

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 2017 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>			
A	This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☐ a single-employer plan ☐ the first return/report ☐ an amended return/report	☐ a DFE (specify) ____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)	
B	This return/report is:		
C	If the plan is a collectively-bargained plan, check here.	▶ ☐	
D	Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ special extension (enter description)	☐ the DFVC program

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan <u>ADAMS KEEGAN RETIREMENT SAVINGS PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>333</u>
		1c	Effective date of plan <u>01/01/1997</u>
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) <u>ADAMS KEEGAN INC.</u> <u>6750 POPLAR AVENUE, SUITE 400</u> <u>MEMPHIS, TN 38138</u>	2b	Employer Identification Number (EIN) <u>62-1311326</u>
		2c	Plan Sponsor's telephone number <u>901-683-5353</u>
		2d	Business code (see instructions) <u>561300</u>

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.	07/20/2018	MARTY BARTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/20/2018	MARTY BARTON
	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

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

Form 5500 (2017)
v. 170203

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	10841
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)	10088
a(2) Total number of active participants at the end of the plan year		6a(2)	9373
b Retired or separated participants receiving benefits		6b	
c Other retired or separated participants entitled to future benefits		6c	979
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	10352
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	10352
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	4732
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 Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R			
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	
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		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan ADAMS KEEGAN RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 ADAMS KEEGAN INC.	D Employer Identification Number (EIN) 62-1311326

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.
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1 Coverage Information:

(a) Name of insurance carrier JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A

(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
01-0233346	65838	45389	5762	01/01/2017	12/31/2017

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 0	(b) Total amount of fees paid 423641
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid BURLEIGH CONSULTING GROUP, INC. 465 JACK KRAMER DRIVE, SUITE 2 MEMPHIS, TN 38117
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	274336	TPA FEES	5

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

ADAMS KEEGAN 6750 POPLAR AVENUE, SUITE 400 MEMPHIS, TN 38138

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	149305	PLAN OPERATING EXPENSE REIMBURSEMENT	0

(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	
5 Current value of plan's interest under this contract in separate accounts at year end	5	201720791

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

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

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

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

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

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)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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) 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
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan ADAMS KEEGAN RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 ADAMS KEEGAN INC.	D Employer Identification Number (EIN) 62-1311326

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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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)

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(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 28 59 60 62 63 68	RECORDKEEPER	14765	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

WATKINS UIBERALL, PLLC

62-1804252

(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	AUDITOR	20600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERRILL COMMUNICATIONS, LLC

41-2007271

(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?
14 38	PARTICIPANT COMMUNICATIO	45972	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)

RELIANT INVESTMENT MANAGEMENT

1715 AARON BRENNER DRIVE
MEMPHIS, TN 38120

62-1842540

(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	INVESTMENT ADVISOR	379366	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.	

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 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>ADAMS KEEGAN RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ADAMS KEEGAN INC.</u>	D Employer Identification Number (EIN) <u>62-1311326</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JOHN HANCOCK MULTI-INDEX LS CONSERV</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5728328</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JOHN HANCOCK MULTI-INDEX LS MODERAT</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5449379</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JOHN HANCOCK MULTI-INDEX LS BALANCE</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>26937074</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JOHN HANCOCK MULTI-INDEX LS GROWTH</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25668254</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JOHN HANCOCK DFA US TARGETED VALUE</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1009809</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>J.H. AMERICAN CENTURY IN RETIREMENT</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2823047</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JOHN HANCOCK MULTI-INDEX AGGRESSIVE</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9810134</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. PIMCO REAL RETURN		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 476322
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK FEDERATED CAPITAL PRES		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1351139
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK STRATEGIC INCOME OPP		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1934683
a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. HIGH YIELD FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1167820
a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. AMERICAN BALANCED FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3069810
a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. US GOVERNMENT SECURITIES		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1013669
a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. 500 INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8105758
a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. STABLE VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5018022
a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. MID CAP INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5692299
a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. INTERNATIONAL VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1533222

a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. SMALL CAP VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3061709
a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. VANGUARD ENERGY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1137863
a Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN US EQUITY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2202360
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR TOTAL BOND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2884663
a Name of MTIA, CCT, PSA, or 103-12 IE: NEW OPPORTUNITIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1052999
a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. AMERICAN CENTURY 2060		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 805510
a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. EUROPACIFIC GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2927437
a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. OPPENHEIMER DEVELOPING MARKET		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1966165
a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. VANGUARD EXPLORER FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2186800
a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. MID CAP STOCK FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3256106

a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. OPPENHEIMER GLOBAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2372535
a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. AMERICAN CENTURY 2055		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2923721
a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. AMERICAN CENTURY 2050		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3533629
a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. AMERICAN CENTURY 2045		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4956682
a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. AMERICAN CENTURY 2040		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6557223
a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. AMERICAN CENTURY 2035		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8981783
a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. WASHINGTON MUTUAL INVESTORS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3427502
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOT WLD STK INDEX ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 779730
a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. FRANKLIN MUTUAL BEACON		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 928792
a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. BLUE CHIP GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7389617

a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. GROWTH FUND OF AMERICA

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

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3216501
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a Name of MTIA, CCT, PSA, or 103-12 IE: JH MID VALUE FUND

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

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72735
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a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. VALUE FUND

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

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. AMERICAN CENTURY 2030

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

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11120002
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a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. AMERICAN CENTURY 2025

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

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9911759
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a Name of MTIA, CCT, PSA, or 103-12 IE: J.H. AMERICAN CENTURY 2020

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

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7278199
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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
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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 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>ADAMS KEEGAN RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ADAMS KEEGAN INC.</u>	D Employer Identification Number (EIN) <u>62-1311326</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	8204	18815
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(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)	3447931	3311323
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)	154589309	201720792
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	574431	1070611

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	158619875	206121541

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	158619875	206121541
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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)	6426137	
(B) Participants	2a(1)(B)	16789674	
(C) Others (including rollovers)	2a(1)(C)	6173665	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		29389476
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)	151698	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		151698
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		26960077
(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		99791
d Total income. Add all income amounts in column (b) and enter total.....	2d		56601042

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	23751703	
(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)		23751703
f Corrective distributions (see instructions)	2f		493589
g Certain deemed distributions of participant loans (see instructions).....	2g		6377
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	-55628	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		-55628
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		24196041

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		32405001
l Transfers of assets:			
(1) To this plan.....	2l(1)		23734327
(2) From this plan	2l(2)		8637662

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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: WATKINS UBERALL, PLLC

(2) EIN: 62-1804252

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
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		3000000
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 ☒ 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)
FSI 401(K) PLAN	20-0587793	001
KAJ HOSPITALITY HOTEL 401(K) PLAN	46-2587916	001
TRINET 401(K) PLAN	48-1304650	334
AQUAGUARD WATERPROOFING CONTRACTORS, INC.	58-2153798	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

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 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>ADAMS KEEGAN RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ADAMS KEEGAN INC.</u>	D Employer Identification Number (EIN) <u>62-1311326</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
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): <u>01-0233346</u>		
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
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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
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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) 2017
v. 170203

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	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) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

ADAMS KEEGAN RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

December 31, 2017 and 2016



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INDEPENDENT AUDITOR'S REPORT

To the Trustees of the
Adams Keegan Retirement Savings Plan
Memphis, Tennessee

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Adams Keegan Retirement Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by John Hancock Life Insurance Company and U.S. Bank, the trustees of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustees hold the Plan's investments assets and executes investment transactions. The plan administrator has obtained certifications from the trustees as of December 31, 2017 and 2016, and for the year ended December 31, 2017, that the information provided to the plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2017 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Watkins Wilkerson, PLLC

Memphis, Tennessee
July 13, 2018

ADAMS KEEGAN RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2017 and 2016

	<u>Assets</u>	
	<u>2017</u>	<u>2016</u>
Participant-directed investments, at fair value	\$ 202,791,402	\$ 155,163,739
Receivables		
Participant contributions	434,504	342,146
Employer contributions	136,642	122,818
Notes receivable from participants	<u>3,311,323</u>	<u>3,447,931</u>
Total receivables	3,882,469	3,912,895
Cash	<u>18,815</u>	<u>8,204</u>
Total assets	206,692,686	159,084,838
	<u>Liabilities</u>	
Excess contributions payable	<u>531,637</u>	<u>491,555</u>
Net assets available for benefits	<u>\$ 206,161,049</u>	<u>\$ 158,593,283</u>

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

ADAMS KEEGAN RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2017

Additions to Net Assets Attributed to:

Investment Income

Net appreciation in fair value of investments	\$ 27,059,868
Interest income on notes receivable from participants	151,698

Contributions

Participants	16,535,860
Employer	6,335,344
Rollovers	6,173,665
Total contributions	<u>29,044,869</u>
Other income	<u>86,289</u>
Total additions	<u>56,342,724</u>

Deductions from Net Assets Attributed to:

Benefits paid to participants	23,732,796
Deemed loan distribution	115,290
Corrective distributions	2,033
Administrative expenses	31,023
Total deductions	<u>23,881,142</u>

Net increase	32,461,582
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Net transfer from plans	15,106,184
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Net Assets Available for Benefits

Beginning of the year	<u>158,593,283</u>
End of the year	<u><u>\$ 206,161,049</u></u>

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

ADAMS KEEGAN RETIREMENT SAVINGS PLAN

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2017 and 2016

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Adams Keegan Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a multiple employer defined contribution 401(k) retirement plan sponsored by Adams Keegan, Inc. (“the Company”). Substantially all employees of the Company and employees of its adopting employers are eligible to participate in the Plan upon completion of six months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to 90% of pre-tax annual compensation, as defined in the Plan, subject to Internal Revenue Code limitations. Participants who have attained age 50 before the end of Plan year are eligible to make catch-up contributions. Participants may make tax deferred voluntary contributions or Roth (non tax-deferred) voluntary contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment or their contributions into various investment options offered by the Plan. Each participating employer, at its discretion, may contribute a matching or non-elective profit-sharing contribution as defined in the respective employer’s adoption agreement.

Participant Accounts

Each participant’s account is credited with the participant’s contributions and allocations of (a) the Employer’s contributions and (b) Plan earnings. Allocations are based on a participant’s earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant’s account and bear interest at a rate commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid ratably through payroll deductions.

Vesting

Participants are immediately vested in all contributions, including employer contributions, plus actual earnings thereon.

Payment of Benefits

On termination of service due to death, disability, or retirement, the participant will receive one lump-sum payment equal to the vested interest in his or her account. Normal retirement age is 65.

Forfeitures

When an outside qualified plan is transferred into the Plan, the forfeitures transferred are credited to an interest bearing cash account where they can be used to pay plan expenses. Forfeitures may first be used to pay administrative expenses of the Plan or to reduce future employer contributions. As of December 31, 2017 and 2016, forfeited non-vested accounts totaled \$18,815 and \$8,204, respectively. Forfeitures of \$16,158 were used to pay administrative expenses for the year ended December 31, 2017.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the plan sponsor and are excluded from these financial statements. Recordkeeping and other administrative expenses may be charged directly to the participants' account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments. Additional fees are charged to participants based on their use of certain plan features.

Date of Management's Review

The plan sponsor evaluated the Plan's December 31, 2017 financial statements for subsequent events through July 13, 2018, the date the financial statements were issued. The plan sponsor is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

The Plan's investments are stated at fair market value, as defined by generally accepted accounting principles. See Note 3 for disclosure related to fair value measurement.

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. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as deemed loan distributions based upon the terms of the Plan document.

The Plan presents in the statement of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of its investments, which consists of mutual fund investment income, realized gains and (losses), and the unrealized appreciation (depreciation) on investments.

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 reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the period. Actual results could differ from those estimates.

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2017 excess contributions to the applicable participants prior to March 15, 2018.

Benefits are recorded when paid.

NOTE 3 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under generally accepted accounting principles are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability'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. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Pooled separate accounts: Valued at the net asset value of units held by the Plan at year end.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016, respectively.

Assets at Fair Value as of December 31, 2017				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ 201,720,791	\$ -	\$ -	\$ 201,720,791
Common Stocks:				
Personal brokerage account	1,070,611	-	-	1,070,611
Total assets at fair value	<u>\$ 202,791,402</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 202,791,402</u>

Assets at Fair Value as of December 31, 2016				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ 154,589,308	\$ -	\$ -	\$ 154,589,308
Common Stocks:				
Personal brokerage account	574,431	-	-	574,431
Total assets at fair value	<u>\$ 155,163,739</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 155,163,739</u>

NOTE 4 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, Plan assets will be used solely to provide benefits for participants.

NOTE 5 – RISKS AND UNCERTANTIES

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

NOTE 6 – TAX STATUS

The Internal Revenue Service issued a determination letter dated July 31, 2013 stating that the Plan was designed in accordance with applicable sections of the Internal Revenue Code (IRC) and, therefore, exempt from taxation. The Plan is required to operate in conformity with the Code to maintain its qualification. Although the Plan has been amended since receiving the determination letter, the plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. The plan administrator believes that the Plan has not generated any taxable income and no federal or state income tax returns have been filed. Federal and state taxing authorities could request an examination of the financial records of the Plan to ascertain if any such taxable income exists, but no such examination has occurred or is pending.

NOTE 7 – RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds and the Personal Brokerage Account managed by John Hancock Life Insurance Company and U.S. Bank, respectively, the custodians as defined by the Plan. Therefore, these transactions qualify as party-in-interest transactions. Plan expenses that are paid directly by the plan sponsor also qualify as party-in-interest transactions. These transactions are exempt from the prohibited transaction provision of ERISA and the Internal Revenue Code.

NOTE 8 – SEPARATED PARTICIPANTS AND EMPLOYERS

At December 31, 2017, the Plan's assets included \$38,504 of benefits allocated to withdrawing participants for benefit claims that have been processed and approved for payment prior to year-end, but not yet paid as of that date. The Plan's assets also included \$4,067,757 of benefits to employers who have elected to terminate participation in the Plan.

NOTE 9 – SUMMARY OF INFORMATION CERTIFIED BY ASSET TRUSTEE

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the asset trustees have certified that the following data included in the accompanying financial statements and supplemental information is complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of December 31, 2017 and 2016
- Investment activity, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2017
- The schedule of assets (held at end of year) as of December 31, 2017

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental information.

NOTE 10 – RECONCILIATION OF FEDERAL FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2017 and 2016 to the Form 5500:

	2017	2016
Net assets available for benefits per the financial statements	\$ 206,161,049	\$ 158,593,283
Add: Excess contributions payable	531,637	491,555
Rounding	1	1
Less: Employer contributions receivable	(136,642)	(122,818)
Participants contributions receivable	(434,504)	(342,146)
Net assets available for benefits per the Form 5500	<u>\$ 206,121,541</u>	<u>\$ 158,619,875</u>

The following is a reconciliation of the net change in net assets available for benefits per the financial statements for the year ended December 31, 2017 to the Form 5500:

Net change in net assets available for benefits per the financial statements	\$ 32,461,582
Add: Prior year employer and participants contributions receivable	464,964
Current year excess contributions payable	531,637
Benefit payments included in transfers	9,519
Less: Current year employer and participants contributions receivable	(571,146)
Prior year excess contributions payable	<u>(491,555)</u>
Net change in net assets available for benefits per the Form 5500	<u>\$ 32,405,001</u>

The above differences arise from the financial statements being prepared on an accrual basis and the Form 5500 on a cash basis, and from the reclassification of items for financial statement presentation.

SUPPLEMENTAL INFORMATION

ADAMS KEEGAN RETIREMENT SAVINGS PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2017

Form 5500 - Schedule H, Part IV Line 4i

Employer: Adams Keegan, Inc.

Plan #: 333

EIN: 62-1311326

(a)	(b) Identity of Issue Borrower, Lessor, or Similar Party	(c) Description	(d) Cost	(e) Current Value
*	John Hancock Life Insurance Company	Multi-Index LS Conserv	**	\$ 5,728,328
*	John Hancock Life Insurance Company	Multi-Index LS Moderate	**	5,449,379
*	John Hancock Life Insurance Company	Multi-Index LS Balanced	**	26,937,074
*	John Hancock Life Insurance Company	Multi-Index LS Growth	**	25,668,254
*	John Hancock Life Insurance Company	Multi-Index LS Aggressive	**	9,810,134
*	John Hancock Life Insurance Company	500 Index Fund	**	8,105,758
*	John Hancock Life Insurance Company	Mid Cap Index Fund	**	5,692,299
*	John Hancock Life Insurance Company	Strategic Income Opp Fund	**	1,934,683
*	John Hancock Life Insurance Company	Mid Value Fund	**	72,735
*	John Hancock Life Insurance Company	High Yield	**	1,167,820
*	John Hancock Life Insurance Company	Small Cap Value Fund	**	3,061,709
*	John Hancock Life Insurance Company	Mid Cap Stock Fund	**	3,256,106
*	John Hancock Life Insurance Company	Stable Value Fund	**	5,018,022
*	John Hancock Life Insurance Company	Blue Chip Growth Fund	**	7,389,617
*	John Hancock Life Insurance Company	Federated Capital Pres	**	1,351,139
	American Century	One Choice in Retirement	**	2,823,047
	American Century	American Century 2020	**	7,278,199
	American Century	American Century 2025	**	9,911,759
	American Century	American Century 2030	**	11,120,002
	American Century	American Century 2035	**	8,981,783
	American Century	American Century 2040	**	6,557,223
	American Century	American Century 2045	**	4,956,682
	American Century	American Century 2050	**	3,533,629
	American Century	American Century 2055	**	2,923,721
	American Century	American Century 2060	**	805,510
	American Funds	American Balanced Fund	**	3,069,810
	American Funds	Washington Mutual Investors Fund	**	3,427,502
	American Funds	Growth Fund of America	**	3,216,501
	American Funds	EuroPacific Growth Fund	**	2,927,437
	American Funds	U.S. Government Securities	**	1,013,669
	DFA	U.S. Targeted Value Fund	**	1,009,809

See independent auditor's report.

ADAMS KEEGAN RETIREMENT SAVINGS PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)

December 31, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of Issue Borrower, Lessor, or Similar Party	Description	Cost	Current Value
	DFA & Invesco	New Opportunities Fund	**	1,052,999
	Fidelity	Fidelity Advisor Total Bond	**	2,884,663
	Franklin Templeton	Mutual Beacon Fund	**	928,792
	Franklin Templeton	International Value Fund	**	1,533,222
	JPMorgan	JPMorgan US Equity Fund	**	2,202,360
	Oppenheimer Funds	Global Fund	**	2,372,535
	Oppenheimer Funds	Oppenheimer Developing Market	**	1,966,165
	Pimco	Pimco Real Return Fund	**	476,322
	U.S. Bank	Personal Brokerage Account	**	1,070,611
	Vanguard	Explorer Fund	**	2,186,800
	Vanguard	Energy Fund	**	1,137,863
	Vanguard	Total World Stock Index ETF	**	779,730
				<u>\$ 202,791,402</u>
*	Participant loans	Interest rates at 4.25% - 5.5%	<u>\$ -</u>	<u>\$ 3,311,323</u>

* Indicates a party-in-interest

** Information is not required, as accounts are participant-directed.

See independent auditor's report.

Multiple Employer Plan Participating Employer Information

For the Plan Year beginning 01/01/2017 and ending 12/31/2017

ADAMS KEEGAN RETIREMENT SAVINGS PLAN

PN: 333

ADAMS KEEGAN, INC.

EIN: 62-1311326

Sponsor Name	EIN	Percent of Total Contributions
1002	xx-xxx1326	2.96%
1008	xx-xxx8512	0.07%
1009	xx-xxx4887	0.00%
1229	xx-xxx0496	0.19%
1629	xx-xxx4216	0.14%
1996	xx-xxx9069	0.11%
2104	xx-xxx0119	0.09%
2108	xx-xxx3531	0.04%
2109	xx-xxx2466	0.00%
2126	xx-xxx5255	0.44%
2129	xx-xxx0643	0.96%
2158	xx-xxx2096	0.05%
2203	xx-xxx8124	2.03%
2218	xx-xxx0271	0.79%
2247	xx-xxx3636	0.32%
2261	xx-xxx7397	0.84%
2273	xx-xxx0696	0.61%
2276-2278	xx-xxx1686	0.83%
2290	xx-xxx0862	0.04%
2297	xx-xxx3733	0.06%
2299	xx-xxx5950	0.47%
2303	xx-xxx6431	0.00%
2330	xx-xxx7013	1.41%
2349	xx-xxx3815	0.10%
2352	xx-xxx5940	0.04%
2356	xx-xxx9829	0.13%
2360	xx-xxx1962	0.16%
2364	xx-xxx4475	0.39%
2370	xx-xxx3015	0.48%
2371	xx-xxx3798	0.56%
2372	xx-xxx2205	0.19%
2373	xx-xxx4267	0.04%
2374	xx-xxx4990	0.11%
2066, 2376	xx-xxx2583	1.17%
2381	xx-xxx8385	0.05%
2387	xx-xxx8736	0.02%
2391	xx-xxx9291	0.20%
2407	xx-xxx0792	0.00%
2412	xx-xxx9693	0.18%

2410, 2414	xx-xxx3691	0.14%
2415	xx-xxx2204	0.01%
2419	xx-xxx6536	0.41%
2421	xx-xxx6571	0.01%
2425	xx-xxx4864	0.01%
2431	xx-xxx7254	0.15%
2433	xx-xxx9617	0.06%
2434	xx-xxx6413	0.07%
2435	xx-xxx3928	0.65%
2437	xx-xxx0453	0.49%
2440	xx-xxx2848	0.74%
2441	xx-xxx0058	0.12%
2443	xx-xxx2819	0.01%
2454	xx-xxx8226	0.56%
2457	xx-xxx9268	0.16%
2458	xx-xxx1648	0.01%
2469	xx-xxx8822	1.85%
2472	xx-xxx0333	0.01%
2501-2513, 2515-2529	xx-xxx4422	0.03%
3172	xx-xxx7938	0.01%
3173	xx-xxx9426	0.30%
3175	xx-xxx3405	0.00%
3185	xx-xxx4035	0.13%
3187	xx-xxx4934	0.32%
3200-3210	xx-xxx3388	0.16%
4500-4573	xx-xxx0439	0.20%
4750-4767	xx-xxx6164	0.11%
5026	xx-xxx7787	0.15%
5027	xx-xxx9927	0.19%
5066	xx-xxx2889	0.38%
5070	xx-xxx8361	0.17%
5073	xx-xxx0606	0.94%
5086	xx-xxx2299	0.12%
5084, 5089	xx-xxx5066	0.76%
5092	xx-xxx5248	0.10%
5094	xx-xxx1926	0.00%
5116	xx-xxx8727	0.06%
5130	xx-xxx1355	0.02%
5136	xx-xxx0419	0.36%
5143	xx-xxx8929	0.02%
5151	xx-xxx0856	0.09%
5160	xx-xxx0677	0.20%
5164	xx-xxx3734	3.30%
5165	xx-xxx7194	1.90%
5166	xx-xxx1807	0.01%
5172	xx-xxx5433	0.15%
5176	xx-xxx3547	0.27%

5183	xx-xxx1645	0.06%
6000-6101	xx-xxx7936	20.38%
7021	xx-xxx2537	0.02%
7400-7475	xx-xxx8961	3.57%
8030	xx-xxx6063	0.14%
8036	xx-xxx4940	0.59%
8067	xx-xxx3059	0.09%
8077	xx-xxx8660	0.64%
8112	xx-xxx3757	0.61%
8113	xx-xxx7228	0.45%
8153	xx-xxx3770	0.92%
5040-5054, 5144, 5147-5149, 5167--5168, 8158-8159	xx-xxx4792	5.04%
8160	xx-xxx1173	0.29%
8161	xx-xxx4537	0.08%
8163	xx-xxx6236	0.68%
8188	xx-xxx9299	0.90%
8230	xx-xxx0169	0.30%
8233	xx-xxx8911	0.23%
8121-8138, 8146-8147, 8149, 8236-8240	xx-xxx2722	1.93%
8241	xx-xxx8507	0.52%
8252	xx-xxx2707	0.08%
8253	xx-xxx7561	0.19%
8254	xx-xxx6350	0.21%
8255	xx-xxx8642	0.06%
8256	xx-xxx4733	0.45%
8259	xx-xxx3418	0.94%
8262	xx-xxx8014	0.95%
8266	xx-xxx6560	0.34%
9018	xx-xxx4559	0.73%
9021	xx-xxx9102	0.32%
9030	xx-xxx7360	0.02%
9052	xx-xxx8230	0.07%
9056	xx-xxx2799	1.04%
2118, 9057	xx-xxx6962	0.75%
9065	xx-xxx9682	0.00%
9069	xx-xxx9786	0.07%
9077, 9084	xx-xxx5330	0.54%
9080	xx-xxx1779	0.03%
9082	xx-xxx3338	0.75%
9085	xx-xxx3467	0.00%
9087	xx-xxx1143	0.01%
9091	xx-xxx9682	0.11%
9094	xx-xxx6881	0.43%
9101	xx-xxx4402	0.22%
9121-9122	xx-xxx0466	1.81%
9131	xx-xxx9122	0.53%
9124, 9132	xx-xxx0929	0.44%

9133	xx-xxx9134	0.01%
9164	xx-xxx1113	0.00%
9176, 9177	xx-xxx8326	0.37%
9182	xx-xxx1357	0.45%
9187	xx-xxx8159	0.09%
9191-9192	xx-xxx8437	0.14%
9195	xx-xxx2047	0.33%
9200	xx-xxx1096	0.51%
9204	xx-xxx5667	0.16%
9207	xx-xxx2628	0.02%
9213	xx-xxx4986	0.08%
9224	xx-xxx5380	0.25%
9229	xx-xxx0547	0.04%
9230	xx-xxx0291	0.05%
9233	xx-xxx4012	0.62%
9234	xx-xxx0863	0.73%
9238	xx-xxx8448	0.06%
9239	xx-xxx1533	0.02%
9243	xx-xxx9135	0.46%
9244	xx-xxx4449	0.58%
9245	xx-xxx5967	0.04%
9246	xx-xxx2163	0.07%
9247	xx-xxx1053	0.29%
9252	xx-xxx5193	0.24%
9254	xx-xxx3080	0.24%
9255	xx-xxx8861	0.03%
9260	xx-xxx5550	0.41%
9261	xx-xxx7020	0.06%
9264	xx-xxx5556	0.71%
9265	xx-xxx8226	0.01%
9266	xx-xxx9848	0.38%
9267	xx-xxx0168	0.20%
9268	xx-xxx5176	3.19%
9274	xx-xxx1144	0.88%
9275	xx-xxx7040	0.77%
9278	xx-xxx3151	1.21%
9279	xx-xxx3262	0.53%
9282	xx-xxx2111	0.03%
9284	xx-xxx8344	0.10%
9029, 9285	xx-xxx7982	3.52%
2116, 9286	xx-xxx6739	1.41%

ADAMS KEEGAN RETIREMENT SAVINGS PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2017

Form 5500 - Schedule H, Part IV Line 4i

Employer: Adams Keegan, Inc.

Plan #: 333

EIN: 62-1311326

(a)	(b)	(c)	(d)	(e)
	Identity of Issue Borrower, Lessor, or Similar Party	Description	Cost	Current Value
*	John Hancock Life Insurance Company	Multi-Index LS Conserv	**	\$ 5,728,328
*	John Hancock Life Insurance Company	Multi-Index LS Moderate	**	5,449,379
*	John Hancock Life Insurance Company	Multi-Index LS Balanced	**	26,937,074
*	John Hancock Life Insurance Company	Multi-Index LS Growth	**	25,668,254
*	John Hancock Life Insurance Company	Multi-Index LS Aggressive	**	9,810,134
*	John Hancock Life Insurance Company	500 Index Fund	**	8,105,758
*	John Hancock Life Insurance Company	Mid Cap Index Fund	**	5,692,299
*	John Hancock Life Insurance Company	Strategic Income Opp Fund	**	1,934,683
*	John Hancock Life Insurance Company	Mid Value Fund	**	72,735
*	John Hancock Life Insurance Company	High Yield	**	1,167,820
*	John Hancock Life Insurance Company	Small Cap Value Fund	**	3,061,709
*	John Hancock Life Insurance Company	Mid Cap Stock Fund	**	3,256,106
*	John Hancock Life Insurance Company	Stable Value Fund	**	5,018,022
*	John Hancock Life Insurance Company	Blue Chip Growth Fund	**	7,389,617
*	John Hancock Life Insurance Company	Federated Capital Pres	**	1,351,139
	American Century	One Choice in Retirement	**	2,823,047
	American Century	American Century 2020	**	7,278,199
	American Century	American Century 2025	**	9,911,759
	American Century	American Century 2030	**	11,120,002
	American Century	American Century 2035	**	8,981,783
	American Century	American Century 2040	**	6,557,223
	American Century	American Century 2045	**	4,956,682
	American Century	American Century 2050	**	3,533,629
	American Century	American Century 2055	**	2,923,721
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	American Funds	Growth Fund of America	**	3,216,501
	American Funds	EuroPacific Growth Fund	**	2,927,437
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	DFA	U.S. Targeted Value Fund	**	1,009,809

See independent auditor's report.

ADAMS KEEGAN RETIREMENT SAVINGS PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)

December 31, 2017

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	Identity of Issue Borrower, Lessor, or Similar Party	Description	Cost	Current Value
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	Franklin Templeton	International Value Fund	**	1,533,222
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	Oppenheimer Funds	Oppenheimer Developing Market	**	1,966,165
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	Vanguard	Explorer Fund	**	2,186,800
	Vanguard	Energy Fund	**	1,137,863
	Vanguard	Total World Stock Index ETF	**	779,730
				<u>\$ 202,791,402</u>
*	Participant loans	Interest rates at 4.25% - 5.5%	\$ -	<u>\$ 3,311,323</u>

* Indicates a party-in-interest

** Information is not required, as accounts are participant-directed.

See independent auditor's report.

For the plan year beginning **01/01/2017** and ending **12/31/2017**

Name of plan

ADAMS KEEGAN RETIREMENT SAVINGS PLAN

Employer Identification Number	Three-digit
0000000000	000
0000000001	001
0000000002	002
0000000003	003
0000000004	004
0000000005	005
0000000006	006
0000000007	007
0000000008	008
0000000009	009
0000000010	010
0000000011	011
0000000012	012
0000000013	013
0000000014	014
0000000015	015
0000000016	016
0000000017	017
0000000018	018
0000000019	019
0000000020	020
0000000021	021
0000000022	022
0000000023	023
0000000024	024
0000000025	025
0000000026	026
0000000027	027
0000000028	028
0000000029	029
0000000030	030
0000000031	031
0000000032	032
0000000033	033
0000000034	034
0000000035	035
0000000036	036
0000000037	037
0000000038	038
0000000039	039
0000000040	040
0000000041	041
0000000042	042
0000000043	043
0000000044	044
0000000045	045
0000000046	046
0000000047	047
0000000048	048
0000000049	049
0000000050	050
0000000051	051
0000000052	052
0000000053	053
0000000054	054
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0000000056	056
0000000057	057
0000000058	058
0000000059	059
0000000060	060
0000000061	061
0000000062	062
0000000063	063
0000000064	064
0000000065	065
0000000066	066
0000000067	067
0000000068	068
0000000069	069
0000000070	070
0000000071	071
0000000072	072
0000000073	073
0000000074	074
0000000075	075
0000000076	076
0000000077	077
0000000078	078
0000000079	079
0000000080	080
0000000081	081
0000000082	082
0000000083	083
0000000084	084
0000000085	085
0000000086	086
0000000087	087
0000000088	088
0000000089	089
0000000090	090
0000000091	091
0000000092	092
0000000093	093
0000000094	094
0000000095	095
0000000096	096
0000000097	097
0000000098	098
0000000099	099

62-1311326 plan number ▶ 333

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