

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: GIOA BENEFIT TRUST FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/2021
2a Plan sponsor's name (employer, if for a single-employer plan): GUARDIAN INDEPENDENT OPERATOR ASSOCIATION, INC.
2b Employer Identification Number (EIN): 85-1854365
2c Plan Sponsor's telephone number: 404-423-1140
2d Business code (see instructions): 525100

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	15376
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	15376
	<b>6a(2)</b>	21519
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	21519
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>7</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 11839568

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

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

(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

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

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

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

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**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>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	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) ▶

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		128840729
<b>b</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. ....	<b>10b</b>		

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. ▶

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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 style="font-size: 24pt;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>GIOA BENEFIT TRUST FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GUARDIAN INDEPENDENT OPERATOR ASSOCIATION, INC.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>85-1854365</b></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  
**SECURIAN LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-1412669	93742	76062 ET ALL	13971	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 <b>119239</b></p>	<p>(b) Total amount of fees paid <b>52117</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**MERCER HEALTH & BENEFITS ADMIN** **PO BOX 850502**  
**MINNEAPOLIS, MN 55485-0502**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
117728	52117	ENHANCED COMMISSION COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**BENEFITSTORE INC. DBA BENEFITFOCUS** **100 BENEFITFOCUS WAY**  
**CHARLESTON, SC 29492**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1511			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	

**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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**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>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	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) **▶ ACCIDENT, SPECIFIED DISEASE, HOSPITAL INDEMNITY**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		2392835
<b>b</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. ....	<b>10b</b>		

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. ▶

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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 style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>GIOA BENEFIT TRUST FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GUARDIAN INDEPENDENT OPERATOR ASSOCIATION, INC.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>85-1854365</b></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  
**HARTFORD LIFE AND ACCIDENT**

(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
06-0838648	70815	681857G	4111	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><b>(a)</b> Total amount of commissions paid <b>87014</b></p>	<p><b>(b)</b> Total amount of fees paid <b>17380</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**MERCER HEALTH & BENEFITS LLC**      **4565 PAYSPIHERE CIRCLE**  
**CHICAGO, IL 60674**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
87014			3

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**MERCER HUMAN RESOURCE CONSULTING**      **4565 PAYSPIHERE CIRCLE**  
**CHICAGO, IL 60674**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	17380	ENHANCED COMMISSION COMPENSATION	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	

**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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**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>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	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) ▶

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1125277
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**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 A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>GIOA BENEFIT TRUST FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GUARDIAN INDEPENDENT OPERATOR ASSOCIATION, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>85-1854365</b>

**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  
**HARTFORD LIFE AND ACCIDENT**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>06-0838648</b>	<b>70815</b>	<b>ADDS09157</b>	<b>21519</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid <b>7104</b>	<b>(b)</b> Total amount of fees paid <b>1094</b>
--	---

**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  
**MERCER HEALTH & BENEFITS LLC** **1166 AVENUE OF THE AMERICAS**  
**34TH FLOOR**  
**NEW YORK, NY 10036**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>7104</b>	<b>1094</b>	<b>ENHANCED COMMISSION COMPENSATION</b>	<b>3</b>

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

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> 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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

**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>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	0
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	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) ▶ **ACCIDENTAL DEATH AND DISMEMBERMENT**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	94716
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**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. ▶

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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 style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>GIOA BENEFIT TRUST FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GUARDIAN INDEPENDENT OPERATOR ASSOCIATION, INC.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>85-1854365</b></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  
**LIFE INSURANCE COMPANY OF NORTH 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
23-1503749	65498	OK971012	934	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><b>(a)</b> Total amount of commissions paid <b>25409</b></p>	<p><b>(b)</b> Total amount of fees paid <b>2509</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**MERCER HEALTH & BENEFITS LLC** **4565 PAYSHERE CIRCLE**  
**CHICAGO, IL 60674**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25409	2509	ENHANCED COMMISSION COMPENSATION	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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

**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>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	
(5) Total deductions .....	<b>7e(5)</b>	0
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	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) ▶ VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	338792
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**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 A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>GIOA BENEFIT TRUST FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GUARDIAN INDEPENDENT OPERATOR ASSOCIATION, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>85-1854365</b>

**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  
**LIFE INSURANCE COMPANY OF NORTH 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
<b>23-1503749</b>	<b>65498</b>	<b>FLX969578</b>	<b>934</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

(a) Total amount of commissions paid <b>264899</b>	(b) Total amount of fees paid <b>25570</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**MERCER HEALTH & BENEFITS LLC** **4565 PAYSHERE CIRCLE**  
**CHICAGO, IL 60674**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<b>264899</b>	<b>25570</b>	<b>ENHANCED COMMISSION COMPENSATION</b>	<b>3</b>

(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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**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>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	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) ▶ **VOLUNTARY TERM LIFE**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		3531983
<b>b</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. ....	<b>10b</b>		

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. ▶

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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 style="font-size: 24pt;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>GIOA BENEFIT TRUST FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>501</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GUARDIAN INDEPENDENT OPERATOR ASSOCIATION, INC.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>85-1854365</b></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  
**THE STANDARD INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	759028	930	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.

(a) Total amount of commissions paid <b>159316</b>	(b) Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**MERCER HEALTH & BENEFITS LLC** **4565 PAYSHERE CIRCLE**  
**CHICAGO, IL 60674**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
159316			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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**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>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	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) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	1966780	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	-1124	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	0	
	(4) Earned ((1) + (2) - (3)) .....	<b>9a(4)</b>		1965656
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	263472	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	-135259	
	(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>		128213
	(4) Claims charged .....	<b>9b(4)</b>		128213
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>	159316	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	0	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	0	
	(D) Other expenses .....	<b>9c(1)(D)</b>	236647	
	(E) Taxes .....	<b>9c(1)(E)</b>	44225	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	235867	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	1161288	
	(H) Total retention .....	<b>9c(1)(H)</b>		1837343
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>		0
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>		0
	(2) Claim reserves .....	<b>9d(2)</b>		2001014
	(3) Other reserves .....	<b>9d(3)</b>		0
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>		0

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	0	
<b>b</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. ....	<b>10b</b>		

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. ▶

2024 Multiple Employer Plan Participating Employer Information  
Guardian Independent Operator Association, Inc. 85-1854365 Plan 501

Company Name	EIN
Don & Venice, LLC	82-3189535
1555 MORGAN STREET LLC	85-1451319
Papa Keith Enterprises, LLC	82-1917492
Bigcluck LLC	47-1958206
His View Enterprise LLC	47-1959556
Eagle 1541 LLC	47-2054556
Larry I Meadows DBA Chick-fil-A South Asheville	56-1177777
HM TUCKER FAMILY, LLC	47-1920432
Steve Carroll	59-1800845
Mack Management, Inc.	47-1966648
2 JAX, INC.	81-2746702
Constantine Zouboukos	64-0618396
BAND-JACK, L.L.C.	83-1321107
JLDH Ventures, LLC	47-1965840
Owen Woodbrook, LLC	85-1451265
177 State Restaurant LLC	81-2945423
TC Brady Enterprise LLC	47-1902042
JLE OF PANAMA CITY, LLC	47-2370667
Sbdcshl Co.	47-1855137
HARHARP, INC.	47-1949162
Dave Butts, LLC	47-1870684
RWS2nd, LLC	82-1873066
Alan Keith Kiser	62-1114378
Rosson Food Service, LLC	81-2759079
Mtreadwell, Inc.	47-1960914
TKS Consulting, LLC	82-1379893
Dean E Kirstein	56-1339527
HALLIDAY FOODS INC	83-0940826
BTNAB LLC	81-2531699
JAXNCO LLC	47-1920216
Inspire 1440, LLC	47-1936507
ChrisVic & Company, LLC	47-1958534
Soriano Enterprises, LLC	47-1784825
Guffee Enterprises LLC	47-1670286
3Es Enterprise LLC	47-1869787
Donald W Adams	59-2380493
Burchtree Foods Limited Liability Company	83-1020114
JKM ENTERPRISES, LLC	81-2932684
B&R, IOL, LLC	47-1953012
Yurchak Enterprises, LLC	47-1881147
Latta Hospitality Group LLC	47-5010025
Nottely Shores LLC	47-1886376
AFM and Associates LLC	47-1868754

DABenson, LLC	47-1869846
M&H of Virginia LLC	47-1923904
PCB Sunsets, LLC	47-1751481
Stagg Run Enterprises, LLC	30-0996281
Junkins, LLC	81-3045766
Propitiously Incorporated	47-1860225
Lehnes Restaurant Holdings LLC	47-1925975
RTCT Enterprises, LLC	47-1886945
ROCKNROWLAND LLC	84-2402910
B FIVE INC.	47-1950442
JWB Hospitality, LLC	47-2027931
R.E.S. Hospitality, L.L.C.	47-4946933
Hart & Soul Chicken, LLC	81-3034176
Teterboro Landing, LLC	81-5062882
W. Robert Moore, Inc.	47-1882798
1908 ESTATE, LLC	84-1785625
2MS HOSPITALITY, LLC	93-2737102
JC Holdings, LLC	47-1924406
29Eleven LLC	47-4348873
Gustavo R Mir	58-1789146
John F Tingle	62-1344481
Randolph Hospitality Group L.L.C.	47-2079578
Brenda Kelly Stryjewski	58-1813354
Theresa Wilson	58-1810875
FREEDOM CHAMPION, LLC	47-1948025
B Marcus Clapp	62-1374812
RLT SPRINGS ENTERPRISES, INC.	47-1919644
FCC&B, LLC	81-4399379
Thomas M Balsamides	58-1766739
STEVEN ELYEA, LLC	47-1936254
Terrial Lamm, LLC	47-1936350
ATZ LLC	47-2090421
The Rowell Group LLC	87-3239224
Rosson Foods, Inc.	82-1789132
3 Feet Away, Inc.	88-3438940
Caritas, Inc.	47-1887165
Chicnman Hospitality, Inc.	47-2002983
Lloyd Andersen	65-0198362
GNS of High Point, LLC	47-4395909
Stopper7, LLC	81-2929855
JLD ENTERPRISES, LLC	37-1766200
Five 41, LLC	47-1899241
Russell Keith Voor	65-0234089
1991 Group, LLC	47-1759282
Lassiter Sprayberry, LLC	47-4384494
Unlock & Ignite LLC	47-1759995
Outdoors, LLC	47-1853965

ALEYZACES, LLC	85-1443864
Bo Hawkins	56-1743999
TBHCrew LLC	92-3987479
(ECAAAE), LLC	82-1856280
Two Rotten Dogs and a Cat, LLC	47-4315243
SRL HOSPITALITY LLC	92-3936329
BLESSED2SERVE, LLC	47-1953142
Bruce Smith, Inc.	47-1947457
Purpose Driven Enterprise L.L.C.	47-1739894
Team Legacy, LLC	47-1761896
Arthur TerKeurst LLC	47-1971190
CSR Hospitality LLC	47-1961161
Pisgah Hospitality Group, LLC	47-1954921
L&N Lichter LLC	83-1208553
ASPYRE, LLC	82-1206292
Stryker Standard LLC	83-1038762
MNE, LLC	47-1944307
3TWELVE FRANCHISE HOLDINGS, INC.	88-4402669
TriplePlayHospitality, LLC	47-4648906
VBHG, LLC	47-1823871
Chanticleire Group, Inc.	47-1746580
M541, LLC	47-1865666
TGK Holdings, LLC	47-2205620
JOCS, INC.	47-4319278
PAC Consulting, LLC	81-3987456
J Mo & Associates LLC	83-1013169
Terry O'Neal	62-1526933
4H Ohana LLC	85-2617244
Charles Maning Crews	58-2048203
OLDRUTT, LLC	47-1939117
T-Berry Enterprises LLC	81-2937547
Innisfree Services, Inc.	47-1941052
Christy D. Proctor, Inc.	47-1958053
DeStefano5, LLC	81-2801366
Bridgend LLC	47-2088883
GJVOL, LLC	88-2998651
Joe Edmund Jeffcoat	58-2450388
TLM ENTERPRISES OF SARASOTA, INC.	84-2377547
Country Roads Dining, LLC	47-4051138
I SAW U, LLC	47-1941301
47-1941301	47-1941301
Irrational Kindness LLC	47-1869093
P215 Holdings LLC	47-2250557
L.G.L.P. Inc.	47-1644499
Mahmood Ali Easmeil	52-1902963
JLR FOOD SERVICE, L.L.C.	47-1932538
Matthew 28:19 LLC	47-1928302

WLG, Inc.	47-1895653
Big Ridge Hospitality, LLC	84-2722409
Arnold Food Services LLC	47-1874883
AC Hospitality LLC	84-2156002
ACES TEACH 3 LLC	93-1934771
McCay Hospitality, LLC	87-2797457
Good Name 22:1, LLC	47-1880368
Experiencing Grace, LLC	87-1334587
River City Restaurant Consulting, LLC	47-4268457
RDG Restaurant Management Services, LLC	47-1854107
GEMINITY ENTERPRISES LLC	84-1888546
Atlanta McCabe, LLC	47-2037886
BK+3 INC.	81-3148002
David Langston LLC	47-1893332
ADD A LIL VENTURES LLC	92-1641465
JNM Enterprise, LLC	47-2059486
Marshall S. Boast LLC	47-2193607
Dittman Services, Inc.	47-1944961
VanVoorn Enterprises, LLC	47-1941641
Jonathan Vaty Ith	58-2502479
The DSN Group, LLC	47-1726418
Sean D. McClure, LLC.	47-1855351
Thankful Hospitality Group, LLC	47-1964194
David Bryan Cantey	58-2268172
TZEJ, Corporation	47-4670899
Lifesong Influences LLC	47-4465553
Green Bench Hospitality, LLC	47-1940395
CAPITAL CITY HOSPITALITY GROUP LLC	47-1919559
Zebulon475, Inc.	47-1944135
Alan Christopher Smith	55-0725826
ALBATROSS FOODS, LLC	85-3320564
SAMUEL'S PLACE TO FIND REST INC.	47-1870148
Ricardo Enrique Sanchez	76-0499377
SPARTIATIS LLC	47-1945035
Joe Robert Miller	73-1497429
Diamond Restaurant Consulting, LLC	82-1495416
Kuchan Restaurant Group, Inc.	82-2011281
Southern Pike LLC	47-1950611
B.D.Arton, LLC	47-1913653
PANHANDLE POLLO, INC.	92-2157349
SINGLETREE MANAGEMENT, LLC	47-1808388
Lucky Lane, Inc.	47-5028960
Flaming Torch, LLC	82-1641355
Fifty-Four, Inc.	47-1678632
REGIII Incorporated	47-1853742
DK Pettis, LLC	47-4857287
CTF Enterprises, LLC	61-1804942

Elma Joy, LLC	47-4298490
Russell Eric Wade, Inc.	47-1947305
SDL Enterprises LLC	47-1941775
CHICKEN SHACK, LLC	47-1935157
Zookeeper LLC	47-1962362
TBA Hospitality, LLC	47-1973969
Ba Jah Consulting, LLC	82-0860751
MAKE A DIFFERENCE RESTAURANT GROUP OF GEORGIA. LLC	85-1284003
As One Leadership, LLC	47-2017558
LDP Ventures, LLC	47-2145865
PMAAE Enterprise, LLC	83-0859576
Altitude Restaurant Holdings Ltd LLC	83-4509479
Scott's Chicken Shack, Inc.	47-2173527
DWB3, LLC	47-1854805
3 For 3 Hospitality, LLC	47-1920045
BLS Services, Inc.	47-1925196
BPSERVES, LLC	47-1940428
Sourelli Ltd.	47-2251953
H3 Vision, LLC	47-1944688
Izzy & Tuck Investments LLC	47-4675123
Chicken and Rice LLC	47-2226241
The Gusto Group, LLC	47-1950139
ELITE CHICKEN, LLC	47-1926318
Lytle Enterprises, LLC	81-2605121
Amonics Management Inc	47-1958081
Tsumas Enterprises, LLC	83-1056041
Son Light LLC	47-1962247
AMS RESTAURANT GROUP, LLC	82-1975414
BCDR LLC	47-1938182
East Forsyth Hospitality Group, LLC	47-1971878
RRM Culinary Enterprises, LLC	47-1945490
Vance Hospitality Group, LLC	81-2843322
CONARD ENTERPRISES & VENTURES, LLC	87-1458836
Charis, Inc.	81-3004182
SmittyWhip, LLC	84-2187574
Chick-fil-A Hermitage	63-1200834
Brickhouse Services, Inc.	47-1906912
Given2fly, LLC	81-2921080
Jimmy S Cristantiello LLC	47-1881162
Connelly Food Services, LLC	47-1924823
II Image, LLC	47-2505227
Ira Michael Zolt dba Chick-fil-A Thomasville	58-2413375
Let's Do This, LLC	37-1766444
JG3 Enterprises, Inc.	47-1950751
William Christian Pfaender	56-2101924
SJM Hospitality, Inc.	47-1964830
GWB Enterprises, LLC	47-1926510

Bun Chicken Bun, LLC	87-2343776
DARDOT76, Inc.	47-2624326
MS Pollo, Inc.	81-2788296
P3&O, LLC	82-1948631
CSK Consulting, LLC	81-3763688
Oak Tree, LLC	47-1937008
99-3800134	99-3800134
John Michael Crosby	58-2465994
William Matthew Sexton	58-2455251
CHAMBO INC.	47-1815624
C4K Inc.	81-2755050
Sawgrass Islands, Inc.	82-1798218
Rehoboth Shamrock, LLC	47-1919423
Greenwood Enterprises Inc	61-1791635
Brian Scott Malone	62-1780797
Double R Restaurants, LLC	47-1933517
Terry Widener, LLC	47-1936157
Lilicol LLC	85-1575800
World-Class Servants, LLC	47-1793961
Anchored in Him, Inc.	93-3254254
Hunker Down Hospitality, LLC	47-4903092
JNS Enterprise, LLC	47-1679096
Changing Tides 163, LLC	47-1763238
JLDJ, Inc.	47-1953388
MRDrummond Enterprises LLC	85-1112374
CJF Service LLC	47-4382626
ADD4, Inc.	82-1968307
RJarrell Enterprises, LLC	81-3097491
MEFish, LLC	81-3542887
RPres restaurants LLC	88-3626013
Stuart Rogers Alabama, LLC	47-1917120
Castlewood, Inc	47-1871302
Under the Son Restaurant Group, LLC	47-4881041
Camen Inc.	47-1734604
CMP Management, LLC	47-2303065
Holterlie, LLC	82-1904590
Worx323, Inc.	81-3019282
Talmadge Inc.	47-1886351
C3 twenty three, LLC	83-0816593
RJJRG Enterprises LLC	81-4461396
McClarnon Enterprises, LLC	81-2901384
KenRoCo, Inc.	47-1839157
Genuine Servant, LLC	47-1847302
R.D.M.J. LLC	47-1923160
Picsou, LLC	47-1811587
Legacy Growth, Inc.	47-1978439
Nathan Hoeksema Inc.	47-1864743

Samkei & Associates, LLC	47-1952320
ANPRESTaurantGROUP, LLC	88-3330196
Steven Todd Hunley DBA Chick-fil-A at Rivergate FSU #1333	62-1821551
4:10 Leadership Group LLC	81-3297006
Jensen, LLC	47-4333203
Solid Foundations Group, Inc.	47-1907239
James Young Investments, LLC	81-2608336
Hevia Family Enterprises, LLC	47-4407749
Teambusa, LLC	47-1821086
IS4031, LLC	47-1827272
RL Enterprises, Inc.	61-1746202
356 Solutions LLC	47-1890640
Howeird, LLC	82-5093153
Holland Hospitality, LLC	82-1858601
Stephen Randall Franklin	58-2599673
BURTALOO, LLC	47-1935905
NITSUA, LLC	47-4203800
BCP Hospitality, LLC	82-1890120
JCMP, LLC	47-2248494
Bruce Dane Adkins, LLC	47-2002582
RBM of Auburn LLC	47-2210172
KAW, LLC	47-1969492
Karen Thomas Colley	58-2599670
MDO Enterprises LLC	47-1894425
ARLTC, LLC	83-3213254
Beyond Pollo Inc.	47-1907099
Wonder Enterprises LLC	81-2850375
AS FRANCHISE HOLDINGS, INC.	86-2705434
Nothing Wasted Foods Inc.	47-2059809
Badger Hospitality, LLC	47-4914892
DEEM Enterprise, LLC	81-3052260
Gregory George Garretson	58-2599680
Devoted Service, LLC	47-1940036
FOUR L FOOD SERVICES, L.L.C.	82-1990078
Uncommon Cents, LLC	81-3222221
River Life Hospitality, LLC	82-1746865
Digges Family Enterprises, LLC	47-4406360
We Go First Inc.	47-1864625
OasisMJL, LLC	47-4436827
Witte Hospitality 3:23, Inc.	47-1948547
PujiTuhan, LLC	47-2184426
Federer Enterprises LLC	81-2547892
AGH Restaurants, LLC	83-1038899
BEH Service Group, LLC	47-1957491
NPB Hospitality, LLC	83-1547116
Jany Enterprises, LLC	47-1791714
Greenbriar Foods, LLC	47-4911750

MOZLEY ENTERPRISES, INC.	47-2041945
Joseph Theodore Hatzopoulos Jr	56-2258850
Simmonds Restaurants, LLC	47-1788358
BC Restaurants Corporation	47-1768599
Michael A. Wade, Enterprises, LLC	83-0845972
PK Enterprises LLC	81-2938044
Family of Faith, LLC	81-2961551
ICor1031, LLC	47-1882537
JEH Enterprise LLC	47-1988107
WariCo, LLC	47-1934824
JOS 2415, LLC	47-2010719
RUA RHINO, LLC	87-1561630
TJM WINK, LLC	47-4297725
Bremka Enterprises, LLC	47-4298558
Thomas McAuliffe Inc.	47-2052052
WJB III, Inc.	47-1947599
Roswell Hospitality, LLC	81-2916783
Ballantine LLC	82-2634985
RJK Bella Vita, LLC	81-2609722
DWG Parker, Inc.	47-1915380
HQL Enterprise, Inc.	47-1952842
Redwall, LLC	47-1809905
627 Enterprises LLC	47-4228476
SARA Ltd.	47-1894210
Osborne Chicken Company, LLC	81-3064076
TEKLEAD, LLC	47-1787190
David Blevins dba Chick-fil-A Madison Street FSU	48-1270999
MJD TEAGHLAIGH, LLC	47-4127919
TIE, LLC	47-1923111
Ralsch Corporation	47-1963000
MGrace, L.L.C.	47-1961090
Mark It Zero, Inc.	47-4413428
PARIS MOUNTAIN HOSPITALITY, LLC	47-1819250
Daniel Grier, LLC	81-3918306
TRMEJM Enterprises, LLC	47-1893653
Lilo Services, LLC	47-1950715
Danic Enterprise LLC	47-1917696
Joshua Towne Restaurants, Inc.	47-1950447
Exceptional Hospitality, Inc.	47-1983278
Webber Restaurants, LLC	47-1965096
BBLL FOODS, LLC	82-1576740
Justin D Whitfield LLC	47-1915234
JSH Services, LLC	47-4411190
MKTA Corporation	47-1831530
BAM Management LLC	47-1850418
WEBZ Hospitality, LLC	47-1899404
Tincher Hospitality LLC	47-4257978

DMW of Kentucky LLC	47-2003504
BPLBW Enterprises LLC	81-2706962
Church Enterprises, LLC	82-1812838
TOP GUN ENTERPRISES, LLC	47-1810248
BCGoettsche, Inc.	47-1988185
46-0501185	46-0501185
Sweet Tee Hospitality, LLC	83-1038181
ROCK CITY HOSPITALITY LLC	47-1926542
Bebie's Restaurant, Inc.	83-0881377
K&K Restaurants, LLC	47-2289236
University Parkway LLC	47-1949457
Bent Tree Food Services, LLC	47-4901597
JAF Restaurant Enterprises, Inc	47-1927444
Effective Synergy Corporation	47-1944315
Bass Road Enterprises, LLC	81-2735552
Hampton Rivermont Enterprises, LLC	47-1916318
Caring People LLC	47-2063207
Addeo4 Enterprises, LLC	47-1813323
Asbury Management Services LLC	47-1395306
Ransom of South Florida Inc.	81-2745296
Schleidt Hospitality, LLC	81-3959726
KTP FOOD SERVICES, INC.	47-1951930
RME ENTERPRISES, INC.	81-0940090
Highlands Hospitality LLC	47-1916162
TMI, LLC	32-0498549
JTAJE LLC	47-1950125
4 Crowns, LLC	81-2861260
B2B, Inc.	47-4182048
Jonathan Wesley Hollis	54-2113514
Sharp Iron, LLC	83-0946967
Gibson Restaurants, LLC	47-4551066
Samuel Heath Kyle	20-0773917
IDCM Enterprises, LLC	47-3964030
FLATROCK ENTERPRISES LLC	84-2598634
CMV961 Restaurant Enterprises LLC	47-1930342
DC ELAM ENTERPRISES, INC.	47-1939578
Bent Tree SVC, Inc.	88-3983060
Rich Ubele, LLC	81-2930788
3 Strands, LLC	47-1930373
P221, LLC	47-1960628
Van Der Kooy, LLC	47-4298601
PKI Ventures, LLC	47-4517775
SHTAH Inc.	47-4347363
RNE Hospitality, LLC	81-3004885
Swinson Hospitality, Inc.	82-3255863
SCHENCK FOOD SERVICES, LLC	82-1689459
JAKE H., LLC	47-1950109

Seven Chairs, LLC	47-2118308
David Graham Koepsell	20-0283497
TAF, LLC	82-0826726
Premier Hospitality of NKY, LLC	47-1963675
Gracious Dining, LLC	47-1946098
TNJV Group, Inc.	81-2884185
DJG Enterprises LLC	47-1442483
Healthy Eats, LLC	47-4245736
LWOOD2017, LLC	81-3057836
Whitaker Stewardship, LLC	47-1814286
CSF Holdings, LLC	47-1903426
Ruiz Family Restaurant Group LLC	81-2798925
MSF, Inc.	61-1746648
Jackson ABC, LLC	47-1793215
BHE Hospitality, LLC	92-1361141
BHive 7, Inc.	47-4549509
BIESCHKE INC	92-3876505
TMC INTEGRITY GROUP LLC	47-1916311
Pedro Rodriguez, LLC	47-2121290
4610 Restaurant Groups, Inc.	84-2323077
HOMEWARD BOUND LLC	35-2667027
Everyday Integrity, LLC	47-1950122
Guarisco Lake Buena Vista Investments, LLC	47-1696322
Julianellie Co., LLC	47-1918771
DCML LLC	47-1875271
BTP Hospitality, LLC	82-2668979
BULL ISLAND COMPANY, LLC	47-1814476
M & A Hospitality Group, LLC	84-2064067
Summit Hospitality, LLC	47-4995540
Macrane, Inc.	47-1871649
Frank Dwayne Marshall	20-1424880
Solid Rock Holdings LLC	47-1991964
JAMN, Inc.	38-3940374
Vee & Zee Family, LLC	47-1913294
Brock Group, LLC	47-1865378
BLUE DIAMOND HOSPITALITY, INC.	87-2780442
TLOTW Warrior, LLC	83-0555079
Tri-F, LLC	47-1912081
S & M Hospitality, LLC	81-3083131
R.E. LEGACY, LLC	47-1927746
Western Wood, Inc.	47-2060209
Lakeland Enterprises, Inc.	37-1862078
Black Warrior Hospitality, LLC	47-1945870
WJF Tampa, LLC	47-1887550
Gaita Foods, LLC	47-1935475
Yeshua Holdings, LLC	81-2984435
Blue Ridge Leadership Academy LLC	93-1954977

JBMOUTON3 LLC	47-1908503
JVGA Hospitality, Inc.	47-1957824
CHICKEN & GRACE, LLC	86-1644595
Legacy J1113, LLC	83-1011240
BBLJB, Inc.	47-1939983
Waldad, Inc.	47-1799767
Volunteer Heritage, LLC	81-2778156
GRATITUDE HOLDINGS, LLC	84-1976486
One Short, Inc.	47-1707543
BNM RESTAURANTS LLC	84-2469083
BOCK BOCK BENTLEY LLC	87-1315492
PVB Enterprises of Ohio LLC	47-1877528
Five Fourteen Hospitality Group, LLC	81-4214617
Cranford Incorporated	47-1944178
Bold Hoof LLC	87-3275463
OBL Hospitality, LLC	47-1916969
Brantley Restaurant Group, LLC	88-3045970
Gallus Gallus, LLC	81-2707058
SML CULINARY, LLC	82-1427764
John21 LLC	99-0685465
BRICK BY BRICK HOSPITALITY, LLC	88-2453129
Bridge McCracken Enterprises Inc	87-2182070
BRITT'S CHICKEN SHACK, INC	84-2311038
Flat Gap Food Services and Hospitality Group, Inc.	47-4247900
LCB Hospitality Group LLC	85-2699681
Bucklew & Sons, LLC	47-4363759
Nicholas J. Crantiello, LLC	47-1885608
John Charles Francisco	26-4708239
HH Management, LLC	83-1011245
Hanna Family Holdings, LLC	81-3507009
TRM Enterprises, LLC	47-1943372
JNC Broad Creek Crossing LLC	84-2969956
Owens Restaurant Group, LLC	81-3075492
Mamimayo Inc.	47-1913157
1213 HOSPITALITY LLC	84-2111609
WS Hospitality, LLC	82-1777527
Teem Hospitality Group, LLC	82-5164814
Lauer Phillips LLC	47-4407971
CLE Enterprises, Inc.	47-2002550
KCCE Bloomington Restaurant Group, LLC	81-2598752
L A Quinn LLC	47-4148575
Blue Seas LLC	47-4810052
PASADENA CROSSROADS RSH, LLC	47-1950270
EJR, LLC	47-4746994
Hountz Restaurants Incorporated	47-5412270
Camfoodcorp LLC	47-4243477
Brock SERVE LLC	47-1982072

SWAM, INC	47-1784478
FIDELIS RESTAURANT MANAGEMENT, INC.	47-2077663
MM Beach, LLC	81-2839178
Eric Brady Champeau	26-3497728
Moceri Group, LLC	81-1930284
5-Star Hospitality Group, LLC	47-5354591
M633, LLC	47-4176246
Five Bears Services, LLC	47-1936265
740 Group, LLC	47-4357387
BTCM Corporation	83-2747832
BUDDY & BUG, LLC	84-2873352
D & D Leadership, Inc.	47-1946299
Indianapolis Restaurant Group Inc.	47-1944173
Velarde Ventures, LLC	81-3153964
JE Hodges LLC	47-1738158
Burgz, Inc.	81-4085209
Reim Restaurant Services Inc.	81-2660197
Amanda Taylor Almy	26-4708181
Sunshine Hospitality, LLC	36-4812501
DDS Foods LLC	47-1747322
North Coast Management LLC	47-2157583
CDGOETTSCHKE ENTERPRISES, INC.	81-2870619
Salt of the Earth Group, LLC	82-1733598
LVS ENTERPRISES, LLC	82-2056770
Lourdes M Hatten	20-8226489
JRP JENG LLC	81-3051918
WCSP LLC	81-4967557
JDC Professionals, Inc	83-2080799
RJD Enterprise LLC	47-4133454
O'Dell Family Enterprises, LLC	47-4406457
Chicken Masters, LLC	47-1827954
Supersmitty Enterprises, LLC	47-1939276
MDRPT Enterprises LLC	81-2963428
DMOA, Inc.	47-2328147
81-2881127	81-2881127
Weeks Restaurant Group, LLC	85-2725136
AHB Enterprise Inc.	47-1939480
DJP Enterprise & Zedahkah, Ltd.	47-1898902
Exgren, L.L.C.	47-1888102
EMOCON LLC	47-1887193
SCIP JAX LLC	47-1926864
Burkhead Hospitality, LLC	82-1948178
BURNETTE'S BOOMING BUSINESS, LLC	88-4222067
RBM Hospitality Group, Incorporated	47-4269221
EXCEEDING EXCELLENCE LLC	84-1913553
Vinci Restaurant Group, LLC	47-4407856
Rosser Enterprises LLC	81-3134254

Rosser Hospitality Group, LLC	99-1895664
RDP Hospitality, LLC	81-4848552
Wooden Nickel Enterprises, Inc. (MT)	88-3764686
C&K HOSPITALITY, LLC	93-2883418
KCW & CO, LLC	83-1024184
D M Richardson Enterprises, LLC	47-1877436
C.Duncan Foodservice, LLC	47-4362163
Cape Cod Chicken, LLC	81-2916933
WIREGRASS RESTAURANT SERVICES, LLC	47-1809541
DB Spratte Enterprises, LLC	47-1536689
Killian & Addy, LLC	47-1934967
AlexanderIV, LLC	83-1056910
Carrie Leigh LLC	47-1839843
CASA HOSPITALITY MANAGEMENT, INC.	83-2735073
C-Cubed Enterprise, Inc.	47-1877736
FA Hodges LLC	47-1734302
RER Restaurant Enterprises, LLC	47-1776764
Britt Young Enterprises, LLC	81-1216248
Griffin Southern Services Inc.	81-0722751
CASTELLANO INDUSTRIES, LLC	88-4151270
JW and Shell, LLC	47-1814528
N&B of KY, LLC	81-3970450
Miles Chicken Coop LLC	84-2654488
Gary Anthony Robinson Jr	26-3128967
MJSEXTON, LLC	47-1947006
CDSheley, LLC	81-3014756
Northridge Ventures LLC	47-2040519
Cathcart Global Holdings Inc.	47-1879070
Pollard Hospitality, Inc.	32-0451253
SJ Perry LLC	47-2174637
Heather Kyle Adams	26-1720130
Huffmark, LLC	47-4776424
ROKB Futures, Inc.	84-3493414
Chadwick Dreams LLC	47-1914903
Bangs Service Inc.	47-2059025
FOELES FAMILY COMPANY, LLC	85-1066932
Jason J. Whitfield Hospitality, LLC	82-1592081
Alpenglow Holdings, LLC	47-4391505
Red Valley Investments, LLC	47-1944350
BCBM Food Services, LLC	47-1910471
Locum Restitutio LLC	47-1774594
EMCKN, LLC	47-1563241
CJMK Enterprises, LLC	86-3443792
Moore Food Services, Inc.	47-1818635
320 Sycamore Street LLC	47-1911205
Coastal PB4, LLC	81-2957793
Cossette, LLC	81-2969517

Jones Restaurant Services, LLC	47-1905874
Grady Hospitality, LLC	99-2896568
10-8Plus, Inc.	47-4351244
CHASING EXCELLENCE, INC.	88-1778751
LaMarkable Restaurant Group, LLC	82-3360968
MARYLAND SOUTH QUICK-SERVICE COMPANY, LLC	47-1919638
EveCo LLC	82-1326345
Remarkable Experiences LLC	86-2975278
The Ernest Legacy, LLC	82-1665676
Southern Ms Chicken, LLC	81-3097044
GW Faith Enterprises LLC	47-1971425
Three Blonde Girls, LLC	47-4976658
Weber 5 Hospitality Inc.	47-1830630
FAMILYFITZ, LLC	47-1819512
Carmel Area Hospitality Group	47-4108990
R.H. Enterprises, Inc.	35-2517175
William S Johnson DBA/Chick-fil-A at Owings Mills Sq	27-3247787
J&D Dean, LLC	82-1255985
BMP Enterprises, Inc.	47-1937343
Mike Ricks Enterprises LLC	47-4873964
LOS SEVEN OF NWA LLC	85-2016813
47-4333759	47-4333759
R&A Enterprises, Inc.	35-2538011
Darrell Johnson Fowler	45-2539265
CHG HOSPITALITY, INC.	93-2866133
Siktberg Impact, LLC	82-2396542
47-4345766	47-4345766
Ritter Holdings LLC	47-4345766
Winn Management Company LLC	46-4229887
Difference Makers LLC	81-3459011
Hillsboro Restaurant Group LLC	81-2888069
Chicken At the Beach LLC	47-2059266
Austin Hartley Enterprise, LLC	47-4382725
JC HAWKINS ENTERPRISES, INC.	47-4346307
CHICKEN FOR MASS, LLC	92-4013008
Lauren Mosteller Inc	47-2187278
Nippo Lake Capital, LLC	81-2871976
ARP Hospitality, Inc.	81-2729797
FAITHFUL STEWARDS OF TANGI, LLC	82-2280552
HEGAJAC, LLC	82-1556252
SDFilby LLC	47-1965284
Shannon Munze Holland	27-0368534
Lake Chick LLC	92-3925329
ATEI, LLC	47-5087647
J D Hoffman Enterprises L.L.C.	47-1916557
One Team, LLC	47-4481142
JETC ENTERPRISES, LLC	84-1892131

Chickenman Enterprise, LLC	47-1966052
Chick-fil-A Jett Ferry	65-1252050
K Arnold, Inc.	47-2069914
CHRISTIAN MCGRORY CORPORATION	47-1936231
Wynns United, Inc.	81-3025020
MELBO FRANCHISE HOLDINGS, INC.	82-2101679
MKBOLUMEN ENTERPRISES, LLC	85-2316890
Braun Chicken Trading LLC	85-3528137
Finishing Touch Enterprises LLC	47-4324919
Remarkable Eats, LLC	47-2132852
Miskicha, Inc.	47-1820978
Then Who, LLC	47-4261292
Colorado Dawgs, LLC	47-1849860
MC BLUEGRASS ENTERPRISES, INC.	84-2245354
27-1058615	27-1058615
MEGA FRANCHISE HOLDINGS INC.	83-1215381
Christopher Bryan Auton	27-2891222
Ian Moody Enterprises, LLC	83-1042643
Samada, LLC	47-2019077
Worker Man Group LLC	88-1822415
Harvey Restaurant Group, Inc.	47-1936470
Kiedis Culinary Corp.	47-1923787
Humble Restaurants LLC	47-1920140
Christopher Robin Beckler	20-0138400
CKZ Enterprises LLC	93-2000737
Clancey Restaurateur, Inc.	81-4744303
DRS Hospitality LLC	88-3452319
Salt and Light Hospitality, LLC	87-4811682
Ateleta Hospitality, LLC	82-2107398
Clover Hospitality LLC	47-5226836
KAR Hull Street, LLC	47-1960095
2CE LLC	47-1933837
NRV Enterprises, LLC	47-1900449
GDDIII LLC	47-1853008
JBBR, LLC	47-1894011
Suncoast Chicken, Inc.	84-5023651
Chateau Capital Investment, L.L.C.	81-4025578
CRUNKS INC.	82-1916362
CMW, LLC	30-1196047
Colonial Leadership Restaurant Group, LLC	47-2121992
Gunnie LLC	82-1876263
COLUMBUS CIRCLE HOSPITALITY, INC.	88-4223104
Covenant21, LLC	87-2381303
A Squared Nova LLC	47-1907600
HHH_Legacy LLC	84-1926513
Entail Corporation	47-4716967
CRJ Southpark, LLC	47-1794324

NRG AL, Inc	85-2840331
Humble Leaderology LLC	81-2973248
CMS SQUARED MANAGEMENT LLC	47-1940913
Burkholder Restaurants LLC	82-1565435
West Tennessee Hospitality Group, LLC	47-1886249
FOUR D VENTURES, LLC	87-0856243
BRUCE RESTAURANTS, LLC	47-1864851
JWM Restaurant, LLC	47-1959595
Peak Reachers, Inc.	82-2018090
Nick & Cyrine Enterprises LLC	82-3510934
FORGE HOSPITALITY, INC.	87-3483953
Cash Hospitality Group, LLC	81-2758549
PRO 163 ENTERPRISES, LLC	81-3562395
Wave Hospitality LLC	85-2652316
LIGHTHOUSE LEADERSHIP COMPANY, LLC	47-1934305
Schisler, LLC	82-4219350
Barnett Family Enterprises LLC	82-5276601
Sparrow LLC	37-1857852
DeYoung Enterprises, LLC	81-2805735
Fulgencio Enterprises, LLC	82-5327364
Chicken Fried Life, Inc	92-0676261
HavenConnections, LLC	47-1919064
JDLindsey Enterprise LLC	47-1822838
Filipino Dawgs, LLC	47-4172630
McNeill Hospitality Service LLC	47-1892888
DBS RESTAURANT HOLDINGS, LLC	93-3237051
Rocky Mountain High Enterprise	47-2117512
The RC Group, Inc.	47-1911256
LRM Family Office, LLC	84-2058293
JEAB Innovations LLC	47-1919458
Meadowbrook Enterprises, LLC	47-1671576
5280 Leadership Inc.	47-1914248
DEPTFORD HOMESTEAD LLC	88-4211475
HEWAS1ST, LLC	47-1920534
Bradburn Hospitality, LLC	83-0687920
CAB Hospitality LLC	81-2832224
Anfield Enterprises LLC	47-1912759
BTCCC, LLC	47-1890376
5 M's Enterprise, LLC	47-2071412
LENS Enterprises, LLC	47-1918345
Q3 Restaurant Group, LLC	47-4393702
The Saylor Management Group, LLC	47-1961932
DIAMOND VAIL HOSPITALITY GROUP, INC.	88-1643726
Didymus Foods LLC	81-2791153
S & K RESTAURANTS INC	47-4022263
JML RESTAURANTS, LLC	88-2816988
JUST10 ENTERPRISES, LLC	47-4053522

A & K Clark Holdings, Inc.	82-1854926
MRG Restaurants LLC	81-2954641
DIGGES RACEWAY RESTAURANT LLC	93-3241909
Dollar Enterprises, LLC	84-3236312
AMJ Morse Enterprises Inc.	47-1886809
Ill Myles, Inc.	47-5339822
F.H. Powell Ventures, LLC	83-0822137
The Poultry Patriot, LLC	81-4364340
TCC Holdings, LLC	47-1886879
West Magnolia, LLC	32-0450091
CWP Hospitality LLC	81-2263886
BJ Wellman LLC	47-1948644
Hughes Family Holdings, LLC	82-1985170
Hutcheson Hospitality, LLC	47-4381088
Mark 8:36 LLC	47-1957187
LOVE & GUSTO, LLC	82-2006904
Doodle Bug Enterprises, LLC	92-0709268
DOWNEY HOSPITALITY CO LLC	92-0793361
Jumpstart Experience Inc.	81-2770847
NJM Restaurants, LLC	85-4009413
H4ENTERPRISE, LLC	81-2789851
MC3 Enterprises, LLC	47-4350715
Chickabay, LLC	82-3269988
DSPOWERS SERVICES, INC.	81-2617426
BLEAC Group LLC	82-1989702
TDK Enterprises, LLC	47-2163929
RCCR LLC	47-2110586
R DiFava, LLC	47-3155548
Gilchrist Ventures LLC	81-4167302
Express Hospitality Services, LLC	82-1988486
Taylor Legacy Group, LLC	81-2936201
46-1863835	46-1863835
RYAN FITZGERALD ENTERPRISES, LLC	82-1653846
Dugger Enterprises, L.L.C.	81-3196105
Chesapeake & Palmetto, LLC	83-1100731
LAMS, LLC	47-1865077
Dub-U Inc.	82-5319628
Hub & Spoke LLC	36-4812849
QCL Management, Inc.	47-4938713
Adspiro LLC	81-2413851
Willoughby Hospitality LLC	81-3125162
Johnson Creek Hospitality Group, Inc.	81-3197540
Team Perry, LLC	82-1380184
Dorsett Hospitality Group, Inc.	81-3091659
Gaddie Hospitality, LLC	82-1713020
JDM Hospitality, Inc.	47-1846719
ESPY5, LLC	82-2762240

KSED, LLC	81-4380673
HOLLAND HOSPITALITY PROFESSIONALS, LLC	85-1631334
47-1494485	47-1494485
T3 SEMA, Inc.	81-2795496
Christopher Michael Salomone	46-4033421
West Ashley Hospitality, LLC	82-1924946
Due Time Harvesting, LLC	83-2120827
CPCo, LLC	83-0775598
GPS Concepts, Inc.	83-2751590
Ystueta Family LLC	81-3019115
Orlando Enterprise Inc.	82-1857767
La Tour Enterprises, Inc.	47-2171319
JKB FRANCHISE HOLDINGS, INC.	82-2084877
DMOJ, LLC	81-4326813
DUKE HOSPITALITY, INC.	86-3394714
EB Restaurant Organization, LLC	81-2937621
Gooch Hospitality Group, Inc.	82-2027495
Wagner Restaurant Group, LLC	81-4325668
The Ordeanu's LLC	81-2877377
LS Hospitality, LLC	81-4978311
South Mountain Hospitality Group, Inc.	83-2305094
Schrieber Enterprises, LLC	82-1589535
33-2027859	33-2027859
William Michael Lane	47-5534255
HANAND, LLC	47-2193611
EDGR Hospitality LLC	93-3259568
P3 VENTURES I, LLC	47-1916677
BRIX Limited Liability Company	47-1909177
Gregory A. Harb	46-2321356
S5 Hospitality LLC	47-4257950
EDIGER ENTERPRISES LLC	92-3905593
Kelley R Myers LLC	47-1743459
Impact Leadership Group, LLC	82-1217245
Hardy Foods, LLC	82-3959527
Branch Industries, LLC	83-0947193
KLM Restaurant Corporation	47-4311648
JS Enterprises LLC	81-2942003
Nelson Food LLC	47-1794581
EIE HOSPITALITY LLC	88-2011881
GLANVILL FOODS LLC	82-1660571
JK RESTAURANT GROUP, LLC	47-1915454
EJB Enterprises, LLC	82-1473166
The Family Nest, LLC	47-1886573
EJLEE LLC	85-3279702
Elaine's Kitchen, Inc	84-2947478
HWT Enterprises LLC	47-1860916
Dahlenburg, Incorporated	47-1912223

CJSD Enterprises LLC	47-4145153
JUPITER HOLDINGS, LLC	82-1845711
JNM RESTAURANTS LLC	84-2067595
Beach Chicken, LLC	47-1973004
Easthon Enterprises LLC	81-1335425
DEM Hospitality Group, LLC	82-1490766
NSSP, LLC	82-5321346
Hyung-Jin Douglas Park	46-3923102
Bandit TWD LLC	47-1912708
Growing Servant Leaders 24/6, LLC	47-1916990
Elite Hospitality Services LLC	87-4164874
4 DRIVERS LLC	47-5215024
ERBL - VA, LLC	88-2136020
EACG Enterprises, LLC	84-3633764
Expectant, LLC	84-3277225
JAMEC Hospitality, LLC	82-1930177
Legacy of Service, Inc.	47-1935725
P&C Enterprises of Ohio, LLC	82-4358517
F.I.R.S.T. Restaurant Choice, Inc.	87-2905859
FARR Services Corporation	47-2017902
First Kim Company LLC	83-3755263
Ironman SS LLC	82-3643792
Five 33, LLC	81-3092518
Soriano Hospitality Alabama, LLC	85-1627165
C.Y., Inc	84-2558705
Frasier, Inc.	47-4032665
Hogan Hospitality LLC	81-2863542
B&M Cleveland, LLC	81-2395652
TheChickenBoss, Inc.	86-3708185
Emmerling Ventures WA, Inc.	85-2709231
Scanlon Hospitality Group, LLC	84-2139314
Green Mountain, LLC	30-0957722
MDD Three, LLC	83-2781860
New Ventures Enterprises, LLC	47-5335317
Aberdeen Enterprises LLC	85-2652531
Five Branches, LLC	82-5407892
RIVERA RESTAURANT GROUP, INC.	84-5144643
Ohana Group, LLC	82-3802199
Road Less Traveled, Inc.	47-1914869
RSS Restaurant Holdings, LLC	47-2112748
The Langston Group, LLC	47-2002966
53X11, LLC	82-1142850
GOLDEN RULE ENTERPRISES, INC.	47-1925380
DSLRC Enterprises, LLC	47-1912232
Luminis Enterprises, LLC	84-2355392
Siera Two, Inc.	47-1952564
Forging Legacies, Inc.	92-1417892

Justiniano LLC	47-1747181
Frost-Burne, LLC	47-1989095
Funky Chicken LLC	47-1958739
GATES Hospitality LLC	93-3190404
Edge Vision LLC	93-4195492
NBB LLC	81-3733808
Caring Company, LLC	85-2030807
47-1831292	47-1831292
Hubley Group LLC	83-3054658
29 Eleven, Inc.	81-3180047
JW Restaurant Investments Inc.	81-3526808
Redfront LLC	84-2701674
T5 Restaurant & Hospitality, LLC	82-1089280
Schneller Enterprises LLC	81-2999925
Adako Enterprises, LLC	82-1946020
BJH Hospitality Group, Inc.	83-4671040
TMB Enterprises, LLC	83-1020267
47-2814583	47-2814583
JSCP Company, LLC	85-1491570
GINDI MANAGEMENT LLC	86-3572829
INAWE CORP	83-2582393
Loaves & Fish Hospitality, LLC	88-1057529
GN HOSPITALITY, LLC	86-1347666
Strong Tower Restaurant, LLC	47-4539685
PH2 Character Development, LLC	83-2207118
Lighthouse Hospitality, Inc.	82-1928717
Goshen Point Hospitality Group, LLC	47-4252883
TTW Franchise Holdings, Inc.	83-0815530
GRAND TRAVERSE HOSPITALITY, LLC	87-2332257
THE PAYNE HOSPITALITY GROUP, LLC	92-0238031
Loffa Associates, Inc.	47-5524744
Lamppost Enterprises, Inc.	83-2256453
New Chapter Enterprise, Inc.	47-4638177
AllTheKeys, Inc.	47-4359585
P22 Leadership LLC	87-4219376
Edward Vernon Inc.	82-5520735
Aim High Hospitality, LLC	47-4590288
GEMC, LLC	81-5218336
Great Leaders Serve, LLC	47-4376034
Greene Restaurants, LLC	47-1888171
GREENHOUSE HOSPITALITY, INC.	88-1617409
JVW Concord Corp	47-4535718
Futureworks, LLC	47-4601339
47-4552325	47-4552325
NORTON CAN, Inc.	85-0983117
AJB FRANCHISE HOLDINGS, INC.	47-4313827
THE BLAKE GROUP, LLC	87-3572419

Yanak Hospitality Group, LLC	47-4915063
K-Five Enterprises, Inc.(OH)	81-4793343
Abounding Grace Restaurants LLC	82-3632200
Pistos Leadership, LLC	83-4481547
KWM HOSPITALITY, LLC (NC)	86-2477123
DRLN Hospitality, Inc.	83-2382498
Goode, Inc.	81-2455424
Hall Hospitality, LLC	93-3354416
GVAM Enterprises, LLC	47-4734776
4GP Inc.	81-2755159
BR Enterprise LLC	82-2923811
MorganCorp Enterprise, Inc.	82-1487879
Hebrews 12:1 LLC	92-3921524
HINTERLAND OAKS INC.	83-2382190
Hodges Management, LLC	81-4744249
KJ CAPITAL HOLDINGS, LLC	86-2973516
HOLLYWOOD SERVES, INC.	92-0241616
The Quirky Columbine, Inc.	82-1946599
HOMECAFE GROUP INC	84-4001012
Hermitage, LLC	81-4087613
Mountain View Hospitality, Inc.	82-1402026
Dose Food & Hospitality Group, Inc.	82-1905077
TK Carrico, LLC	81-2860098
47-5394083	47-5394083
WIN THE HEART LLC	84-2336631
81-3468781	81-3468781
bACE, LLC	84-2015493
Nothing Wasted Foods II, Inc.	82-1858612
Pierce Hospitality, Inc.	81-2674478
Parkwell Hospitality Inc	83-0922555
JAMES DAVID WILSON JR. ENTERPRISES, LLC	87-1812777
RJR Franchise Holdings, Inc.	82-1801216
INSPIRE ENTERPRISE, LLC	92-2128510
Marshall-Hopper, Inc.	81-2566403
Building Bright Futures LLC	83-0729128
Victory Operations, LLC	81-3060106
Redwood Management, LLC	90-1178044
TRIFORCE SOLUTIONS LLC	82-1673024
Isaiah and Jane LLC	83-1026811
Ishmal Family Holdings, LLC	84-3176494
J2B, INC.	85-3565849
R & L Restaurant Services LLC	81-3279068
JMKC Corp.	81-2499889
Colby & Krisi's Ventures	81-3100742
DANCORP, LLC	81-2802876
RLJB, LLC	82-2979849
Jamerican CTD, LLC	82-1799839

Twin Tides LLC	81-2547495
Thankful Hearts LLC	81-2547637
Schultz Enterprises, LLC	81-2559258
Team G, LLC	81-1939450
Jeffrey Brian O'Kelley	26-1110181
Jen's Chicken Pen, Inc.	83-0901999
JES Restaurant Group, Inc.	82-4468364
AJW Industries LLC	82-2729197
JC Hospitality, L.L.C.	81-3118083
McNerney LLC	81-2698161
JHP Brooks LLC	86-1742826
JKS HOSPITALITY LLC	88-1489140
JLK, LLC	84-1936988
Morris Legacy, Inc.	83-1982508
Flamm Hospitality Group, LLC	82-2792102
Iliana's Legacy LLC	83-1958806
G & K HOSPITALITY, LLC	92-1894587
RBS, LLC	81-3247752
71, LLC	84-3657385
JLL Hospitality LLC	83-4487005
MJ LEHMAN ENTERPRISES, LLC	81-3121035
81-3786358	81-3786358
CGSTC LLC	84-3397399
JLS Establishment, LLC	47-1938668
JLSE, LLC	83-3713757
GILDING LILIES, LLC	84-2171353
JMBenson, Inc.	82-2496333
JMWHospitality Inc.	86-3412037
Lovett1:9, Inc	87-4717549
N&H Leadership LLC	83-1683589
WESTON HOSPITALITY GROUP LLC	85-3147423
One Rock Enterprises LLC	85-2833543
45-3817129	45-3817129
Innoveightion, Inc.	81-4166022
AKJAY Enterprises, LLC	81-4113120
4WATS LLC	85-2753355
CME Hospitality, LLC	81-4156265
Salmon Hospitality Group, Inc.	83-1033031
Graceson LLC	81-4174196
John Thomas Naylor	82-3061351
Brito Enterprises of Tampa, Inc.	81-3695625
JOURNEY FORWARD TOGETHER LLC	99-2233237
Galloway Restaurants LLC	81-4272332
Michael Meservy LLC	84-2812126
JR MENENDEZ, INC.	47-2186915
KME Restaurant Group LLC	81-4189486
DLJ Enterprises, LLC	81-4255444

Salt River Impact, LLC	82-1919047
Nadezhda Andronovich	82-3911032
K&A Shepherd, Inc.	83-4327420
Digges Restaurant Team LLC	83-4512276
Midnight Milkshake LLC	87-2433993
JSP Hospitality, LLC	93-3248224
Just Be Happy, LLC	82-4684071
JUSTUS HOSPITALITY GROUP, LLC	85-0809225
MKT Franchise Holdings, Inc.	81-4748915
JNL Leadership, LLC	88-3084308
85-4060695	85-4060695
Lionshot, LLC	81-4787072
JWGALATI RESTAURANTS LLC	92-1917348
JWH Enterprises, LLC	32-0449354
MWP Restaurants, LLC	86-2213488
A Good Name, LLC	83-1239985
SNW 2024, Inc	82-0613598
Good Name Hospitality, Inc.	81-5064284
K & T Brannon, LLC	84-4678937
K R Bartz, LLC	83-1585677
2nd Mile Academy, L.L.C.	84-3344984
REDMON HOSPITALITY GROUP LLC	86-2889496
REDMON RESTAURANT GROUP LLC	99-3653903
R&R Restaurant Company, Inc.	83-1559002
U.Sajid, Inc.	82-2465189
KAMAC LLC	87-3997478
MRM Hospitality Group, LLC	82-2919368
KACK Enterprise, LLC	82-1338650
KAHUA PALIMA, LLC	87-4456300
PS40 Hospitality Group, LLC	82-1395114
BJEKC Journey, LLC	82-1215822
R M Rubio Pro 3, LLC	82-1317771
Prichard Hospitality LLC	87-1711917
E3 Hospitality Group, LLC	84-2327079
Bullock Family Restaurants, LLC	82-1441918
ServWell, LLC	82-1000105
HUMBLE CONFIDENCE LLC	82-3827145
KAKitchen, LLC	93-1346914
Kangaroo DC LLC	92-0701465
Kevin James Harris	31-1534837
KGAG ENTERPRISES INC.	87-3278957
Dack Ventures, LLC	82-1015604
Twenty Four Running LLC	82-5488664
Regent's Axiom, LLC	82-1977246
KRAMB LEGACY LLC	87-3910549
Here to Serve, TD, LLC	81-3267059
Lennelle, LLC	82-1954781

KRB INVESTMENTS, LLC	88-1038253
Alex M Wilson, LLC	82-2063788
Kris Marie LLC	83-0962703
CKSargent, LLC	82-1529761
MNDFL Venture, Inc.	82-2320058
NEVADA7S, LLC	82-2484861
Lady Meadows, LLC	85-0912825
THE MAINE KUDZU PATCH, LLC	87-1810669
LAGILLEY LLC	88-2431166
William S. Flores, LLC	82-2326627
Lagniappe Food Services LLC	47-1886697
Legacy Hospitality, LLC	47-1901284
MinTex Group, Inc.	82-2975708
NAP Investments, LLC	81-1659495
7Redz, LLC	82-2895249
M.C. SCHUH, LLC	82-2615892
H5 LLC	82-1562091
dreamBIG Hospitality, LLC	82-3022063
Golden Triangle Management LLC	85-4217965
Rodney A. Johnson, Inc.	82-3061048
Schrumdogs, LLC	82-2935500
Legacy Leadership LLC	92-3919728
LIFESTYLE UNIVERSITY, INC.	84-3184137
BEYOND 948 INC	83-4623781
Starkvegas Hospitality, LLC	82-5172405
CDB Restoration LLC	83-2431595
Light of the World Food, LLC	84-2163690
Little Minions, Inc.	46-4980126
Lohr Food Service Company, Inc.	81-3623353
Wild Frontier, LLC	82-3526174
JDPS Enterprises - Virginia, LLC	85-4071243
ITO Group LLC	82-3249018
82-3720959	82-3720959
STERLING RESTAURANT GROUP LLC	86-3565483
KTY FRANCHISE HOLDINGS, INC.	82-3506949
AKSARBEN FOUNDRY, LLC	85-3031860
WFAW LLC	83-3643569
Loweth, LLC	81-4724019
CBCS HOSPITALITY, LLC	84-3376534
OTTAWAY MANAGEMENT LLC	86-3262617
JH Cornelia LLC	83-1996917
HGA HOSPITALITY, INC.	88-1193125
S.W. Enterprises, LLC	83-4707574
ZMM Enterprises, LLC	82-4559270
82-3588881	82-3588881
JOURNEY FOODS CORPORATION (FL)	92-0572673
Luke Adam Kyle	27-3248072

LWV Hospitality, LLC	92-1652513
POLLOS FELIZ, LLC	82-4246351
RISEN Hospitality, LLC	84-3520732
FEARLESS PURSUITS GROUP, INC	87-2000963
83-1995309	83-1995309
Heiser Hospitality, LLC	86-3588515
CHARLES CHICKEN, LLC	82-5301044
BCJIT-1, Inc.	82-5208061
DARING GREATLY TR LLC	87-2236589
Seigler Restaurants LLC	82-4271367
M2237, LLC	47-5548522
MacDonald Hospitality Group, LLC	88-3577695
Nascimento Enterprises, LLC	82-5205557
#1 EMC, LLC	82-5339142
Chapman Legacy, LLC	88-1529050
CAMPP-K, LLC	87-1356441
Sojourn 72 Hospitality Inc	87-3099313
Magnolia Resources, LLC	93-3336525
COMMONWEALTH 540, INC.	84-1985174
Michael N Tenaglia	52-1532909
83-1593662	83-1593662
Three States Inc	87-0851031
HILL ADVENTURES, LLC	84-4039263
83-1388698	83-1388698
Haystack Hospitality, LLC	83-1442994
Horn Pond Hospitality, LLC	83-1412125
SY22 LLC	83-1098633
MK5, Inc.	83-0842557
MORGANO ENTERPRISES, LLC	84-2812892
MT Athana Daniel 924 LLC	92-1324610
MT633, LLC	86-3082442
MDR HOSPITALITY GROUP, INC.	86-2408567
HRB ENTERPRISES LLC	87-2272228
G2G ENTERPRISE, LLC	85-3147356
MY WHATEVER, INC.	47-1958121
Rubicon Crossing LLC	83-1421018
HIS GROUP, INC.	88-3692596
The Areopagus LLC	83-1990575
Nassick 343, LLC	84-4008312
LOVEWELLLIVEWELL633, INC.	88-3777924
NATHAN SMITH INC.	93-2782627
NFLEVY ENTERPRISES LLC	88-2345531
Nicholas Isaac LLC	87-1540584
THE ROCK LEADERSHIP TEAM LLC	83-2557194
Green Lantern LLC	83-2448858
Beyond The Counter, Inc.	83-2881885
Chalmers Group, Inc.	83-3159098

Nicholas Michael Welch, LLC	81-3066052
North Creek Venture, Inc.	81-5178192
NORTHDALÉ, LLC	92-3014690
FirstServe-Redwall Texas LLC	83-2466243
Not Your Average Joe LLC	92-1381873
OBER EATS LLC	87-3492049
PETERSEN INNOVATION LLC	92-1283737
Our Pleasure, LLC	85-1518012
Pay It Fourward LLC	82-1955976
MILLS MANAGEMENT L.L.C	84-4347824
PFD Leadership, LLC	82-4854051
KEO HOSPITALITY, LLC	85-1087189
PHOENIX WILDER DEVELOPMENT, LLC	87-3897894
Pollo Delicioso, LLC	47-2076650
Port City Chicken, LLC	83-3854566
PORTICO 356, INC.	85-3180414
Grit2Grace, LLC	83-3630741
Gibson Eats, LLC	83-3203011
Upper Steilhang, LLC	83-3345946
ROLLER VENTURES, LLC	83-3498488
PTET ENTERPRISE IL, INC.	85-3288472
JMC FRANCHISE HOLDINGS, INC.	85-1074399
TEN TALENTS, LLC	83-3789755
Sunset Cliffs, LLC	83-0595810
Pugh Management, LLC	81-0884500
RUSSELL RESTAURANT GROUP, INC.	87-2842551
Purpose HHH Legacy, LLC	93-2922377
QUA'ATIT FRANCHISE HOLDINGS, INC.	84-4913163
AME HOSPITALITY LLC	87-3992722
R.HARPER FOODS, LLC	87-4190692
L3 RESTAURANT GROUP, LLC	88-2071504
Ralph A Bartels II DBA Chick-fil-A Edgewater Mall	45-2538749
RED CORNER BOOTH HOSPITALITY, INC.	88-2625286
RED THREAD CONNECTION LLC	92-2111420
Regenerate Restaurant Group, Inc.	87-3024951
RHC I ENTERPRISES, INC.	84-1907214
JCL Hospitality, LLC	88-4397627
RHODES TO SUCCESS, LLC	92-3940319
DISTILLING LEADERS P356, LLC	87-3412774
CLOPTON RESTORATION SERVICES LLC	88-2012922
PHILIPPIANS 1:20 LLC	88-2376260
Key Hospitality, LLC	85-1822817
JES Franchise Holdings, Inc.	83-4421603
HOLZAEPFEL HOSPITALITY, LLC	99-4750682
HOLZAEPFEL, INC.	83-4224048
Richard Garland Holcombe	56-1968825
Ferguson Restaurant Group LLC	83-4467136

83-4508379	83-4508379
RIPPLE RESTAURANT AND CREW, LLC	92-0576755
Richard Legacy, L.L.C.	82-2090117
COME AND DINE, INC.	86-1504403
BESTILL ENTERPRISES, L.L.C.	84-2266372
KLEINE FAMILY FOODS, LLC	83-4712426
D-KOEK ENTERPRISES LLC	87-3774081
UNDIVIDED LLC	85-1507313
Riddle JE LLC	81-3065423
RJH Hospitality Group, LLC	93-1890657
ROCKY TOP DNA LLC	87-1382381
Stillwater Enterprise LLC	88-3780273
RS VARONA LLC	85-2690889
S&W Hospitality, LLC	87-1782207
S2S Hospitality, LLC	88-1952446
OLD TROY ROAD, LLC	87-3252115
SAN Enterprises, LLC	81-3666506
SBIII, LLC	84-2202292
SCE&T, LLC	81-4202695
Schiedt's Restaurants, Inc.	83-1031410
Scott Perdue, LLC	87-4077676
TYRONE ENTERPRISES LLC	99-2830680
Ellington Hospitality Co, LLC	84-3076313
SECOND CHANCE HOSPITALITY, LLC	92-3737594
Rogue Valley Hospitality, LLC	84-3115240
BA Birdtree, LLC	84-3076275
BAUMFAM HOSPITALITY GROUP, LLC	84-3028498
RICHARDSON POULTRY LLC	35-2794012
ACS Family Company, LLC	84-3455030
SERVURB LLC	84-3172110
SAVI OF ILLINOIS, LLC	84-3486597
Joy for Life, LLC	84-3553661
WALBURN LEADERSHIP EXPERIENCE LLC	85-1587574
Cody Walburn	84-3560371
SHANE FAMILY FOODS, LLC	92-3891884
KINDNESS SHEPHERDS, LLC	92-2543601
Shelita Meadows dba Chick-fil-A Elizabeth City FSR	84-4132287
WSW ENTERPRISES INC	84-4031801
SHORE BOUND FRANCHISE HOLDINGS, INC.	87-2785867
Caraba JJ, LLC	84-4050324
SONOVER PARKS HOSPITALITY, LLC	88-4311217
SIDRA ENTERPRISE, INC.	92-2969211
SINCERE ENTERPRISE INC	84-1852667
Speth Hospitality, LLC	85-2766419
AVENTURA RESTAURANT GROUP, LLC	84-4654156
NEXT YES LLC	84-4544652
Stanley C. Stepp, LLC	47-1899350

STEIN ENTERPRISES INCORPORATED	83-3178681
Steven Alan Rumley Jr	48-1257799
STRICKLAND HOSPITALITY LLC	92-3794814
JRF HOSPITALITY, INC.	92-0448472
SWH HOSPITALITY, INC.	88-3790754
T Jordan Enterprises Inc	93-2814285
SWP Hospitality Group Inc.	88-0727937
T.L.C. MANAGEMENT GROUP, LLC	93-1973994
Tamasitis Hospitality Group LLC	92-2995844
HERSHBERGER FOODS LLC	86-2710968
TEAM ENTERPRISES, INC.	87-1264084
Doodles and Pierce Enterprises, Inc.	88-1898268
Team Stubbs, Inc.	87-2121171
TeFal Enterprises, LLC	47-1915628
TFK Legacy, LLC	83-0896337
EVERY GOOD WORK LLC	87-2686129
TGH FRANCHISE LLC	92-1399577
The Forge, LLC	47-4356594
The Grace Coop Inc.	47-4934241
JLC FRANCHISE HOLDINGS, Inc.	84-5091063
SONRISA FRANCHISE HOLDINGS, INC.	84-5149559
TMRG, LLC	85-0511676
The Mapoles Family Restaurant, LLC	92-0675032
THF LLC	88-1148033
Thousand Hills Hospitality LLC	92-3568317
THREE ARROWS STRONG, LLC	92-0306831
Timothy Wilson Ray	62-1845262
Tony Maurice McFarland	20-3215782
TOP TIER IMPACT FOOD SERVICE, LLC	88-3491097
Top-Tier Hospitality Team, LLC	82-5359209
M25 LLC	85-0722519
Truter Hospitality, LLC	81-4740303
TTF Hospitality LLC	92-1368215
CGE HOSPITALITY LLC	88-3355045
Turn 2 Enterprises, LLC	47-5019823
GREAT LAKES CHICKEN, LLC	86-3324785
TWG Hospitality LLC	93-3257861
CONTINUED LEGACY LLC	86-3473062
VALLEY LEADERSHIP SOLUTIONS LLC	92-3338643
VHalbritter, Inc.	81-2945924
CBL HOLDINGS, LLC	88-3445421
WARB Enterprises, LLC	84-4588746
CBJ Group, LLC	85-2419686
WAYMAKER ENTERPRISES, LLC	85-1174147
Wentink7 Inc.	82-2250992
West Wendover Hospitality Group, LLC	47-2060627
WHBH LLC	85-2989916

WILLIBY FAMILY RESTAURANTS, INC.	87-3371614
ESPIN ENTERPRISES LLC	92-3988603
MJK HOSPITALITY, LLC	92-0941111
WINWIN, LLC	88-1844885
TCO Hospitality, LLC	85-2424844
TEAM WHITS, LLC	85-3191659
CLIMB HOSPITALITY GROUP, LLC	85-0584052
SAMPIER HOSPITALITY, LLC	85-2295267
WNOB, LLC	83-3716406
ZC FRANCHISE HOLDINGS, INC.	88-0712822
BNM RESTAURANTS LLC	20-0551761
DEVINE HOSPITALITY LLC	92-1400871
Life 2 the Maxwell LLC	86-1556202
RHC I ENTERPRISES, INC.	20-3215203
Higgins Pack LLC	85-3789775
Experience Makers, LLC	99-4854556
JONES FAB 5 LLC	85-2188424
DB23 Restaurants, Inc.	92-3434412
HEARTLAND HOSPITALITY, INC.	30-1424893
33-1671606	33-1671606
KRB HOSPITALITY, LLC	33-2214563
ISHMAL HOLDINGS LLC	33-2657122
KRAMB LEGACY LLC	33-2845647
1555 MORGAN STREET LLC	46-2424929
Doodle Bug Enterprises, LLC	46-5188221
Speth Hospitality, LLC	47-0988197
AJMJ Enterprises, LLC	87-4568153
Hiller Group LLC	86-3483966
FOR IMPACT LLC	86-3015621
DB CULINARY, INC.	86-3597532
XTRA-ORDINARY IMPACT LLC	47-4918391
ALBATROSS FOODS, LLC	61-1346882
Northwestern Hospitality Association, LLC	93-2705691
ARLTC, LLC	81-1280274
BRITT'S CHICKEN SHACK, INC	81-2830088
BHE Hospitality, LLC	81-2887555
Hearts4Service, LLC	87-1318317
RELENTLESS PURSUIT INC.	81-3589524
INFLUENCE & CULTIVATE, INC.	87-1205680
Jen's Chicken Pen, Inc.	81-4572664
AC Hospitality LLC	82-0738142
Five Branches, LLC	82-2076804
KAVAJACK, Inc.	82-2502894
WINNING HEARTS, LLC	87-2386364
JHP Brooks LLC	82-3739099
SINCERE ENTERPRISE INC	82-5312501
TEAM ENTERPRISES, INC.	82-5320489

JUSTIN WARREN BURKHEAD	83-1666061
S&W Hospitality, LLC	83-2165455
83-2384444	83-2384444
SHANE FAMILY FOODS, LLC	84-2131977
Monarch Restorative, LLC	87-4005933
JBIRD LLC	87-4322649
KILEVAVO, INC.	88-2859107

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: GIOA Benefit Trust Fund
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/2021
2a Plan sponsor's name (employer, if for a single-employer plan): Guardian Independent Operator Association, Inc.
2b Employer Identification Number (EIN): 85-1854365
2c Plan Sponsor's telephone number: 404-423-1140
2d Business code (see instructions): 525100

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes handwritten signature and date 09/2/2025.

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

Form 5500 (2024) v. 240311