

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan (checked), a single-employer plan, a DFE (specify), B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report (less than 12 months), C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension (enter description), E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: ADAMS KEEGAN EMPLOYER PAID LIFE BENEFITS PLAN; 1b Three-digit plan number (PN): 505; 1c Effective date of plan: 01/01/2007; 2a Plan sponsor's name (employer, if for a single-employer plan): ADAMS KEEGAN INC.; 2b Employer Identification Number (EIN): 62-1311326; 2c Plan Sponsor's telephone number: 901-683-5353; 2d Business code (see instructions): 561300

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

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

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

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

Form 5500 (2024) v. 240311

| | | |
|---|--|------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 3694 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 3694 |
| | 6a(2) | 3474 |
| | 6b | 0 |
| | 6c | 0 |
| | 6d | 3474 |
| | 6e | |
| | 6f | |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4B 4Q

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

| | | |
|--|--|--|
| <p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
|--|--|--|

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

| | | |
|---|--|-------------------|
| <p>A Name of plan ADAMS KEEGAN EMPLOYER PAID LIFE BENEFITS PLAN</p> | <p>B Three-digit plan number (PN) ▶</p> | <p>505</p> |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 ADAMS KEEGAN INC.</p> | <p>D Employer Identification Number (EIN) 62-1311326</p> | |

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

1 Coverage Information:

(a) Name of insurance carrier
UNUM LIFE INSURANCE COMPANY OF AMERICA

| (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 |
| 01-0278678 | 62235 | 110723 | 3474 | 01/01/2024 | 12/31/2024 |

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

| | |
|--|--|
| <p>(a) Total amount of commissions paid 294398</p> | <p>(b) Total amount of fees paid 24533</p> |
|--|--|

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

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

THE JAMES GROUP, LLC **6750 POPLAR AVENUE**
SUITE 208
MEMPHIS, TN 38138

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|--|-----------------------|
| | (c) Amount | (d) Purpose | |
| 294398 | 24533 | COMMISSIONS TO BROKER AND ADDITIONAL COMPENSATION PAID TO BROKER | 3 |

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

| | | |
|--|----------------------------|---|
| b Balance at the end of the previous year | 7b | 0 |
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| | 7c(2) | |
| | 7c(3) | |
| | 7c(4) | |
| | 7c(5) | |
| (6) Total additions | 7c(6) | 0 |
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | 0 |
| e Deductions: | 7e(1) | |
| | 7e(2) | |
| | 7e(3) | |
| | 7e(4) | |
| | (5) Total deductions | |
| f Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f | 0 |

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

8 Benefit and contract type (check all applicable boxes)

- a** 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) **▶ AD&D**

9 Experience-rated contracts:

| | | | | |
|----------|--|-----------------|-----------------|---|
| a | Premiums: (1) Amount received | 9a(1) | | |
| | (2) Increase (decrease) in amount due but unpaid | 9a(2) | | |
| | (3) Increase (decrease) in unearned premium reserve | 9a(3) | | |
| | (4) Earned ((1) + (2) - (3)) | | 9a(4) | 0 |
| b | Benefit charges (1) Claims paid | 9b(1) | | |
| | (2) Increase (decrease) in claim reserves | 9b(2) | | |
| | (3) Incurred claims (add (1) and (2)) | | 9b(3) | 0 |
| | (4) Claims charged | | 9b(4) | |
| c | Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | |
| | (A) Commissions | 9c(1)(A) | | |
| | (B) Administrative service or other fees | 9c(1)(B) | | |
| | (C) Other specific acquisition costs | 9c(1)(C) | | |
| | (D) Other expenses | 9c(1)(D) | | |
| | (E) Taxes | 9c(1)(E) | | |
| | (F) Charges for risks or other contingencies | 9c(1)(F) | | |
| | (G) Other retention charges | 9c(1)(G) | | |
| | (H) Total retention | | 9c(1)(H) | 0 |
| | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) | | 9c(2) | |
| d | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | 9d(1) | |
| | (2) Claim reserves | | 9d(2) | |
| | (3) Other reserves | | 9d(3) | |
| e | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) | | 9e | |

10 Nonexperience-rated contracts:

| | | | | |
|----------|--|------------|--|---------|
| a | Total premiums or subscription charges paid to carrier | 10a | | 1964073 |
| 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. ▶

| Name | Ein |
|--|------------|
| KBG Technologies, LLC | 82-3974982 |
| Rees Memphis Acquisition LLC | 994456349 |
| Bloom, Inc. | 82-4493285 |
| Memphis Fourth Estate, Inc. | 825339555 |
| Washington Metrorail Safety Commission | 82-4796176 |
| Autumn Ridge | 832534172 |
| Veritas Senior Living, LLC | 824731884 |
| East Ridge Residence | 832534172 |
| Gaines Park Senior Living | 832534172 |
| Vantage Pointe Village | 832534172 |
| Orchard Ridge Residence | 832534172 |
| The Lodge at Stephens Lake | 881026065 |
| Lake Shore Associates, Inc | 204336668 |
| The Avenue Community Church | 824657921 |
| TriMetis Life Sciences, LLC | 850901593 |
| Workforce Midsouth, Inc. | 850869795 |
| WMSC - Hourly | 82-4796176 |
| Consilience Group, LLC | 62-1828710 |
| Raising A Reader MA, Inc. | 800297898 |
| Uinta Medical, LLC | 842696043 |
| American Landscaping Partners LLC | 852128273 |
| C&G Turf Management, LLC | 412098902 |
| Turfscape LLC | 341676574 |
| Pets Wellness Alliance LLC | 842673546 |
| PWA Operations LLC | 843428543 |
| Impullitti Landscaping, LLC | 341918042 |
| AHEAD | 341265325 |
| Senior By Design, LLC | 811593660 |
| HealthmarkIT Consulting | 472075430 |
| FSN-Boca | 873516531 |
| Boca | 592383136 |
| The 275 Food Project | 83-1911882 |
| BBB Wise Giving Alliance | 52-1070270 |
| BLDG Memphis | 62-1514675 |
| Weeping Willow Holdings, LLC | 871203450 |
| Physicians Urgent Care, LLC | 640907721 |
| TCB Truck Center, LLC | 862295535 |
| Heart Center USA, Inc. | 611898857 |
| Journey Advisory Group, LLC | 471164712 |
| RNA Advisors, LLC | 473288017 |
| Thnks | 475466636 |
| Charles Aquatics, Inc. | 202372508 |
| Spectrum, Inc. | 621749069 |
| Northern, Inc. | 621417510 |
| EVS Corporation | 201080862 |
| Lobo Energy, Inc. | 850459211 |

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|---|------------|
| America's Family Doctors, PLLC | 710879365 |
| Mayor's Institute for Excellence in Gvt | 45-3699291 |
| Technology Happens LLC | 460910792 |
| AIMBE | 237089693 |
| Spartan Orthopaedics, LLC | 261111426 |
| RedMed, LLC | 463878759 |
| OrthoXpress Holding Company, LLC | 844121325 |
| Scoiattolo Capital, LLC | 300779918 |
| 71 Concepts, LLC | 84-5132949 |
| Vitality Living | 832304977 |
| Traditions of Athens | 832304977 |
| Traditions of Smyrna | 832304977 |
| Traditions of Spring Hill | 832304977 |
| Traditions of Mill Creek | 832304977 |
| Maristone of Franklin | 832304977 |
| Maristone of Providence | 832304977 |
| Maybelle Carter Living | 832304977 |
| The Gardens of Germantown | 832304977 |
| YourLife Tallahassee | 812209992 |
| YourLife Pensacola | 47-4123129 |
| YourLife Stuart | 371859340 |
| YourLife PB Gardens | 813997207 |
| YourLife Coconut Creek | 384049463 |
| YourLife Wildwood | 364911194 |
| Vitality Madison | 832304977 |
| YourLife West Melbourne | 842041390 |
| Landmark Lifestyles at Tupelo | 832304977 |
| Vitality Arlington | 832304977 |
| Vitality West End Richmond | 832304977 |
| Vitality Shadow Hills | 832304977 |
| Vitality Village | 832304977 |
| Vitality Pleasant Hills | 832304977 |
| Vitality Milton | 832304977 |
| Vitality Upland Park | 832304977 |
| Vitality Frederica | 832304977 |
| Vitality Pine Valley | 832304977 |
| Vitality Elizabethtown | 832304977 |
| Vitality Springdale | 832304977 |
| Vitality St. Matthews | 832304977 |
| Vitality Stony Brook | 832304977 |
| Vitality Baypoint Village | 832304977 |
| Vitality Hudson | 832304977 |
| Vitality Lady Lake | 832304977 |
| Vitality Lake Forest | 832304977 |
| Vitality Regency | 832304977 |
| Vitality Spring Hill | 832304977 |
| Landmark Lifestyles at Ridgeland | 832304977 |

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|---|------------|
| Appletree Court | 832304977 |
| SOS-Construction Services | 271368555 |
| Grow Your Occupancy, LLC | 873311865 |
| Two Capes Lookout | 862924169 |
| Epicenter | 820904035 |
| FirstCare Ambulance Service LLC | 814200803 |
| Friends Life Community | 412242504 |
| Scrubtastic Holdings, Inc. | 882108298 |
| Scrubtastic, LLC | 263105601 |
| Scrubtastic of Tennessee, LLC | 462328572 |
| Scrubtastic of Texas, LLC | 272608544 |
| Scrubtastic of Rockwall, LLC | 873291687 |
| Scrubtastic of Henderson, LLC | 882425534 |
| Mascom Communications, Inc. | 621641510 |
| Coast to Coast Solutions, Inc. | 900144766 |
| Creative Product Source, Inc. | 263084278 |
| MAS Modern Marketing, Inc. | 621867950 |
| UrbanArt Commission | 621791387 |
| Hattiloo Theatre | 204225394 |
| Peer Power-Youth Employment | 20-2069907 |
| Ultimate Impression | 364719250 |
| FirstCare Ambulance Service - Nashville | 814200803 |
| ARISE2Read | 47-3370656 |
| Champion Promotion | 620888797 |
| Sugar Services LLC | 20-2184191 |
| Macaroy Company | 621384351 |
| Sweetex, Inc. | 760062388 |
| Carpenter Art Garden | 82-2322015 |
| Neighborhood Preservation, Inc. | 27-5374482 |
| Andrew Pinckney Inn, LLC | 57-1111266 |
| Agency Services, Inc | 62-1011842 |
| NuBody Concepts | 475037503 |
| Presbyterian Village North | 51-0190369 |
| Sunshine Corp | 621085448 |
| Civic Condominium, Inc. | 621149740 |
| Rockcreek Plaza, LP | 621492143 |
| Edgewater Terrace Apartments, LP | 621492141 |
| Riverdale Plaza Apartments, LP | 621533937 |
| Woodchase Apartments, LP | 621550521 |
| The James Group, LLC | 550827787 |
| 901 B.L.O.C. Squad | 464959042 |
| First Signal, LLC | 201172889 |
| TiVerity Consulting, Inc. | 260070606 |
| Innova Memphis, Inc. | 261475248 |
| Airborne Flying Service, Inc. | 710665597 |
| Memphis Management Partners, LLC | 464870856 |
| Memphis Education Fund, Inc. | 47-3660677 |

| | |
|---|------------|
| Evercompounds, LLC | 473036618 |
| Enjoin | 62-1127194 |
| Transportation Employee Leasing, LLC | 27-1534229 |
| Memphis Brand Initiative | 37-1831645 |
| City of Memphis and Shelby County CRA | 47-1283946 |
| Hotel Indigo Vinings | 800834819 |
| Holiday Inn University Memphis-Fogelman | 800834819 |
| Central Station, a Curio by Hilton | 800834819 |
| Valley Hotel | 800834819 |
| Go Outdoors Savannah LLC | 880838779 |
| Go Outdoors Concord LLC | 880838779 |
| Go Outdoors Louisville LLC | 880838779 |
| Go Outdoors Elm Hill LLC | 880838779 |
| Go Outdoors Torch River LLC | 880838779 |
| Go Outdoors Blue Turtle LLC | 880838779 |
| Go Outdoors Drakes LLC | 880838779 |
| Go Outdoors Buffalo LLC | 880838779 |
| Go Outdoors Oconee LLC | 880838779 |
| Go Outdoors Elm Hill - RV Resort | 880838779 |
| Go Outdoors Hartwell LLC | 880838779 |
| International Cheer Union | 26-0403050 |
| Aperture Hotels | 452896159 |
| Bluffton-Holiday Inn Express | 883652655 |
| Columbus I-Hilton Garden Inn | 883652655 |
| Columbus II-Homewood Suites | 883652655 |
| Gulf Breeze-Hampton Inn | 883652655 |
| Lansing Courtyard Marriott | 822433097 |
| Alpharetta Holiday Inn Express | 883652655 |
| Naperville-Fairfield Inn & Suites | 883652655 |
| St. Charles-Hilton Garden Inn | 475239069 |
| St. Charles II-Fairfield Inn & Suites | 883652655 |
| Pearland Courtyard | 883652655 |
| Madison Courtyard | 883652655 |
| Madison Fairfield Inn and Suites | 883652655 |
| Madison Hampton Inn | 883652655 |
| Peoria Fairfield Inn and Suites | 883652655 |
| Tuscaloosa Hotel Indigo | 883652655 |
| Gulf Breeze Home2 | 883652655 |
| Murfreesboro Hampton Inn and Suites | 871587059 |
| Atlanta Perimeter Homewood Suites | 883652655 |
| C&C Investment Factory LLC | 881328861 |
| Miramar Beach Evoke | 883652655 |
| Lebanon Hampton Inn | 883652655 |
| Midland Hampton | 883652655 |
| Baytown Hampton | 883652655 |
| Cookeville Hampton Inn | 883652655 |
| Nash Haus | 883652655 |

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| Stones River Inn and Suites | 883652655 |
| Murfreesboro Central | 883652655 |
| Cookeville Holiday Inn Express | 883652655 |
| Hotel Spero - RM Jaspers FL | 933903625 |
| Clair Tappaan Lodge | 883652655 |
| Stoughton Tru | 883652655 |
| Austin Hampton | 384013946 |
| First Choice Sales & Marketing Group | 621334618 |
| RS Lewis Funeral Home | 455190362 |
| ABS Acquisitions Group, LLC | 873184657 |
| Advance Beauty Care | 261094403 |
| Tailor's Union | 454631729 |
| Rizzo's | 471892906 |
| Guthrie's at Dexter Rd | 332513542 |
| Guthrie's at Germantown Pkwy | 332513542 |
| The Burrough's Foundation | 264023365 |
| Guthrie's Oxford | 332513542 |
| Guthrie's Collierville | 332513542 |
| Retro Hospitality, LLC | 464649348 |
| RH Staunton, LLC - Blackburn Inn | 823715097 |
| RH Charlottesville, LLC-Dairy Market | 833511834 |
| RH Warrenton, LLC-Black Horse Inn | 84-5040913 |
| RH QUIRK RVA, LLC- Quirk Hotel Richmond | 874322254 |
| RH QUIRK CVILLE, LLC - QuirkHotelCville | 874351611 |
| Guthrie's Olive Branch | 332513542 |
| RH Petersburg | 933342325 |
| Guthrie's Whitehaven | 332513542 |
| Wright Investments, Inc. | 621144800 |
| Courtyard Collierville, TN CVL | 621362334 |
| Four Points by Sheraton, Memphis, TN PPK | 621362334 |
| Doubletree Downtown Memphis, TN MDT | 621362334 |
| Fairfield Inn & Suites C'Ville, TN FFC | 621362334 |
| Hampton Inn Collierville, TN COL | 621362334 |
| Hotel Indigo Memphis TN IND | 621362334 |
| Residence Inn Memphis, TN MRI | 621362334 |
| Courtyard Winston Salem, NC WIN | 621362334 |
| Hampton Hilton Head, SC HH2 | 621362334 |
| Hampton Inn Jackson Hole, WY JHW | 621362334 |
| Holiday Inn Alexandria, VA TKU | 621362334 |
| Grand Adirondack Hotel LKP | 621362334 |
| Holiday Inn Kansas City, MO KAN | 621362334 |
| Staybridge Suites Myrtle Beach, SC MYR | 621362334 |
| Wright Investments, Inc - Hourly | 621144800 |
| Fairfield Inn & Suites Arlington, TN FFA | 621362334 |
| Sedona Real Inn & Suites SED | 621362334 |
| Ansonborough Inn Charleston SC ANS | 621362334 |
| Hampton Myrtle Beach-Northwood HMB | 621362334 |

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| Homewood Suites Jackson, WY HWJ | 621362334 |
| SpringHill Suites - Arlington, TN SHA | 621362334 |
| Peer Power-Core Program | 20-2069907 |
| Duncan Williams Farm, Inc. | 621320230 |
| Williams Holding Company | 621089340 |
| Brown Missionary Baptist Church | 621081076 |
| Constant Care Management Company, LLC | 383254287 |
| Jewish Community Partners, Inc. | 473329119 |
| ACTS Career Center | 640939299 |
| Mid South Genesis Community Dev Corp | 853738695 |
| Jack Brown's Corporate | 461737496 |
| JBJDP Roanoke | 461737496 |
| JBJDP Charlottesville | 461737496 |
| JBJDP Richmond | 461737496 |
| JBJDP Norfolk | 461737496 |
| JBJDP Greenville | 461737496 |
| JBJDP Birmingham | 461737496 |
| JBJDP Huntsville | 461737496 |
| JBJDP Chattanooga | 461737496 |
| JBJDP Cincinnati | 461737496 |
| JBJDP Columbia | 461737496 |
| JBJDP GVL- SC | 461737496 |
| JBJ Edgehill | 461737496 |
| JBJ Germantown | 461737496 |
| JBJ Murfreesboro | 461737496 |
| Jack Brown's Lexington | 461737496 |
| Jack Brown's Auburn, LLC | 461737496 |
| Jack Brown's Tuscaloosa, LLC | 461737496 |
| Jack Brown's Memphis, LLC | 461737496 |
| Oliver Hospitality, LLC | 451262537 |
| The Oliver Hotel | 451262537 |
| Station House Inn | 451262537 |
| The Fairlane Hotel | 451262537 |
| Hotel Clermont | 451262537 |
| Lodge at Marconi | 451262537 |
| Oliver Oxford Hotel | 451262537 |
| Fairlane Hotel Partners | 451262537 |
| Doubletree Hilton Clarksville Riverview | 451262537 |
| GHS | 20-5362367 |
| Candlewood Suites Louisville North | 261716028 |
| Home2 Suites Clarksville Louisville N | 82-2774470 |
| Fairfield Inn & Suites by Marriot Destin | 821622324 |
| Holiday Inn Express & Suites Smyrna-Nash | 20-8153729 |
| Holiday Inn Express Louisville Airport | 47-4077176 |
| Hampton Inn New Albany Louisville West | 65-1194493 |
| Milton Hall Surgical Associates LLC | 582383570 |
| Milton Hall Management LLC | 452187961 |

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| Alpharetta Surgery Center LLC | 208459286 |
| ENTI Surgery Center LLC | 462334845 |
| Grayson Pediatrics, LLC | 46-5630985 |
| The Ivy Hotel | 47-1475567 |
| The Willows Hotel | 47-1475567 |
| Majestic Hotel | 47-1475567 |
| City Suites Hotel | 47-1475567 |
| The H Hotel | 932300457 |
| N.J. Ford & Sons Funeral Home | 621114216 |
| Serenity Funeral Home | 462204864 |
| Currey & Company, Inc. | 582210634 |
| American Book Company Inc | 582272243 |
| Environmental Engineering Service | 311669796 |
| Southern Grandeur Real Estate Group, Inc | 812216350 |
| Advantum Health | 463683418 |
| Preteckt Inc. | 473890730 |
| MGM | 46-2059493 |
| B&R Painting Contractors, Inc. | 581791965 |
| L4 Lifestyles, LLC | 831649216 |
| Crestview THS, LLC | 453454317 |
| Pavilion THS, LLC | 453453806 |
| Carthage Assisted Living, LLC | 462554319 |
| Pavilion Assisted Living, LLC | 463772271 |
| B&B Enterprises of Wilson County, LLC | 621231815 |
| Hal Bone Enterprises, LLC | 830413700 |
| Horizon Development, LLC | 814371932 |
| Junior Achievement of Memphis MidSouth | 62-0549549 |
| Core Government Services Corporation | 834182768 |
| Camp Margaritaville | 844374740 |
| Evolved Gear, LLC | 850897701 |
| Intonu, LLC | 262901328 |
| Eleven09, LLC | 822631341 |
| Rock Drill Sales & Service, Inc. | 582435135 |
| Sayer Construction Group, LLC | 821241381 |
| The Pavilion Senior Living at Smyrna | 931423841 |
| Umbrella Pediatrics, PC | 861448700 |
| Bone & Associates, LLC | 933383108 |
| The Howard Company of the Southeast Inc. | 592876462 |
| GB Retail, LLC | 271124134 |
| DOMEMP II, LLC | 934487867 |
| RH - Retro Bee LLC | 992841349 |
| RH - Retro Holbrook LLC | 992870889 |
| RH - Retro Lofts LLC | 992890353 |
| Spencer Heating & Air Conditioning, Inc. | 581622993 |
| Log Lighter Sales, Inc. | 582012096 |
| Sun City | 860774248 |
| Regal Lager, Inc. | 581935523 |

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| Mahx F. Linster, Inc. | 581264599 |
| Avgroup, Inc. | 581144559 |
| BRG Financial LLC | 462589155 |
| American Boatbuilders Association, Inc. | 621509786 |
| Community Housing Capital, Inc. | 943398998 |
| Krypton Fund Services USA, Inc. | 862938311 |
| RayPaul Coating, Inc. | 581976232 |
| Specialty Engraving Co., Inc. | 581048159 |
| YKW Incorporated | 141886572 |
| Georgia Transplant Foundation | 582075193 |
| Pediatric Business Support Network, LLC | 921546104 |
| Cargo Brokers International, Inc. | 570730168 |
| AVS Underwriting, LLC | 582167040 |
| Claddagh Consulting INC | 20-0072125 |
| Islands Entertainment, LLC | 824046257 |
| FL Fish&Wildlife Conservation Commission | 593105845 |
| SaaSOptics, LLC | 27-0861656 |
| Atlanta Energy Specialists, Inc. | 582310198 |
| SQ Property Management, LLC | 82-1156718 |
| Bairstow Lifting Products Co. | 580828165 |
| Kate's Club Inc. | 161646487 |
| Ashley Energy, LLC | 814502636 |
| Matrix Surgical USA | 453812266 |
| Premier Indoor Comfort Systems, LLC | 582480036 |
| Sequent, Inc. | 270016384 |
| Fond du Lac Cold Storage L.L.C | 223566648 |
| Chilled Solutions, LLC | 464071029 |
| IntegriCom, Inc. | 582534794 |
| Casambi Technologies, Inc. | 364844577 |
| DNT Express Logistics - Clyde | 854327133 |
| DNT Express Logistics - Albany | 854327133 |
| Contineo Group, LLC | 272199460 |
| The Virtus Solution | 32-0598801 |
| BluTech Lenses, LLC | 474901665 |
| Prorizon Corporation | 582094840 |
| MSB Compliance Inc. | 753225008 |
| Kamine Technology Group, LLC | 201932233 |
| ENT Consultants of North Atlanta, LLC | 992074829 |