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

ASD INSURANCE AND FINANCIAL SERVICE
12404 PARK CENTRAL DR STE 400S
DALLAS, TX 75251-1814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1186			3

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

TIMOTHY T LOWE JR
5408 NW 88TH ST STE 120
JOHNSTON, IA 50131-2953

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1164			3

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

CREST INSURANCE GROUP LLC
5285 E WILLIAMS CIR STE 4500
TUCSON, AZ 85711-7456

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1092			3

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

VITI FINANCIAL SERVICES INC
445 SHERIDAN RD
HIGHWOOD, IL 60040-1317

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1013			3

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

DKG INSURANCE & FINANCIAL SERVICES,
12404 PARK CENTRAL DR STE 400S
DALLAS, TX 75251-1814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
962			3

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

CBIZ BENEFITS & INS SERVICES INC -

PO BOX 632886
CINCINNATI, OH 45263-2886

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
916			3

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

CENTERSTONE INSURANCE GEORGIA

3550 PEACHTREE RD NE STE 800
ATLANTA, GA 30326-1970

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
895			3

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

AUTOMATIC DATA PROCESSING INS AGCY

1 ADP BLVD MSC 325
ROSELAND, NJ 07068-1728

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
774			3

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

MATRIX GROUP INSURANCE AGENCY

42840 CHRISTY ST STE 107
FREMONT, CA 94538-3194

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
680			3

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

THE HORTON GROUP INC

10320 ORLAND PKWY
ORLAND PARK, IL 60467-5695

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
611			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
C.D. SIMONIAN INSURANCE INC	PO BOX 370 FOWLER, CA 93625-0370

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
577			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
BPA TROXELL BENEFITS LLC	712 IAA DR BLOOMINGTON, IL 61701-2228

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
491			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
RUSSELL B CHILDERS JR	PO BOX 1547 AMERICUS, GA 31709-1547

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
479			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
CBIZ BENEFITS & INS SERVICES INC -G	PO BOX 632886 CINCINNATI, OH 45263-2886

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
289			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
EMERSON ROGERS LLC RIVER VALLEY	475 N MARTINGALE RD STE 950 SCHAUMBURG, IL 60173-2268

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
175			3

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

KAREN LEIGH HUDGINS
13803 VILLAGE MILL DR STE 300
MIDLOTHIAN, VA 23114-4386

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
168			3

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

PWA INSURANCE SERVICES LLC
2356 GOLD MEADOW WAY STE 140
GOLD RIVER, CA 95670-6323

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
-67			3

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	**6b**	
c Premiums due but unpaid at the end of the year	**6c**	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year			**7b**	
c Additions: (1) Contributions deposited during the year	**7c(1)**			
(2) Dividends and credits	**7c(2)**			
(3) Interest credited during the year	**7c(3)**			
(4) Transferred from separate account	**7c(4)**			
(5) Other (specify below)	**7c(5)**			
▶				
(6)Total additions			**7c(6)**	
d Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e Deductions:				
(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
(2) Administration charge made by carrier	**7e(2)**			
(3) Transferred to separate account	**7e(3)**			
(4) Other (specify below)	**7e(4)**			
▶				
(5) Total deductions			**7e(5)**	
f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	**9a(1)**	11688754		
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned ((1) + (2) - (3))			**9a(4)**	11688754
b Benefit charges (1) Claims paid	**9b(1)**	6976427		
(2) Increase (decrease) in claim reserves	**9b(2)**	-178392		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	6798035
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**	2688876		
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	2688876
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection.**

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

A Name of plan RESTAURANT & HOSPITALITY ASSOCIATION BENEFIT TRUST	**B** Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF RESTAURANT & HOSPITALITY ASSOCIATION BENEFIT TR	**D** Employer Identification Number (EIN) 82-6830050

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

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

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

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

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

CONNER ASH PC

12101 WOODCREST EXECUTIVE
ST LOUIS, MO 63141

43-1011282

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10		32530	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

A Name of plan
RESTAURANT & HOSPITALITY ASSOCIATION BENEFIT TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF RESTAURANT & HOSPITALITY ASSOCIATION BENEFIT TR

D Employer Identification Number (EIN)
82-6830050

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	**1a**		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	**1b(1)**	75163	82494
(2) Participant contributions	**1b(2)**		
(3) Other	**1b(3)**	10511	8291
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	**1c(1)**	22667	36060
(2) U.S. Government securities	**1c(2)**		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	**1c(3)(A)**		
(B) All other	**1c(3)(B)**		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	**1c(4)(A)**		
(B) Common	**1c(4)(B)**		
(5) Partnership/joint venture interests	**1c(5)**		
(6) Real estate (other than employer real property)	**1c(6)**		
(7) Loans (other than to participants)	**1c(7)**		
(8) Participant loans	**1c(8)**		
(9) Value of interest in common/collective trusts	**1c(9)**		
(10) Value of interest in pooled separate accounts	**1c(10)**		
(11) Value of interest in master trust investment accounts	**1c(11)**		
(12) Value of interest in 103-12 investment entities	**1c(12)**		
(13) Value of interest in registered investment companies (e.g., mutual funds)	**1c(13)**		
(14) Value of funds held in insurance company general account (unallocated contracts)	**1c(14)**		
(15) Other	**1c(15)**		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	108341	126845
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	3434329	1249034
k	Total liabilities (add all amounts in lines 1g through1j)	1k	3434329	1249034
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	-3325988	-1122189

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)	11287967	
	(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)		11287967
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		23444
d Total income. Add all **income** amounts in column (b) and enter total	2d		11311411

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	9062811	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		9062811
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)	32530	
(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)	12271	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		44801
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9107612

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		2203799
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) [X] 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)** [X] 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: CONNER ASH, P.C. **(2)** EIN: 43-1012882

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i		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.)	4j		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?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 ____________________.

RESTAURANT & HOSPITALITY ASSOCIATION BENEFIT TRUST

DECEMBER 31, 2024

CONNER ASH P.C.
Certified Public Accountants and Business Consultants

RESTAURANT & HOSPITALITY ASSOCIATION BENEFIT TRUST

FINANCIAL STATEMENTS
and
SUPPLEMENTARY INFORMATION
with
INDEPENDENT AUDITORS' REPORT

YEARS ENDED DECEMBER 31, 2024 AND 2023

CONTENTS

CONNER ASH P.C.
Certified Public Accountants
and Business Consultants

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Fax: 314-205-2505
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INDEPENDENT AUDITORS' REPORT

Trustees of the Restaurant & Hospitality
Association Benefit Trust

Opinion

We have audited the accompanying financial statements of the Restaurant & Hospitality Association Benefit Trust (the "Trust"), a trust subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets (deficit) available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets (deficit) available for 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 (deficit) available for benefits of the Trust as of December 31, 2024 and 2023, and the changes in its net assets (deficit) available for benefits for the years then ended, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with U.S. generally accepted auditing standards ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. generally accepted accounting principles; 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 the Trust'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 trust instrument, including all trust amendments, administering the trust, and determining that the trust's transactions that are presented and disclosed in the financial statements are in conformity with the trust's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Trust'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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Trust'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 schedule of assets held at end of year is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Connor Ash P.C.

St. Louis, Missouri
October 30, 2025

RESTAURANT & HOSPITALITY ASSOCIATION BENEFIT TRUST

STATEMENTS OF NET ASSETS (DEFICIT) AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	2024	2023
ASSETS		
Cash and equivalents	**$ 36,060**	$ 22,667
Accounts receivable	**783**	3,003
Prepaid expenses	**7,508**	7,508
Contributions due from member participants	**82,494**	75,163
TOTAL ASSETS	**126,845**	108,341
LIABILITIES		
Advance payments by member participants	**11,728**	27,710
Premium deficit	**1,117,246**	3,319,089
Due to parties in interest and related parties	**120,060**	87,530
TOTAL LIABILITIES	**1,249,034**	3,434,329
NET ASSETS (DEFICIT) AVAILABLE FOR BENEFITS	**$ (1,122,189)**	$ (3,325,988)

See accompanying notes and independent auditor's report.

RESTAURANT & HOSPITALITY ASSOCIATION BENEFIT TRUST

STATEMENTS OF CHANGES IN NET ASSETS (DEFICIT) AVAILABLE FOR BENEFITS

Years Ended December 31, 2024 and 2023

	2024	2023
ADDITIONS TO NET ASSETS		
Contributions from member participants	**$ 11,287,967**	$ 14,019,023
Trust fees from member participants	**23,444**	34,708
TOTAL ADDITIONS	**11,311,411**	14,053,731
DEDUCTIONS FROM NET ASSETS		
Insurance company premiums and obligations	**9,062,811**	13,713,717
Administrative expenses	**44,801**	49,193
TOTAL DEDUCTIONS	**9,107,612**	13,762,910
NET INCREASE IN NET ASSETS	**2,203,799**	290,821
NET ASSETS (DEFICIT) AVAILABLE FOR PLAN BENEFITS		
Beginning of year	**(3,325,988)**	(3,616,809)
End of year	**$ (1,122,189)**	$ (3,325,988)

See accompanying notes and independent auditor's report.

1. PURPOSE OF THE TRUST AND PLAN DESCRIPTION

The Restaurant & Hospitality Association Benefit Trust (the "Trust") was established November 15, 2017 by an agreement between the National Restaurant Association Solutions, LLC ("NRAS"), a wholly owned subsidiary of the National Restaurant Association (the "Association") and five Trustees. The Trust provides group medical, dental, and vision coverages for eligible Association members and their employees who elect to participate in coverage levels as permitted by the Trustees.

Applicants applying for coverage under the Plan become eligible upon approval of their application by the underwriters. Plan coverage generally terminates at the end of the month for which the last contribution is received.

The Trust has engaged United Healthcare Insurance Company ("UHC") to provide all coverages to participating members in the Trust. UHC provides dental and vision coverages on a fully insured basis with UHC bearing all the risks. However, UHC provides medical coverage under a minimum premium arrangement which, among other things, requires the Trust to fund deficits produced by claims exceeding the portion of the medical premiums designated for claims payments from future surplus claims.

Although the Trust is not an employee benefit plan, it files a Form 5500 as a service to members who may have established employee benefit plans by providing benefits to their employees through policies issued to the Trust.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting

The accompanying financial statements are prepared using the accrual basis of accounting.

Cash and Equivalents

The Trust considers its cash and equivalents to include cash on hand, cash in checking accounts, and cash in money market accounts.

Participant Contributions

Participant contributions are based on the insurance coverage then in force.

Allowance for Credit Loss

An allowance for participant receivables is unnecessary and is not provided because nonpayment of insurance renewals results in cancellation of coverage with little financial impact to the Trust.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Advance Payments

Advance payments by participants are recorded as liabilities since these amounts are received by the Trust for future policy periods.

Premiums

Premiums are billed to member participants monthly for the employee plan.

Premium Deficit

The Trust has recorded a premium deficit representing the cumulative claims and administrative fees in excess of premiums received under the insurance arrangement with UHC. The premium deficit is carried over to the next policy period pursuant to the terms of the minimum premium arrangement. However, in the event of termination of the arrangement, the Trust would not be liable to UHC for the premium deficit.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Funding Policy

The Trust is funded completely by participant contributions and fee payments.

Income Taxes

The Trust uses an asset and liability approach to financial accounting and reporting for income taxes. The difference between the financial statements and tax basis of assets and liabilities is determined annually. Deferred income tax assets and liabilities are computed for those differences that have future tax consequences using the currently enacted laws and rates that apply to the periods in which they are expected to affect taxable income.

Valuation allowances are established, if necessary, to reduce the deferred tax asset to the amount that will, more likely than not, be realized. Income tax expense is the current tax payable or refundable for the period plus or minus the net change in the deferred tax assets and liabilities.

The Trust continually evaluates expiring statutes of limitations, audits, proposed settlements, changes in tax law and new authoritative rulings.

3. TRANSACTIONS WITH PARTIES IN INTEREST AND RELATED PARTIES

At December 31, 2024 and 2023, the Trust owed NRAS $120,060 and $87,530, respectively. If the Trust has insufficient cash to pay bills, NRAS has committed to paying vendors on behalf of the Trust until such time that the Trust has sufficient cash balances to repay NRAS.

As the current administrator of the Trust, UHC incurs administrative costs such as collection and remission of contributions, Trust marketing, claims processing, insurance agent commissions, and Trust management and administration. UHC is paid a fee as the administrator as specified in the contracts with the Trust. Total fees paid to UHC were $2,264,776 and $3,290,636 for the years ended December 31, 2024 and 2023, respectively.

Attestation services were provided to the Trust by Conner Ash, PC, and is therefore considered a party-in-interest transaction.

4. TAX STATUS AND INCOME TAXES

The Trust is treated as a fiduciary for federal and state income tax purposes which subjects certain income net of administrative costs to income taxes at fiduciary rates. The Trust files its tax return and computes its taxable income on a calendar year basis. The actual provision for income taxes for the years ended December 31, 2024 and 2023 differs from applying the statutory federal income tax rate of 24% to income before taxes as follows:

	2024	2023
Provision at 24%	**$ 528,912**	$ 69,797
Insurance arrangement activity excluded from taxable income	**(534,037)**	(73,273)
Change in valuation allowance on deferred tax assets	**5,150**	3,404
Effective rate differences and other	**(25)**	72
Income tax expense (benefit)	**$ -**	$ -

The Trust routinely evaluates potential uncertain tax positions and believes that they would more likely than not be substantiated upon examination by taxing authorities. The Trust files income tax returns in the U.S. federal jurisdiction. U.S. tax returns prior to fiscal year 2021 are closed.

The Trust's deferred tax position as of December 31 is summarized as follows:

	2024	2023
Gross deferred tax assets	**$ 16,326**	$ 11,176
Valuation allowance	**(16,326)**	(11,176)
Net deferred tax asset	**$ -**	$ -

5. RESERVES (PREMIUM DEFICIT) WITH UHC

UHC holds monies for the purpose of paying incurred claims and stabilizing rates. The reserves fluctuate based upon policy year experience. The Trust does not have the right to withdraw any portion of the reserves. The reserves may be transferred to a successor carrier as set forth in the policy termination provisions or may be transferred back to the Trust if no successor is selected. The premium deficit is reflected in the Trust financial statements as described in Note 2. The experience as determined by UHC for the calendar years ended December 31, 2024 and 2023 is as follows:

	2024	2023
Gross premiums	**$ 11,688,754**	$ 14,390,414
Total credits	**11,688,754**	14,390,414
Less charges		
Claims paid	**6,976,427**	10,403,053
Beginning claim reserves	**(199,457)**	(179,429)
Ending claim reserves	**21,065**	199,457
Total claims expense	**6,798,035**	10,423,081
Excess of premiums over claims expense	**4,890,719**	3,967,333
Insurance company retainage		
Monthly charges	**2,688,876**	3,622,793
Excess of credits over charges	**2,201,843**	344,540
Reserves (premium deficit)		
Beginning of year	**(3,319,089)**	(3,663,629)
End of year	**$ (1,117,246)**	$ (3,319,089)

Under the terms of the group insurance contract, UHC has established claim reserves. If the insurance contract is terminated, these reserves will be applied first against any expenses, including the claims run-out, with the remaining balance to be transferred to a successor carrier. These reserves were $21,065 and $199,457 at December 31, 2024 and 2023, respectively. The Trust does not provide reserves for such claims in the financial statements because such claims are obligations of the insurance company and reserves are held by the insurance carrier for claims incurred but not reported or paid.

6. SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 30, 2025, the date on which the financial statements were available to be issued.

The Board of Trustees approved the winding down of the Trust on March 24, 2025. Effective April 1, 2025, the Trust stopped selling new business. Effective July 1, 2025 at each group's renewal date, UHC will offer an alternative renewal program. 78% of membership will transition out of the Trust in 2025 and 22% will transition in 2026.

Supplementary Information

RESTAURANT & HOSPITALITY ASSOCIATION BENEFIT TRUST

SCHEDULE OF ASSETS HELD AT END OF YEAR

Restaurant & Hospitality Association Benefit Trust Plan No. 501
EIN 82-6830050
Attachment to Form 5500, Schedule H Line 4(i)

December 31, 2024

(a)	(b) Identity of issue, borrow, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	JPMorgan Chase Bank, N.A.	Cash	$36,060	$ 36,060
			$ 36,060	$ 36,060

See accompanying notes and independent auditors' report.

Customer Name	TAX ID	Premiums collected in 2024	% of Contributions
13 PRIME STEAK	823791975	$11,775.42	0.09553%
1417 SOUTH 1ST LLC	450620983	$32,559.82	0.26414%
5280 BURGER BAR	464422537	$95,721.48	0.77655%
AA MILKE INC	842878075	$20,495.58	0.16627%
ABBEY SPRINGS, INC.	391840562	$424,053.94	3.44016%
ADELAIDA CELLARS, INC.	770255633	$219,944.59	1.78431%
ANNA'S PIZZA, INC.	541859099	$3,372.87	0.02736%
ARAMI	271073581	$10,099.20	0.08193%
ATCHANA'S HOMEGROWN THAI	474476936	$42,850.81	0.34763%
AUBERGE CARMEL 3, LLC	843102215	$298,033.71	2.41781%
AVANTI'S RISTORANTE, LLC	831374518	$223,129.52	1.81015%
AVE GROUP, LLC	811802613	$28,064.30	0.22767%
AVLI FOODS, LLC	824379288	$202,205.84	1.64040%
BALA INC.	760761865	$37,689.64	0.30576%
BAYOU BEER GARDEN, LLC	270235040	$76,259.17	0.61866%
BENEDICTS RESTAURANT	200689538	$45,950.78	0.37278%
BEVERAGE HOLDINGS GROUP	811111203	$106,652.46	0.86522%
BILLY GENE'S RESTAURANT	200448080	$80,756.76	0.65514%
BOULWARE MANAGEMENT LLC	471924622	$34,904.94	0.28317%
BUCKHEAD TAVERN LLC	455145631	$35,667.06	0.28935%
BY THE RIO LLC.	593817714	$123,372.12	1.00086%
CA'LUCCHENZO LLC	831007492	$33,589.50	0.27250%
CANNERY ROW MANAGEMENT CO	274448143	$589,285.74	4.78061%
CARPER DIEM, INC.	821754972	$74,837.48	0.60712%
CFA LAGNIAPPE VILLAGE	842878075	$54,129.64	0.43913%
CHANDI HOSPITALITY GROUP	822579067	$26,528.68	0.21522%
CHECKERBOARD RESTAURANTS	822579067	$153,497.80	1.24526%
CHICK-FIL-A	721207751	$96,351.88	0.78166%
CHICKFILA ATTLEBORO	822772160	$66,151.51	0.53666%
CHICKFILA SNELLVILLE	821905283	$127,338.14	1.03304%
CHISWICK BREWERIES, INC.	208376667	$64,444.39	0.52281%
CHOOK CHICKEN LLC	852811825	$66,900.84	0.54274%
CONRADS CHICAGO LLC	822597922	$1,153.60	0.00936%
CONRAD'S GRILL	822597922	$11,128.52	0.09028%
COPPERPOINT BREWING CO	352475071	$30,879.03	0.25051%
CORNER HOLDINGS	843694606	$47,623.48	0.38635%
COURT AVENUE BREWING COMPANY	421518742	$19,813.18	0.16074%
COWBOY STAR	711024891	$51,094.02	0.41450%
CRUSHED RED SERVICES	832253376	$127,328.93	1.03296%
CULVERS OF CENTENNIAL	475355291	$11,788.36	0.09563%
CUSTARD AND BURGERS LLC	830540623	$33,062.52	0.26822%
DENIC RESTAURANTS	830540623	$66,551.05	0.53990%
DENIC RESTAURANTS, INC.	200307409	$15,719.07	0.12752%
DOVER HALL EXPERIENCES LLC	821284657	$86,251.51	0.69972%
ELLA & OLLIES	831278912	$268.90	0.00218%
EQUAL MEASURE	990725733	$66,654.68	0.54074%
ESD HOSPITALITY	822243582	$61,067.41	0.49541%

EXPERIENCE MAKERS LLC	994854556	$70,074.10	0.56848%
F&D HOLDCO, LLC	814684594	$57,302.44	0.46487%
F&D RESTAURANT	814684594	$40,517.21	0.32870%
FABLE HOSPITALITY LLC	465107933	$31,505.38	0.25559%
FAILYAU MANAGEMENT	471337521	$380,286.28	3.08509%
FAT HEADS BREWERY	208376667	$138,493.05	1.12353%
FIREBOX LLC	261399849	$53,761.13	0.43614%
FIREHOUSE SUBS	271578629	$11,227.35	0.09108%
FIREHOUSE SUBS ADAMS	460829232	$21,004.68	0.17040%
FIVE STAR HOSPITALITY	460829232	$47,067.59	0.38184%
FIVE STAR HOSPITALITY & MGMT	832951153	$178,582.95	1.44876%
FIVE STAR HOSPITALITY, INC	461559563	$9,494.23	0.07702%
FRONT ROE RESTAURANTS, INC.	911354151	$53,109.01	0.43085%
FUSIAN	271242899	$155,787.73	1.26384%
G&S DIAZ CORPORATION	920333314	$1,805.94	0.01465%
GASKINS ON EMMA, LLC	931653483	$17,581.18	0.14263%
GENUINE CONCEPTS	581985127	-$460.20	-0.00373%
GHG CARSON CITY LLC	611776755	$25,478.49	0.20670%
GILLIGAN'S MANAGEMENT CO	570966683	$68,354.39	0.55453%
GL RESTAURANT GROUP	471822528	$67,046.76	0.54392%
GRIFFETH MANAGEMENT GROUP, LLC	812708009	$170,158.11	1.38042%
Gulf Coast Restaurant Company	462733294	$18,361.05	0.14895%
HARBOR DOCKS RESTAURANT INC	208688330	$73,427.34	0.59568%
HART RESTAURANT MANAGEMENT INC	208688330	$113,917.75	0.92416%
HART RESTAURANT MANAGEMENT, INC.	752879771	$134,801.12	1.09358%
HERMITAGE HOTEL	541991824	$396,105.36	3.21342%
HEWN BREAD	541991824	$115,699.71	0.93862%
IGNITE NETWORK INC	43693723	$40,870.26	0.33156%
INNSIGHT HOSPITALITY GROUP	43693723	-$705.13	-0.00572%
J HOUSE, LLC	161671534	$17,917.80	0.14536%
JACKSON'S BISTRO & BAR	650701546	$282,108.81	2.28862%
JACOBSON'S RESTAURANTS IN CO, LLC	475355291	$17,314.87	0.14047%
JAKKEB6 LLC	844231955	$33,532.10	0.27203%
JOSIAH'S COFFEEHOUSE & CAFE	812851912	$93,611.85	0.75943%
KAMLA HOTELS	821073744	$90,776.54	0.73643%
KAMLA HOTELS, INC.	274272085	$94,346.44	0.76539%
KARATE FISH	274272085	$72,467.04	0.58789%
KARATE FISH, LLC	454116186	$79,755.26	0.64702%
KETTLE HILLS GOLF COURSE	391457807	$60,275.01	0.48898%
KPOG,INC	813863111	$20,797.31	0.16872%
LEGEND'S PAYROLL SERVICES LLC	823274677	$139,081.78	1.12831%
LILLIE PEARL LLC	852492021	$52,483.19	0.42577%
LOCAL RESTAURANT GROUP	463256756	$96,727.27	0.78470%
Lumsden Restaurants, LLC	272659002	$25,159.30	0.20411%
M2 HOSPITALITY	263155154	$170,147.78	1.38033%
M2 HOSPITALITY BATTLE CREEK LLC	263155154	$740.25	0.00601%
MAGIC WINGDOM, LLC	371906681	$161,163.65	1.30745%
MARKLEE INDUSTRIES LLC	831818744	$152,017.58	1.23325%

MCAED EVENTS, CO	920651426	$11,987.34	0.09725%
MIKATA OF AUBURN	631231725	$69,012.16	0.55986%
MRZ ENTERPRISES, LLC	471953494	$111,472.07	0.90432%
MUSIC CITY HOT CHICKEN, LLC	810996601	$14,228.46	0.11543%
NIPPON TEI CORPORATION	200926005	$210,118.06	1.70459%
NORTH COUNTRY BREWING	811111203	$56,354.24	0.45718%
NORTH COUNTRY BREWING CO LLC	251900527	$39,133.13	0.31747%
Off Piste LLC	800904360	$44,459.50	0.36068%
OLSON RETREATS, INC	800904360	$42,085.66	0.34142%
PALACIOS MURPHY, LLC	471174462	$105,880.25	0.85896%
PARADIGM HOSPITALITY GROUP	384225825	$120,002.75	0.97353%
PDSA INC	271109328	$1,827.99	0.01483%
PDSA INC. DBA FIREHOUSE SUBS	271109328	$4,394.96	0.03565%
PERILLA STEAK LLC	934152179	$37,721.10	0.30601%
PICKWICK CLUB	720874629	$69,278.10	0.56202%
PILGRIM PARTNERS INC	542043040	$89,404.93	0.72530%
PROSPERA HOTELS, LLC	161681302	$278,900.93	2.26260%
QUESADILLA GORILLA	821726386	$33,678.68	0.27322%
R INN NAPA	821726386	$17,011.38	0.13801%
RAMOTH GROUP, LLC	454494701	$69,479.91	0.56366%
RD ERVIN	471951791	$4,176.86	0.03388%
RD ERVIN LLC DBA CHICK-FIL-A	471951791	$42,469.19	0.34453%
RED KETTLE	812380033	$3,535.76	0.02868%
RED MESA, INC.	593326109	$232,512.44	1.88627%
REDSYS, INC.	813072149	$895.42	0.00726%
RESCH'S BAKERY, LTD.	311629745	$92,768.23	0.75259%
RL LOMBARDO INC	201812708	$22,578.04	0.18317%
RL LOMBARDO, INC	201812708	$40,615.64	0.32950%
ROANOKE HOSPITALITY	922883376	$178,750.46	1.45012%
ROBRAY HOTEL PARTNERSHIP LLP	922883376	$9,928.48	0.08055%
ROUNDTABLE ENTERPRISES, LLC	462626109	$66,168.15	0.53679%
S&B RESTAURANT GROUP LLC	320628874	$7,178.55	0.05824%
S&J ALLDAY FOODS INC	20630361	$112,400.57	0.91186%
S3 HOTEL GROUP, INC.	851268085	$47,340.34	0.38405%
SADDLERY RESTAURANTS	421518742	$3,828.06	0.03106%
SAGE SRQ, LLC	832271090	$16,964.69	0.13763%
SANDPIPER INN CARMEL INC	833544993	$62,512.14	0.50713%
SDI OF FT. COLLINS 1, INC	841292999	$28,871.66	0.23422%
SERJ DRIVE-INS WASHINGTON, LLC	464975179	$321,012.34	2.60423%
SHORTFIELDS LLC	860367389	$124,732.96	1.01190%
SMITTYS DBA MARCOS PIZZA	474183215	$108,709.32	0.88191%
SONIC DRIVE-IN	841292999	$36,395.31	0.29526%
SONORAN SUBWAY INVESTMENTS LLC	841292999	$21,941.72	0.17800%
SONORAN SUBWAY INVESTMENTS, LLC	270966616	$6,402.90	0.05194%
Sonu, LLC	541934952	$12,429.15	0.10083%
STUFFED ZA, LLC	824334819	$37,018.40	0.30031%
SUSER RESTAURANT GROUP LLC	10624335	$32,453.62	0.26328%
TABLE 23 RESTAURANT LLC	811484093	$64,795.32	0.52566%

TCHEFUNCTE	811484093	$80,672.16	0.65446%
THE CAMP RESTAURANT	464187250	$34,832.05	0.28258%
THE DOG STOP	844618124	$12,980.24	0.10530%
THE DOG STOP INC	363777244	$2,870.10	0.02328%
THREE LEAF CONCEPTS	261750568	$150,795.31	1.22333%
TITUS 278	822772160	$27.22	0.00022%
TORTAZO	822772160	$139,269.06	1.12983%
TYBRAND INC	474476936	$754.02	0.00612%
VALLEY SUBS OF ARIZONA	562651750	$273,994.48	2.22279%
WEST OF SURRENDER	834622541	$87,627.54	0.71088%
WINDSOR HOSPITALITY	813178858	$9,556.71	0.07753%
WING RANCH	202660493	$9,799.59	0.07950%
Wings R Us, Inc.	371441346	$48,646.80	0.39465%
Y RESTAURANT SERVICES LLC	271578629	$14,366.15	0.11655%
ZIMZIM, LLC	204849345	$6,493.62	0.05268%
		$12,326,581.33	

2024 Form 5500 *e-file* Signature Authorization

Trustees of Restaurant & Hospitality Association Benefit Tr
Restaurant & Hospitality Association Benefit Trust 501
233 S. Wacker Drive Suite 3600
Chicago, IL 60606

Employer Identification Number: 82-6830050

Client Identification Number: 006346

You, as plan administrator, are authorizing that Conner Ash P.C. electronically file the 2024 Form 5500 for Restaurant & Hospitality Association Benefit Trust as an EFAST2 Service Provider.

Authorization

As plan administrator for Restaurant & Hospitality Association Benefit Trust, I authorize Conner Ash P.C. to electronically file Form 5500 for the tax year 2024. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization Shena L Brown

Date: November 4, 2025

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning and ending

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

☐ a single-employer plan ☐ a DFE (specify) ____

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

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

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

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

☐ special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan RESTAURANT & HOSPITALITY ASSOCIATION BENEFIT TRUST	**1b** Three-digit plan number (PN) ▸ 501
	1c Effective date of plan 01/01/2018
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES OF RESTAURANT & HOSPITALITY ASSOCIATION BENEFIT TR 233 S. WACKER DRIVE SUITE 3600 CHICAGO IL 60606	**2b** Employer Identification Number (EIN) 82-6830050 **2c** Plan Sponsor's telephone number 315-651-5785 **2d** Business code (see instructions) 525100

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

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

SIGN HERE	Sherman L Brown Signature of plan administrator	11/4/2025 Date	SHERMAN BROWN Enter name of individual signing as plan administrator
SIGN HERE	Paul D. Belle Signature of employer/plan sponsor	12/18/25 Date	PAUL D. BELLE Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2024)**

3a Plan administrator's name and address ☐ Same as Plan Sponsor NATIONAL RESTAURANT ASSOCIATION SOLUTIONS,LLC 233 S. WACKER DRIVE, SUITE 3600 CHICAGO IL 60606	**3b** Administrator's EIN 20-4495726 **3c** Administrator's telephone number 312-715-5363
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**	2988
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	**6a(1)**	2988
a(2) Total number of active participants at the end of the plan year	**6a(2)**	3886
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c.**	**6d**	3886
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e.**	**6f**	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
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:

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

4A 4D 4E

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	**(1)** ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	**(2)** ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	**(3)** ☒ Trust
(4) ☐ General assets of the sponsor	**(4)** ☐ General assets of the sponsor

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

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

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.) .... [X] 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.) .... [X] 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 000158437555