

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
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan MORRISON RESTAURANTS, INC. RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 07/01/1978
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) RUBY TUESDAY OPERATIONS LLC PO BOX 4069 MARYVILLE, TN 37802
2b	Employer Identification Number (EIN) 86-1996189
2c	Plan Sponsor's telephone number 865-379-5965
2d	Business code (see instructions) 722511

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/27/2026	JAMIE PEARSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	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	5 172
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) 1 6a(2) 1 6b 98 6c 20 6d 119 6e 42 6f 161 6g(1) 6g(2) 6h 0
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:

1A 1I

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	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	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan MORRISON RESTAURANTS, INC. RETIREMENT PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF RUBY TUESDAY OPERATIONS LLC	D Employer Identification Number (EIN) 86-1996189
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 07 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	3780736	
b	Actuarial value	2b	3673444	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	150	3542210	3542210
b	For terminated vested participants	22	187624	187624
c	For active participants	1	964	964
d	Total	173	3730798	3730798
4	If the plan is in at-risk status, check the box and complete lines (a) and (b): ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.10 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	68373	
c	Target normal cost	6c	68373	

Statement by Enrolled Actuary

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

SIGN HERE	Signature of actuary WESLEY J. WICKENHEISER, FSA,EA,MAAA Type or print name of actuary USI CONSULTING GROUP Firm name 435 N WHITTINGTON PKWY SUITE 250 LOUISVILLE, KY 40222 Address of the firm	03/25/2026 Date 23-06598 Most recent enrollment number 502-815-5182 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>6.86</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.04</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	98.46 %
15 Adjusted funding target attainment percentage	15	98.46 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.74 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/15/2025	18414	0			
03/12/2026	61376	0			
Totals ►			18(b)	79790	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	73680

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21	Discount rate:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">a Segment rates:</td> <td style="width:33%;">1st segment: 4.75 %</td> <td style="width:33%;">2nd segment: 5.12 %</td> <td style="width:33%;">3rd segment: 5.59 %</td> <td style="width:33%;">☐ N/A, full yield curve used</td> </tr> </table>	a Segment rates:	1st segment: 4.75 %	2nd segment: 5.12 %	3rd segment: 5.59 %	☐ N/A, full yield curve used		
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.12 %	3rd segment: 5.59 %	☐ N/A, full yield curve used					
	b Applicable month (enter code)	21b	4						
22	Weighted average retirement age	22	61						
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute								

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

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

Part VIII	Minimum Required Contribution For Current Year
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31	Target normal cost and excess assets (see instructions):		
	a Target normal cost (line 6c)	31a	68373
	b Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
	a Net shortfall amortization installment	57354	5284
	b Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		
		33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		
		34	73657
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)		
		36	73657
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		
		37	73680
38	Present value of excess contributions for current year (see instructions)		
	a Total (excess, if any, of line 37 over line 36)	38a	23
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		
		39	0
40	Unpaid minimum required contributions for all years		
		40	0

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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 MORRISON RESTAURANTS, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 RUBY TUESDAY OPERATIONS LLC	D Employer Identification Number (EIN) 86-1996189

Part I	Service Provider Information (see instructions)
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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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-----	--

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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)

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	36765	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF AMERICA

94-1687665

(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?
26 21	NONE	24747	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

USI CONSULTING GROUP

06-1053228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	19597	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

LPMC, PC

63-1199757

(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	NONE	12250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

A Name of plan MORRISON RESTAURANTS, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 RUBY TUESDAY OPERATIONS LLC	D Employer Identification Number (EIN) 86-1996189

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	79790
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	791	10953
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	75550	75065
(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)	3704395	3431811
(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	3780736	3597619
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	0	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3780736	3597619

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)	79790	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		79790
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2833	
(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)		2833
(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)	2614	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2614
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	548241	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	548241	
(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)		295989
c Other income	2c		16941
d Total income. Add all income amounts in column (b) and enter total	2d		398167

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	470553	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		470553
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	12250	
(5) Investment advisory and investment management fees	2i(5)	20416	
(6) Bank or trust company trustee/custodial fees	2i(6)	4331	
(7) Actuarial fees	2i(7)	56362	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	17372	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		110731
j Total expenses. Add all expense amounts in column (b) and enter total	2j		581284

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-183117
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: **LPMC, PC**

(2) EIN: **62-1199757**

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.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 569806.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan MORRISON RESTAURANTS, INC. RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 RUBY TUESDAY OPERATIONS LLC		D Employer Identification Number (EIN) 86-1996189
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

Morrison Restaurants, Inc.
Retirement Plan

Financial Statements
and Supplemental Schedules

*Years ended June 30, 2025 and 2024
with Independent Auditors' Report*

The logo for LBMC, consisting of the letters "LBMC" in white, sans-serif font, centered within a solid blue square.

LBMC

Morrison Restaurants, Inc.
Retirement Plan

Financial Statements
and Supplemental Schedules

Years ended June 30, 2025 and 2024

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INDEPENDENT AUDITORS' REPORT

The Plan Committee
Morrison Restaurants, Inc. Retirement Plan

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

We have performed audits of the financial statements of the Morrison Restaurants, Inc. Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended June 30, 2025 and 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management has determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of June 30, 2025 and schedule of reportable transactions for the year ended June 30, 2025 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

LBMC, PC

Knoxville, Tennessee
February 24, 2026

Morrison Restaurants, Inc. Retirement Plan
Statements of Net Assets Available for Benefits

	June 30	
	<u>2025</u>	<u>2024</u>
Assets		
Investments, at fair value	\$ 3,506,876	\$ 3,779,945
Plan sponsor receivable	79,790	-
Interest receivable	<u>10,953</u>	<u>791</u>
Total assets	3,597,619	3,780,736
 Liabilities		
Accrued expenses	<u>-</u>	<u>49,015</u>
 Net assets available for benefits	 <u><u>\$ 3,597,619</u></u>	 <u><u>\$ 3,731,721</u></u>

See accompanying Notes to Financial Statements.

Morrison Restaurants, Inc. Retirement Plan
Statements of Changes in Net Assets Available for Benefits

	Year ended June 30	
	2025	2024
Additions		
Net realized and unrealized appreciation in fair value of investments	\$ 162,900	\$ 159,000
Plan sponsor contributions	79,790	-
Interest and dividend income	155,477	131,677
Total additions	<u>398,167</u>	<u>290,677</u>
 Deductions		
Benefit payments	470,553	522,922
Administrative expenses	61,716	96,106
Total deductions	<u>532,269</u>	<u>619,028</u>
 Net decrease	 (134,102)	 (328,351)
 Net assets available for benefits at beginning of year	 <u>3,731,721</u>	 <u>4,060,072</u>
 Net assets available for benefits at end of year	 <u><u>\$ 3,597,619</u></u>	 <u><u>\$ 3,731,721</u></u>

See accompanying Notes to Financial Statements.

Morrison Restaurants, Inc. Retirement Plan

Notes to Financial Statements

June 30, 2025 and 2024

1. Description of the Plan

The following description of Morrison Restaurants, Inc. Retirement Plan (the “Plan”) is to provide only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan’s provisions.

General

The Plan was established July 1, 1978, to provide retirement benefits for qualifying employees of Morrison Restaurants, Inc. and certain subsidiaries (collectively referred to herein as “MRI”). Effective December 31, 1987, the board of directors of MRI passed a resolution to effectively freeze the accumulated benefits at the current levels. No further benefits will accrue to participants in the Plan, and no new participants will be admitted to the Plan subsequent to the effective date.

Ruby Tuesday, Inc. (“RTI”) along with Morrison Fresh Cooking, Inc. (“MFC”), which were subsequently purchased by Piccadilly Cafeterias, Inc. (“Piccadilly”), and Morrison Health Care, Inc. (“MHC”), which was subsequently purchased by Compass Group, PLC (“Compass”), had sponsored the Plan since 1996 when RTI spun-off its family dining and healthcare food and nutrition service businesses to MFC and MHC, respectively.

The Plan is a noncontributory defined benefit pension plan covering certain employees of RTI, Piccadilly and Compass, who were the sponsors of the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Participants receive benefits based upon salary and length of service.

On October 29, 2003, Piccadilly announced it had filed for Chapter 11 protection under the United States Bankruptcy Code. On March 16, 2004, the participants were notified that Piccadilly had withdrawn as a plan sponsor from the Plan as a result of a court approved motion. Piccadilly’s funding obligations were assumed by the Plan’s other sponsors, RTI and Compass.

During July 2006, a portion of the Plan was spun-off and merged into the Compass Group USA, Inc. Retirement Plan for Salaried Employees. Former Piccadilly employees included in this spin-off group were selected so that approximately 50% of participants who are current and former employees of MFC were in the spin-off group. As a result of this spin-off, RTI was the sole plan sponsor.

On October 7, 2020, RTI announced its filing of a voluntary petition for reorganization under Chapter 11 of the Bankruptcy Code. On February 24, 2021, pursuant to the Bankruptcy Plan of Reorganization, Ruby Tuesday Operations LLC (“RTO”) purchased the operating assets of the remaining store locations, certain non-operating assets, and certain liabilities of the bankrupt RTI. As part of that purchase transaction, RTO assumed the obligations of the Plan and became the Plan’s sponsor (referred to herein as the “Sponsor”).

Morrison Restaurants, Inc. Retirement Plan
Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Administration

The general administration of the Plan is the responsibility of the Sponsor. Bank of America, N.A. (the “Trustee”) is responsible for all Plan transactions, including maintenance of Plan records.

Contributions

The Sponsor’s intent is to make contributions in amounts sufficient to annually fund the Plan’s normal cost and prior service cost which is being amortized over a period of 30 years. For the year ended June 30, 2025 employer contributions of \$79,790 were necessary to meet minimum funding requirements of ERISA. No such contributions were required for the plan year ended June 30, 2024.

Vesting

The Plan is a noncontributory defined benefit pension plan which, prior to December 31, 1987, covered MRI employees who had completed 1,000 hours of service within a twelve-month period and attained the age of 21. Participants with five or more years of service are entitled to vested pension benefits beginning at normal retirement age (65). The Plan permits early retirement beginning at age 55.

Payment of Benefits

Benefits are paid to qualified participants or their designated beneficiaries based upon credited years of service. Participants may elect to receive benefit payments under a full range of actuarial equivalent optional methods which include, for married participants, the actuarial equivalent of life income in the form of a 50% spouse joint and survivor annuity.

Administrative Expenses

Certain Plan expenses are paid by the Plan; the remaining expenses are paid by the Sponsor. Administrative expenses paid by the Plan are reflected as administrative expenses in the statements of changes in net assets available for benefits.

Plan Termination

Should the Plan terminate at some future time, its net assets will generally not be available on a pro-rata basis to provide participants’ benefits. Whether a particular participant’s accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (“PBGC”) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Morrison Restaurants, Inc. Retirement Plan
Notes to Financial Statements (continued)

2. Summary of Accounting Policies

Basis of Presentation

The financial statements of the Plan have been prepared on the accrual basis of accounting.

Fiscal Year-End

The Plan operates on a fiscal year ending June 30. All references in these financial statements are to the fiscal year-end, unless otherwise specified.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the participant to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on the employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ended December 31, 1987. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Investments

The Plan's investments are stated at fair value. In accordance with the policy of stating investments at fair value, net realized and unrealized appreciation or depreciation in fair value of investments is reflected in the statement of changes in net assets available for benefits. This includes gains and losses on investments bought or sold, as well as those held during the year.

The Plan does not require investments to be insured or collateralized. The maximum loss, if any, that would be incurred by the Plan if the counterparties to the Plan's investments failed to perform, is the recorded amount of such investments.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Use of Estimates

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 certain reported amounts and disclosures. Significant estimates include the actuarial present value of accumulated plan benefits. It is at least reasonably possible that a significant change may occur in the near term for the estimates of the actuarial present value of accumulated plan benefits. Accordingly, actual results could differ from those estimates.

Morrison Restaurants, Inc. Retirement Plan
Notes to Financial Statements (continued)

2. Summary of Accounting Policies (continued)

Benefit Payments

Benefit payments to participants are recorded when paid.

Subsequent Events

Management has performed an analysis of the activities and transactions subsequent to June 30, 2025 to determine the need for any adjustments to and/or disclosures within the financial statements for the year ended June 30, 2025. Management has performed their analysis through February 24, 2026, which was the date the financial statements were available to be issued.

3. Accumulated Plan Benefits

An external actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits on an ongoing basis as of the beginning of the Plan year is as follows:

	<u>July 1, 2024</u>
Actuarial present value of accumulated and vested plan benefits:	
Participants currently receiving payments	\$3,686,788
Other participants	<u>200,754</u>
Total actuarial present value of accumulated and vested plan benefits	<u><u>\$3,887,542</u></u>

4. Changes in Accumulated Plan Benefits

The changes in actuarial present value of accumulated plan benefits are as follows:

	<u>2024</u>
Actuarial present value of accumulated plan benefits at July 1, 2023	\$4,248,774
Increase (decrease) during the year attributable to:	
Interest	179,429
Benefits paid	(522,922)
Other changes	<u>(17,739)</u>
Actuarial present value of accumulated plan benefits at July 1, 2024	<u><u>\$3,887,542</u></u>

Morrison Restaurants, Inc. Retirement Plan
Notes to Financial Statements (continued)

4. Changes in Accumulated Plan Benefits (continued)

The more significant assumptions underlying the actuarial computations as of July 1, 2024, were as follows:

Interest Rate	4.50% at July 1, 2024 and July 1, 2023
Mortality basis	Amounts-weighted rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021 at July 1, 2024 and July 1, 2025
Retirement age	Assumed rates of retirement between age 55 and age 65 or age on valuation date if age is greater than age 65.

These actuarial assumptions were based on the presumption the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

5. Unaudited Information – Certified Investments

Bank of America, N.A., the trustee of the Plan, holds investment assets and executes transactions therein, and substantially all information pertaining to the Plan's investments included in the 2025 and 2024 financial statements has been certified by them. This information has not been audited by independent accountants.

6. Party-in-Interest Transactions

Parties-in-interest are defined under Department of Labor (DOL) regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others.

The Plan held a portion of its investments in a money market deposit account managed by the trustee of the Plan. For Plan years 2025 and 2024, transactions in the money market deposit account are included below:

	<u>2025</u>	<u>2024</u>
Purchases	\$ 29,465	\$ 28,596
Redemptions	29,465	28,596
Fund Balance	-	-

Amounts paid by the Plan to parties-in-interest included fees paid for investment management, actuarial services, and professional fees for the audit of the Plan. Certain professional fees for the administration of the Plan were paid by the Sponsor. Various administrative functions are performed by officers or employees of the Sponsor. No such officer or employee receives compensation from the Plan.

Morrison Restaurants, Inc. Retirement Plan
Notes to Financial Statements (continued)

7. Fair Value Measurements

Financial Accounting Standards Board Accounting Standards Codification 820, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy (in order of priority) are described below:

Level 1 – Observable inputs based on quoted prices in active markets for identical assets or liabilities;

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly; and

Level 3 – Unobservable inputs in which little or no market data exists which require the reporting entity to develop its own assumptions.

The investment's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan:

Mutual funds and exchange-traded funds: The fair values of mutual fund and exchange traded fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (level 1 inputs).

Money market fund: The fair value of the money market fund has been determined based upon their quoted redemption prices and recent transaction prices of \$1.00 per share (level 2 inputs), with no discounts for credit quality or liquidity restrictions.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Morrison Restaurants, Inc. Retirement Plan
Notes to Financial Statements (continued)

7. Fair Value Measurements (continued)

Fair Value Measurements at June 30, 2025 Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments:			
Mutual funds	\$ 2,955,349	\$ -	\$ -
Exchange-traded funds	476,461	-	-
Money market fund	-	75,066	-
Total	<u>\$ 3,431,810</u>	<u>\$ 75,066</u>	<u>\$ -</u>

Fair Value Measurements at June 30, 2024 Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments:			
Mutual funds	\$ 2,879,590	\$ -	\$ -
Exchange-traded funds	824,805	-	-
Money market fund	-	75,550	-
Total	<u>\$ 3,704,395</u>	<u>\$ 75,550</u>	<u>\$ -</u>

8. Income Tax Status

The Internal Revenue Service has determined and informed the Sponsor by a letter dated September 21, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Apart from a plan amendment to reflect Ruby Tuesday Operations LLC as the primary plan sponsor from the Ruby Tuesday Bankruptcy Plan discussed above, there have been no amendments to the Plan since receipt of the determination letter. Plan management believes that the Plan is designed and is currently being operated in compliance with the applicable sections of the Internal Revenue code. Therefore, management believes that the Plan was qualified and the related trust was tax-exempt as of June 30, 2025.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain tax position that more likely than not would be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Morrison Restaurants, Inc. Retirement Plan
Notes to Financial Statements (continued)

9. Risks and Uncertainties

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

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

10. Reconciliation of financial statements to Form 5500

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

	2025	2024
Net assets available for benefits per financial statements	\$ 3,597,619	\$ 3,731,721
Accrued expenses	-	49,015
Net assets available for benefits per the Form 5500	<u>\$ 3,597,619</u>	<u>\$ 3,780,736</u>

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

	2025	2024
Change in net assets available for benefits per financial statements	\$ (134,102)	\$ (328,351)
Accrued expenses	(49,015)	49,015
Change in net assets available for benefits per Form 5500	<u>\$ (183,117)</u>	<u>\$ (279,336)</u>

Supplemental Schedules

Morrison Restaurants, Inc. Retirement Plan
Employer Identification Number: 86-1996189; Plan Number: 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
June 30, 2025

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
<u>Money market fund:</u>			
Federated Hermes	Govt Obligations FD CL Prem	\$ 75,066	\$ 75,066
Total money market fund		<u>\$ 75,066</u>	<u>\$ 75,066</u>
<u>Mutual funds:</u>			
Vanguard	Short-Term Corporate Bond	981,764	1,012,830
Vanguard	Long-Term Corporate Bond	542,743	527,428
Vanguard	Scottsdale FDS Intermediate	1,068,752	1,103,914
Natixis	Loomis Sayles Growth Fund CL Y	20,050	41,744
Oakmark	Select Fund CL Instl	21,662	38,395
Conestoga	Small Cap Fund Instl Class	27,764	40,596
Harding Loevner Funds	Intl Equity Pt FD Instl CL	16,303	20,211
Allspring	Special Small Cap Value Fund CL Instl	32,935	36,225
Oakmark	Intl FD CL R6	20,790	21,998
Hartford Schrodgers	Emerg Mrkts Equity FD CL F	32,791	42,202
Baird	MidCap Fund Institutional CL	25,476	35,510
MFS	Mid Cap Value Fund CL R6	22,909	34,296
Total mutual funds		<u>\$2,813,939</u>	<u>\$2,955,349</u>
<u>Exchange-traded funds:</u>			
iShares	Russell MidCap	57,175	111,468
Vanguard	500 Index Fund SHS ETF	62,436	155,072
Vanguard	FTSE Developed Markets ETF	40,389	56,269
iShares	TR Russell 2000	34,453	56,321
Vanguard	FTSE Emerging Markets ETF	44,959	55,939
iShares	S&P 100	16,333	41,392
Total exchange-traded funds		<u>255,745</u>	<u>476,461</u>
Total assets held for investment purposes at end of year		<u>\$3,144,750</u>	<u>\$3,506,876</u>

The above data is based upon information which has been certified as complete and accurate by Bank of America, N.A.

Morrison Restaurants, Inc. Retirement Plan
Employer Identification Number: 86-1996189; Plan Number: 002
Schedule H, Line 4j – Schedule of Reportable Transactions
Year ended June 30, 2025

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity date in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
(A) <u>Single Transactions Reportable</u>						
None reportable.						
(B) <u>Series of Non-security Transactions</u>						
None reportable.						
(C) <u>Aggregate Transactions in One Issue of Securities</u>						
Federated Hermes Govt	Money market fund					
Obligations FD CL Prem	66 Purchases	\$ 518,292	\$ -	\$ -	\$ 518,292	\$ -
	29 Sales	-	518,776	518,776	518,776	-
(D) <u>Other Transactions Involving Securities or Parties Involved in Single Transactions Reportable</u>						
None reportable.						

* Denotes a party-in-interest to the Plan.

See Independent Auditors' Report

Schedule SB, Line 26 – Schedule of Active Participant Data

PLAN YEAR: 2024

Plan Name: Morrison Restaurants Inc. Retirement Plan

EIN/PN: 86-1996189/002

AGE GROUP		YEARS OF SERVICE									
		Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - UP
1 - 24	Number										
	Avg Benefit*										
25 - 29	Number										
	Avg Benefit*										
30 - 34	Number										
	Avg Benefit*										
35 - 39	Number										
	Avg Benefit*										
40 - 44	Number										
	Avg Benefit*										
45 - 49	Number										
	Avg Benefit*										
50 - 54	Number										
	Avg Benefit*										
55 - 59	Number										
	Avg Benefit*										
60 - 64	Number										
	Avg Benefit*										
65 - 69	Number		1								
	Avg Benefit*		N/A								
70 - UP	Number										
	Avg Benefit*										

* Average frozen accrued benefits are omitted since the plan has fewer than 1,000 active participants.

Summary of Actuarial Assumptions and Methods

Mortality Rates

(Prescribed by Code §430)

IRS 2024 Static Mortality Tables with Pre and Post Commencement Rates.

Mortality table for ASC 960 calculation

(Selected by plan sponsor)

Pri-2012 Amount-Weighted Total Dataset Mortality with generational mortality improvements after year 2012 under Projection Scale MP-2021 (Separate scales used for males and females and based on participant status).

Withdrawal Rates

(gains and losses from this source are reviewed to assess reasonableness)

Table provided by prior actuary. See sample rates.

Age	Rate	Age	Rate
20	8.6651%	45	2.3930%
25	6.6141	50	1.5661
30	5.3255	55	0.8519
35	4.2151	60	1.3119
40	3.2566	65	2.1260

Disablement Rates

(gains and losses from this source are reviewed to assess reasonableness)

None assumed.

Retirement Rates

(gains and losses from this source are reviewed to assess reasonableness)

Age	Rate
55-60	5.0%
61	30.0%
62	50.0%
63-64	40.0%
65	100.0%

Deferred vested participants are assumed to retire at age 65.

Salary Scale

Not applicable

Rate of Investment Return

	Segment 1 (0 to 5 Years)	Segment 2 (5 to 20 Years)	Segment 3 (More than 20 Years)
Adjusted 24-Mo. Avg. Segment Rates	4.75% per annum	5.12% per annum	5.59% per annum
Minimum Funding Target Liability (prescribed by Code §430)			
Unadjusted 24-Mo. Avg. Segment Rates	4.64% per annum	5.12% per annum	5.10% per annum
Maximum Deductible Liability Low-Default-Risk Obligation Measurement (LDROM)			
PBGC Variable Premium Liability (standard method) (prescribed by Code §430)	5.09% per annum	5.28% per annum	5.52% per annum
Other Measurements			
ASC 960 (selected by plan sponsor)	4.50% per annum	4.50% per annum	4.50% per annum

Actuarial Valuation Method

Unit Credit as prescribed by Code §430

Maximum Deductible Contribution as prescribed by Code §404(o)

Asset Valuation Method

(Prescribed by Code §430)

As selected by the plan sponsor, market value adjusted for any accruals and further adjusted for weighted gains and losses during the prior 2 years. Weighted gains and losses for each plan year reflect interest at the applicable third segment rate. The resulting value shall not be more than 110% or less than 90% of market value.

Form of Payment

(set based upon review of plan experience; gains and losses from this source are reviewed to assess reasonableness)

	<u>Life Only</u>	Joint and 50% <u>Survivor</u>
Active retirements	100%	0%
Future vested deferred	100%	0%
Future deaths	0%	100%
Current vested deferred	100%	0%

Provision for Expenses

Replacement of previous plan year's administrative expenses.

Other Assumptions

Marital status at benefit commencement – 80% married with female spouses 3 years younger than male spouses.

Top-Heavy status – not top-heavy.

Current Code §401(a)(17) compensation limitation – \$345,000.

Current Code §415(b) annual benefit limitation – \$275,000.

Cost-of-Living escalation for Code §401(a)(17) and 415(b) – none as prescribed by Code §1.412(c)(3)-1(d)(1).

Changes in Assumptions from Prior Actuarial Valuation

	<u>Previous</u>	<u>Current</u>
Minimum Funding Target Segment Rates	Three Segment Yield Curve (4.75%, 5.00% & 5.74%)	Three Segment Yield Curve (4.75%, 5.12% & 5.59%)

Reason: In recognition of interest rate environment as measured by methodology set forth in Code §430(h)(2).

	<u>Previous</u>	<u>Current</u>
Unadjusted 24-Month Average Segment Rates (4 Month Lookback)	Three Segment Yield Curve (2.50%, 3.83% & 4.06%)	Three Segment Yield Curve (4.64%, 5.12% & 5.10%)

Reason: In recognition of interest rate environment as measured by methodology set forth in Code §430(h)(2).

	<u>Previous</u>	<u>Current</u>
Funding Target Mortality Rates	IRS 2023 Static Mortality Tables with Pre and Post Commencement Rates.	IRS 2024 Static Mortality Tables with Pre and Post Commencement Rates.

Reason: In recognition of IRS final regulations that specify Funding Target mortality

Morrison Restaurants, Inc. Retirement Plan
Employer Identification Number: 86-1996189; Plan Number: 002

Schedule H, Line 4j – Schedule of Reportable Transactions

07/01/24 THROUGH 06/30/25

ACCOUNT
72-06-601-5849863

MORRISON RETIREMENT PLAN

VALUATION

3,780,736.46

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THRESHOLD 189,036.82

BROKER/PARTY ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	PREVIOUS ANNUAL MARKET	NET GAIN/LOSS
FEDERATED HERMES GOVT OBLIGATIONS FD CL PREM	SAL	07/01/24	-43,451.430	43,451.43	.00	.00	-43,451.43	-43,451.43	.00
	PUR	07/02/24	536.830	-536.83	.00	.00	536.83	536.83	.00
	PUR	07/03/24	10,428.250	-10,428.25	.00	.00	10,428.25	10,428.25	.00
	PUR	07/09/24	10.310	-10.31	.00	.00	10.31	10.31	.00
	SAL	07/15/24	-2,248.500	2,248.50	.00	.00	-2,248.50	-2,248.50	.00
	PUR	07/17/24	460.410	-460.41	.00	.00	460.41	460.41	.00
	PUR	07/30/24	16,842.160	-16,842.16	.00	.00	16,842.16	16,842.16	.00
	SAL	07/31/24	-36,765.000	36,765.00	.00	.00	-36,765.00	-36,765.00	.00
	SAL	08/01/24	-14,022.170	14,022.17	.00	.00	-14,022.17	-14,022.17	.00
	PUR	08/05/24	10,671.670	-10,671.67	.00	.00	10,671.67	10,671.67	.00
	PUR	08/08/24	10.570	-10.57	.00	.00	10.57	10.57	.00
	SAL	08/14/24	-2,255.300	2,255.30	.00	.00	-2,255.30	-2,255.30	.00
	PUR	08/21/24	476.440	-476.44	.00	.00	476.44	476.44	.00
	PUR	08/22/24	66.640	-66.64	.00	.00	66.64	66.64	.00
	PUR	08/23/24	460.410	-460.41	.00	.00	460.41	460.41	.00
	SAL	08/26/24	-85.380	85.38	.00	.00	-85.38	-85.38	.00
	PUR	08/30/24	90,087.490	-90,087.49	.00	.00	90,087.49	90,087.49	.00
	SAL	09/03/24	-40,652.600	40,652.60	.00	.00	-40,652.60	-40,652.60	.00
	PUR	09/05/24	10,405.580	-10,405.58	.00	.00	10,405.58	10,405.58	.00
	PUR	09/10/24	9.960	-9.96	.00	.00	9.96	9.96	.00
	SAL	09/16/24	-2,262.890	2,262.89	.00	.00	-2,262.89	-2,262.89	.00
	PUR	09/19/24	460.410	-460.41	.00	.00	460.41	460.41	.00
	PUR	09/24/24	310.420	-310.42	.00	.00	310.42	310.42	.00
	PUR	09/26/24	35,012.980	-35,012.98	.00	.00	35,012.98	35,012.98	.00
	PUR	09/30/24	833.990	-833.99	.00	.00	833.99	833.99	.00
	SAL	10/01/24	-39,927.470	39,927.47	.00	.00	-39,927.47	-39,927.47	.00
	PUR	10/03/24	10,210.340	-10,210.34	.00	.00	10,210.34	10,210.34	.00
	PUR	10/04/24	16.660	-16.66	.00	.00	16.66	16.66	.00
	PUR	10/08/24	10.080	-10.08	.00	.00	10.08	10.08	.00
	SAL	10/15/24	-2,091.020	2,091.02	.00	.00	-2,091.02	-2,091.02	.00
	PUR	10/21/24	460.410	-460.41	.00	.00	460.41	460.41	.00
	SAL	11/01/24	-40,423.820	40,423.82	.00	.00	-40,423.82	-40,423.82	.00
	PUR	11/05/24	10,842.070	-10,842.07	.00	.00	10,842.07	10,842.07	.00
	PUR	11/07/24	6,434.620	-6,434.62	.00	.00	6,434.62	6,434.62	.00
	PUR	11/08/24	9.870	-9.87	.00	.00	9.87	9.87	.00
	SAL	11/15/24	-2,045.940	2,045.94	.00	.00	-2,045.94	-2,045.94	.00
	PUR	11/20/24	62,840.100	-62,840.10	.00	.00	62,840.10	62,840.10	.00

Morrison Restaurants, Inc. Retirement Plan
Employer Identification Number: 86-1996189; Plan Number: 002

Schedule H, Line 4j – Schedule of Reportable Transactions

07/01/24 THROUGH 06/30/25

ACCOUNT
72-06-601-5849863

MORRISON RETIREMENT PLAN

VALUATION

3,780,736.46 THRESHOLD

PAGE 73

189,036.82

BROKER/PARTY ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	PREVIOUS ANNUAL MARKET	NET GAIN/LOSS
FEDERATED HERMES GOVT OBLIGATIONS FD CL PREM	PUR	11/21/24	460.410	-460.41	.00	.00	460.41	460.41	.00
	PUR	11/27/24	5,652.200	-5,652.20	.00	.00	5,652.20	5,652.20	.00
	SAL	12/02/24	-39,831.250	39,831.25	.00	.00	-39,831.25	-39,831.25	.00
	PUR	12/04/24	10,384.810	-10,384.81	.00	.00	10,384.81	10,384.81	.00
	PUR	12/10/24	10.220	-10.22	.00	.00	10.22	10.22	.00
	PUR	12/13/24	1,677.170	-1,677.17	.00	.00	1,677.17	1,677.17	.00
	PUR	12/17/24	4,192.650	-4,192.65	.00	.00	4,192.65	4,192.65	.00
	PUR	12/18/24	1,502.750	-1,502.75	.00	.00	1,502.75	1,502.75	.00
	PUR	12/20/24	3,427.340	-3,427.34	.00	.00	3,427.34	3,427.34	.00
	PUR	12/23/24	1,251.540	-1,251.54	.00	.00	1,251.54	1,251.54	.00
	PUR	12/24/24	2,509.150	-2,509.15	.00	.00	2,509.15	2,509.15	.00
	PUR	12/26/24	474.610	-474.61	.00	.00	474.61	474.61	.00
	PUR	12/27/24	10,876.490	-10,876.49	.00	.00	10,876.49	10,876.49	.00
	PUR	12/31/24	526.040	-526.04	.00	.00	526.04	526.04	.00
	SAL	01/02/25	-40,280.180	40,280.18	.00	.00	-40,280.18	-40,280.18	.00
	PUR	01/10/25	10.270	-10.27	.00	.00	10.27	10.27	.00
	SAL	01/15/25	-2,018.130	2,018.13	.00	.00	-2,018.13	-2,018.13	.00
	PUR	01/16/25	243.770	-243.77	.00	.00	243.77	243.77	.00
	PUR	01/24/25	216.640	-216.64	.00	.00	216.64	216.64	.00
	SAL	02/03/25	-40,374.650	40,374.65	.00	.00	-40,374.65	-40,374.65	.00
	PUR	02/05/25	10,826.900	-10,826.90	.00	.00	10,826.90	10,826.90	.00
	PUR	02/06/25	341.520	-341.52	.00	.00	341.52	341.52	.00
	PUR	02/11/25	9.950	-9.95	.00	.00	9.95	9.95	.00
	SAL	02/14/25	-2,017.100	2,017.10	.00	.00	-2,017.10	-2,017.10	.00
	PUR	02/20/25	460.410	-460.41	.00	.00	460.41	460.41	.00
	PUR	02/26/25	777.700	-777.70	.00	.00	777.70	777.70	.00
	PUR	03/03/25	15,152.640	-15,152.64	.00	.00	15,152.64	15,152.64	.00
	SAL	03/04/25	-14,763.000	14,763.00	.00	.00	-14,763.00	-14,763.00	.00
	PUR	03/05/25	9,642.480	-9,642.48	.00	.00	9,642.48	9,642.48	.00
	SAL	03/06/25	-789.070	789.07	.00	.00	-789.07	-789.07	.00
	PUR	03/11/25	9.980	-9.98	.00	.00	9.98	9.98	.00
	SAL	03/14/25	-2,014.340	2,014.34	.00	.00	-2,014.34	-2,014.34	.00
	PUR	03/21/25	514.770	-514.77	.00	.00	514.77	514.77	.00
	PUR	03/24/25	460.410	-460.41	.00	.00	460.41	460.41	.00
	PUR	03/25/25	318.620	-318.62	.00	.00	318.62	318.62	.00
	SAL	03/28/25	-17,372.000	17,372.00	.00	.00	-17,372.00	-17,372.00	.00
	PUR	03/31/25	494.700	-494.70	.00	.00	494.70	494.70	.00

Morrison Restaurants, Inc. Retirement Plan
Employer Identification Number: 86-1996189; Plan Number: 002

Schedule H, Line 4j – Schedule of Reportable Transactions

07/01/24 THROUGH 06/30/25

ACCOUNT
72-06-601-5849863

MORRISON RETIREMENT PLAN

VALUATION

3,780,736.46 THRESHOLD PAGE 74 189,036.82

BROKER/PARTY ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	PREVIOUS ANNUAL MARKET	NET GAIN/LOSS
FEDERATED HERMES GOVT OBLIGATIONS FD CL PREM	SAL	04/01/25	-38,764.210	38,764.21	.00	.00	-38,764.21	-38,764.21	.00
	PUR	04/03/25	10,864.740	-10,864.74	.00	.00	10,864.74	10,864.74	.00
	SAL	04/07/25	-12,250.000	12,250.00	.00	.00	-12,250.00	-12,250.00	.00
	PUR	04/09/25	9.360	-9.36	.00	.00	9.36	9.36	.00
	SAL	04/14/25	-53.470	53.47	.00	.00	-53.47	-53.47	.00
	PUR	04/15/25	91,641.660	-91,641.66	.00	.00	91,641.66	91,641.66	.00
	PUR	04/16/25	460.410	-460.41	.00	.00	460.41	460.41	.00
	SAL	05/01/25	-36,681.600	36,681.60	.00	.00	-36,681.60	-36,681.60	.00
	PUR	05/05/25	10,435.820	-10,435.82	.00	.00	10,435.82	10,435.82	.00
	PUR	05/09/25	8.850	-8.85	.00	.00	8.85	8.85	.00
	SAL	05/14/25	-1,937.950	1,937.95	.00	.00	-1,937.95	-1,937.95	.00
	PUR	05/22/25	460.410	-460.41	.00	.00	460.41	460.41	.00
	PUR	05/28/25	923.510	-923.51	.00	.00	923.51	923.51	.00
	SAL	06/02/25	-36,630.530	36,630.53	.00	.00	-36,630.53	-36,630.53	.00
	PUR	06/04/25	10,879.610	-10,879.61	.00	.00	10,879.61	10,879.61	.00
	PUR	06/10/25	9.510	-9.51	.00	.00	9.51	9.51	.00
	SAL	06/13/25	-1,933.390	1,933.39	.00	.00	-1,933.39	-1,933.39	.00
	SAL	06/16/25	-4,834.000	4,834.00	.00	.00	-4,834.00	-4,834.00	.00
	PUR	06/20/25	556.520	-556.52	.00	.00	556.52	556.52	.00
	PUR	06/24/25	1,052.020	-1,052.02	.00	.00	1,052.02	1,052.02	.00
	PUR	06/26/25	40,654.680	-40,654.68	.00	.00	40,654.68	40,654.68	.00
66 PURCHASES FOR			518,291.91	29 SALES FOR	518,776.39	ISSUE AGGREGATE TOTAL	1,037,068.30		

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	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		
► Round off amounts to nearest dollar. ► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.		
A Name of plan MORRISON RESTAURANTS, INC. RETIREMENT PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF RUBY TUESDAY OPERATIONS LLC		D Employer Identification Number (EIN) 86-1996189
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		
Part I Basic Information		
1 Enter the valuation date: Month 07 Day 01 Year 2024		
2 Assets:		
a Market value		2a 3,780,736
b Actuarial value		2b 3,673,444
3 Funding target/participant count breakdown		
a For retired participants and beneficiaries receiving payment	(1) Number of participants 150	(2) Vested Funding Target 3,542,210 (3) Total Funding Target 3,542,210
b For terminated vested participants	22	187,624 187,624
c For active participants	1	964 964
d Total	173	3,730,798 3,730,798
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐		
a Funding target disregarding prescribed at-risk assumptions		4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b
5 Effective interest rate		5 5.10%
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	68,373
c Target normal cost	6c	68,373
Statement by Enrolled Actuary		
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.		
SIGN HERE Signature of actuary WESLEY J. WICKENHEISER, FSA, EA, MAAA Type or print name of actuary USI CONSULTING GROUP Firm name 435 N WHITTINGTON PKWY SUITE 250 LOUISVILLE KY 40222 Address of the firm		 3/25/2026 Date 2306598 Most recent enrollment number 502-815-5182 Telephone number (including area code)
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2024 v. 240311		

Retirement for actives between ages 55 – 65 are assumed at the following rates:

(1) Age	(2) Rate of Retirement	(3) Lives	(4) Retirees	(5) (1) * (4)
55	5.00%	100.0000	5.0000	275.00
56	5.00%	95.0000	4.7500	266.00
57	5.00%	90.2500	4.5125	257.21
58	5.00%	85.7375	4.2869	248.64
59	5.00%	81.4506	4.0725	240.28
60	5.00%	77.3781	3.8689	232.13
61	30.00%	73.5092	22.0528	1,345.22
62	50.00%	51.4564	25.7282	1,595.15
63	40.00%	25.7282	10.2913	648.35
64	40.00%	15.4369	6.1748	395.19
65	100.00%	9.2621	9.2621	602.04
Sum of Column 5				6,105.21
				÷ 100
Weighted Normal Retirement Age				61.05

Discounted Employer Contributions

Effective Interest Rate: 5.10%

Date of Contribution	Amount	Days After 7/1/2024	Discounted to 7/1/2024
10/15/2025	18,414.00	471	17,269.18
3/12/2026	61,376.00	619	56,410.86
Total	\$79,790.00		\$73,680.04

Summary of Provisions of the Plan

Effective Date and Plan Year

The plan was established effective July 1, 1978 with the latest plan restatement effective January 1, 2015. The plan year ends on each June 30.

Eligibility

Each employee other than a collective bargaining employee, individual contractors, and a leased employee, is eligible to become a participant in the plan on the January 1 or July 1 after 1,000 hours in 12 months of employment or attainment of age 21. No new participants shall commence participation in the plan after December 31, 1987.

Service

Service credited for benefit and vesting purposes means the number of plan years in which the employee completes at least 1,000 hours of service, subject to certain break in service rules. No service for benefit purposes will be credited under the plan after December 31, 1987.

Compensation

Compensation for plan purposes means W-2 compensation earned while a participant, including overtime and bonuses, but excluding non-recurring components of compensation identified by the board of directors. A participant's annual compensation for plan purposes is limited as required under Code §401(a)(17). No compensation after 1987 is considered.

Normal Retirement

Condition

The normal retirement date is the first day of the calendar month coincident with or next following the attainment of the participant's 65th birthday and 5 years of service.

Benefit

The normal retirement benefit, 1/12th of which is payable monthly for the life of the participant, is equal to the sum of (1) and (2) where:

- (1) For credited service on or after January 1, 1986, the sum of (a) 0.25% of the participant's annual compensation not in excess of the Social Security taxable wage base and (b) 1.25% of the participant's annual compensation in excess of the Social Security wage base, multiplied by credit service on or after January 1, 1986, no less than \$36.00 multiplied by credited service after January 1, 1986.
- (2) The greatest of the (a), (b), and (c) where:
 - (a) For credited service prior to January 1, 1986, the sum of (i) 0.25% of the participant's average earnings not in excess of \$14,400 and (ii) 1.25% of the participant's average earnings in excess of \$14,400, multiplied by credit service as of January 1, 1986.
 - (b) \$36.00 multiplied by credit service as of January 1, 1986.
 - (c) The participant's accrued benefit as of January 1, 1986 under the provisions of the plan in effect as of that date.

“Average earnings” is the average annual compensation of a participant for the five consecutive plan years which produce the highest average beginning in 1976.

No further benefits will accrue under the plan after December 31, 1987.

Accrued Benefit

The accrued benefit is the monthly benefit computed in the same manner as for normal retirement, using the participant’s average earnings and benefit service as of any determination date. The accrued benefit is payable in the form of a single life annuity.

No further benefits will accrue under the plan after December 31, 1987.

Early Retirement

Condition

A participant may retire early after he has attained age 55 and completed 5 years of service.

Benefit

The Normal Retirement benefit reduced by multiplying by the applicable factor in the table below:

Age	Factor
65 or older	1.000
64	.930
63	.860
62	.790
61	.720
60	.650
59	.620
58	.590
57	.560
56	.530
55	.500

Late Retirement

Condition

A participant may choose to postpone his retirement beyond his normal retirement date, in which event no benefit shall be payable until actual retirement.

Benefit

The benefit, payment of which commences the first day of the month following the participant’s actual date of retirement, is computed in the same manner as the normal retirement benefit based upon service accrued and compensation earned through the date of retirement, or December 31, 1987 if earlier. Payments shall be paid starting retroactively at the participant’s normal retirement date.

Disability Retirement

Condition

If a participant becomes totally and permanently disabled, as determined by a licensed physician designated by the plan administrator, on evidence the participant is eligible for disability benefits under any long-term disability plan sponsored by the Plan Sponsor, or evidence that the participant is eligible for disability benefits under the Social Security Act, they will be entitled to retire and receive a disability retirement benefit commencing on the first of the month following or coincident with age 65.

Benefit

Continued accruals assuming the participants compensation is the same as it was when they became disabled.

Death Before Retirement

Condition

In the event of the death of a participant after becoming eligible for a vested benefit under the plan, and while either (i) actively employed by the employer, or (ii) on deferred vested status but prior to receiving any retirement benefits, a survivorship benefit shall be payable.

Benefit

The monthly benefit is payable on the first day of the calendar month following the participant’s date of death or the earliest date the participant could have elected benefit payments to commence, whichever is later, and continuing for the lifetime of the surviving spouse. The benefit is determined as 50% of the benefit the beneficiary would have received if the participant had terminated employment the day before his death (or on his actual date of termination if earlier), had lived to the benefit commencement date, and elected an immediate joint and 50% to survivor benefit.

Termination of Employment After 5 or More Years of Vesting Service

If a participant terminates employment after completion of five or more years of vesting service, the participant is entitled to a deferred vested retirement benefit commencing at early or normal retirement. The amount of the benefit is computed in the same manner as the accrued benefit based upon service accrued and compensation earned through the date of termination, reduced, if applicable, by the early retirement factors.

Top-Heavy Status

If in any year the plan is determined to be top heavy, the following provisions will take effect:

- > A minimum accrued benefit will be determined for each participant equal to 2% of the average earnings, multiplied by the participant’s years of service during which the plan is top heavy, limited to 10 such years.
- > Participants will become vested in their accrued benefits according to the following schedule:

Years of Vesting Service	Vesting Percentage
less than 2	0%
2	20
3	40

4	60
5 or more	100

Optional Modes of Benefit Payments

Subject to the applicable plan conditions, a participant may select an optional method of benefit payment, in lieu of the prescribed life income, which is actuarially equivalent thereto. The purpose of the optional method is to permit the guarantee of retirement income payments for a minimum period of time (i.e., 10, or 20 years) or to provide a continued life income to a surviving beneficiary after the death of a participant (i.e., 50%, 75% or 100% joint and survivor) or to provide income that would be level over a participant's lifetime in combination with Social Security benefits. A lump sum option is also available if the present value of the accrued benefit is \$7,500 or less. However, if no option is elected and the participant is married at the date the benefit commences, the monthly benefit will automatically be paid in the form of a 50% joint and survivor annuity.

If the actuarial equivalent single sum amount due a terminated participant is less than \$5,000, such amount shall be distributed to the participant in lieu of any other benefits under the plan.

Actuarial Equivalence

Actuarial equivalent values for optional forms are based on factors provided in Appendix C of the plan document. Single sum calculations shall be determined using the mortality table described under Code §417(e)(3). This table uses a fixed blend of 50% of the male and 50% of the female mortality rates. The interest rates used for single sum calculations shall be the three "segment-rates" derived from the corporate yield curves which Treasury develops, in effect as of the first calendar month preceding the plan year in which payment is made.

Contributions to the Plan

The employer contributes actuarially determined amounts to finance the plan benefits. No contributions by participating employees are required.

Investment of Plan Funds

The assets of the retirement plan will be invested by the trustee in accordance with the terms of the trust agreement.

Morrison Restaurants, Inc. Retirement Plan
Employer Identification Number: 86-1996189; Plan Number: 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

AS OF 06/30/25

ACCOUNT
72-06-601-5849863

MORRISON RETIREMENT PLAN

PAGE 5

PAR VALUE/ SHARES	ASSET DESCRIPTION	BOOK VALUE	MARKET PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	ACCRUED INCOME	YTM	MARKET YIELD	EST. ANNUAL INCOME
CASH EQUIVALENTS									
MONEY MARKET FUNDS									
75,065.530	FEDERATED HERMES GOVT OBLIGATIONS FD CL PREM CUSIP NO: 608919718	75,065.53	1.000	75,065.53		150.49		4.269	3,204.55
	BANK OF AMERICA TEMPORARY OVERNIGHT DEPOSIT CUSIP NO: 992490460		1.000			.05			
	TOTAL MONEY MARKET FUNDS	75,065.53		75,065.53		150.54		4.269	3,204.55
	TOTAL CASH EQUIVALENTS	75,065.53		75,065.53		150.54		4.269	3,204.55
FIXED INCOME									
OTHER FIXED INCOME									
12,740.000	VANGUARD SHORT-TERM CORPORATE BOND MOODY'S: NR S&P: NR CUSIP NO: 92206C409	981,764.42	79.500	1,012,830.00	31,065.58	3,698.42		4.171	42,242.02
6,949.000	VANGUARD LONG-TERM CORP BOND MOODY'S: NR S&P: NR CUSIP NO: 92206C813	542,743.18	75.900	527,429.10	-15,314.08	2,357.80		5.325	28,085.08
13,313.000	VANGUARD INTERMEDIATE FDS VANGUARD INTERME INDEX FUND MOODY'S: NR S&P: NR CUSIP NO: 92206C870	1,068,751.76	82.920	1,103,913.96	35,162.20	4,269.48		4.473	49,376.59

Morrison Restaurants, Inc. Retirement Plan
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PAR VALUE/ SHARES	ASSET DESCRIPTION	BOOK VALUE	MARKET PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	ACCRUED INCOME	YTM	MARKET YIELD	EST ANNUAL INCOME
	TOTAL OTHER FIXED INCOME	2,593,259.36		2,644,173.06	50,913.70	10,325.70		4.527	119,703.69
	TOTAL FIXED INCOME	2,593,259.36		2,644,173.06	50,913.70	10,325.70		4.527	119,703.69
EQUITIES									
MUTUAL FUNDS-EQUITY									
1,548.640	BAIRD MIDCAP FUND INSTITUTIONAL CL CUSIP NO: 057071813	25,476.22	22.930	35,510.32	10,034.10				
553.152	CONESTOGA SMALL CAP FUND INSTL CLASS CUSIP NO: 207019704	27,764.00	73.390	40,595.83	12,831.83				
715.184	HARDING LOEVNER INTL EQUITY PT FD INSTL CL CUSIP NO: 412295107	16,302.98	28.260	20,211.10	3,908.12			1.842	372.23
724.816	OAKMARK INTL FD CL R6 CUSIP NO: 413838574	20,790.04	30.350	21,998.17	1,208.13			2.342	515.20
465.278	OAKMARK SELECT FD CL R6 CUSIP NO: 413838616	21,661.53	82.520	38,394.74	16,733.21			.546	209.75
2,219.996	HARTFORD SCHRÖDERS EMERG MKTS EQUITY FD CL F CUSIP NO: 41665X859	32,791.06	19.010	42,202.12	9,411.06			1.166	492.18
1,313.519	LOOMIS SAYLES GROWTH FUND CL Y CUSIP NO: 543487110	20,050.38	31.780	41,743.63	21,693.25				

Morrison Restaurants, Inc. Retirement Plan
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PAR VALUE/ SHARES	ASSET DESCRIPTION	BOOK VALUE	MARKET PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	ACCRUED INCOME	YTM	MARKET YIELD	EST ANNUAL INCOME
1,071.759	MFS MID CAP VALUE FUND CL R6 CUSIP NO: 55273W475	22,908.76	32.000	34,296.29	11,387.53			1.308	448.53
967.024	ALLSPRING SPECIAL SMALL CAP VALUE FUND CL R6 CUSIP NO: 94988A668	32,934.78	37.460	36,224.72	3,289.94			1.442	522.24
TOTAL MUTUAL FUNDS-EQUITY		220,679.75		311,176.92	90,497.17			.823	2,560.13
OTHER EQUITIES									
136.000	ISHARES S&P 100 CUSIP NO: 464287101	16,333.22	304.350	41,391.60	25,058.38			.924	382.42
1,212.000	ISHARES RUSSELL MIDCAP CUSIP NO: 464287499	57,175.00	91.970	111,467.64	54,292.64			1.328	1,480.32
261.000	ISHARES TR RUSSELL 2000 CUSIP NO: 464287655	34,452.79	215.790	56,321.19	21,868.40			1.150	647.72
987.000	VANGUARD FTSE DEVELOPED MARKETS ETF CUSIP NO: 921943858	40,389.22	57.010	56,268.87	15,879.65			2.701	1,519.88
1,131.000	VANGUARD FTSE EMERGING MARKETS ETF CUSIP NO: 922042858	44,958.90	49.460	55,939.26	10,980.36			2.801	1,566.77
273.000	VANGUARD 500 INDEX FUND SHS ETF CUSIP NO: 922908363	62,436.24	568.030	155,072.19	92,635.95	476.30		1.221	1,892.95
TOTAL OTHER EQUITIES		255,745.37		476,460.75	220,715.38	476.30		1.572	7,490.06

Morrison Restaurants, Inc. Retirement Plan
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PAR VALUE/ SHARES	ASSET DESCRIPTION	BOOK VALUE	MARKET PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS	ACCRUED INCOME	YTM	MARKET YIELD	EST ANNUAL INCOME
	TOTAL EQUITIES	476,425.12		787,637.67	311,212.55	476.30		1.276	10,050.19
	TOTAL INVESTMENTS	3,144,750.01		3,506,876.26	362,126.25	10,952.54		3.791	132,958.43
	TOTAL CASH								
	ACCRUED INCOME	10,952.54		10,952.54					
	TOTAL ASSETS	3,155,702.55		3,517,828.80					

Shortfall Amortization Charge

<u>Description</u>	<u>Year Established</u>	<u>Original Amount</u>	<u>Period Remaining</u>	<u>Current Balance</u>	<u>Minimum Payment</u>
Shortfall Amortization Charge	2024	57,354	15	57,354	5,284
Total (not less than zero)				\$ 57,354	\$ 5,284