

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 07/01/2024 and ending 06/30/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: TEXAS SONIC EMPLOYERS TRADE ASSOCIATION, INC. OCCUPATIONAL INJURY BENEFITS PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 07/01/1997
2a Plan sponsor's name (employer, if for a single-employer plan): TEXAS SONIC EMPLOYERS TRADE ASSOCIATION, INC.
2b Employer Identification Number (EIN): 75-2567775
2c Plan Sponsor's telephone number: 800-507-6642
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.

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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	19020
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	19020
	6a(2)	18270
	6b	0
	6c	0
	6d	18270
	6e	
	6f	
	6g(1)	
6g(2)		
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 4F 4H 4L 4Q

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

A Name of plan TEXAS SONIC EMPLOYERS TRADE ASSOCIATION, INC. OCCUPATIONAL INJURY BENEFITS PLAN		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TEXAS SONIC EMPLOYERS TRADE ASSOCIATION, INC.		D Employer Identification Number (EIN) 75-2567775	

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
ZURICH AMERICAN 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
36-2781080	27855	NSL1138274-02	18270	07/01/2024	06/30/2025

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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.
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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. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
(3) other (specify) ▶

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1068414
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

A Name of plan TEXAS SONIC EMPLOYERS TRADE ASSOCIATION, INC. OCCUPATIONAL INJURY BENEFITS PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TEXAS SONIC EMPLOYERS TRADE ASSOCIATION, INC.	D Employer Identification Number (EIN) 75-2567775	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

ARTHUR J. GALLAGHER & CO.

36-3884285

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 49 50	NONE	422025	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PROVIDENCE RISK MANAGEMENT

74-2768066

(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?
12 13 50	NONE	208645	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PARTNERSOURCE

75-2890931

(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 16 50	NONE	143688	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

ARAWAC

1601 CONGRESS AVENUE
AUSTIN, TX 78701

46-4366015

(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?
49 50	NONE	10000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE EWBANK GROUP, P.C.

75-2255669

(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 50	NONE	32000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HAYNES & BOONE

75-1312888

(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?
29 50	NONE	11571	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

RUBINBROWN LLP

43-0765316

(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 50	NONE	31800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

REGIONS BANK

63-0371391

(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?
49 50	NONE	15551	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILLIMAN

91-0675641

(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 50	NONE	8400	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

HARVEST PRINTING

48-1224864

(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?
36 50	NONE	3468	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BANK OF TEXAS

75-2567775

(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?
49 50	NONE	5792	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A Name of plan TEXAS SONIC EMPLOYERS TRADE ASSOCIATION, INC. OCCUPATIONAL INJURY BENEFITS PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TEXAS SONIC EMPLOYERS TRADE ASSOCIATION, INC.	D Employer Identification Number (EIN) 75-2567775

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	160628	493076
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	127392	59498
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	415601	492727
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6615029	5924757
(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)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	7318650	6970058
Liabilities			
g Benefit claims payable.....	1g	377732	544744
h Operating payables.....	1h	77819	77434
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	236312	560309
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	691863	1182487
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6626787	5787571

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)	1749197	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)	23550	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1772747
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	273750	
(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)		273750
(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		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2046497

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1016912	
(2) To insurance carriers for the provision of benefits	2e(2)	896713	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1913625
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)	806358	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	16575	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	21889	
(7) Actuarial fees	2i(7)	8400	
(8) Legal fees	2i(8)	11571	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	107295	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		972088
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2885713

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-839216
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: RUBINBROWN, LLP

(2) EIN: 43-0765316

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

***TEXAS SONIC EMPLOYERS TRADE
ASSOCIATION, INC. OCCUPATIONAL
INJURY BENEFITS PLAN
FINANCIAL STATEMENTS
JUNE 30, 2025***

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Independent Auditors' Report

Board of Directors
Texas Sonic Employers Trade Association, Inc.
Occupational Injury Benefits Plan
Dallas, Texas

Opinion

We have audited the financial statements of Texas Sonic Employers Trade Association, Inc. Occupational Injury Benefits Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefits obligations as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of Texas Sonic Employers Trade Association, Inc. Occupational Injury Benefits Plan as of June 30, 2025 and 2024, and the changes in its net assets available for benefits and changes in benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis For Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities For The Audit Of The Financial Statements section of our report. We are required to be independent of Texas Sonic Employers Trade Association, Inc. Occupational Injury Benefits Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities Of Management For The Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Texas Sonic Employers Trade Association, Inc. Occupational Injury Benefits Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

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

In performing an audit in accordance with auditing standards generally accepted in the United States of America, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Texas Sonic Employers Trade Association, Inc. Occupational Injury Benefits Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Texas Sonic Employers Trade Association, Inc. Occupational Injury Benefits Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required By ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year as of June 30, 2025, reportable transactions for the year ended June 30, 2025, and net assets and program benefit obligations by program year are presented for the purpose of additional analysis and are not a required part of the financial statements, but the schedule of assets held at end of year and the schedule of reportable transactions are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of Texas Sonic Employers Trade Association, Inc. Occupational Injury Benefits Plan's 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 auditing standards generally accepted in the United States of America.

Board of Directors
Texas Sonic Employers Trade Association, Inc.
Occupational Injury Benefits Plan

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

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

RubinBrown LLP

September 30, 2025

TEXAS SONIC EMPLOYERS TRADE ASSOCIATION, INC.
OCCUPATIONAL INJURY BENEFITS PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	June 30,	
	2025	2024
Assets		
Cash and cash equivalents	\$ 6,417,833	\$ 6,775,657
Refundable insurance premiums	220,725	227,030
Reimbursement receivable	272,002	—
Prepaid expenses	—	188,571
Contributions due from participating employers	59,498	127,392
Total Assets	6,970,058	7,318,650
Liabilities		
Due to participating employers	558,167	229,857
Contributions received in advance from participating employers	2,142	6,455
General expenses payable	77,434	77,819
Total Liabilities	637,743	314,131
Net Assets Available For Benefits	\$ 6,332,315	\$ 7,004,519

**TEXAS SONIC EMPLOYERS TRADE ASSOCIATION, INC.
OCCUPATIONAL INJURY BENEFITS PLAN**

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

	For The Years Ended June 30,	
	2025	2024
Additions To Net Assets Attributable To:		
Contributions from participating employers	\$ 1,749,197	\$ 1,867,040
Deductible revenue	23,550	23,550
Investment income	273,750	331,751
Total Additions	2,046,497	2,222,341
Deductions From Net Assets Attributable To:		
Benefits paid to participants, net of reinsurance recoveries of \$294,780 and \$17,309 for the years ended June 30, 2025 and 2024, respectively	849,900	469,160
Insurance premiums expense	896,713	906,018
Administrative expenses	972,088	899,944
Total Deductions	2,718,701	2,275,122
Net Decrease	(672,204)	(52,781)
Net Assets Available For Benefits - Beginning Of Year	7,004,519	7,057,300
Net Assets Available For Benefits - End Of Year	\$ 6,332,315	\$ 7,004,519

**TEXAS SONIC EMPLOYERS TRADE ASSOCIATION, INC.
OCCUPATIONAL INJURY BENEFITS PLAN**

STATEMENT OF BENEFIT OBLIGATIONS

	June 30,	
	2025	2024
Amounts Currently Payable To Or For Participants And Beneficiaries		
Occupational benefits payable	\$ 368,217	\$ 264,065
Other Obligations For Current Benefit Coverage		
Claims incurred but not reported	176,527	113,667
Total Program Benefit Obligations	\$ 544,744	\$ 377,732

**TEXAS SONIC EMPLOYERS TRADE ASSOCIATION, INC.
OCCUPATIONAL INJURY BENEFITS PLAN**

STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS

	For The Years Ended June 30,	
	2025	2024
Amounts Currently Payable To Or For Participants And Beneficiaries		
Beginning of year	\$ 264,065	\$ 246,820
Occupational benefit claims reported (net of reserve changes)	954,052	486,405
Occupational benefit claims paid, net of reinsurance recoveries	(849,900)	(469,160)
Total Amounts Currently Payable To Or For Participants And Beneficiaries	368,217	264,065
Other Obligations For Current Benefit Coverage		
Beginning of year	113,667	99,490
Net change in claims incurred but not reported	62,860	14,177
Total Other Obligations For Current Benefit Coverage	176,527	113,667
Total Program Benefit Obligations, End Of Year	\$ 544,744	\$ 377,732

TEXAS SONIC EMPLOYERS TRADE ASSOCIATION, INC.
OCCUPATIONAL INJURY BENEFITS PLAN

NOTES TO FINANCIAL STATEMENTS
June 30, 2025 And 2024

1. Description Of The Plan

General

The following description of the Texas Sonic Employers Trade Association, Inc. Occupational Injury Benefits Plan (the Plan) provides only general information. Members of the Plan are the participating individual Texas Sonic restaurants. Participants are the covered employees of the members. Participants should refer to the Plan's summary plan description booklet for a complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Members participate in a single occupational injury benefits plan covering employees in the Sonic restaurant industry in the State of Texas. The Plan and its members are nonsubscribers to workers compensation in the State of Texas. The Plan is a voluntary plan covering substantially all employees of the member Texas Sonic restaurants.

The Plan was established as of July 1, 1994, pursuant to an agreement among certain individual Texas Sonic restaurants. These restaurants formed an unincorporated association known as the Texas Sonic Employee Accident Prevention Organization (TSEAPO). The bylaws of TSEAPO gave its executive committee the power to transact necessary business on behalf of and for the benefit of TSEAPO's membership.

In November 1994, the executive committee of TSEAPO formed a new entity under the Texas Non-Profit Corporation Act to take over and carry on the activities of TSEAPO. This newly formed corporation is known as Texas Sonic Employers Trade Association, Inc. (the Company). Concurrent with the formation of the Company, the Company assumed the assets, liabilities and operations of TSEAPO, and the existence of TSEAPO was terminated.

On October 7, 1996, the Texas Department of Insurance granted the Plan the authority to transact the business of a Multiple Employer Welfare Arrangement (MEWA) within the State of Texas, and a final certificate of authority was received on June 8, 1998. The Plan began operating as a MEWA on July 1, 1997.

TEXAS SONIC EMPLOYERS TRADE ASSOCIATION, INC.
OCCUPATIONAL INJURY BENEFITS PLAN

Notes To Financial Statements (*Continued*)

Program Year

The Plan is conducted on a program year basis. A program year runs from July 1 to June 30 of the following calendar year. The financial statements of each program year, prior to the Plan receiving its MEWA license for the Plan year beginning July 1, 1997, were prepared on an individual program year basis and were not included in these financial statements. See “Plan Termination” discussion that follows.

Contributions

Contributions are assessed to members at the beginning of the program year based on a percentage of each member’s estimated payroll for the fiscal year ending on June 30 (excluding any premium for overtime and including only payroll for employees that are to be covered by the Plan). These premiums are adjusted based on actual payroll as of the fiscal year end, and any refunds or additional assessments are made at that time.

Payment Of Benefits

Plan benefits, which include medical expenses, lost wages, death and dismemberment payments, and related expenses are provided as a result of losses from work-related, occupational accidental death, bodily injury and temporary or permanent disablement of an employee whose employer is a member of the Plan during the program year. Benefits paid to participants are reported net of amounts reimbursed by insurance. In 2025 and 2024, benefits paid to participants were reduced for such reimbursements in the amount of \$294,780 and \$17,309, respectively.

Insurance Agreements

Through June 30, 2025, the Plan maintained a primary policy that provides for an employer liability limit of coverage up to \$25,000,000 for medical reimbursement, wage replacement, death and dismemberment benefits and employers liability coverage per occurrence above its \$150,000 Self-Insured Retention (SIR).

Plan Termination

Although it has not expressed any intent to do so, the Board of Directors and members have the right to discontinue the Plan. As program years are closed, any remaining excess funds which were contributed from those years are used to offset future contributions due from the affected members in the year of transfer. All program years beginning July 1, 2020 and thereafter remain open as of June 30, 2025.

**TEXAS SONIC EMPLOYERS TRADE ASSOCIATION, INC.
OCCUPATIONAL INJURY BENEFITS PLAN**

Notes To Financial Statements (*Continued*)

2. Summary Of Significant Accounting Policies

Basis Of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Estimates And Assumptions

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities and the actuarial benefit obligations at the date of the financial statements. Actual results could differ from those estimates.

Cash And Cash Equivalents

The Plan considers all highly liquid investments purchased with a maturity of three months or less to be cash equivalents. Cash and cash equivalents include cash amounts maintained at banks and deposits held in money market funds. For Form 5500 reporting purposes, \$5,924,440 and \$6,615,029, as of December 31, 2024 and 2023, respectively, is included in interest-bearing cash.

Contributions Receivable, Reimbursement Receivable And Credit Loss Policy

Amounts due for contributions and reimbursement are stated at the amount management expects to collect from outstanding balances less an allowance for expected credit losses. The expected credit losses amount reflects management's best estimate of amounts that will not be collected. This assessment considers historical experience, current conditions and, when appropriate, reasonable and supportable forecasts.

The Plan has concluded that no allowance for current expected credit losses was necessary at June 30, 2025 or 2024.

TEXAS SONIC EMPLOYERS TRADE ASSOCIATION, INC.
OCCUPATIONAL INJURY BENEFITS PLAN

Notes To Financial Statements (*Continued*)

Occupational Benefits Payable And Claims Incurred But Not Reported

The obligations for occupational benefits payable and claims incurred but not reported are based on case-basis estimates for reported claims and an estimate for unreported claims for occupational benefits and benefit adjustment expenses. These obligations represent the combined obligations of the Plan. The obligation for occupational benefits payable has been established to cover the estimated cost of claims net of amounts that would be recoverable under the insurance policies described in Note 1.

The Plan bases its estimate of claims incurred but not reported on historical experience, and is determined by the Plan's actuary. Total Plan benefit obligations are reported, net of amounts due from excess insurance providers. Total Plan benefit obligations represent the unpaid portion of the estimated aggregate ultimate net loss, which is essentially self-insured. However, circumstances may arise whereby the ultimate settlement of claims incurred but not reported may vary significantly from the recorded amount.

Subsequent Events

Management evaluates subsequent events through the date the financial statements were available for issue, which is the date of the Independent Auditors' report.

3. Federal Income Taxes

The Plan is a "welfare benefit fund," as defined in Section 419 of the Internal Revenue Code. As such, contributions to this welfare benefit fund by the various participating employers (i.e., the member Texas Sonic restaurants for each taxable year) are subject to certain limitations. The assets of the Plan are held in a taxable trust (the Trust). The Trust is taxed on the income it earns. However, trust income does not include contributions by the member Texas Sonic restaurants, which are treated as contributions to Trust corpus. The Trust is allowed a deduction from its income for the amount of distributions made to beneficiaries of up to the Trust's "distributable net income." For the Plan years ended June 30, 2025 and 2024, the Trust's deductions for distributions exceeded the Trust's income. Consequently, no income tax expense or liability has been provided.

TEXAS SONIC EMPLOYERS TRADE ASSOCIATION, INC.
OCCUPATIONAL INJURY BENEFITS PLAN

Notes To Financial Statements (*Continued*)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

4. Plan Consultant And Party In Interest Transactions

PartnerSource, a division of Arthur J. Gallagher Risk Management Services, Inc., maintains the books and records of the Plan and provides insurance placement and consulting services. PartnerSource's administration fees were \$213,864 and \$207,635 in 2025 and 2024, respectively. Consulting and insurance service fees provided by PartnerSource amounted to \$143,688 and \$139,503 in 2025 and 2024, respectively. PartnerSource also performed loss control services for the Plan to help limit losses or prevent losses from reoccurring. Fees for loss control were \$208,161 and \$202,098 in 2025 and 2024, respectively.

The Plan retained Providence Risk and Insurance Services, Inc., as the claims administrator. Fees for claims administration were \$208,645 and \$186,016 for the years ended June 30, 2025 and 2024, respectively.

These amounts are considered to be party in interest transactions allowable under ERISA and are included in administrative expenses in the accompanying statement of changes in net assets available for benefits.

5. Contingencies

The Plan and/or its members are involved in certain claims and legal actions incidental to business operations. In the opinion of the executive committee overseeing the Plan, the ultimate disposition of these matters will not have a material adverse effect on the accompanying financial statements.

During the year ended June 30, 2023, the Plan received a claim related to the death of a member employee. This claim is still open as of June 30, 2025. Management expects to settle this claim for an amount less than its current insurance limits; however, a reasonable possible loss, or range of loss, associated with this claim cannot be estimated. Management expects to incur legal costs of approximately \$100,000. Further, management believes that the Plan will be reimbursed for benefits paid, related to this claim, that exceed its SIR and up to \$25,000,000.

TEXAS SONIC EMPLOYERS TRADE ASSOCIATION, INC.
OCCUPATIONAL INJURY BENEFITS PLAN

Notes To Financial Statements (*Continued*)

The Plan maintains bank accounts with federally insured banks, which at various times during the year exceeded the limits insured by the Federal Deposit Insurance Corporation (FDIC). The money market mutual funds utilized by the Plan are not FDIC insured. At June 30, 2025, the uninsured cash balances in these money market mutual funds approximated \$5,530,000.

6. Reconciliation Of Financial Statements To Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at June 30, 2025 and 2024 to Form 5500:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 6,332,315	\$ 7,004,519
Program benefit obligations	(544,744)	(377,732)
Net Assets Available For Benefits Per Form 5500	\$ 5,787,571	\$ 6,626,787

The following is a reconciliation of the net decrease in net assets available for benefits per the financial statements to Form 5500 for the year ended June 30, 2025:

Net decrease in net assets available for benefits per the financial statements	\$ (672,204)
Add: Benefit obligations at beginning of year	377,732
Less: Benefit obligations at end of year	<u>(544,744)</u>
Net Loss Per Form 5500	\$ <u>(839,216)</u>

Supplemental Schedules

**TEXAS SONIC EMPLOYERS TRADE ASSOCIATION, INC.
OCCUPATIONAL INJURY BENEFITS PLAN**

**EIN: 75-2567775 PLAN NUMBER: 501
SCHEDULE OF ASSETS HELD AT END OF YEAR
June 30, 2025**

Identity Of Issuer, Borrower, Lessor Or Similar Party	No. Of Units	Cost	Fair Value
Cash Equivalents			
Cavanall Hill Govt Sec Money Market Fund	517,305	\$ 517,305	\$ 517,305
Goldman Sachs Financial Square Government Fund	5,407,135	5,407,135	5,407,135
Total Investments		\$ 5,924,440	\$ 5,924,440

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, Line 4i.

**TEXAS SONIC EMPLOYERS TRADE ASSOCIATION, INC.
OCCUPATIONAL INJURY BENEFITS PLAN**

**EIN: 75-2567775 PLAN NUMBER: 501
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended June 30, 2025**

Identity Of Party Involved	Number Of Purchase Transactions	Number Of Sales Transactions	Total Value Of Purchases	Total Net Selling Price	Expenses Incurred In Transactions	Total Cost Of Assets Sold	Total Current Value Of Assets On Transaction Date	Net Gain (Loss)
Series Of Transactions In Excess Of 5% Of Plan Assets								
Cavanall Hill Govt Sec Money Market Fund	4	—	\$ 1,308,847	\$ —	—	—	\$ 1,308,847	—
Cavanall Hill Govt Sec Money Market Fund	—	4	—	1,105,582	—	1,105,582	1,105,582	—
Goldman Sachs Financial Square Government Fund	42	—	4,687,093	—	—	—	4,687,093	—
Goldman Sachs Financial Square Government Fund	—	50	—	5,580,947	—	5,580,947	5,580,947	—

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, Line 4j.

**TEXAS SONIC EMPLOYERS TRADE ASSOCIATION, INC.
OCCUPATIONAL INJURY BENEFITS PLAN**

**EIN: 75-2567775 PLAN NUMBER: 501
SCHEDULE OF NET ASSETS AND PROGRAM BENEFIT
OBLIGATIONS BY PROGRAM YEAR**

	June 30,					
	2025	2024	2023	2022	2021	Total
Net assets available for benefits	\$ 4,270,454	\$ 742,055	\$ 262,133	\$ 372,234	\$ 685,439	\$ 6,332,315
Total program benefit obligations	260,257	109,031	85,672	88,376	1,408	544,744
Net Assets Available For Benefits In Excess Of Total Program Benefit Obligations	\$ 4,010,197	\$ 633,024	\$ 176,461	\$ 283,858	\$ 684,031	\$ 5,787,571

Multiple Employer Plan Participating Employer Information**Texas Sonic Employee Trade Association, Inc. Occupational Injury Benefits Plan****75-2567775, Plan 501, PY 07/01/2024 - 06/30/2025**

CTC Spring Valley LLC	82-4404368	0.061%
SDI of Eules, TX, Inc	75-1460556	0.081%
NAF North Garland LLC	82-4410319	0.118%
TCCM Broadway LLC	27-5037647	0.071%
Sonic Gun Barrel City ,TX, Inc	75-1718227	0.106%
Sonic Mesquite, TX #4,LP	75-2451003	0.103%
SDMM Mesquite #3, LP	20-2625862	0.097%
SDMM Mesquite #4 LTD	20-5156086	0.093%
Sonic Mesquite, TX #5, LP	75-2742908	0.105%
SDMM Mesquite #1, LP	10-0599220	0.089%
SDMM Mesquite #2, LP	68-0530377	0.092%
CTC Plano Road LLC	82-4404290	0.094%
CTC Centennial LLC	82-4404047	0.071%
CC 6963 LLC	93-1749355	0.112%
Amarillo Drive-In #10, Inc.	75-2871780	0.122%
Amarillo Drive-In #5, Inc.	75-2610247	0.133%
Amarillo Drive-In #8, Inc.	75-2687883	0.160%
Amarillo Drive-In #4, Inc.	75-2670249	0.135%
Amarillo Drive-In #6, Inc.	75-2624316	0.123%
Amarillo Drive-In #2, Inc.	75-2552415	0.169%
Amarillo Sonic # 12 LP	05-0578394	0.195%
Amarillo Drive-In #1, Inc.	75-2436369	0.193%
Amarillo Drive-In #9, Inc.	75-2775890	0.198%
Amarillo Drive-In #7, Inc.	75-2624315	0.115%
Amarillo Drive-In #3, Inc.	75-2588551	0.162%
Amarillo SDI, Inc.	82-3088291	0.201%
Childress SDI	71-0886998	0.207%
SDI of Dalhart	75-2525533	0.219%
Dimmitt SDI, Inc. #4221	75-2883590	0.142%
Dumas Drive-In, Inc.	75-2331139	0.194%
Quanah SDI, Inc.	86-1864079	0.099%
SDI of Tulia	75-2374129	0.156%
Ballinger TX Drive-In, Inc	75-2549266	0.166%
Breckenridge SDI, LLC #1652	20-5774666	0.144%
Cisco Sonic Drive-In Inc	75-2336544	0.150%
HCMV Eastland Sonic Inc	73-1302341	0.210%
Stamford Texas Drive-In Inc	75-2357446	0.126%
Beeville Drive-In LLP	26-0021196	0.311%
Edna Texas Drive-In, Inc.	76-0259239	0.237%
Abilene TX DI Rest, LLC 1597	75-2557749	0.190%
Abilene TX DI Rest, LLC #1524	48-0849407	0.175%
Abilene TX DI Rest LLC #6093	26-3071225	0.282%
Abilene TX DI Rest, LLC #4744	42-1539555	0.226%
Abilene TX DI Rest, LLC #1502	48-0910450	0.233%
Aransas Pass TX Drive-In Restaurant, LLC	92-1291814	0.172%
Azel TX Drive-In Restaurant, LLC	36-4771427	0.257%

Multiple Employer Plan Participating Employer Information**Texas Sonic Employee Trade Association, Inc. Occupational Injury Benefits Plan****75-2567775, Plan 501, PY 07/01/2024 - 06/30/2025**

1681 Bastrop, TX	85-1378614	0.190%
4922 Bellville, TX	85-1396309	0.193%
Benbrook TX Drive-In Restaurant LLC #1704	27-3038064	0.166%
Bowie TX Drive-In Restaurant, LLC	36-4771427	0.260%
5719 Brenham, TX	85-1404014	0.303%
Bridgeport TX Drive-In Restaurant, LLC	36-4771427	0.266%
Brownsville, DI Rest, LLC #3931	74-2918858	0.181%
SDI Canton TX #6909	20-2327255	0.314%
SDI of Castroville, TX LLC #3515	87-0693622	0.137%
Cedar Hill TX Drive-In Restaurant LLC #3253	27-3038701	0.178%
Comanche TX Drive-in Restaurant LLC	88-0947565	0.196%
Corpus Christi TX Drive-In Restaurant LLC #1776	27-3037828	0.131%
Corpus Christi TX Drive-In Restaurant LLC #3711	27-3038827	0.188%
Corpus Christi TX Drive-In Restaurant LLC #4025	27-3038868	0.158%
Corpus Christi TX Drive-In Restaurant LLC #1735	27-3038122	0.150%
Corpus Christi TX NW Blvd Drive-In Restaurant, LLC	92-1292470	0.206%
Corpus Christi TX Weber Rd. Drive-In Restaurant, LLC	92-1292374	0.259%
Corpus Christi TX Saratoga Drive-In Restaurant, LLC	92-1321781	0.226%
Corpus Christi TX South Padre Island Restaurant, LLC	92-1316110	0.178%
Corsicana TX Drive-In Restaurant LLC # 1829	27-3038198	0.234%
Corsicana TX Drive-In Restaurant LLC #4309	27-3038890	0.111%
Crockett TX DI Rest, LLC #1749	75-2720436	0.138%
RSDI Daingerfield TX LLC #1908	27-2535438	0.157%
Dallas TX Drive-In Restaurant LLC #1058	27-3037909	0.146%
Decatur TX Drive-In Restaurant, LLC	36-4771427	0.188%
Denison TX Drive-In Restaurant (Austin), LLC	36-4771427	0.167%
Denison TX Drive-In Restaurant (FM 120), LLC	36-4771427	0.178%
SDI of Devine, TX LLC #5251	20-1929763	0.155%
Eagle Pass Drive-In Restaurant, LLC #1956	20-1801609	0.206%
Edinburg, TX DI Rest, LLC #4149	73-1588966	0.232%
Flint TX DI Rest, LLC #5050	71-0955003	0.206%
2025 Fredericksburg, TX	85-1378928	0.258%
Gainesville TX Drive-in Restaurant, LLC	36-4771427	0.202%
Gainesville TX Drive-in Restaurant (W California), LLC	36-4771427	0.132%
2112 Giddings, TX	85-1379075	0.125%
RSDI Gilmer TX LLC #2098	27-2535509	0.204%
Grand Prairie TX Drive-In Restaurant LLC #2088	27-3038451	0.124%
Haltom City TX Drive-In Restaurant LLC #2152	27-3038494	0.172%
Huntsville TX DI Rest #4648	69-0005784	0.227%
Sonic Huntsville, Inc. #2140	74-1619625	0.243%
Ingleside TX Restaurant, LLC	92-1316313	0.173%
Jacksboro TX Drive-In Restaurant, LLC	36-4771427	0.159%
Kilgore TX Drive-In Restaurant, LLC	84-3954779	0.192%
2378 La Grange, TX	85-1395866	0.132%
RSDI Longview TX LLC #3416	27-2534990	0.152%
RSDI Longview TX LLC #2412	27-2534907	0.093%

Multiple Employer Plan Participating Employer Information**Texas Sonic Employee Trade Association, Inc. Occupational Injury Benefits Plan****75-2567775, Plan 501, PY 07/01/2024 - 06/30/2025**

RSDI Longview TX LLC #4040	27-2535206	0.106%
RSDI Longview TX LLC # 2343	27-2535383	0.164%
Longview TX Drive-In Restaurant (N. 4th Street), LLC	38-3970616	0.189%
SDI of Lytle, TX LLC #4185	87-0693637	0.148%
Mathis TX Drive-In Restaurant LLC #1182	27-3037963	0.132%
McAllen TX D-I Rest, LLC #3887	74-2898564	0.125%
Mc Allen TX D-I Rest, LLC #4244	73-1598553	0.148%
Mexia TX Drive-In Restaurant LLC #2487	27-3038528	0.145%
Mineral Wells TX Drive-In Restaurant, LLC	36-4771427	0.266%
Mt Vernon TX Drive-In Restaurant LLC # 2517	27-3038592	0.218%
Muenster TX Drive-In Restaurant, LLC	36-4771427	0.126%
Pharr, TX DI Rest, LLC #4831	43-1979515	0.122%
RSDI Pittsburg TX LLC #2731	27-2535117	0.182%
Pleasanton TX DI Rest, LLC #2735	48-0858000	0.261%
Portland TX Drive-In Restaurant, LLC	92-1316452	0.282%
Rockport TX Drive-In Restaurant LLC #2832	27-3038651	0.165%
SDI of San Antonio #5811	26-2646785	0.245%
SDI San Marcos, TX #2845	74-1588974	0.147%
Seagoville TX D-I Rest, LLC #2937	75-1694026	0.110%
Sherman TX Drive-In Restaurant #1, LLC	84-2589670	0.185%
Sherman TX Drive-In Restaurant #2, LLC	84-2618947	0.178%
Springtown TX Drive-In Restaurant, LLC	36-4771427	0.222%
Sweetwater TX D-Rest, LLC #2865	48-1034323	0.235%
Tyler TX D-I Rest, LLC #3027	75-2452813	0.132%
Tyler TX D-I Rest, LLC #4963	87-0698412	0.194%
Tyler TX D-I Rest, LLC #3039	75-2352957	0.151%
Tyler TX D-I Rest, LLC #3048	75-2489228	0.189%
Tyler #5 Old Jacksonville Hwy LLC #6313	27-4647417	0.219%
SDI Uvalde, Inc. #3058	74-1694703	0.223%
3132 Waller, TX	85-1396043	0.194%
Weslaco, TX D-I Rest, LLC #4179	73-1581574	0.172%
Whitesboro TX Drive-In Restaurant, LLC	36-4771427	0.224%
CARTHAGE TX DRIVE-IN RESTAURANT LLC	33-4551965	0.052%
Arlington,Tx Drive-In, Rest. Matlock LP	46-2287839	0.182%
Rendon TX Drive In Restaurant LP	20-8638325	0.169%
Fairfield TX DI Restaurant, LP	73-1624794	0.122%
Forney TX DI Restaurant LP	20-3290219	0.266%
Lancaster TX Drive In Restaurant LP	27-0567152	0.137%
Mansfield TX #1 Drive-In Restaurant 157 LP	46-2302661	0.213%
Mansfield TX #2 Drive-In Walnut LP	46-2309119	0.194%
Mansfield TX #3 Drive-In Broad LP	46-2320682	0.221%
Waco, TX, V.M. #2 D-I Restaurant LP	20-1056982	0.195%
SDI of Andrews	75-2356091	0.252%
Sonic Big Lake, TX, Store #6559	81-1167761	0.071%
SDI Howard County	73-1409535	0.114%
SDI of Big Spring #2	73-1584096	0.131%

Multiple Employer Plan Participating Employer Information**Texas Sonic Employee Trade Association, Inc. Occupational Injury Benefits Plan****75-2567775, Plan 501, PY 07/01/2024 - 06/30/2025**

SDI 4424 of Clyde, TX, L.L.C.	47-5634340	0.085%
SDI of Colorado City	73-1073652	0.139%
SDI Crane, TX #5983	26-2878799	0.087%
SDI of Del Rio	73-1388254	0.160%
SDI of Denver City	75-2292567	0.168%
SDI of Graham	73-1224324	0.183%
SDI of Jacksonville	73-1409534	0.154%
SDI Junction, TX, LP	20-5610847	0.116%
SDI of Levelland	73-1274061	0.116%
SDI 6107 of Merkel, TX, LLC	81-2198688	0.110%
SDI of Odessa, TX/Sheppard	73-1471800	0.147%
SDI of Odessa, TX/Andrews Hwy.	73-1483663	0.060%
SDI of Odessa, TX/E. 52nd	75-2703844	0.181%
SDI of Odessa, TX/E. 8th	75-2725445	0.114%
SDI of Odessa, TX/N. County	75-2781740	0.120%
W Odessa SDI 6115, A Limited Partnership	26-4759685	0.098%
SDI 6429 Odessa, LLC	46-4078322	0.126%
Ozona SDI, Ltd	20-4204696	0.124%
SDI of Post	75-2634158	0.081%
SDI of Seminole	75-1374315	0.201%
SDI of Snyder	73-1409530	0.200%
SDI Stanton, TX	75-2865968	0.106%
SDI of Waxahachie	75-1301726	0.227%
SDI of Weatherford	73-1409532	0.208%
SDI Weatherford #4621	69-0012309	0.185%
Sonic Weatherford/Hudson Oaks	73-1468642	0.121%
SDI Whitney, TX #4642	47-0859131	0.180%
SDI Bonham TX, LLC	99-3507853	0.037%
SDI of Dallas Inc	75-1526786	0.216%
SDI of Kaufman TX Inc	75-1857638	0.201%
Alba SDI, LLC	87-4195380	0.081%
SDI Emory, TX #4218	73-1612327	0.129%
SDI Hawkins, TX	76-0705499	0.130%
SDI Paris, TX, Inc	75-1172701	0.146%
Lamar Co. Drive-In, Inc.	73-1423984	0.143%
Reno, TX, Drive-In, Inc.	73-1522561	0.132%
SDI of Caldwell, LP	20-1813969	0.183%
SDI #1821 Columbus, TX, LLC	87-3555360	0.128%
SDI of El Campo	73-0989119	0.191%
SDI of Georgetown	74-2037421	0.229%
SDI Willimas Dr #3952	74-2957223	0.220%
Sonic 2201 Hearne Texas, LLC	20-8866737	0.119%
SDI Jarrell TX LLC	92-1290315	0.218%
SDI of Marble Falls	74-2242105	0.198%
SDI #2769 Palacios, TX, LLC	87-3874070	0.102%
SDI Round Rock TX, University Blvd, LLC	45-1739611	0.203%

Multiple Employer Plan Participating Employer Information**Texas Sonic Employee Trade Association, Inc. Occupational Injury Benefits Plan****75-2567775, Plan 501, PY 07/01/2024 - 06/30/2025**

SDI AW Grimes & US 79 Round Rock TX LLC	85-4033326	0.181%
SDI Austin, Round Rock, Texas, LP	74-2709650	0.139%
Aledo Texas SDI, LLC	87-2271899	0.165%
SDI Arlington, TX, LP #4082	75-2920316	0.172%
SDI Arlington-Green Oaks, LP	75-2821692	0.098%
Park Row SDI LLC	45-3783236	0.104%
Boyd Texas SDI, LP	46-1463330	0.137%
Sonic Josey Lane	75-2670431	0.113%
SDI of Carrollton	75-2496872	0.129%
SDI of Colleyville	75-1593940	0.139%
South Carrier, Grand Prairie, TX LP	75-2775368	0.114%
Sonic 6614 Grand Prairie, LP	82-1138439	0.125%
SDI of Grapevine	73-0983140	0.243%
Davis Blvd SDI, LLC.	84-4910587	0.104%
Rockwall Horizon Road SDI, LP	20-0642759	0.188%
SDI of Rockwall	73-1007043	0.122%
Sonic Drive In #5857	27-0388706	0.130%
Brown Trail SDI, LLC	93-3302788	0.143%
University Dr SDI, LLC	93-4974560	0.130%
North Davis Blvd SDI, LLC	99-0422744	0.125%
Midlothian Texas SDI, LLC	33-4260388	0.039%
Red Oak Texas SDI, LLC	33-4263025	0.032%
Waxahachie Texas SDI, LLC	33-4264196	0.035%
St. Paul SDI 4897, LLC	99-3593323	0.008%
SDI of Keller	75-1733195	0.085%
SDI of Bryan #2	74-2697244	0.252%
SDI of Bryan #1	74-1853585	0.184%
SDI Buffalo, LLC	76-0680464	0.140%
SDI of College Station #2	74-2583389	0.231%
SDI Harvey Road, LLC	76-0593186	0.187%
SDI Texas & Cooner LLC	20-1431947	0.167%
SDI Wellborne Rest, LLC #4557	76-0680462	0.254%
SDI of Hempstead	73-1031610	0.114%
SDI of Madisonville	74-2042001	0.172%
SDI Orange Sixteenth Street LLC	20-1325454	0.139%
SDI of Orange	20-0081401	0.133%
SDI of Port Neches TX	20-0146289	0.214%
SDI of Sealy	74-2028629	0.147%
SDI of Trinity	76-0218188	0.134%
SDI of Vidor	20-0081422	0.175%
SDI Anna, TX, Ltd	20-0360728	0.105%
SDI Anson Jones County, LLC	27-2337350	0.126%
SDI Bells TX, LLC	26-0355863	0.090%
Sonic Drive-In, Brownfield, TX, Ltd.	75-2454590	0.218%
SDI Donley County LLC	27-2337423	0.108%
SDI Howe, TX Ltd	20-2508324	0.107%

Multiple Employer Plan Participating Employer Information**Texas Sonic Employee Trade Association, Inc. Occupational Injury Benefits Plan****75-2567775, Plan 501, PY 07/01/2024 - 06/30/2025**

SDI Idalou, TX, LLC	26-1599119	0.207%
Sonic Drive-In, Dawson County, TX A Limited Partnership	75-2451939	0.204%
SDI Slide Road, LLC	81-5245393	0.254%
SDI MLK, LLC	76-0737227	0.212%
SDI West 19th St, LP	75-2823731	0.276%
SDI, 34th & S, Lubbock, Texas, Ltd.	73-1541141	0.206%
34th Street Sonic Drive-In Lubbock, TX, Ltd.	75-2460503	0.174%
SDI Indiana Ave., LLC	75-2681097	0.250%
50th Street SDI, Ltd	75-2965748	0.218%
Fourth & Frankford Sonic, Ltd.	75-2561027	0.241%
Fourth & Quaker SDI, LLC	26-2716995	0.259%
South University Sonic, Ltd	75-2616590	0.317%
Quaker Ave Sonic, Lubbock, TX, Ltd.	75-2459936	0.197%
Frankford and 64th SDI, Ltd.	20-3541069	0.208%
Overton SDI, Ltd	75-2946016	0.250%
12702 Indiana Ave SDI, LLC	83-1126910	0.236%
RWW Enterprises, Inc.	75-2485258	0.114%
SDI 76th & Milwaukee LLC	47-1308607	0.192%
Olton Road Sonic Drive-In, Plainview, TX, Ltd.	75-2460505	0.244%
Downtown SDI Plainview, Ltd	75-2918082	0.188%
Pottsboro SDI, Ltd.	75-2932513	0.110%
SDI Shallowater, LLC	46-2747118	0.194%
South Plains Sonic, Inc.	75-2322390	0.138%
SDI Vernon, TX, Ltd Sonic Drive-In, Vernon	75-2948809	0.155%
Wolfforth SDI, Ltd.	20-1845936	0.254%
Sonic Drive-In Fort Stockton	73-1237032	0.232%
Sonic Drive-In of Hondo TX	73-1056193	0.126%
Sonic Drive-In Sonora	75-2034616	0.147%
Sonic 3381 KittyHawk Dr	47-5260047	0.111%
Sonic 2971 Walzem Rd	47-5260047	0.086%
Sonic 4136 Schertz/Corridor Loop	47-5260047	0.128%
Sonic 4896 Pat Booker	47-5260047	0.044%
SDI of Austin/S. Lamar	74-1845594	0.145%
SDI of Austin/Cameron Rd.	74-1929265	0.172%
SDI Austin/Wells Branch Parkway, LP	74-2913352	0.114%
SDI of Austin/McNeil, LP	74-2584966	0.132%
SDI Austin Hwy 71 West, LP	74-2855328	0.128%
SDI Austin/Montopolis, LP	74-2895075	0.164%
SDI of Austin/E. Stassney	74-2429090	0.175%
SDI of Austin/William Cannon, LP	74-2855331	0.121%
SDI of Austin/W Stassney	73-1050562	0.122%
SDI of Austin/Manchaca, LP	74-2640795	0.136%
SDI of Austin/Slaughter Lane, LP	74-2842311	0.237%
SDI Austin, TX Brodie & Slaughter, LP	20-4257828	0.193%
SDI #114 Austin, Parmer/Yager	26-0263892	0.153%
SDI of Austin/Northcross	73-1153810	0.189%

Multiple Employer Plan Participating Employer Information**Texas Sonic Employee Trade Association, Inc. Occupational Injury Benefits Plan****75-2567775, Plan 501, PY 07/01/2024 - 06/30/2025**

SDI of Austin/Lamplight Village, LP	74-2639978	0.136%
SDI Austin/Jollyville Road, LP	74-2998844	0.135%
SDI Austin FM 969, LLC	87-4521869	0.247%
SDI Wyldwood, LP	20-3167799	0.167%
SDI of Blanco, TX, Hwy 281 South, LLC	26-4817171	0.130%
SDI Buda, TX, LP	74-3014092	0.211%
SDI Buda, TX FM 967 LLC	26-3359795	0.192%
SDI of Burnet, TX	73-1242510	0.146%
SDI Canyon Lake, TX, FM 306, LLC	81-4178237	0.188%
SDI Cedar Park, TX, Cypress Creek Rd., LP	80-0094406	0.185%
SDI Cedar Park, TX, Bagdad Rd., LLC	26-2028626	0.166%
SDI Cibolo TX FM 1103 LLC	27-2227704	0.131%
SDI CIBOLO FM 1103 & GREEN VALLEY LLC	81-2701526	0.157%
SDI Del Valle, TX, Ross Road, LLC	82-3612187	0.250%
SDI of Dripping Springs, Texas LP	74-2828556	0.156%
SDI of Elgin, Texas, LP	73-1257414	0.167%
Sonic Drive-In, Hutto, TX, LP	38-3665399	0.206%
SDI Kingsland, TX, LLC	20-0175932	0.258%
SDI KYLE TX FM 150 LLC	81-0931055	0.246%
SDI Kyle, TX, Plum Creek, LLC	45-5168673	0.225%
SDI of Lago Vista, Texas, LP	74-2819466	0.190%
SDI of Lakeway	73-1127904	0.159%
SDI of Lampasas, Texas LP	74-2501363	0.194%
SDI of Leander, Texas, LP	74-2786309	0.172%
SDI of Liberty Hill TX LLC	27-0677173	0.192%
SDI of Llano, Texas, LP	74-2836618	0.148%
SDI , Caldwell County, Texas, LP	74-2566445	0.156%
SDI of Luling, TX, LP	74-2659346	0.176%
SDI of Manor, TX, LP	74-2928426	0.163%
SDI of New Braunfels Texas, LP	73-0943285	0.231%
SDI of New Braunfels/Loop 337, LP	74-2959835	0.178%
SDI New Braunfels, TX, SH46, LLC	47-3143332	0.173%
SDI of Pflugerville	73-1248989	0.128%
SDI Pflugerville, TX, Hwy 685, LP	33-1076946	0.211%
SDI of Rockdale, TX, LP	74-2740515	0.139%
SDI of Round Rock #2	74-2750840	0.000%
SDI of Round Rock #3	74-2960605	0.155%
SDI Round Rock, TX, Gattis School Rd., LLC	26-2354209	0.123%
SDI of San Marcos, I35 & McCarty Ln., LLC	27-0979429	0.216%
SDI of San Marcos, TX #2, LP	74-2800290	0.227%
SDI Bulverde, Texas, LP	74-2998843	0.156%
SDI of Taylor, TX, LP	73-1228043	0.195%
SDI of Borger #2	91-2056747	0.284%
SDI of Canutillo	85-0350350	0.142%
SDI of Canyon	85-0346445	0.224%
SDI El Paso, NO 17 Texas LLC	81-3742849	0.133%

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SDI of El Paso #8	74-2724165	0.269%
SDI of El Paso #12	46-0471068	0.183%
SDI El Paso, #15, TX, LP	83-0423597	0.153%
SDI of El Paso #14	75-3086665	0.172%
SDI of El Paso #4	74-2591968	0.199%
SDI of El Paso #3	74-2561923	0.182%
SDI of El Paso #1	85-0369891	0.133%
SDI of El Paso #6	74-2648304	0.172%
SDI of El Paso #9	74-2772506	0.150%
SDI of El Paso #10	91-2010188	0.140%
SDI of El Paso #16	26-4296699	0.193%
SDI El Paso 18 Texas LLC	83-0594819	0.213%
SDI of El Paso #2	85-0377019	0.146%
SDI El Paso No.19, Texas LLC	84-1845956	0.232%
SDI of Hereford	85-0289042	0.187%
SDI of Littlefield	85-0299190	0.184%
SDI of Muleshoe	73-1017982	0.141%
SDI of Pampa	73-1138800	0.224%
SDI 6994 LLC	99-3668993	0.111%
SDI 1512 MRG DFW LLC	93-4485181	0.169%
SDI 1519 MRG DFW LLC	93-4485181	0.178%
SDI 1543 MRG DFW LLC	93-4485181	0.183%
SDI 1592 MRG DFW LLC	93-4485181	0.142%
SDI 2240 MRG DFW LLC	93-4485181	0.176%
SDI 2441 MRG DFW LLC	93-4485181	0.168%
SDI 2851 MRG DFW LLC	93-4485181	0.219%
SDI 3655 MRG DFW LLC	93-4485181	0.131%
SDI 5206 MRG DFW II LLC	99-0484257	0.125%
SDI # 4121 ALVARADO.TX, LLC	35-2564664	0.144%
Sonic Drive In #5906	94-3462739	0.122%
SDI #3562 - Dallas TX LLC	27-1277268	0.140%
SDI 3627 DALLAS TX LLC	34-4898304	0.121%
SDI #3205 - Dallas TX LLC	27-1277352	0.135%
SDI #4259 - Dallas TX LLC	27-1277331	0.102%
SDI #4630 - DeSoto TX LLC	27-1277109	0.124%
SDI Fort Worth / Nichols	20-1218362	0.139%
SDI #3458 - Ft Worth TX LLC	27-1277709	0.110%
SDI 5622 Hurst Texas	87-3077828	0.103%
SDI#2637-North Richland Hills TX, LLC	46-4446806	0.153%
Sonic Drive-In of Palmer, LLC	26-2477188	0.118%
SDI of Grapevine Texas (Grapevine Mills Mall) LLP	27-2619884	0.152%
Sonic #5685 Illinois Avenue, LP	20-5676990	0.158%
Sonic #5792 Cockrell Hill, LP	20-8427578	0.157%
Sonic #5399 Lancaster Rd. LP	20-2993307	0.151%
Sonic #1891 Duncanville TX LP	45-3009326	0.179%
SDI of Athens G & M Soinc Drive In Inc	75-1782434	0.266%

Multiple Employer Plan Participating Employer Information**Texas Sonic Employee Trade Association, Inc. Occupational Injury Benefits Plan****75-2567775, Plan 501, PY 07/01/2024 - 06/30/2025**

SDI Baytown, North Garth, LP	20-56005983	0.116%
Beaumont MLK Drive In LLC	26-3467453	0.192%
SDI Beaumont, TX 105, LLC	76-0577609	0.145%
SDI Kountze, TX SDI, LLC	73-1593211	0.135%
SDI Hwy 96 Lumberton LLC	73-1189514	0.116%
SDI Lumberton Highway 69 LLC	27-0996877	0.168%
SDI Mont Belvieu LLC	26-4818302	0.153%
SDI Mauriceville, TX, LP	37-1447998	0.157%
SDI Palestine, TX Loop 256	73-1613126	0.175%
Sonic Silsbee TX Inc	73-1264898	0.253%
SDI Sour Lake, LLC	46-5465638	0.167%
SDI, Hwy 124, Winnie, LLC	81-1271899	0.121%
SDI Alpine, LP	74-1900553	0.182%
SDI of Beaumont #2	73-1005773	0.117%
SDI Brady # 1638	73-1009858	0.170%
Bridge City TX SDI LLC	85-4173934	0.174%
SDI of Brownwood #1601	73-1106304	0.149%
Brownwood No 2, LP	61-1496225	0.260%
Buna, TX SDI, LLP	73-1611549	0.202%
SDI Cleburne	75-1282163	0.171%
SDI of Cleburne TX #2 LP	26-0523259	0.205%
Clifton TX SDI LP	26-1322941	0.185%
Coleman Restaurant, LP	74-2790098	0.132%
SDI Cresson, TX, LP	38-3737474	0.090%
Dublin, TX SDI, LLP	75-2924414	0.131%
SDI of Early, TX, LP	20-5389102	0.140%
Glen Rose TX SDI LP	81-0624722	0.151%
SDI of Acton LP	26-3869167	0.190%
SDI of Groesbeck, LP	74-2664713	0.099%
Hamilton TX SDI LP	26-1323233	0.105%
Hico TX SDI LLC	82-3383142	0.165%
Hillsboro Restaurant, Inc.	73-1341371	0.179%
SDI of Huntington, LP	84-1664941	0.194%
SDI Marlin #4055	73-1594540	0.131%
SDI of Nederland, LP # 2599	73-0994024	0.160%
SDI Port Arthur TX SDI LP	26-1686981	0.163%
San Saba SDI, LP	43-2055672	0.163%
SDI of Terrell #2987	90-0237746	0.120%
Terrell, TX, SDI No. 2, LP	41-2131800	0.112%
SDI of West, TX	27-0196001	0.118%
SDI Aubrey, TX #4791	47-0876953	0.172%
SDI of Little Elm, TX	26-1179640	0.139%
SDI of Burleson	75-2631229	0.143%
SDI Burleson/Alsburly	94-3420291	0.139%
SDI Burleson, TX	20-4047275	0.176%
SDI #5233 - Carrizo Springs, TX	45-5022155	0.130%

Multiple Employer Plan Participating Employer Information**Texas Sonic Employee Trade Association, Inc. Occupational Injury Benefits Plan****75-2567775, Plan 501, PY 07/01/2024 - 06/30/2025**

SDI Celina, TX	73-1674432	0.134%
SDI of Coppell	74-2713199	0.140%
SDI Corrigan, TX	20-0732397	0.093%
Sonic Drive-In Cotulla, LLC	46-2945967	0.103%
SDI Crossroads, TX	71-0940626	0.088%
SDI of Crowley	75-2409384	0.140%
SDI of Denton/Loop 288	75-2427583	0.130%
SDI of Denton/University	73-0980976	0.145%
SDI of Denton/Ft Worth	75-2445982	0.134%
SDI of Denton/Colorado Blvd	75-2772300	0.112%
Sonic Drive In Denton E University	26-0246770	0.147%
SDI Denton, TX/State School Road	20-3055974	0.151%
SDI Farmersville	74-3007033	0.127%
SDI Fort Worth/Camp Bowie #4235	74-2963989	0.150%
SDI Fort Worth/Overton Ridge	75-2775427	0.159%
SDI of Ft Worth/Alta Mesa	75-2487429	0.115%
SDI Ft Worth/Trail Lake	74-2963982	0.163%
SDI Sycamore & McCart	20-3831107	0.114%
SDI Fort Worth/Sycamore	20-2826525	0.094%
SDI Forest Hill	74-2898342	0.136%
SDI of Fort Worth/Berry Street	75-2669555	0.171%
SDI of Greenville	73-0764894	0.181%
SDI Gunter, TX	20-1198238	0.098%
SDI of Harlingen/Morgan	74-2003735	0.185%
SDI of Harlingen	73-1032134	0.155%
SDI Justin	74-3007031	0.173%
SDI Keene, TX	20-3055909	0.091%
SDI of Kingsville	73-1032137	0.244%
SDI Krum, TX	47-0876948	0.199%
SDI Lavon, TX	33-1054203	0.125%
SDI of Leonard, TX	20-2518186	0.120%
SDI of Lewisville/Hwy 407	75-2462750	0.084%
SDI Little Elm TX FM 423 LLC	26-1179640	0.117%
SDI Little Elm #4520	74-3006798	0.140%
SDI of Livingston	73-1015807	0.229%
SDI Melissa, TX	20-1266904	0.139%
SDI of Midland/Midkiff	75-1636313	0.274%
SDI of Midland/Rankin	73-2380175	0.175%
SDI of Midland/Big Springs	73-1004393	0.207%
SDI of Midland/Midland	75-2653577	0.290%
SDI of Monahans	75-1657706	0.146%
SDI Nocona TX LLC	45-2940559	0.096%
SDI Northlake, TX, Raceway Dr., LLC	81-3329713	0.102%
SDI Olney, TX LLC	45-4412654	0.088%
SDI Onalaska, TX	48-1288237	0.196%
SDI Pecos, TX, West 3rd Street, LLC	47-2299707	0.229%

Multiple Employer Plan Participating Employer Information**Texas Sonic Employee Trade Association, Inc. Occupational Injury Benefits Plan****75-2567775, Plan 501, PY 07/01/2024 - 06/30/2025**

SDI of Perryton	75-1714943	0.213%
SDI Pilot Point, TX #4299	75-2888570	0.157%
SDI Prosper, TX	20-1198177	0.138%
SDI of Saginaw	73-1003725	0.173%
SDI of San Angelo/N Bryant	73-1411118	0.304%
SDI of San Angelo/Sherwood	75-2350181	0.282%
SDI of San Angelo/Beauregard	75-2085929	0.261%
SDI of San Angelo/Knickerbocker	75-2598869	0.284%
SDI San Benito, LLC	86-3048424	0.183%
SDI Sanger, TX #4298	75-2888571	0.188%
SDI Seymour, TX, Main Street, LLC	46-5345141	0.083%
SDI St Paul TX	87-0703561	0.021%
SDI of Stephenville	73-0796080	0.272%
SDI Stephenville, TX, Highway 377	20-4936794	0.155%
SDI of Wylie	73-1234476	0.153%
SDI WACO TX SIXTH LLC	99-4034957	0.141%
SDI BELTON TX CENTRAL LLC	99-4052488	0.158%
SDI COPPERAS COVE TX LLC	99-4069463	0.167%
SDI WACO TX HEWITT DR LLC	99-4096979	0.171%
SDI JOSHUA TX LLC	99-4119078	0.111%
SDI KILLEEN TX RANCIER LLC	99-4141501	0.143%
SDI KILLEEN TX WS YOUNG LLC	99-4161686	0.110%
SDI KILLEEN TX FT HOOD LLC	99-4183884	0.141%
SDI HARKER HEIGHTS TX LLC	99-4206750	0.165%
SDI TEMPLE TX MARLANDWOOD RD LLC	99-4229565	0.223%
SDI MCGREGOR TX LLC	99-4248733	0.130%
SDI CHINA SPRING TX LLC	99-4268330	0.148%
SDI of Bullard	86-3748531	0.124%
SDI of Burkburnett	75-2459300	0.123%
SDI Chandler	75-2827546	0.110%
SDI of Edgwood, TX	85-4265720	0.137%
SDI of Electra	75-2913443	0.089%
SDI of Grand Saline	74-2782163	0.168%
SDI Hallsville #4229	75-2908157	0.123%
SDI of Haskell	75-2436327	0.109%
SDI of Henrietta	75-2648301	0.124%
SDI of Iowa Park	75-2459301	0.134%
SDI of Liberty City TX	84-1758356	0.111%
SDI Longview - Mosley	26-4545970	0.111%
SDI Longview Gilmer	27-1414536	0.157%
Sonic Drive In of Palestine 2704	88-2221416	0.124%
SDI of Quinlan TX	83-3975569	0.142%
SDI of Quitman	75-2459302	0.159%
Sonic Drive In Tatum TX	45-1290942	0.094%
SDI of Troup TX	83-3957647	0.102%
SDI of White Oak, LLC	72-2841751	0.097%

Multiple Employer Plan Participating Employer Information**Texas Sonic Employee Trade Association, Inc. Occupational Injury Benefits Plan****75-2567775, Plan 501, PY 07/01/2024 - 06/30/2025**

SDI of Seymour Highway	75-3131935	0.135%
SDI of Wichita Falls #3139	57-1178191	0.097%
SDI of Wichita Falls #3880	57-1178211	0.098%
SDI of Wichita Falls #3724	57-1178225	0.116%
SDI of Wichita Falls #3	75-2459309	0.135%
SDI of Wichita Falls - Kell	26-4673909	0.116%
SDI of Wichita Falls #8	20-0995397	0.110%
SDI of Wichita Falls - Kemp Blvd	47-5385746	0.082%
SDI of Lakeport TX	99-4829498	0.064%
SDI of Ore City TX	99-4808036	0.075%
Sonic Drive In of Gladewater TX	33-3303664	0.056%
SDI of Longview TX Gilmer	33-3398180	0.026%
Sonic Drive In Seagoville TX	33-3278021	0.025%
SDI of Longview TX Greggton	33-3365708	0.023%
SDI Clarksville, TX #1769	20-1135924	0.134%
SDI De Kalb, TX, Inc. #4286	20-1135988	0.169%
SDI of Hooks, TX, LLC	20-5757065	0.125%
SDI of North Lindale TX LLC	26-4430877	0.118%
SDI of South Lindale TX LLC	26-4430930	0.144%
SDI of Linden, TX, LLC	47-4429635	0.123%
SDI of Mineola	20-1135839	0.205%
SDI of Nash TX LLC	27-2087200	0.213%
SDI of New Boston	56-2512331	0.155%
SDI of Van TX LLC	26-2864883	0.164%
SDI of Whitehouse, TX, LLC	26-4430736	0.146%
SDI of Winnsboro TX LLC	26-4430826	0.192%
SDI of Balch Springs TX LLC	93-2028300	0.128%
SDI OF REDWATER, TX, LLC	93-2280723	0.069%
Roach & Roach Holdings LLC - Kemp	83-1586413	0.119%
Roach & Roach Holdings LLC - Lake Dallas	83-1595609	0.116%
Roach & Roach Holdings LLC - Lake Forest	83-4618099	0.126%
HJ Sanchez Corp - Alice #5030	72-2892503	0.172%
Sonic Drive-In of Floresville #2059	74-2655322	0.164%
George West Drive In - 5613	75-3217148	0.221%
Sanchez Sonic, Inc - Kenedy Sonic #2310	73-1212374	0.157%
SFK TEXAS RESTAURANTS - SDI 2830 LLC	99-2979497	0.086%
SFK TEXAS RESTAURANTS - SDI 3249 LLC	99-2862359	0.139%
SFK TEXAS RESTAURANTS - SDI 4240 LLC	99-2887217	0.145%
SFK TEXAS RESTAURANTS - SDI 4257 LLC	99-2912229	0.156%
SFK TEXAS RESTAURANTS - SDI 5558 LLC	99-2935754	0.153%
SFK TEXAS RESTAURANTS - SDI 5623 LLC	99-2959658	0.142%
SFK TEXAS RESTAURANTS - SDI 2313 LLC	33-1716602	0.063%
SDI of Allen, TX, Partnership	27-2364166	0.020%
SDI Arlington, TX	27-2364166	0.127%
SDI of Arlington	27-2364166	0.155%
SDI of Dallas (Fort Worth)	27-2364166	0.181%

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SDI of Dallas (Northwest Hwy)	27-2364166	0.132%
SDI Dallas (Garland)	27-2364166	0.167%
SDI of Dallas (Greenville)	27-2364166	0.168%
SDI of Dallas	27-2364166	0.135%
SDI of Dallas (Inwood)	27-2364166	0.202%
SDI Dallas, TX (Audelia) #4398	27-2364166	0.148%
SDI of Dallas (Plano) #3617	27-2364166	0.130%
SDI Dallas, TX (8045 Forest)	27-2364166	0.154%
SDI of Dallas (Inwood)	27-2364166	0.146%
SDI Dallas (Empire)	27-2364166	0.051%
SDI of Dallas TX #5632	27-2364166	0.204%
SDI of Dallas (3650 Frankford)	27-2364166	0.139%
SDI Fort Worth (Clifford)	27-2364166	0.231%
SDI of Fort Worth, TX	27-2364166	0.056%
SDI of Fort Worth, TX	27-2364166	0.176%
SDI of FRISCO, TX #6560	27-2364166	0.164%
SDI of Frisco, TX #4059	27-2364166	0.141%
SDI of Ft Worth, TX	27-2364166	0.203%
SDI of FT. WORTH, TX #6571	27-2364166	0.168%
SDI of Garland, Texas	27-2364166	0.175%
SDI Garland, TX, Ptrship #4688	27-2364166	0.180%
SDI Garland (Jupiter)	27-2364166	0.146%
SDI of Grand Prairie, TX #4125	27-2364166	0.071%
SDI # 4387	27-2364166	0.136%
SDI of Haslet, TX	27-2364166	0.162%
SDI # 3906	27-2364166	0.135%
SDI of Irving TX Partnership #5780 (3431 West Walnut Hill Lane)	27-2364166	0.145%
SDI of Irving TX Partnership #5691 (900 W John Carpenter Frwy)	27-2364166	0.155%
SDI of Irving, TX	27-2364166	0.015%
SDI of Fort Worth, TX	27-2364166	0.195%
SDI of Keller TX Partnership	27-2364166	0.206%
SDI of Malakoff TX (418 W Royall Blvd) Partnership	27-2364166	0.122%
SDI McKinney, TX	27-2364166	0.207%
SDI of Murphy, TX, Partnership	27-2364166	0.161%
SDI of N. Richland Hills #4160	27-2364166	0.120%
SDI of Princeton	27-2364166	0.180%
SDI of Rowlett #3653	27-2364166	0.170%
SDI Sachse #3781	27-2364166	0.128%
SDI Texarkana #3012	27-2364166	0.129%
SDI of Westworth Village, TX (6640 Westworth Blvd) Partnership	27-2364166	0.131%
SDI of Wills Point #3557	27-2364166	0.166%
SDI, Center, LP	73-1002172	0.104%
Commerce SDI, LP	75-1506945	0.081%
Wintco, Inc. (Supervisors)	73-1187679	0.013%
Nacogdoches SDI LP	75-1220302	0.119%
Wintco #1, LLC	75-2605619	0.044%

Multiple Employer Plan Participating Employer Information**Texas Sonic Employee Trade Association, Inc. Occupational Injury Benefits Plan****75-2567775, Plan 501, PY 07/01/2024 - 06/30/2025**

Rusk SDI LP	73-1534191	0.078%
ALSTKAMP CORP, DBA Talty Sonic # 5316	83-4422459	0.044%
Chapel Creek Sonic, Inc.	26-0645582	0.126%
EBARB SDI II, LLC	86-2771002	0.192%
Gen 2214 SDI LLC	83-0784606	0.115%
HMC-JK,LLC, LLC	27-4970339	0.155%
Karoon Inc.	32-0042779	0.200%
McQueen Drive In, Inc.	75-2763628	0.138%
MML Restaurant Group, LLC	86-2327680	0.252%
R & L Hallsville SDI Inc	26-3876519	0.168%
SDI of Pearsall	74-2957956	0.139%
SDI Josey Lane LTD	75-2564779	0.048%
SDI of Carthage	75-1468252	0.207%
SDI of Crandall TX LTD	20-1604706	0.029%
SDI of Ennis	73-0799111	0.193%
SDI of Gladewater	73-1165391	0.091%
SDI of Kermit	75-1522745	0.169%
SDI Stonebriar Mall, LP #4296	73-1594061	0.149%
Sonic at Firewheel Center	20-4578673	0.006%
Sonic at MC, LLC	45-3671346	0.168%
Sonic Drive In - Robinson TX LTD	26-1649565	0.173%
Sonic Royale Inc	26-4088518	0.100%
Red Oak Sonic Drive-In Limited Partnership	45-2019356	0.171%
SDI Waxahachie 6551	81-2637816	0.184%
Sonic Drive-In Ltd	45-2022586	0.185%
Bell County Drive-In #2, A LP	74-2761695	0.034%
Bell County Drive-In #3, LP	75-2819329	0.041%
Bell County Drive-In #4, LP	74-2949365	0.043%
Copperas Cove Drive-In A LP	75-2529134	0.048%
SDI of Belton	74-1992390	0.047%
SDI of Temple TX Marlandwood LP	33-1012642	0.056%
Sonic Bell County TX Inc	73-1248220	0.044%
Sonic China Spring Texas LLC	27-1607612	0.040%
Sonic Fannin Co. TX, Inc. #1630	75-1841406	0.042%
Sonic Hewitt TX A LP	73-1075097	0.050%
Sonic Joshua Tx Inc	75-2391470	0.036%
Sonic McGregor TX, LLC	43-2095084	0.036%
Sonic Temple TX Inc	73-1085736	0.003%
Sonic Waco No 2 Inc	73-1134965	0.002%
Sonic, Waco-Baylor, TX, A LP	74-2685050	0.036%
SDI Peaster, LLC	99-1334315	0.062%
AUSTIN SONICS LTD (CLERICAL) **	74-2607679	0.172%
AUSTIN SONICS LTD (SUPERVISOR) **	74-2607679	0.313%
AUSTIN SONICS LTD (IT) **	74-2607679	0.119%
D L ROGERS CORPORATION (CLERICAL)**	48-0835461	0.328%
ENCORE RESTAURANTS INC (CLERICAL)**	75-2454289	0.042%

Multiple Employer Plan Participating Employer Information

Texas Sonic Employee Trade Association, Inc. Occupational Injury Benefits Plan

75-2567775, Plan 501, PY 07/01/2024 - 06/30/2025

Bedlam Enterprises, Inc. (CLERICAL)	20-0240034	0.000%
Bedlam Enterprises, Inc. (SUPERVISOR)	20-0240034	0.388%
SM-WATFORD GROUP, LLC (CLERICAL)**	76-0326637	0.078%
SRI OPERATING COMPANY (CLERICAL)	73-0950743	0.161%
West Texas SDI Management, LLC	92-2481962	0.106%
MRG DFW LLC Supervisory Group	93-4485181	0.034%

**TEXAS SONIC EMPLOYERS TRADE ASSOCIATION, INC.
OCCUPATIONAL INJURY BENEFITS PLAN**

**EIN: 75-2567775 PLAN NUMBER: 501
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended June 30, 2025**

Identity Of Party Involved	Number Of Purchase Transactions	Number Of Sales Transactions	Total Value Of Purchases	Total Net Selling Price	Expenses Incurred In Transactions	Total Cost Of Assets Sold	Total Current Value Of Assets On Transaction Date	Net Gain (Loss)
Series Of Transactions In Excess Of 5% Of Plan Assets								
Cavanall Hill Govt Sec Money Market Fund	4	—	\$ 1,308,847	\$ —	—	\$ —	\$ 1,308,847	—
Cavanall Hill Govt Sec Money Market Fund	—	4	—	1,105,582	—	1,105,582	1,105,582	—
Goldman Sachs Financial Square Government Fund	42	—	4,687,093	—	—	—	4,687,093	—
Goldman Sachs Financial Square Government Fund	—	50	—	5,580,947	—	5,580,947	5,580,947	—

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, Line 4j.

**TEXAS SONIC EMPLOYERS TRADE ASSOCIATION, INC.
OCCUPATIONAL INJURY BENEFITS PLAN**

**EIN: 75-2567775 PLAN NUMBER: 501
SCHEDULE OF ASSETS HELD AT END OF YEAR
June 30, 2025**

Identity Of Issuer, Borrower, Lessor Or Similar Party	No. Of Units	Cost	Fair Value
Cash Equivalents			
Cavanall Hill Govt Sec Money Market Fund	517,305	\$ 517,305	\$ 517,305
Goldman Sachs Financial Square Government Fund	5,407,135	5,407,135	5,407,135
Total Investments		<u>\$ 5,924,440</u>	<u>\$ 5,924,440</u>

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, Line 4i.