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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

D Check box if filing under:
- [X] 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
MRA MEMBER 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1986

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)
MASSACHUSETTS RESTAURANT ASSOCIATION

160 E MAIN STREET, SUITE #2
WESTHBOROUGH, MA 01581-1758

2b Employer Identification Number (EIN) 04-1591041

2c Plan Sponsor's telephone number 508-573-4199

2d Business code (see instructions) 561900

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.	10/14/2026	FIDUCIARY SERVICES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

NATIONAL BENEFIT SERVICES, LLC

8523 SOUTH REDWOOD ROAD
WEST JORDAN, UT 84088

3b Administrator's EIN
20-3886993

3c Administrator's telephone number
801-532-4000

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**	2535
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	2461
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1746
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	80
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1826
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	1826
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	303
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	329
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**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 Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

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

a Pension Schedules

- (1) [X] **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) [X] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 1
- (4) [X] **C** (Service Provider Information)
- (5) [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MRA MEMBER 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MASSACHUSETTS RESTAURANT ASSOCIATION

D Employer Identification Number (EIN)
04-1591041

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

1 Coverage Information:

(a) Name of insurance carrier
EQUITABLE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	91500015	1826	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	47630
5	Current value of plan's interest under this contract in separate accounts at year end	5	13312823

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	36292
c	Additions: (1) Contributions deposited during the year	7c(1)	6033		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	795		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	6467		
	▶ GIO				
	(6)Total additions			7c(6)	13295
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	49587
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1498		
	(2) Administration charge made by carrier	7e(2)	459		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	0		
	▶ GIO				
	(5) Total deductions			7e(5)	1957
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	47630

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MRA MEMBER 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MASSACHUSETTS RESTAURANT ASSOCIATION

D Employer Identification Number (EIN)
04-1591041

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

EQUITABLE LIFE INSURANCE COMPANY

13-5570651

(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?
15 25 28 37 59 60 62 63 67	RECORDKEEPR	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MRA MEMBER 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MASSACHUSETTS RESTAURANT ASSOCIATION

D Employer Identification Number (EIN)
04-1591041

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: POOLED SEPARATE ACCOUNT 65

b Name of sponsor of entity listed in (a): EQUITABLE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-5570651-065	P	13312823

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MRA MEMBER 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MASSACHUSETTS RESTAURANT ASSOCIATION

D Employer Identification Number (EIN)
04-1591041

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	0
(2) Participant contributions	1b(2)	64555	55154
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	105796	83244
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	10519658	13312823
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	47630
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	10690009	13498851
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	10690009	13498851

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)	323307	
(B) Participants	2a(1)(B)	1331095	
(C) Others (including rollovers)	2a(1)(C)	25911	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1680313
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	5896	
(F) Other	2b(1)(F)	795	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6691
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(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)		0

		(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)		1721821
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3408825
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	365314	
(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)		365314
f Corrective distributions (see instructions)	2f		38628
g Certain deemed distributions of participant loans (see instructions)	2g		71
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)	196050	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		196050
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		600063
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2808762
l Transfers of assets:			
(1) To this plan	2l(1)		80
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] 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: BERMAN HOPKINS WRIGHT & LAHMAN CPAS **(2)** EIN: 59-1152714

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MRA MEMBER 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MASSACHUSETTS RESTAURANT ASSOCIATION

D Employer Identification Number (EIN)
04-1591041

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): 04-3157927

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**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702763A .

SCHEDULE MEP (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

MULTIPLE-EMPLOYER RETIREMENT PLAN 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MRA MEMBER 401(K) PLAN

B Three-digit Plan number (PN)..... ▶ 001

C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF
NATIONAL BENEFIT SERVICES, LLC

D Administrator's EIN
20-3886993

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

a [X] association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)

b [ ] professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)

c [ ] pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)

d [ ] other multiple-employer pension plan (Describe)_____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
MRA MEMBER 401(K) PLAN	04-1591041	5.86	1145789
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
AMORE HOSPITALITY, INC	47-3840785	8.42	524703

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	[ ] Yes [ ] No
2f	If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
Q CAFE, LLC	04-3422462	2.79	185812
NICHE OPERATIONS, INC	27-1574380	13.25	3924308
TURNER'S SEAFOOD CORPORATION	77-0700330	4.03	405208
CENTURY HOUSE OF PEABODY, INC.	04-2204444	11.67	3619368
ROIP LLC DBA STREETLIGHT VENTURES ADOPTER OF MRA MEMBER 401(K) PLAN	88-4230917	2.32	128601
SOUTH OF HIXBRIDGE LLC DBA ALCOVE	81-4918635	0.34	64779
HOPDOV LLC ADOPTER OF MRA MEMBER	85-0723246	1.67	59521
BURTONS GRILL, LLC ADOPTER OF THE	20-1612571	10.28	548327
3 COMMON INC DBA BULL RUN	27-0736269	1.38	55880

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOON HILL BREWING CO. INC ADOPTER	20-3367039	1.80	150046
BLACK & WHITE RESTAURANT, LLC ADOPTER OF MRA MEMBER 401(K) PLAN	27-1971483	2.22	759864
MCDERMOTT, QUILTY, MILLER & HANLEY	04-3477018	5.07	552491
OTTO PORTLAND, LLC ADOPTER OF MRA	92-1034793	3.95	426415
RED ROSE PIZZERIA, INC.	04-2715603	8.78	226572
DAILY HARVEST CAFE, INC.	26-1158500	8.30	163642
ANNA'S TAQUERIA LLC	92-3564878	1.26	25916
SCP VENTURES LLC	81-2280843	2.44	401165
GRAY LILY ROSE LLC	87-4834275	4.19	76776

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

Attachment to Schedule H
Explanation for Auditor's Report Not Attached

Plan Sponsor: Massachusetts Restaurant Association
EIN: 04-1591041
Plan Name: MRA Member 401(k) Plan
Plan Number: 001
Plan Year Ending: 2025

The Accountant's Opinion (IQPA) and audited financial statements, including any required supplemental schedules, are not included with the filing of this Form 5500. The audit is in process and will be completed as soon as the auditor can collect the necessary data to issue a complete and accurate audit report. As soon as the audit is completed, and the Accountant's Opinion and audited financial statements are issued, an amended Form 5500 will be filed with a signed copy of the Accountant's Opinion report and supplemental attachments.

For more information, please contact
Auditor: Justin Provencher
Citrin Cooperman & Company, LLP
30 Braintree Hill Office Park, Suite 401
Braintree, MA 02184

Sidney Lopez

Sidney Lopez
Vice President, Fiduciary Services
National Benefit Services

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► MRA MEMBER 401(K) PLAN

Employer Identification Number: ► 04-1591041

For plan year (beginning/ending): ► 01/01/2025-12/31/2025 Plan number: ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	AB GOVERNMENT MONEY MARKET I	POOLED SEPARATE ACCOUNT		130756
	AB GOVERNMENT MONEY MARKET I	POOLED SEPARATE ACCOUNT		19177
	AB GOVERNMENT MONEY MARKET I	POOLED SEPARATE ACCOUNT		6316
	AB GOVERNMENT MONEY MARKET I	POOLED SEPARATE ACCOUNT		24652
	AB GOVERNMENT MONEY MARKET I	POOLED SEPARATE ACCOUNT		22465
	AB GOVERNMENT MONEY MARKET I	POOLED SEPARATE ACCOUNT		1361
	AB GOVERNMENT MONEY MARKET I	POOLED SEPARATE ACCOUNT		27846
	AB GOVERNMENT MONEY MARKET I	POOLED SEPARATE ACCOUNT		789
	AB GOVERNMENT MONEY MARKET I	POOLED SEPARATE ACCOUNT		6
	AB GOVERNMENT MONEY MARKET I	POOLED SEPARATE ACCOUNT		2
	AB SMALL CAP GROWTH Z	POOLED SEPARATE ACCOUNT		12225
	AB SMALL CAP GROWTH Z	POOLED SEPARATE ACCOUNT		14054
	AB SMALL CAP GROWTH Z	POOLED SEPARATE ACCOUNT		14080
	AB SMALL CAP GROWTH Z	POOLED SEPARATE ACCOUNT		8032
	AB SMALL CAP GROWTH Z	POOLED SEPARATE ACCOUNT		4809
	AB SMALL CAP GROWTH Z	POOLED SEPARATE ACCOUNT		578
	AMERICAN FUNDS AMERICAN BALANCED R6	POOLED SEPARATE ACCOUNT		15496
	AMERICAN FUNDS NEW WORLD R6	POOLED SEPARATE ACCOUNT		5591
	AMERICAN FUNDS NEW WORLD R6	POOLED SEPARATE ACCOUNT		6787
	AMERICAN FUNDS NEW WORLD R6	POOLED SEPARATE ACCOUNT		40086
	AMERICAN FUNDS NEW WORLD R6	POOLED SEPARATE ACCOUNT		16686
	AMERICAN FUNDS NEW WORLD R6	POOLED SEPARATE ACCOUNT		52572
	AMERICAN FUNDS NEW WORLD R6	POOLED SEPARATE ACCOUNT		3700
	AMERICAN FUNDS SMALLCAP WORLD R6	POOLED SEPARATE ACCOUNT		32391
	AMERICAN FUNDS SMALLCAP WORLD R6	POOLED SEPARATE ACCOUNT		16538
	AMERICAN FUNDS SMALLCAP WORLD R6	POOLED SEPARATE ACCOUNT		8658
	AMERICAN FUNDS SMALLCAP WORLD R6	POOLED SEPARATE ACCOUNT		7413
	BLACKROCK MID-CAP GROWTH EQUITY K	POOLED SEPARATE ACCOUNT		16477
	BLACKROCK MID-CAP GROWTH EQUITY K	POOLED SEPARATE ACCOUNT		15539
	BLACKROCK MID-CAP GROWTH EQUITY K	POOLED SEPARATE ACCOUNT		8635
	BLACKROCK MID-CAP GROWTH EQUITY K	POOLED SEPARATE ACCOUNT		8754
	BLACKROCK MID-CAP GROWTH EQUITY K	POOLED SEPARATE ACCOUNT		373
	BLACKROCK MID-CAP GROWTH EQUITY K	POOLED SEPARATE ACCOUNT		10096
	COLUMBIA GLOBAL TECHNOLOGY GROWTH I	POOLED SEPARATE ACCOUNT		7036
	COLUMBIA GLOBAL TECHNOLOGY GROWTH I	POOLED SEPARATE ACCOUNT		396503
	COLUMBIA GLOBAL TECHNOLOGY GROWTH I	POOLED SEPARATE ACCOUNT		6697
	COLUMBIA GLOBAL TECHNOLOGY GROWTH I	POOLED SEPARATE ACCOUNT		5975
	DFA INFLATION-PROTECTED SECURITIES	POOLED SEPARATE ACCOUNT		13554
	DFA INFLATION-PROTECTED SECURITIES	POOLED SEPARATE ACCOUNT		96356
	DFA INFLATION-PROTECTED SECURITIES	POOLED SEPARATE ACCOUNT		21872
	DFA INVESTMENT GRADE I	POOLED SEPARATE ACCOUNT		480
	FIDELITY NASDAQ COMPOSITE INDEX	POOLED SEPARATE ACCOUNT		67720
	FIDELITY NASDAQ COMPOSITE INDEX	POOLED SEPARATE ACCOUNT		46600
	FIDELITY NASDAQ COMPOSITE INDEX	POOLED SEPARATE ACCOUNT		282870
	FIDELITY NASDAQ COMPOSITE INDEX	POOLED SEPARATE ACCOUNT		14967
	FRANKLIN UTILITIES R6	POOLED SEPARATE ACCOUNT		23270
	FRANKLIN UTILITIES R6	POOLED SEPARATE ACCOUNT		864
	INVESCO GOLD & SPECIAL MINERALS R6	POOLED SEPARATE ACCOUNT		33850
	INVESCO GOLD & SPECIAL MINERALS R6	POOLED SEPARATE ACCOUNT		17570
	INVESCO GOLD & SPECIAL MINERALS R6	POOLED SEPARATE ACCOUNT		17486
	JPMORGAN CORE PLUS BOND R6	POOLED SEPARATE ACCOUNT		42642
	JPMORGAN CORE PLUS BOND R6	POOLED SEPARATE ACCOUNT		11263
	JPMORGAN CORE PLUS BOND R6	POOLED SEPARATE ACCOUNT		903027
	JPMORGAN CORE PLUS BOND R6	POOLED SEPARATE ACCOUNT		51930
	JPMORGAN CORE PLUS BOND R6	POOLED SEPARATE ACCOUNT		36
	JPMORGAN LARGE CAP GROWTH R6	POOLED SEPARATE ACCOUNT		8800
	JPMORGAN LARGE CAP GROWTH R6	POOLED SEPARATE ACCOUNT		13265
	JPMORGAN LARGE CAP GROWTH R6	POOLED SEPARATE ACCOUNT		15349
	JPMORGAN LARGE CAP GROWTH R6	POOLED SEPARATE ACCOUNT		7365
	JPMORGAN LARGE CAP GROWTH R6	POOLED SEPARATE ACCOUNT		281
	JPMORGAN LARGE CAP GROWTH R6	POOLED SEPARATE ACCOUNT		1440
	LORD ABBETT SHORT DURATION INCOME R	POOLED SEPARATE ACCOUNT		699
	PGIM HIGH YIELD R6	POOLED SEPARATE ACCOUNT		13558
	PGIM HIGH YIELD R6	POOLED SEPARATE ACCOUNT		167180
	PGIM HIGH YIELD R6	POOLED SEPARATE ACCOUNT		30441
	PGIM HIGH YIELD R6	POOLED SEPARATE ACCOUNT		24
	T. ROWE PRICE BLUE CHIP GROWTH I	POOLED SEPARATE ACCOUNT		2623
	VANGUARD 500 INDEX ADMIRAL	POOLED SEPARATE ACCOUNT		190460
	VANGUARD 500 INDEX ADMIRAL	POOLED SEPARATE ACCOUNT		37927
	VANGUARD 500 INDEX ADMIRAL	POOLED SEPARATE ACCOUNT		193188
	VANGUARD 500 INDEX ADMIRAL	POOLED SEPARATE ACCOUNT		87967
	VANGUARD 500 INDEX ADMIRAL	POOLED SEPARATE ACCOUNT		953207
	VANGUARD 500 INDEX ADMIRAL	POOLED SEPARATE ACCOUNT		11311
	VANGUARD 500 INDEX ADMIRAL	POOLED SEPARATE ACCOUNT		192
	VANGUARD 500 INDEX ADMIRAL	POOLED SEPARATE ACCOUNT		16878
	VANGUARD 500 INDEX ADMIRAL	POOLED SEPARATE ACCOUNT		8621
	VANGUARD DEVELOPED MARKETS INDEX AD	POOLED SEPARATE ACCOUNT		26793
	VANGUARD DEVELOPED MARKETS INDEX AD	POOLED SEPARATE ACCOUNT		270448
	VANGUARD DEVELOPED MARKETS INDEX AD	POOLED SEPARATE ACCOUNT		252703
	VANGUARD DEVELOPED MARKETS INDEX AD	POOLED SEPARATE ACCOUNT		5709
	VANGUARD DEVELOPED MARKETS INDEX AD	POOLED SEPARATE ACCOUNT		1157
	VANGUARD HEALTH CARE INDEX ADMIRAL	POOLED SEPARATE ACCOUNT		19383
	VANGUARD HEALTH CARE INDEX ADMIRAL	POOLED SEPARATE ACCOUNT		7391
	VANGUARD INTERNATIONAL GROWTH ADM	POOLED SEPARATE ACCOUNT		25319
	VANGUARD INTERNATIONAL GROWTH ADM	POOLED SEPARATE ACCOUNT		26421
	VANGUARD INTERNATIONAL GROWTH ADM	POOLED SEPARATE ACCOUNT		27074
	VANGUARD INTERNATIONAL GROWTH ADM	POOLED SEPARATE ACCOUNT		2512
	VANGUARD INTERNATIONAL GROWTH ADM	POOLED SEPARATE ACCOUNT		380
	VANGUARD INTMDT-TERM TRS IDX ADMIRA	POOLED SEPARATE ACCOUNT		15797
	VANGUARD MATERIALS INDEX ADMIRAL	POOLED SEPARATE ACCOUNT		2935
	VANGUARD MID CAP INDEX ADMIRAL	POOLED SEPARATE ACCOUNT		116506
	VANGUARD MID CAP INDEX ADMIRAL	POOLED SEPARATE ACCOUNT		88497
	VANGUARD MID CAP INDEX ADMIRAL	POOLED SEPARATE ACCOUNT		2886
	VANGUARD MID CAP INDEX ADMIRAL	POOLED SEPARATE ACCOUNT		10373
	VANGUARD MID CAP INDEX ADMIRAL	POOLED SEPARATE ACCOUNT		7204
	VANGUARD MID CAP INDEX ADMIRAL	POOLED SEPARATE ACCOUNT		8037
	VANGUARD MID CAP INDEX ADMIRAL	POOLED SEPARATE ACCOUNT		37962
	VANGUARD MID-CAP VALUE INDEX ADMIRA	POOLED SEPARATE ACCOUNT		3294
	VANGUARD REAL ESTATE INDEX ADMIRAL	POOLED SEPARATE ACCOUNT		5610
	VANGUARD REAL ESTATE INDEX ADMIRAL	POOLED SEPARATE ACCOUNT		29313
	VANGUARD REAL ESTATE INDEX ADMIRAL	POOLED SEPARATE ACCOUNT		1002
	VANGUARD REAL ESTATE INDEX ADMIRAL	POOLED SEPARATE ACCOUNT		95
	VANGUARD SMALL CAP INDEX ADM	POOLED SEPARATE ACCOUNT		11257
	VANGUARD SMALL CAP INDEX ADM	POOLED SEPARATE ACCOUNT		44284
	VANGUARD SMALL CAP INDEX ADM	POOLED SEPARATE ACCOUNT		10848
	VANGUARD SMALL CAP INDEX ADM	POOLED SEPARATE ACCOUNT		189968
	VANGUARD SMALL CAP INDEX ADM	POOLED SEPARATE ACCOUNT		9489
	VANGUARD SMALL CAP INDEX ADM	POOLED SEPARATE ACCOUNT		9235
	VANGUARD SMALL CAP INDEX ADM	POOLED SEPARATE ACCOUNT		6950
	VANGUARD SMALL CAP VALUE INDEX ADMI	POOLED SEPARATE ACCOUNT		2883
	VANGUARD SMALL CAP VALUE INDEX ADMI	POOLED SEPARATE ACCOUNT		14452
	VANGUARD SMALL CAP VALUE INDEX ADMI	POOLED SEPARATE ACCOUNT		14047
	VANGUARD TARGET RETIREMENT 2025 INV	POOLED SEPARATE ACCOUNT		97
	VANGUARD TARGET RETIREMENT 2025 INV	POOLED SEPARATE ACCOUNT		131550
	VANGUARD TARGET RETIREMENT 2025 INV	POOLED SEPARATE ACCOUNT		92990
	VANGUARD TARGET RETIREMENT 2025 INV	POOLED SEPARATE ACCOUNT		6668
	VANGUARD TARGET RETIREMENT 2030 INV	POOLED SEPARATE ACCOUNT		65165
	VANGUARD TARGET RETIREMENT 2030 INV	POOLED SEPARATE ACCOUNT		145209
	VANGUARD TARGET RETIREMENT 2030 INV	POOLED SEPARATE ACCOUNT		343838
	VANGUARD TARGET RETIREMENT 2030 INV	POOLED SEPARATE ACCOUNT		3936
	VANGUARD TARGET RETIREMENT 2030 INV	POOLED SEPARATE ACCOUNT		36156
	VANGUARD TARGET RETIREMENT 2030 INV	POOLED SEPARATE ACCOUNT		11924
	VANGUARD TARGET RETIREMENT 2030 INV	POOLED SEPARATE ACCOUNT		38760
	VANGUARD TARGET RETIREMENT 2035 INV	POOLED SEPARATE ACCOUNT		70
	VANGUARD TARGET RETIREMENT 2035 INV	POOLED SEPARATE ACCOUNT		75472
	VANGUARD TARGET RETIREMENT 2035 INV	POOLED SEPARATE ACCOUNT		246506
	VANGUARD TARGET RETIREMENT 2035 INV	POOLED SEPARATE ACCOUNT		5809
	VANGUARD TARGET RETIREMENT 2035 INV	POOLED SEPARATE ACCOUNT		98532
	VANGUARD TARGET RETIREMENT 2035 INV	POOLED SEPARATE ACCOUNT		18422
	VANGUARD TARGET RETIREMENT 2035 INV	POOLED SEPARATE ACCOUNT		62393
	VANGUARD TARGET RETIREMENT 2035 INV	POOLED SEPARATE ACCOUNT		40789
	VANGUARD TARGET RETIREMENT 2035 INV	POOLED SEPARATE ACCOUNT		7039
	VANGUARD TARGET RETIREMENT 2035 INV	POOLED SEPARATE ACCOUNT		71020
	VANGUARD TARGET RETIREMENT 2040 INV	POOLED SEPARATE ACCOUNT		64469
	VANGUARD TARGET RETIREMENT 2040 INV	POOLED SEPARATE ACCOUNT		1408620
	VANGUARD TARGET RETIREMENT 2040 INV	POOLED SEPARATE ACCOUNT		32850
	VANGUARD TARGET RETIREMENT 2040 INV	POOLED SEPARATE ACCOUNT		68205
	VANGUARD TARGET RETIREMENT 2040 INV	POOLED SEPARATE ACCOUNT		39255
	VANGUARD TARGET RETIREMENT 2040 INV	POOLED SEPARATE ACCOUNT		80006
	VANGUARD TARGET RETIREMENT 2040 INV	POOLED SEPARATE ACCOUNT		17366
	VANGUARD TARGET RETIREMENT 2040 INV	POOLED SEPARATE ACCOUNT		4358
	VANGUARD TARGET RETIREMENT 2040 INV	POOLED SEPARATE ACCOUNT		354177
	VANGUARD TARGET RETIREMENT 2045 INV	POOLED SEPARATE ACCOUNT		453
	VANGUARD TARGET RETIREMENT 2045 INV	POOLED SEPARATE ACCOUNT		45846
	VANGUARD TARGET RETIREMENT 2045 INV	POOLED SEPARATE ACCOUNT		401163
	VANGUARD TARGET RETIREMENT 2045 INV	POOLED SEPARATE ACCOUNT		10880
	VANGUARD TARGET RETIREMENT 2045 INV	POOLED SEPARATE ACCOUNT		58023
	VANGUARD TARGET RETIREMENT 2045 INV	POOLED SEPARATE ACCOUNT		8628
	VANGUARD TARGET RETIREMENT 2045 INV	POOLED SEPARATE ACCOUNT		5717
	VANGUARD TARGET RETIREMENT 2045 INV	POOLED SEPARATE ACCOUNT		13451
	VANGUARD TARGET RETIREMENT 2045 INV	POOLED SEPARATE ACCOUNT		12912
	VANGUARD TARGET RETIREMENT 2045 INV	POOLED SEPARATE ACCOUNT		1144
	VANGUARD TARGET RETIREMENT 2045 INV	POOLED SEPARATE ACCOUNT		549850
	VANGUARD TARGET RETIREMENT 2045 INV	POOLED SEPARATE ACCOUNT		193148
	VANGUARD TARGET RETIREMENT 2045 INV	POOLED SEPARATE ACCOUNT		54255
	VANGUARD TARGET RETIREMENT 2045 INV	POOLED SEPARATE ACCOUNT		12491
	VANGUARD TARGET RETIREMENT 2045 INV	POOLED SEPARATE ACCOUNT		26219
	VANGUARD TARGET RETIREMENT 2045 INV	POOLED SEPARATE ACCOUNT		6608
	VANGUARD TARGET RETIREMENT 2050 INV	POOLED SEPARATE ACCOUNT		145493
	VANGUARD TARGET RETIREMENT 2050 INV	POOLED SEPARATE ACCOUNT		42410
	VANGUARD TARGET RETIREMENT 2050 INV	POOLED SEPARATE ACCOUNT		40603
	VANGUARD TARGET RETIREMENT 2050 INV	POOLED SEPARATE ACCOUNT		483223
	VANGUARD TARGET RETIREMENT 2050 INV	POOLED SEPARATE ACCOUNT		3611
	VANGUARD TARGET RETIREMENT 2050 INV	POOLED SEPARATE ACCOUNT		87204
	VANGUARD TARGET RETIREMENT 2050 INV	POOLED SEPARATE ACCOUNT		38605
	VANGUARD TARGET RETIREMENT 2050 INV	POOLED SEPARATE ACCOUNT		49023
	VANGUARD TARGET RETIREMENT 2050 INV	POOLED SEPARATE ACCOUNT		10705
	VANGUARD TARGET RETIREMENT 2050 INV	POOLED SEPARATE ACCOUNT		63579
	VANGUARD TARGET RETIREMENT 2050 INV	POOLED SEPARATE ACCOUNT		11885
	VANGUARD TARGET RETIREMENT 2050 INV	POOLED SEPARATE ACCOUNT		35216
	VANGUARD TARGET RETIREMENT 2050 INV	POOLED SEPARATE ACCOUNT		28119
	VANGUARD TARGET RETIREMENT 2050 INV	POOLED SEPARATE ACCOUNT		9615
	VANGUARD TARGET RETIREMENT 2050 INV	POOLED SEPARATE ACCOUNT		2429
	VANGUARD TARGET RETIREMENT 2055 INV	POOLED SEPARATE ACCOUNT		21788
	VANGUARD TARGET RETIREMENT 2055 INV	POOLED SEPARATE ACCOUNT		184721
	VANGUARD TARGET RETIREMENT 2055 INV	POOLED SEPARATE ACCOUNT		30178
	VANGUARD TARGET RETIREMENT 2055 INV	POOLED SEPARATE ACCOUNT		304466
	VANGUARD TARGET RETIREMENT 2055 INV	POOLED SEPARATE ACCOUNT		9287
	VANGUARD TARGET RETIREMENT 2055 INV	POOLED SEPARATE ACCOUNT		98610
	VANGUARD TARGET RETIREMENT 2055 INV	POOLED SEPARATE ACCOUNT		7368
	VANGUARD TARGET RETIREMENT 2055 INV	POOLED SEPARATE ACCOUNT		46804
	VANGUARD TARGET RETIREMENT 2055 INV	POOLED SEPARATE ACCOUNT		1137
	VANGUARD TARGET RETIREMENT 2055 INV	POOLED SEPARATE ACCOUNT		74463
	VANGUARD TARGET RETIREMENT 2055 INV	POOLED SEPARATE ACCOUNT		12803
	VANGUARD TARGET RETIREMENT 2055 INV	POOLED SEPARATE ACCOUNT		19738
	VANGUARD TARGET RETIREMENT 2055 INV	POOLED SEPARATE ACCOUNT		10340
	VANGUARD TARGET RETIREMENT 2060 INV	POOLED SEPARATE ACCOUNT		19057
	VANGUARD TARGET RETIREMENT 2060 INV	POOLED SEPARATE ACCOUNT		216027
	VANGUARD TARGET RETIREMENT 2060 INV	POOLED SEPARATE ACCOUNT		30722
	VANGUARD TARGET RETIREMENT 2060 INV	POOLED SEPARATE ACCOUNT		16872
	VANGUARD TARGET RETIREMENT 2060 INV	POOLED SEPARATE ACCOUNT		17507
	VANGUARD TARGET RETIREMENT 2060 INV	POOLED SEPARATE ACCOUNT		1200
	VANGUARD TARGET RETIREMENT 2060 INV	POOLED SEPARATE ACCOUNT		34263
	VANGUARD TARGET RETIREMENT 2060 INV	POOLED SEPARATE ACCOUNT		3752
	VANGUARD TARGET RETIREMENT 2060 INV	POOLED SEPARATE ACCOUNT		12943
	VANGUARD TARGET RETIREMENT 2060 INV	POOLED SEPARATE ACCOUNT		42635
	VANGUARD TARGET RETIREMENT 2065 INV	POOLED SEPARATE ACCOUNT		48156
	VANGUARD TARGET RETIREMENT 2065 INV	POOLED SEPARATE ACCOUNT		262
	VANGUARD TARGET RETIREMENT 2065 INV	POOLED SEPARATE ACCOUNT		24042
	VANGUARD TARGET RETIREMENT 2065 INV	POOLED SEPARATE ACCOUNT		58986
	VANGUARD TARGET RETIREMENT 2065 INV	POOLED SEPARATE ACCOUNT		19237
	VANGUARD TARGET RETIREMENT 2065 INV	POOLED SEPARATE ACCOUNT		9054
	VANGUARD TARGET RETIREMENT 2065 INV	POOLED SEPARATE ACCOUNT		24669
	VANGUARD TARGET RETIREMENT 2065 INV	POOLED SEPARATE ACCOUNT		34709
	VANGUARD TARGET RETIREMENT 2070 INV	POOLED SEPARATE ACCOUNT		820
	VANGUARD TARGET RETIREMENT 2070 INV	POOLED SEPARATE ACCOUNT		819
	VANGUARD TARGET RETIREMENT 2070 INV	POOLED SEPARATE ACCOUNT		4833
	VANGUARD TARGET RETIREMENT 2070 INV	POOLED SEPARATE ACCOUNT		2240
	VANGUARD TARGET RETIREMENT 2070 INV	POOLED SEPARATE ACCOUNT		13311
	VANGUARD TARGET RETIREMENT 2070 INV	POOLED SEPARATE ACCOUNT		1628
	VANGUARD TARGET RETIREMENT 2070 INV	POOLED SEPARATE ACCOUNT		34594
	VANGUARD TARGET RETIREMENT INCOME I	POOLED SEPARATE ACCOUNT		9687
	VANGUARD TARGET RETIREMENT INCOME I	POOLED SEPARATE ACCOUNT		11020
	VANGUARD TARGET RETIREMENT INCOME I	POOLED SEPARATE ACCOUNT		68728
	VANGUARD VALUE INDEX ADM	POOLED SEPARATE ACCOUNT		74126
	VANGUARD VALUE INDEX ADM	POOLED SEPARATE ACCOUNT		4028
	VANGUARD VALUE INDEX ADM	POOLED SEPARATE ACCOUNT		7494
	VANGUARD VALUE INDEX ADM	POOLED SEPARATE ACCOUNT		242222
	VANGUARD VALUE INDEX ADM	POOLED SEPARATE ACCOUNT		5322
	EQUITABLE FIXED ACCOUNT	UNALLOCATED INSURANCE CONTRACT		36471
	EQUITABLE FIXED ACCOUNT	UNALLOCATED INSURANCE CONTRACT		1456
	EQUITABLE FIXED ACCOUNT	UNALLOCATED INSURANCE CONTRACT		5703
	PARTICIPANT LOANS	LOW-HIGH INTEREST RATE 8.00% - 9.50%		24503
	PARTICIPANT LOANS	LOW-HIGH INTEREST RATE 8.50% - 8.50%		3689
	PARTICIPANT LOANS	LOW-HIGH INTEREST RATE 8.50% - 8.50%		8113
	PARTICIPANT LOANS	LOW-HIGH INTEREST RATE 8.50% - 9.50%		14265
	PARTICIPANT LOANS	LOW-HIGH INTEREST RATE 8.50% - 8.50%		3500
	PARTICIPANT LOANS	LOW-HIGH INTEREST RATE 5.00% - 5.00%		24428
	PARTICIPANT LOANS	LOW-HIGH INTEREST RATE 4.25% - 4.25%		628
	PARTICIPANT LOANS	LOW-HIGH INTEREST RATE 8.50% - 8.50%		4118