

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                              |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025 |                                                                                                                                                                                                                                                                                                                                                                                                       |
| A                                                                                          | This return/report is for: <div><input type="checkbox"/> a multiemployer plan</div> <div><input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div> <div><input type="checkbox"/> a single-employer plan</div> <div><input type="checkbox"/> a DFE (specify) _____</div> |
| B                                                                                          | This return/report is: <div><input type="checkbox"/> the first return/report</div> <div><input type="checkbox"/> the final return/report</div> <div><input type="checkbox"/> an amended return/report</div> <div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                             |
| D                                                                                          | Check box if filing under: <div><input type="checkbox"/> Form 5558</div> <div><input type="checkbox"/> automatic extension</div> <div><input type="checkbox"/> the DFVC program</div> <div><input type="checkbox"/> special extension (enter description)</div>                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                              |

|         |                                                                                                                                                                                                                                                                                                                                    |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                             |
| 1a      | Name of plan<br>ADAMS KEEGAN RETIREMENT SAVINGS PLAN                                                                                                                                                                                                                                                                               |
| 1b      | Three-digit plan number (PN) ▶ 333                                                                                                                                                                                                                                                                                                 |
| 1c      | Effective date of plan<br>01/01/1997                                                                                                                                                                                                                                                                                               |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>ADAMS KEEGAN INC.<br><br>6750 POPLAR AVENUE, SUITE 400<br>MEMPHIS, TN 38138 |
| 2b      | Employer Identification Number (EIN)<br>62-1311326                                                                                                                                                                                                                                                                                 |
| 2c      | Plan Sponsor's telephone number<br>901-683-5353                                                                                                                                                                                                                                                                                    |
| 2d      | Business code (see instructions)<br>561300                                                                                                                                                                                                                                                                                         |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 07/15/2026 | MARTY BARTON                                                 |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 07/15/2026 | MARTY BARTON                                                 |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                   |
| <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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                  |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 30028                                                                                                                                                                                                                                                     |
| <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> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><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) .....<br><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) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 27683<br><b>6a(2)</b> 25713<br><b>6b</b> 0<br><b>6c</b> 4535<br><b>6d</b> 30248<br><b>6e</b> 6<br><b>6f</b> 30254<br><b>6g(1)</b> 8583<br><b>6g(2)</b> 11850<br><b>6h</b> 0 |
| <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 Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2R 2T 2U 3B

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> <div>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025 |                                                      |     |
| A Name of plan<br>ADAMS KEEGAN RETIREMENT SAVINGS PLAN                                     | B Three-digit plan number (PN) ►                     | 333 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ADAMS KEEGAN INC.                | D Employer Identification Number (EIN)<br>62-1311326 |     |

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

1 Coverage Information:

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

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 01-0233346 | 65838         | 45389                                 | 11850                                                                       | 01/01/2025              | 12/31/2025 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 1139135                       |

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  
BURLEIGH CONSULTING GROUP, INC. 465 JACK KRAMER DR., SUITE 2  
MEMPHIS, TN 38117

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               | 613102                          | TPA FEES    | 5                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
ADAMS KEEGAN 6750 POPLAR AVE., SUITE 400  
MEMPHIS, TN 38138

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                                      | (e) Organization code |
|-----------------------------------------------|---------------------------------|--------------------------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose                          |                       |
|                                               | 526033                          | PLAN OPERATING EXPENSE REIMBURSEMENT | 0                     |

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

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

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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 |                       |
|                                               |                                 |             |                       |

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

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

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

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

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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> | 543024373 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier .....**6b****c** Premiums due but unpaid at the end of the year .....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....**6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year .....**7b****c** Additions: (1) Contributions deposited during the year .....**7c(1)**

(2) Dividends and credits .....

**7c(2)**

(3) Interest credited during the year .....

**7c(3)**

(4) Transferred from separate account .....

**7c(4)**

(5) Other (specify below) .....

**7c(5)**

▶

(6) Total additions .....

**7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**) .....**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

**7e(1)**

(2) Administration charge made by carrier .....

**7e(2)**

(3) Transferred to separate account .....

**7e(3)**

(4) Other (specify below) .....

**7e(4)**

▶

(5) Total deductions .....

**7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) .....**7f**

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|                                                                                                                                                    |                 |                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <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>    |  |
| <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>    |  |
| (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> |  |
| (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> |  |
| <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. ▶

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2025                                                 |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection.              |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                                                   |                                                                                                                                                                                                                             |                                                      |
| A Name of plan<br>ADAMS KEEGAN RETIREMENT SAVINGS PLAN                                                                                                                                                                                       |                                                                                                                                                                                                                             | B Three-digit plan number (PN) ▶ 333                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ADAMS KEEGAN INC.                                                                                                                                                                  |                                                                                                                                                                                                                             | D Employer Identification Number (EIN)<br>62-1311326 |

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 28 60<br>62 63 68   | RECORDKEEPER                                                                                      | 22814                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            |                                                                                                                                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

DUNCAN WILLIAMS ASSET MANAGEMENT

5350 POPLAR AVE, SUITE 600  
MEMPHIS, TN 38119

47-3030907

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26                     | INVESTMENT ADVISOR                                                                                | 901260                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection.</div>       |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                        |                                                                                                                                                                                                                                   |                                                                                                       |
| A Name of plan<br>ADAMS KEEGAN RETIREMENT SAVINGS PLAN                                                                                                                            |                                                                                                                                                                                                                                   | B Three-digit plan number (PN) ▶ 333                                                                  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>ADAMS KEEGAN INC.                                                                                                |                                                                                                                                                                                                                                   | D Employer Identification Number (EIN)<br>62-1311326                                                  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)  |                                                                                                                                                                                                                                   |                                                                                                       |
| a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2065 CIT                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12408819 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2060 CIT                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19023327 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2055 CIT                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28358649 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2050 CIT                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37885652 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2045 CIT                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40432409 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2040 CIT                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48657008 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2035 CIT                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK USA                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51516144 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                       |
| Schedule D (Form 5500) 2025 v. 250312                                                                                                                                             |                                                                                                                                                                                                                                   |                                                                                                       |

|                                                                           |                        |                                                                                                              |
|---------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2030 CIT |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA        |                        |                                                                                                              |
| <b>c</b> EIN-PN 01-0233346-000                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34311358 |

|                                                                           |                        |                                                                                                              |
|---------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2025 CIT |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA        |                        |                                                                                                              |
| <b>c</b> EIN-PN 01-0233346-000                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22901836 |

|                                                                           |                        |                                                                                                             |
|---------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2020 CIT |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA        |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4961804 |

|                                                                           |                        |                                                                                                             |
|---------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2015 CIT |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA        |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1736287 |

|                                                                           |                        |                                                                                                            |
|---------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2010 CIT |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA        |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 462591 |

|                                                                              |                        |                                                                                                              |
|------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE BLEND AGGRESSIVE |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |                                                                                                              |
| <b>c</b> EIN-PN 01-0233346-000                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18673477 |

|                                                                          |                        |                                                                                                              |
|--------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE BLEND GROWTH |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA       |                        |                                                                                                              |
| <b>c</b> EIN-PN 01-0233346-000                                           | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33833804 |

|                                                                            |                        |                                                                                                              |
|----------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE BLEND BALANCED |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |                                                                                                              |
| <b>c</b> EIN-PN 01-0233346-000                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33156647 |

|                                                                            |                        |                                                                                                             |
|----------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE BLEND MODERATE |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4595252 |

|                                                                                |                        |                                                                                                             |
|--------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFESTYLE BLEND CONSERVATIVE |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA             |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4053066 |

|                                                                            |                        |                                                                                                             |
|----------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AF US GOVERNMENT SECURITIES |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1791660 |

|                                                                                 |                        |                                                                                                             |
|---------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR TOTAL BOND FUND |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA              |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                  | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4098945 |

|                                                                    |                        |                                                                                                             |
|--------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD FUND     |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2277193 |

|                                                                    |                        |                                                                                                             |
|--------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN   |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1123857 |

|                                                                         |                        |                                                                                                             |
|-------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK INCOME FUND |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA      |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                          | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1660951 |

|                                                                        |                        |                                                                                                              |
|------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK STABLE VAL |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA     |                        |                                                                                                              |
| <b>c</b> EIN-PN 01-0233346-000                                         | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10035893 |

|                                                                           |                        |                                                                                                            |
|---------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2070 CIT |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA        |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 904019 |

|                                                                         |                        |                                                                                                             |
|-------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AB SMALL CAP GROWTH FUND |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA      |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                          | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1408241 |

|                                                                               |                        |                                                                                                             |
|-------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY SMALL CAP VAL |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2849834 |

|                                                                              |                        |                                                                                                              |
|------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AF THE GROWTH FUND OF AMERICA |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |                                                                                                              |
| <b>c</b> EIN-PN 01-0233346-000                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10662920 |

|                                                                      |                        |                                                                                                              |
|----------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA   |                        |                                                                                                              |
| <b>c</b> EIN-PN 01-0233346-000                                       | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14754276 |

  

|                                                                           |                        |                                                                                                             |
|---------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DFA US TARGETED VALUE FUND |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA        |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2332945 |

  

|                                                                           |                        |                                                                                                             |
|---------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO DEVELOPING MARKETS |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA        |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1715658 |

  

|                                                                            |                        |                                                                                                             |
|----------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK MID CAP GROWTH |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3815196 |

  

|                                                                    |                        |                                                                                                             |
|--------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND  |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5112997 |

  

|                                                                    |                        |                                                                                                             |
|--------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE FUND      |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2060689 |

  

|                                                                     |                        |                                                                                                             |
|---------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA  |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                      | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1879352 |

  

|                                                                       |                        |                                                                                                             |
|-----------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD EXPLORER FUND |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA    |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3512905 |

  

|                                                                    |                        |                                                                                                              |
|--------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND      |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA |                        |                                                                                                              |
| <b>c</b> EIN-PN 01-0233346-000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34893520 |

  

|                                                                          |                        |                                                                                                             |
|--------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUPAC FUND |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA       |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                           | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3325712 |

|                                                                            |                        |                                                                                                             |
|----------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA         |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5847929 |

  

|                                                                    |                        |                                                                                                             |
|--------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO GLOBAL FUND |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4267921 |

  

|                                                                              |                        |                                                                                                             |
|------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON GBL EQ INCOME |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2891919 |

  

|                                                                         |                        |                                                                                                             |
|-------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN US EQUITY FUND |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA      |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                          | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9050962 |

  

|                                                                               |                        |                                                                                                             |
|-------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOT WLD STK INDEX ETF |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3945814 |

  

|                                                                          |                        |                                                                                                             |
|--------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD VALUE INDEX FUND |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA       |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                           | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3674283 |

  

|                                                                          |                        |                                                                                                             |
|--------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AF AMERICAN BALANCED FUND |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA       |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                           | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6160654 |

  

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

  

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

  

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                   |                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                      |
|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                   | 2025                                   |
|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                   | This Form is Open to Public Inspection |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025 |                                                      |     |
| A Name of plan<br>ADAMS KEEGAN RETIREMENT SAVINGS PLAN                                     | B Three-digit plan number (PN) ▶                     | 333 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ADAMS KEEGAN INC.                | D Employer Identification Number (EIN)<br>62-1311326 |     |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Asset and Liability Statement |                       |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| 1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | (a) Beginning of Year | (b) End of Year |
| a Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1a                            | 58383                 | 65071           |
| b Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                       |                 |
| (1) Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1b(1)                         |                       |                 |
| (2) Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1b(2)                         |                       |                 |
| (3) Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1b(3)                         |                       |                 |
| c General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                       |                 |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1c(1)                         |                       |                 |
| (2) U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1c(2)                         |                       |                 |
| (3) Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                       |                 |
| (A) Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1c(3)(A)                      |                       |                 |
| (B) All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1c(3)(B)                      |                       |                 |
| (4) Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                       |                 |
| (A) Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1c(4)(A)                      |                       |                 |
| (B) Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1c(4)(B)                      |                       |                 |
| (5) Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1c(5)                         |                       |                 |
| (6) Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1c(6)                         |                       |                 |
| (7) Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1c(7)                         |                       |                 |
| (8) Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1c(8)                         | 5251545               | 6915271         |
| (9) Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1c(9)                         |                       | 442238          |
| (10) Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1c(10)                        | 409880847             | 543024373       |
| (11) Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1c(11)                        |                       |                 |
| (12) Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1c(12)                        |                       |                 |
| (13) Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1c(13)                        |                       |                 |
| (14) Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1c(14)                        |                       |                 |
| (15) Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1c(15)                        |                       |                 |

| <b>1d</b> Employer-related investments:                               |              | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                      | <b>1d(2)</b> |                       |                 |
| <b>1e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>1f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 415190775             | 550446953       |

**Liabilities**

|                                                                            |           |   |   |
|----------------------------------------------------------------------------|-----------|---|---|
| <b>1g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>1h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>1i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>1j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>1k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                            |           |           |           |
|------------------------------------------------------------|-----------|-----------|-----------|
| <b>1l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 415190775 | 550446953 |
|------------------------------------------------------------|-----------|-----------|-----------|

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 18190533   |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 42914259   |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 11509138   |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 72613930  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 513560     |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 513560    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 6791      |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | 70340296  |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 143474577 |

**Expenses**

|                                                                                             |               |          |          |
|---------------------------------------------------------------------------------------------|---------------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 52640484 |          |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |          |          |
| (3) Other .....                                                                             | <b>2e(3)</b>  |          |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |          | 52640484 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |          | 573809   |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |          |          |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |          |          |
| <b>i</b> Administrative expenses:                                                           |               |          |          |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |          |          |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  | 22814    |          |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |          |          |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  | 34359    |          |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  |          |          |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |          |          |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  |          |          |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  |          |          |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |          |          |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> | 9726     |          |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | -207571  |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |          | -140672  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |          | 53073621 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 90400956 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  | 58369224 |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 13514002 |

**Part III Accountant's Opinion**

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: WATKINS UIBERALL, PLLC

(2) EIN: 62-1804252

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                            | Yes                                 | No                                  | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |                                     | <input checked="" type="checkbox"/> |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |                                     | <input checked="" type="checkbox"/> |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  |                                     | <input checked="" type="checkbox"/> |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 3000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     |                                     | <input checked="" type="checkbox"/> |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        |                                     |                                     |         |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

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

| <b>5b(1)</b> Name of plan(s)        | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|-------------------------------------|---------------------|--------------------|
| HARDSCUFFLE INC PROFIT SHARING PLAN | 61-0903665          | 001                |
| LUDI 401(K) PLAN                    | 45-5528069          | 001                |
| OLIVER HOSPITALITY 401(K) PLAN      | 45-1262537          | 001                |
| JUSTWORKS RETIREMENT SAVINGS PLAN   | 46-2283648          | 333                |

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

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

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>ADAMS KEEGAN RETIREMENT SAVINGS PLAN                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 333                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ADAMS KEEGAN INC.                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>62-1311326                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1                                                                                               |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 01-0233346                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                    | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                   | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                    | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2025 v. 250312                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

**14a**

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

**14b**

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

**14c**

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

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

**15a**

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

**15b**

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

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

**16a**

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

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

## **Part VII IRS Compliance Questions**

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

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

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

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

|                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                              |                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>SCHEDULE MEP<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>MULTIPLE-EMPLOYER RETIREMENT<br/>PLAN INFORMATION</b><br><br>This schedule is required to be filed under section 104 of the<br>Employee Retirement Income Security Act of 1974 (ERISA) and<br>Section 6058(a) of the Internal Revenue Code (the Code)<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2025</b><br><br><b>This Form is Open to Public<br/>Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|

|                                                                                                       |                                                 |     |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025            |                                                 |     |
| <b>A</b> Name of plan<br>ADAMS KEEGAN RETIREMENT SAVINGS PLAN                                         | <b>B</b> Three-digit<br>Plan number (PN)..... ▶ | 333 |
|                                                                                                       |                                                 |     |
| <b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF<br>ADAMS KEEGAN INC. | <b>D</b> Administrator's EIN<br>62-1311326      |     |

|               |                                                                                                   |
|---------------|---------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Type of Multiple-Employer Pension Plan.</b> All multiple-employer pension plans must complete. |
|---------------|---------------------------------------------------------------------------------------------------|

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

- a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** ☒ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** ☐ other multiple-employer pension plan (Describe) \_\_\_\_\_ (Complete Part II)

|                |                                            |
|----------------|--------------------------------------------|
| <b>Part II</b> | <b>Participating Employer Information.</b> |
|----------------|--------------------------------------------|

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

|                                                                 |                             |                                                                          |                                                                                           |
|-----------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>2a</b> Name of Participating Employer<br>XINNIX              | <b>2b</b> EIN<br>01-0576560 | <b>2c</b> Percentage of Total Contributions<br>for the Plan Year<br>0.02 | <b>2d</b> Aggregate Account Balances Attributable<br>to Participating Employer<br>392301  |
| <b>2a</b> Name of Participating Employer<br>SERVPRO OF LAWRENCE | <b>2b</b> EIN<br>02-0353691 | <b>2c</b> Percentage of Total Contributions<br>for the Plan Year<br>0.38 | <b>2d</b> Aggregate Account Balances Attributable<br>to Participating Employer<br>2914318 |

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

|                                                                                                                                                                                                  |           |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?                                                                      | <b>2e</b> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>2f</b> If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year. | <b>2f</b> |                                                                     |
| <b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.                                                          | <b>2g</b> |                                                                     |

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

**Schedule MEP (2025)  
v. 250312**

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

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| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-----------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| RNA CAPITAL ADVISORS              | 47-3288017 | 0.21                                                   | 0                                                                    |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| ROARING GAP CLUB, INC.            | 56-0939382 | 0.26                                                   | 1223203                                                              |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| ROBERT TRENT JONES GOLF CLUB INC  | 56-1731956 | 0.36                                                   | 3327200                                                              |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| ROCKY RIDGE DEALER GROUP LLC      | 87-3232801 | 0.04                                                   | 82191                                                                |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| ROCKY RIDGE RV VAN BUREN          | 92-1783468 | 0.02                                                   | 68858                                                                |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| ROGUE PLUMBING AND HEATING, INC.  | 88-1561328 | 0.04                                                   | 76278                                                                |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| ROLUX USA, LLC                    | 36-5072967 | 0.02                                                   | 9574                                                                 |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| RON'S PORTABLE BUILDINGS          | 47-4730942 | 0.31                                                   | 2053417                                                              |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| ROOTED INVESTMENTS, LLC           | 88-2718424 | 0.20                                                   | 300276                                                               |

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**Part II Participating Employer Information (Continued).**

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| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-----------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| ROPER & SONS OF ACWORTH, LLC      | 81-4092111 | 0.13                                                   | 490289                                                               |
| ROPER & SONS OF GA                | 46-4338448 | 0.07                                                   | 316450                                                               |
| S&L HOSPITALITY                   | 20-1472259 | 0.60                                                   | 4002239                                                              |
| SAFE NETWORK SOLUTIONS, LLC       | 20-5711773 | 0.21                                                   | 483416                                                               |
| SCOIATTOLO CAPITAL, LLC           | 30-0779918 | 0.01                                                   | 0                                                                    |
| SEQUENT, INC.                     | 27-0016384 | 0.26                                                   | 1436532                                                              |
| SG CONTRACTING, INC               | 42-1580929 | 0.75                                                   | 3500022                                                              |
| SHARON ACADEMY, LLC               | 46-4101733 | 0.12                                                   | 303537                                                               |
| SHIELDS SOUTHEAST SALES           | 58-1053653 | 0.20                                                   | 755965                                                               |

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| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-----------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| SHINING ROCK VENTURES             | 85-4311236 | 0.06                                                   | 162298                                                               |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| SLICK LIPS SEAFOOD PENSACOLA, LLC | 88-3468687 | 0.01                                                   | 3560                                                                 |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| SLICK LIPS SEAFOOD, LLC           | 82-3415250 | 0.03                                                   | 20627                                                                |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| ELECTRONIC PAYMENTS COALITION     | 47-4908678 | 0.19                                                   | 1218251                                                              |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| ELEVEN09, LLC                     | 82-2631341 | 0.40                                                   | 858631                                                               |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| EMBERS GRILL & FIREPLACE STORE    | 84-1891685 | 0.12                                                   | 648380                                                               |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| ENJOIN                            | 62-1127194 | 1.91                                                   | 11020785                                                             |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| EPICENTER                         | 82-0904035 | 0.11                                                   | 903186                                                               |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| EUROSTONE, LLC                    | 86-3199502 | 0.01                                                   | 40645                                                                |

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**Part II Participating Employer Information (Continued).**

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| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-----------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| EVENT MARKETING PARTNERS, LLC     | 27-4372936 | 0.64                                                   | 1754027                                                              |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| EVERCOMPOUNDS, LLC                | 47-3036618 | 0.12                                                   | 246228                                                               |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| EXPLORE BIKE SHARE, INC.          | 81-1068028 | 0.10                                                   | 140710                                                               |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| EXTREME WORK & PLAY               | 82-1325518 | 0.28                                                   | 1993538                                                              |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| EYE CARE ASSOCIATES OF TX, PA     | 75-1622524 | 0.42                                                   | 5884613                                                              |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| F&A TECHNOLOGIES, LLC             | 93-4003504 | 0.04                                                   | 23954                                                                |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| FAMILY WMS                        | 26-0610696 | 0.32                                                   | 6800696                                                              |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| FANTOM EVENTS, LLC                | 47-1368844 | 0.02                                                   | 319694                                                               |
| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| FAYTH HOSPITALITY MANAGEMENT, LLC | 85-2206648 | 0.01                                                   | 36634                                                                |

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**Part II Participating Employer Information (Continued).**

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| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-----------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| FC FOUNDATION                     | 82-5257517 | 0.09                                                   | 1203356                                                              |
| FEELUX LIGHTING, INC.             | 20-8290169 | 0.03                                                   | 159971                                                               |
| FIRST CALL HOSPITALITY            | 26-1611593 | 0.22                                                   | 1492034                                                              |
| FIRST SIGNAL, LLC                 | 20-1172889 | 0.14                                                   | 489850                                                               |
| FIVE STAR DENTAL                  | 82-4616404 | 0.01                                                   | 41796                                                                |
| FLEXLYNQS LLC                     | 93-4828728 | 0.10                                                   | 200304                                                               |
| FLUID TRANSPORT, LLC              | 33-1851776 | 0.06                                                   | 317185                                                               |
| FLYNN HOSPITALITY, LLC            | 33-3798700 | 0.50                                                   | 1696815                                                              |
| FOCUS MANAGEMENT GROUP, LLC       | 87-4036049 | 0.08                                                   | 760344                                                               |

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|---------------------------------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| FOLK INVESTMENT                                                           | 62-1616063 | 0.24                                                   | 1964994                                                              |
| 2a Name of Participating Employer<br>FON DU LAC COLD STORAGE, LLC         | 22-3566648 | 0.52                                                   | 3230849                                                              |
| 2a Name of Participating Employer<br>FONDREN CONSTRUCTION, LLC            | 88-2703899 | 0.12                                                   | 209811                                                               |
| 2a Name of Participating Employer<br>FREED LIFE INC.                      | 84-3039808 | 0.03                                                   | 106234                                                               |
| 2a Name of Participating Employer<br>FRIENDS LIFE COMMUNITY               | 41-2242504 | 0.18                                                   | 300951                                                               |
| 2a Name of Participating Employer<br>FULCRUM EQUITY PARTNERS              | 20-4795556 | 0.64                                                   | 4570085                                                              |
| 2a Name of Participating Employer<br>GA OB/GYN SOCIETY, INC.              | 51-0191684 | 0.05                                                   | 163121                                                               |
| 2a Name of Participating Employer<br>GENERAL HOSPITALITY SERVICES (GHS)   | 20-5362367 | 0.01                                                   | 95776                                                                |
| 2a Name of Participating Employer<br>GEORGIA RESTAURANT ASSOCIATION, INC. | 38-3670102 | 0.11                                                   | 208514                                                               |

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| 2a Name of Participating Employer           | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|---------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| GEORGIA TRANSPLANT FOUNDATION               | 58-2075193 | 0.04                                                   | 576924                                                               |
| GIBSON HOTEL CORPORATE                      | 20-5408438 | 0.30                                                   | 784951                                                               |
| GIRL SCOUTS HEART OF THE SOUTH              | 62-0502197 | 0.18                                                   | 736288                                                               |
| GIRLS INCORPORATED OF MEMPHIS               | 62-0512078 | 0.05                                                   | 188470                                                               |
| GLOBAL GRAB TECHNOLOGIES                    | 83-2429356 | 0.55                                                   | 1608001                                                              |
| GOLFTEC WEST HARTFORD (BETTER GOLF CT, LLC) | 81-3289107 | 0.02                                                   | 125656                                                               |
| GOOD WOOD NASHVILLE, LLC                    | 46-1693319 | 0.02                                                   | 438234                                                               |
| GRAYSON PEDIATRICS, LLC                     | 46-5630985 | 0.23                                                   | 774942                                                               |
| GREENTECH MINERALS HOLDINGS, INC.           | 86-3283139 | 0.01                                                   | 379817                                                               |

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|-------------------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| ART OF DRAWERS                                              | 93-3983756 | 0.06                                                   | 46713                                                                |
| ARTSMEMPHIS                                                 | 62-0693547 | 0.15                                                   | 1297121                                                              |
| ASHLEY ENERGY, LLC                                          | 81-4502636 | 0.43                                                   | 1881714                                                              |
| ATHLETESGOLIVE, INC.                                        | 88-2033601 | 0.05                                                   | 70724                                                                |
| ATLANTA CHILDREN'S CLINICAL                                 | 58-1918230 | 0.05                                                   | 489451                                                               |
| ATLANTA ENERGY SPECIALISTS, INC.                            | 58-2310198 | 0.26                                                   | 1348074                                                              |
| ATLANTA LAND TRUST, INC                                     | 90-0605040 | 0.10                                                   | 323266                                                               |
| ATLANTA YOUTH ACADEMY                                       | 58-2486405 | 0.24                                                   | 741183                                                               |
| ATLANTIC HOTEL GROUP ASSETS, LLC DBA ATLANTIC HOTEL AND SPA | 30-0931833 | 0.11                                                   | 86712                                                                |

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|--------------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| AUTO ISAC, INC.                                        | 47-5237220 | 0.45                                                   | 1896291                                                              |
| 2a Name of Participating Employer                      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| AVE MARIA HOME, INC.                                   | 62-0561701 | 0.46                                                   | 2069013                                                              |
| 2a Name of Participating Employer                      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| AVGROUP                                                | 58-1144559 | 0.19                                                   | 2629890                                                              |
| 2a Name of Participating Employer                      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| B&R PAINTING CONTRACTORS, INC.                         | 58-1791965 | 0.10                                                   | 793657                                                               |
| 2a Name of Participating Employer                      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| BAJ HOSPITALITY, INC.                                  | 83-1228589 | 0.02                                                   | 12437                                                                |
| 2a Name of Participating Employer                      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| BAKER IMPLEMENT COMPANY                                | 43-0168502 | 1.41                                                   | 10512156                                                             |
| 2a Name of Participating Employer                      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| BAKER TRUCK AND IMPLEMENT COMPANY                      | 43-0168502 | 0.03                                                   | 314253                                                               |
| 2a Name of Participating Employer                      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| BARRISTER INVSETIGATIONS & FILING SERVICE, INC.        | 36-4455315 | 0.11                                                   | 772417                                                               |
| 2a Name of Participating Employer                      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| BAY HARBOR ASSISTED LIVING RIVER FALLS OPERATIONS, LLC | 99-1644640 | 0.03                                                   | 102513                                                               |

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| 2a Name of Participating Employer                | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|--------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| BBB WISE GIVING ALLIANCE                         | 52-1070270 | 0.29                                                   | 4105762                                                              |
| 2a Name of Participating Employer                | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| BIG RIVER DISTILLING COMPANY, LLC                | 46-3743733 | 0.15                                                   | 797630                                                               |
| 2a Name of Participating Employer                | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| BLACKMON OIL COMPANY, LLC                        | 71-0583938 | 0.21                                                   | 286818                                                               |
| 2a Name of Participating Employer                | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CROSSROADS CAMPUS (CROSSROADS PETS SHOP & ADOPT) | 27-2397528 | 0.01                                                   | 57610                                                                |
| 2a Name of Participating Employer                | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CROSSTOWN ARTS                                   | 27-1876711 | 0.01                                                   | 200259                                                               |
| 2a Name of Participating Employer                | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CSS SERVICES                                     | 58-1476881 | 0.43                                                   | 2982055                                                              |
| 2a Name of Participating Employer                | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CUP OF JOE                                       | 83-4182768 | 0.01                                                   | 0                                                                    |
| 2a Name of Participating Employer                | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CUTTING EDGE FOOT AND ANKLE CLINIC               | 83-3322511 | 0.02                                                   | 74982                                                                |
| 2a Name of Participating Employer                | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| DANIEL CORPORATION                               | 63-0933734 | 1.22                                                   | 15435969                                                             |

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**Part II Participating Employer Information (Continued).**

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| 2a Name of Participating Employer        | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| DDM SYSTEMS, INC                         | 46-2032297 | 0.02                                                   | 124362                                                               |
| 2a Name of Participating Employer        | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| DESAI HOTEL GROUP, LLC                   | 47-4566802 | 0.26                                                   | 136656                                                               |
| 2a Name of Participating Employer        | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| DIAMOND POINT MARINE, LLC                | 81-1867872 | 0.03                                                   | 66318                                                                |
| 2a Name of Participating Employer        | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| DISCOVERY POINT CHILD DEVELOPMENT CENTER | 20-4343566 | 0.02                                                   | 55285                                                                |
| 2a Name of Participating Employer        | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| DISTINCTIVE LIVING EMPLOYER, LLC         | 86-1362905 | 1.80                                                   | 4738662                                                              |
| 2a Name of Participating Employer        | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| DNT EXPRESS LOGISTICS                    | 85-4327133 | 0.20                                                   | 627472                                                               |
| 2a Name of Participating Employer        | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| DONNELLY TIMMONS & ASSOCIATES, INC.      | 62-1865948 | 0.14                                                   | 119151                                                               |
| 2a Name of Participating Employer        | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| DRYDEN ARCHITECTURE & DESIGN             | 62-1788628 | 0.41                                                   | 1640609                                                              |
| 2a Name of Participating Employer        | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| DTSPADE                                  | 47-5217181 | 0.11                                                   | 368126                                                               |

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**Part II Participating Employer Information (Continued).**

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|------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| DUNCAN EYE PLLC                    | 27-3552205 | 0.06                                                   | 671274                                                               |
| DYNAMIC LANDSCAPING, INC.          | 81-3925763 | 0.05                                                   | 58120                                                                |
| E.W. CARPENTER LLC                 | 33-2195566 | 0.01                                                   | 13485                                                                |
| EASTLAND MEDICAL                   | 37-1400643 | 0.68                                                   | 6377291                                                              |
| ECONOMIC DEVELOPMENT GROWTH ENGINE | 45-2930419 | 0.14                                                   | 1317162                                                              |
| EDGEVANTA                          | 87-2407802 | 0.03                                                   | 0                                                                    |
| MDS INDUSTRIAL RACKING             | 47-2505611 | 0.01                                                   | 35097                                                                |
| MEDIA LODGE LLC                    | 30-0819135 | 0.07                                                   | 764364                                                               |
| MEMPHIS BROOKS MUSEUM OF ART, INC. | 62-6063304 | 0.49                                                   | 1526774                                                              |

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|--------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| MEMPHIS EDUCATION FUND                     | 47-3660677 | 0.13                                                   | 531233                                                               |
| MEMPHIS HUNT AND POLO CLUB                 | 62-0291710 | 0.04                                                   | 382536                                                               |
| MEMPHIS LAND BANK                          | 03-0482299 | 0.05                                                   | 975656                                                               |
| MEMPHIS MANAGEMENT PARTNERS                | 46-4870856 | 0.10                                                   | 428340                                                               |
| MEMPHIS MUSEUMS, INC.                      | 62-0801926 | 0.09                                                   | 201109                                                               |
| METRO LOGICS, INC.                         | 90-0279878 | 0.71                                                   | 3271255                                                              |
| METRO TINT TEXAS (BEARFISH HOLDINGS, INC.) | 82-2875779 | 0.07                                                   | 118360                                                               |
| METRORAIL SAFETY COMMISSION (MSC)          | 82-4796176 | 0.77                                                   | 3728572                                                              |
| MILLENNIUM INFORMATION TEK                 | 94-3350863 | 0.66                                                   | 5179476                                                              |

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| 2a Name of Participating Employer      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|----------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| MISSION HOME BUILDERS, LLC             | 84-2586872 | 0.02                                                   | 20091                                                                |
| 2a Name of Participating Employer      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| MLM MEDICAL LABS MINNESOTA, INC.       | 85-1390992 | 0.17                                                   | 1095651                                                              |
| 2a Name of Participating Employer      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| MLM MEDICAL LABS, LLC                  | 85-1390992 | 0.43                                                   | 1206932                                                              |
| 2a Name of Participating Employer      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| MORNINGSIDE BRANDS, INC.               | 88-1224299 | 0.05                                                   | 158056                                                               |
| 2a Name of Participating Employer      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| MOXIE MANAGEMENT GROUP LLC             | 83-3533491 | 0.17                                                   | 1131851                                                              |
| 2a Name of Participating Employer      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| MR. GOOD SERVICE, LLC DBA MR. GOODROOF | 99-3417095 | 0.06                                                   | 28779                                                                |
| 2a Name of Participating Employer      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| MUSIC EXPORT MEMPHIS                   | 82-2214830 | 0.01                                                   | 37325                                                                |
| 2a Name of Participating Employer      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| N.J. FORD & SONS FUNERAL HOME          | 62-1114216 | 0.07                                                   | 103273                                                               |
| 2a Name of Participating Employer      | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| NAPLES HOTEL GROUP, LLC                | 27-1642242 | 1.01                                                   | 2915340                                                              |

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| 2a Name of Participating Employer        | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| IMAGE HOTEL MANAGEMENT INC.              | 94-3421808 | 0.06                                                   | 215436                                                               |
| IMAGING SOLUTIONS                        | 62-1615066 | 0.12                                                   | 4114692                                                              |
| IMMUNO TECHNOLOGIES                      | 45-5189617 | 0.02                                                   | 229548                                                               |
| INDEV SUPPORTED LIVING (ACA COMMUNITIES) | 26-2193897 | 0.19                                                   | 302816                                                               |
| INNOVA MEMPHIS, INC.                     | 26-1475248 | 0.18                                                   | 1354790                                                              |
| INNOVATIS GROUP                          | 47-1654025 | 1.30                                                   | 5464320                                                              |
| INSIGNIA HOSPITALITY GROUP               | 20-1316334 | 0.24                                                   | 693327                                                               |
| INSTITUTIONAL ASSO                       | 58-1083531 | 0.02                                                   | 140611                                                               |
| INTEGRATED STEEL SOLUTIONS, INC.         | 84-3474063 | 0.24                                                   | 447260                                                               |

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|-------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| INTERNATIONAL ASSOC. OF FORENSIC NURSES         | 58-2153798 | 0.44                                                   | 1821531                                                              |
| INTERNATIONAL CHEER UNION                       | 26-0403050 | 0.11                                                   | 855049                                                               |
| INTONU, LLC                                     | 26-2901328 | 0.35                                                   | 2715210                                                              |
| ISCREEN VISION                                  | 27-4751962 | 0.08                                                   | 420688                                                               |
| ISLANDS ENTERTAINMENT, LLC                      | 82-4046257 | 0.03                                                   | 0                                                                    |
| JAYBIRD SENIOR LIVING                           | 39-3111660 | 0.85                                                   | 14762342                                                             |
| JCB ATLANTA, LLC                                | 87-3800758 | 0.09                                                   | 115463                                                               |
| JKS RESTORATIONS, INC. DBA SERVPRO OF TALLADEGA | 20-2946044 | 0.04                                                   | 194742                                                               |
| JON L. AUVIL, PA                                | 47-3319516 | 0.10                                                   | 738864                                                               |

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|------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| JSAN SUBS, INC.                                | 46-4988437 | 0.01                                                   | 60872                                                                |
| KAMINE TECHNOLOGY GROUP, LLC                   | 20-1932233 | 1.37                                                   | 6861345                                                              |
| KATE'S CLUB                                    | 16-1646487 | 0.01                                                   | 0                                                                    |
| A10 CAPITAL, LLC                               | 80-0803847 | 1.80                                                   | 8120817                                                              |
| ACADEMY ENERGY GROUP                           | 45-3119729 | 0.22                                                   | 137301                                                               |
| ADAMS KEEGAN                                   | 62-1311326 | 2.40                                                   | 21864010                                                             |
| ADVANTUM HEALTH                                | 46-3683418 | 0.37                                                   | 1766608                                                              |
| AGEWELL LIVING, LLC DBA AGEWELL SOLVERE LIVING | 27-1852888 | 3.55                                                   | 7025430                                                              |
| ALLGOOD SHUTTERS, LLC                          | 46-4881265 | 0.01                                                   | 34619                                                                |

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|-------------------------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| ALORA HEALTHCARE                                                  | 20-8062027 | 0.36                                                   | 1913887                                                              |
| 2a Name of Participating Employer                                 | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| ALPES SANFER, INC.                                                | 38-4139714 | 0.01                                                   | 3107                                                                 |
| 2a Name of Participating Employer                                 | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| ALPHA OMEGA VETERANS SERVICES, INC.                               | 58-1761468 | 0.02                                                   | 32397                                                                |
| 2a Name of Participating Employer                                 | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| ALTERNATE ENERGY SYS.                                             | 58-2429102 | 0.14                                                   | 2287132                                                              |
| 2a Name of Participating Employer                                 | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| AMBA HEALTH AND CARE USA CORP                                     | 93-4711279 | 0.03                                                   | 64789                                                                |
| 2a Name of Participating Employer                                 | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| AMERICAN BOATBUILDERS ASSOCIATION, INC                            | 62-1509786 | 0.08                                                   | 522508                                                               |
| 2a Name of Participating Employer                                 | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| AMERICAN BOOK COMPANY INC                                         | 58-2272243 | 0.12                                                   | 0                                                                    |
| 2a Name of Participating Employer                                 | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| AMERICAN INSTITUTE FOR MEDICAL AND BIOLOGICAL ENGINEERING (AIMBE) | 23-7089693 | 0.10                                                   | 481351                                                               |
| 2a Name of Participating Employer                                 | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| APERTURE HOTELS                                                   | 45-2896159 | 0.65                                                   | 3621872                                                              |

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|-------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| APPLIED GRATITUDE, INC. DBA THNKS         | 47-5466636 | 0.37                                                   | 895161                                                               |
| APPLIED THERMAL RESOURCES                 | 47-5233080 | 0.06                                                   | 42253                                                                |
| APTITUDE HEALTH                           | 82-3684999 | 1.85                                                   | 9376305                                                              |
| ARISE2READ                                | 47-3370656 | 0.02                                                   | 111728                                                               |
| ARK HOSPITALITY MANAGEMENT, LLC           | 92-2364838 | 0.27                                                   | 180296                                                               |
| ARLINGTON FINANCIAL CONSULTANTS           | 81-0617969 | 0.05                                                   | 64689                                                                |
| GRIFFIN MECHANICAL, LLC                   | 27-3175630 | 0.16                                                   | 1196071                                                              |
| GSLA                                      | 58-2413373 | 0.08                                                   | 182177                                                               |
| H3 RESTORATION, LLC DBA SERVPRO OF DENTON | 45-3601810 | 0.16                                                   | 132760                                                               |

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| 2a Name of Participating Employer                                                                     | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| HAB MANAGEMENT INC                                                                                    | 83-0337046 | 0.08                                                   | 415989                                                               |
| 2a Name of Participating Employer<br>HAROLD FORD FUNERAL HOME-SYCAMORE VIEW DBA SERENITY FUNERAL HOME | 46-2204864 | 0.09                                                   | 151013                                                               |
| 2a Name of Participating Employer<br>HARVEST EATS LLC                                                 | 46-1361549 | 0.36                                                   | 205931                                                               |
| 2a Name of Participating Employer<br>HD PALLET COMPANY                                                | 46-5721013 | 0.19                                                   | 1192588                                                              |
| 2a Name of Participating Employer<br>HDG LEGACY, LLC                                                  | 92-1211463 | 0.40                                                   | 1954069                                                              |
| 2a Name of Participating Employer<br>HEALTHMARKIT CONSULTING, LLC                                     | 47-2075430 | 0.05                                                   | 443733                                                               |
| 2a Name of Participating Employer<br>HEART CENTER USA, INC.                                           | 61-1898857 | 0.09                                                   | 228350                                                               |
| 2a Name of Participating Employer<br>HEIMKE HOLDING GROUP, LLC DBA HHG INTERIORS                      | 92-3023279 | 0.29                                                   | 1222486                                                              |
| 2a Name of Participating Employer<br>HEROWEAR, LLC                                                    | 82-4316518 | 0.24                                                   | 401494                                                               |

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|--------------------------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| HILTON GARDEN INN- MYRTLE BEACH, SC<br>(MB AIRPORT HOTEL PARTNERS) | 20-5853405 | 0.01                                                   | 11289                                                                |
| HOME LEGEND                                                        | 90-0593151 | 0.44                                                   | 2818220                                                              |
| HORIZON OUTDOOR HOSPITALITY, LLC                                   | 85-2022986 | 0.33                                                   | 761459                                                               |
| HUDSON RIVER PARTNERS I, LP DBA THE THAYER HOTEL                   | 52-1963267 | 0.14                                                   | 311597                                                               |
| HUKANO INFRA LLC                                                   | 33-3451933 | 0.37                                                   | 304161                                                               |
| HUKANO LLC                                                         | 93-4354513 | 0.04                                                   | 19671                                                                |
| HULSEY FINANCIAL INVESTMENTS, LLC                                  | 27-3019332 | 0.19                                                   | 2647659                                                              |
| HUMANE SOCIETY OF MEMPHIS & SHELBY CO.                             | 23-7236238 | 0.16                                                   | 102596                                                               |
| HYC LOGISTICS, INC.                                                | 62-1273453 | 0.07                                                   | 147752                                                               |

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**Part II Participating Employer Information (Continued).**

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| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-----------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| KBG TECHNOLOGIES                  | 82-3974982 | 0.03                                                   | 113346                                                               |
| KIMERY WEALTH MGMT                | 82-1615613 | 0.26                                                   | 766066                                                               |
| KRYPTON FUND SERVICES USA, INC.   | 86-2938311 | 0.18                                                   | 516234                                                               |
| LAIRD ROAD HOLDINGS, INC.         | 81-4815048 | 0.07                                                   | 72641                                                                |
| LAKE SHORE ASSOCIATES, INC.       | 20-4336668 | 0.08                                                   | 281939                                                               |
| LAKESHORE SENIOR LIVING, LLC      | 20-4336668 | 0.03                                                   | 18915                                                                |
| LANDSCAPE SOLUTIONS LLC           | 26-4612312 | 0.07                                                   | 280573                                                               |
| LARRY BLUMBERG & ASSOCIATES, INC. | 63-0836664 | 4.26                                                   | 17895182                                                             |
| LAW OFFICES OF ERIC A. SHORE      | 23-2983232 | 0.14                                                   | 863480                                                               |

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| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-----------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| LENITY MANAGEMENT CA, LLC         | 93-4155793 | 0.02                                                   | 27157                                                                |
| LENITY MANAGEMENT OR, LLC         | 88-1401352 | 0.20                                                   | 524574                                                               |
| LENITY MANAGEMENT, LLC            | 82-4670862 | 0.19                                                   | 406986                                                               |
| LIPOGEMS USA, LLC                 | 37-1783971 | 0.09                                                   | 283539                                                               |
| LISA RAGAN CUSTOMS BROKERAGE      | 58-2274733 | 0.44                                                   | 1401014                                                              |
| LONG COVE OWNER ASSOCIATION, INC. | 57-0752304 | 0.95                                                   | 6609218                                                              |
| LRGISTICS, LLC                    | 81-1365576 | 0.40                                                   | 1459545                                                              |
| LTHC SOLUTIONS, LLC               | 81-0847136 | 0.33                                                   | 829690                                                               |
| MARTINSBURG COLLEGE               | 20-5116189 | 0.05                                                   | 331204                                                               |

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|------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| MATRIX SURGICAL USA                            | 45-3812266 | 0.04                                                   | 119834                                                               |
| 2a Name of Participating Employer              | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| MAYOR'S INSTITUTE FOR EXCELLENCE IN GOVT       | 45-3699291 | 0.08                                                   | 878119                                                               |
| 2a Name of Participating Employer              | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| MCTAVISH DEVELOPMENT, LLC DBA HOTEL PETERSBURG | 99-1853327 | 0.01                                                   | 13120                                                                |
| 2a Name of Participating Employer              | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CHILLED SOLUTIONS, LLC                         | 46-4071029 | 0.03                                                   | 26927                                                                |
| 2a Name of Participating Employer              | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CITY LEADERSHIP                                | 46-4337862 | 0.13                                                   | 199385                                                               |
| 2a Name of Participating Employer              | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CITY OF MEMPHIS CRA                            | 47-1283946 | 0.14                                                   | 424080                                                               |
| 2a Name of Participating Employer              | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CITY WIDE OF MEMPHIS                           | 82-2037158 | 0.33                                                   | 899970                                                               |
| 2a Name of Participating Employer              | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CLARK, MASCARO & AZIZ                          | 58-1489122 | 0.20                                                   | 4380744                                                              |
| 2a Name of Participating Employer              | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CLEAN WATER CONSULTANTS                        | 58-2619502 | 0.23                                                   | 1000513                                                              |

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**Part II Participating Employer Information (Continued).**

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| 2a Name of Participating Employer                             | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|---------------------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| CLEANAIR IMAGE, INC. DBA SERVPRO OF BELMONT/SAN CARLOS        | 36-4550683 | 0.40                                                   | 798491                                                               |
| COBB PEDIATRICS                                               | 58-1273770 | 0.36                                                   | 5493186                                                              |
| CODECREW                                                      | 47-4691807 | 0.15                                                   | 451933                                                               |
| COGITATE TECHNOLOGY SOLUTIONS, LLC.                           | 46-0826574 | 0.37                                                   | 799147                                                               |
| COLD BORE CAPITAL MANAGEMENT, LLC                             | 82-2303930 | 0.01                                                   | 543066                                                               |
| COLLEGE FOUNDATION OF UNIVERSITY OF VIRGINIA                  | 54-2009312 | 0.92                                                   | 4212490                                                              |
| COLLINS MANAGEMENT GROUP, LLC DBA SUMMIT HOSPITALITY PARTNERS | 82-5169732 | 0.34                                                   | 199929                                                               |
| COLUMBIA GROUP                                                | 27-0330439 | 0.04                                                   | 610607                                                               |
| COMMUNITY ATTRIBUTES INC                                      | 20-2947763 | 0.20                                                   | 2846165                                                              |

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| 2a Name of Participating Employer                   | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-----------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| COMMUNITY LIFT                                      | 27-3941355 | 0.06                                                   | 248147                                                               |
| 2a Name of Participating Employer                   | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| COMMUNITY ONCOLOGY ALLIANCE, INC.                   | 22-3887397 | 0.64                                                   | 3495878                                                              |
| 2a Name of Participating Employer                   | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| COMPOSTABLE SOLUTIONS, LLC                          | 30-1437544 | 0.02                                                   | 11230                                                                |
| 2a Name of Participating Employer                   | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CONTINEO GROUP, LLC                                 | 27-2199460 | 0.35                                                   | 953102                                                               |
| 2a Name of Participating Employer                   | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CORPORATE HEALTH PARTNERS LLC (CLUB HOLDINGS NEXUS) | 46-3840291 | 0.32                                                   | 1064436                                                              |
| 2a Name of Participating Employer                   | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| COVINGTON WOMEN'S HEALTH SPECIALISTS                | 94-3461144 | 0.43                                                   | 3988298                                                              |
| 2a Name of Participating Employer                   | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| NEUROTRIALS RESEARCH                                | 58-2288437 | 0.02                                                   | 216588                                                               |
| 2a Name of Participating Employer                   | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| NEW BALLET ENSEMBLE AND SCHOOL, INC.                | 62-1866526 | 0.01                                                   | 4806                                                                 |
| 2a Name of Participating Employer                   | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| NEW TECH PACKAGING                                  | 62-1202583 | 0.68                                                   | 4681753                                                              |

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|---------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| NEW VISION HOTELS                           | 26-1546802 | 0.03                                                   | 41595                                                                |
| NEXTOP VETS                                 | 47-1429344 | 0.24                                                   | 156696                                                               |
| NOBI USA, INC.                              | 87-4169089 | 0.12                                                   | 233394                                                               |
| NORTH BERKELEY IMPORTS                      | 83-0327787 | 0.22                                                   | 2450016                                                              |
| NORTHPOINTE HOSPITALITY MANAGEMENT LL       | 45-5609170 | 0.33                                                   | 923873                                                               |
| NORTHTRIDGE HOSPITALITY MANAGEMENT, LLC     | 45-2690551 | 0.23                                                   | 2251296                                                              |
| NOVA RESTAURANT GROUP, INC.                 | 81-0975941 | 0.55                                                   | 1666523                                                              |
| NUBODY PHYSICIANS PLLC (NUBODY CONCEPTS)    | 47-5037503 | 0.23                                                   | 851722                                                               |
| OHIO VALLEY ENVIRONMENTAL ENGINEERING, INC. | 31-1669796 | 0.22                                                   | 1309746                                                              |

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|-------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| OMAHA MUNICIPAL LAND BANK                 | 47-2876433 | 0.05                                                   | 110451                                                               |
| 2a Name of Participating Employer         | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| OPERATION STAND DOWN TENNESSEE            | 62-1638832 | 0.31                                                   | 1097418                                                              |
| 2a Name of Participating Employer         | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| ORTHOXPRESS HOLDING COMPANY, LLC          | 84-4121325 | 0.09                                                   | 406635                                                               |
| 2a Name of Participating Employer         | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| OUTDOOR DESTINATION - RVC                 | 27-1293388 | 0.02                                                   | 341166                                                               |
| 2a Name of Participating Employer         | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| OVERTON PARK CONSERVANCY                  | 45-2031097 | 0.08                                                   | 117871                                                               |
| 2a Name of Participating Employer         | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| PALMER HOME FOR CHILDREN                  | 64-0334999 | 0.38                                                   | 2196476                                                              |
| 2a Name of Participating Employer         | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| PARADISE POINTE OF ORMOND BEACH, LLC      | 83-4364629 | 0.02                                                   | 17505                                                                |
| 2a Name of Participating Employer         | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| PATH COMPANY, LLC                         | 82-2525454 | 1.13                                                   | 2921401                                                              |
| 2a Name of Participating Employer         | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| PATHMARK TRANSPORTATION MARKETING COMPANY | 62-1458512 | 0.80                                                   | 3304844                                                              |

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|-----------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| BLAKE CONSTRUCTION                | 20-1167660 | 0.03                                                   | 0                                                                    |
| BLDG MEMPHIS                      | 62-1514675 | 0.01                                                   | 47255                                                                |
| BLIGHT AUTHORITY OF MEMPHIS, INC  | 81-2000933 | 0.02                                                   | 54626                                                                |
| BLOOM, INC.                       | 82-4493285 | 0.01                                                   | 33540                                                                |
| BLUTECH LENSES, LLC               | 47-4901665 | 0.06                                                   | 347403                                                               |
| BRIDESVIEW, INC. DBA TAILWIND     | 45-3788098 | 0.15                                                   | 1093170                                                              |
| BRONNER BROS., INC.               | 58-0940097 | 0.08                                                   | 1773909                                                              |
| BROWN MISSIONARY BAPTIST CHURCH   | 62-1081076 | 0.07                                                   | 167843                                                               |
| BRUSSELS BONSAI NURSERY           | 72-1343733 | 0.01                                                   | 1658873                                                              |

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|---------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| BUILDING & REPAIR SYSTEMS, LLC        | 88-0570945 | 0.06                                                   | 37191                                                                |
| 2a Name of Participating Employer     | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CANOPY LIVING (ELM STREET VENTURES)   | 47-4115424 | 0.01                                                   | 41420                                                                |
| 2a Name of Participating Employer     | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CAPRI HOSPITALITY                     | 47-1315609 | 0.18                                                   | 260084                                                               |
| 2a Name of Participating Employer     | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CARGO BROKERS INTERNATIONAL           | 57-0730168 | 0.26                                                   | 1428911                                                              |
| 2a Name of Participating Employer     | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CATALYST DEVELOPMENT PARTNERS II, LLC | 45-4685380 | 0.21                                                   | 2342311                                                              |
| 2a Name of Participating Employer     | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CBC OPERATIONS GROUP, LLC             | 84-4807998 | 0.02                                                   | 477923                                                               |
| 2a Name of Participating Employer     | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CENTER FOR ORGANIZATIONAL EXCELLENCE  | 52-1447013 | 0.13                                                   | 3630050                                                              |
| 2a Name of Participating Employer     | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CHAMPION PROMOTION                    | 62-0888797 | 0.02                                                   | 68984                                                                |
| 2a Name of Participating Employer     | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CHANGE IS COLLECTIVE                  | 82-3372081 | 0.16                                                   | 290637                                                               |

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|-----------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| CHATTAHOOCHEE COUNTRY CLUB, INC.        | 58-0675685 | 0.25                                                   | 1943534                                                              |
| CHECKERED FLAG CONCEPTS                 | 46-1102628 | 0.05                                                   | 1048097                                                              |
| CHI OMEGA                               | 31-0851686 | 0.63                                                   | 4079561                                                              |
| PEACHTREE SOFTWARE SOLUTIONS, LLC       | 92-1590597 | 0.20                                                   | 338911                                                               |
| PEDIATRIC BUSINESS SUPPORT NETWORK, LLC | 92-1546104 | 0.29                                                   | 2966070                                                              |
| PEDIATRUST, LLC                         | 46-2700100 | 0.11                                                   | 492648                                                               |
| PEEL THERAPEUTICS, INC.                 | 81-1890107 | 0.26                                                   | 880186                                                               |
| PERISSEIA PHYSICIANS, LLC               | 58-2379134 | 0.02                                                   | 57008                                                                |
| PETS WELLNESS ALLIANCE, LLC             | 84-2673546 | 0.02                                                   | 279443                                                               |

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**Part II Participating Employer Information (Continued).**

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| 2a Name of Participating Employer                        | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|----------------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| PIZZERIA UNO TOPCO, LLC                                  | 99-2106100 | 0.52                                                   | 21053992                                                             |
| PRETECKT, INC.                                           | 47-3890730 | 0.07                                                   | 0                                                                    |
| PRIORITY LIFE CARE EMPLOYEE, LLC/PLC<br>EMPLOYEE II, LLC | 46-2678286 | 3.62                                                   | 11119878                                                             |
| PRO HEALTH INVESTMENTS, LLC                              | 92-3032023 | 0.04                                                   | 62801                                                                |
| PROGRESSIVE TECHNOLOGIES, INC.                           | 62-1255401 | 1.68                                                   | 6298034                                                              |
| PROJECT RETURN, INC.                                     | 62-1058325 | 0.06                                                   | 27730                                                                |
| PWA OPERATIONS, LLC                                      | 84-3428543 | 0.12                                                   | 1203013                                                              |
| QUIRE, INC.                                              | 46-3352822 | 0.14                                                   | 1309231                                                              |
| RAISING A READER MA                                      | 80-0297898 | 0.13                                                   | 840598                                                               |

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|-----------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| RALEY AND BOWICK, LLP                   | 27-1638226 | 0.10                                                   | 1147848                                                              |
| RANE NETWORK, INC.                      | 46-3966549 | 0.67                                                   | 3765696                                                              |
| RAYPAUL COATING                         | 58-1976232 | 0.07                                                   | 154709                                                               |
| REDMED, LLC                             | 46-3878759 | 0.12                                                   | 0                                                                    |
| RENTERS WAREHOUSE                       | 46-2664737 | 0.01                                                   | 58576                                                                |
| RETRO HOSPITALITY, LLC                  | 46-4649348 | 0.06                                                   | 185028                                                               |
| SLINGSHOT MEMPHIS                       | 81-3772313 | 0.19                                                   | 510491                                                               |
| SMOOTHIE SAILING, LLC DBA SMOOTHIE KING | 20-1596887 | 0.01                                                   | 356069                                                               |
| SOF INTELLIGENCE SOLUTIONS              | 81-3688686 | 0.01                                                   | 32568                                                                |

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|------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| SOLINA US HOLDINGS, INC                  | 87-3090479 | 5.48                                                   | 16586417                                                             |
| SOLINITY PERSONNEL, LLC                  | 93-4812678 | 0.01                                                   | 15775                                                                |
| SOULSVILLE FOUNDATION, INC.              | 62-1719414 | 0.29                                                   | 1112875                                                              |
| SOUTHEAST CAPITAL COMPANIES              | 26-4335967 | 0.06                                                   | 328221                                                               |
| SOUTHERN FLUID SYSTEMS                   | 58-1107561 | 0.09                                                   | 683403                                                               |
| SPECIALTY ENGRAVING                      | 58-1048159 | 0.04                                                   | 319147                                                               |
| SPECTRUM, INC.                           | 62-1749069 | 0.13                                                   | 1044102                                                              |
| SPENCER HEATING & AIR CONDITIONING, INC. | 58-1622993 | 0.32                                                   | 5456288                                                              |
| SPRINGBROOK VILLAGE OF LA CRESCENT, LLC  | 81-1643360 | 0.08                                                   | 121569                                                               |

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|--------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| SSC CONSTRUCTION MANAGEMENT, LLC                 | 83-1155768 | 0.19                                                   | 208039                                                               |
| STAR LIGHT MANAGEMENT GROUP, LLC                 | 99-0421384 | 0.15                                                   | 101774                                                               |
| STREETS MINISTRIES, INC.                         | 62-1763815 | 0.03                                                   | 103855                                                               |
| SUGAR SERVICES, LLC; MACAROY CO; SWEETEX         | 20-2184191 | 0.16                                                   | 889206                                                               |
| SUN CITY HILTON HEAD COMMUNITY ASSOCIATION, INC. | 86-0774248 | 0.33                                                   | 1683910                                                              |
| TAILWINDS ED CONSULTING LLC                      | 45-3788098 | 0.01                                                   | 9504                                                                 |
| TCB TRUCK CENTER, LLC                            | 86-2295535 | 0.02                                                   | 38043                                                                |
| TEAMLOGIC IT OF DUNWOODY                         | 47-5561079 | 0.18                                                   | 578500                                                               |
| TECHNOLOGY HAPPENS                               | 46-0910792 | 0.19                                                   | 850940                                                               |

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| 2a Name of Participating Employer                                 | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-------------------------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| TRIDENT BUILDING SOLUTIONS, LLC DBA<br>TRIDENT CONSTRUCTION GROUP | 46-1875761 | 0.56                                                   | 1756236                                                              |
| 2a Name of Participating Employer                                 | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| UINTA MEDICAL, LLC                                                | 84-2696043 | 0.01                                                   | 1062793                                                              |
| 2a Name of Participating Employer                                 | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| ULTIMATE IMPRESSION                                               | 36-4719250 | 0.03                                                   | 566671                                                               |
| 2a Name of Participating Employer                                 | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| UMRF VENTURES, INC                                                | 36-4866648 | 0.14                                                   | 449614                                                               |
| 2a Name of Participating Employer                                 | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| UNIVERSITY YACHT CLUB                                             | 58-0686911 | 0.02                                                   | 69523                                                                |
| 2a Name of Participating Employer                                 | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| VALLEY FIVE, LLC DBA L&N DOCKS AND LIFTS                          | 88-3467125 | 0.05                                                   | 31821                                                                |
| 2a Name of Participating Employer                                 | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| VASTLAND REALTY GROUP LLC                                         | 62-1682398 | 0.11                                                   | 323165                                                               |
| 2a Name of Participating Employer                                 | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| VCSL ASSOCIATES, LLC                                              | 83-2534172 | 0.11                                                   | 343307                                                               |
| 2a Name of Participating Employer                                 | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| VERTIKAL6, INC,                                                   | 32-0000982 | 1.20                                                   | 7147489                                                              |

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|-------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| VIGILANT GEAR HOLDINGS, LLC         | 85-0897701 | 0.32                                                   | 2222365                                                              |
| WADE'S DAIRY, INC.                  | 06-0743642 | 0.30                                                   | 1612256                                                              |
| WAFU HOUSE, INC.                    | 20-0845890 | 0.01                                                   | 15524                                                                |
| WARMKRAFT, LLC                      | 93-2056586 | 0.29                                                   | 1624101                                                              |
| WEEPING WILLOW HOLDINGS, LLC        | 87-1203450 | 0.14                                                   | 866207                                                               |
| WEST CANCER FOUNDATION              | 84-4118484 | 0.12                                                   | 218657                                                               |
| WHD, LLC DBA HAMPTON INN WARROAD MN | 84-2763904 | 0.02                                                   | 118415                                                               |
| WHEEL WORKZ/XTREME WHEELZ           | 81-0951648 | 0.05                                                   | 324960                                                               |
| WON ASSOCIATES, LLC                 | 99-3462399 | 0.79                                                   | 796185                                                               |

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| WOODBINE SENIOR LIVING, LLC       | 27-3357544 | 0.16                                                   | 106037                                                               |
| ZION SOLUTIONS GROUP, LLC         | 88-0801464 | 0.79                                                   | 1354656                                                              |
| TENNESSEE BREW WORKS, LLC         | 80-0735498 | 0.04                                                   | 68113                                                                |
| TENNESSEE CARRIERS, INC.          | 62-1570431 | 0.40                                                   | 831955                                                               |
| TENNESSEE TAPROOM, LLC            | 46-1699522 | 0.02                                                   | 91159                                                                |
| TERACORE                          | 41-2050466 | 0.64                                                   | 6163456                                                              |
| TESLA LABORATORIES, INC.          | 39-1863636 | 0.97                                                   | 4553976                                                              |
| THE BOOT LLC                      | 99-2550760 | 0.09                                                   | 63571                                                                |
| THE CORONADO AT PELICAN BAY       | 65-0729864 | 0.07                                                   | 82941                                                                |

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|------------------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| THE ELAN GROUP, LLC                            | 46-5435180 | 0.30                                                   | 279133                                                               |
| THE JAMES GROUP                                | 55-0827787 | 0.27                                                   | 1393143                                                              |
| THE LEADERSHIP ACADEMY (NEW MEMPHIS INSTITUTE) | 58-1607228 | 0.28                                                   | 1510191                                                              |
| THE MEADOWS OF FALL RIVER, LLC                 | 27-0859162 | 0.04                                                   | 22231                                                                |
| THE MEMPHIS BRAND INITIATIVE                   | 37-1831645 | 0.07                                                   | 471775                                                               |
| THE MOST TOYS INC                              | 58-1998861 | 0.04                                                   | 516090                                                               |
| THE PAT SUMMITT FOUNDATION                     | 33-2018229 | 0.05                                                   | 63395                                                                |
| THE WORKS, INC.                                | 62-1751430 | 0.29                                                   | 1399039                                                              |
| TIER4 GROUP                                    | 27-1695417 | 0.39                                                   | 1708028                                                              |

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|--------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| TIVERTY                              | 26-0070606 | 0.49                                                   | 3537013                                                              |
| 2a Name of Participating Employer    | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| TRACE SERVICES, LLC                  | 88-3164178 | 0.30                                                   | 556596                                                               |
| 2a Name of Participating Employer    | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| TRAFFIC CONSULTANTS, INC.            | 62-1169988 | 0.15                                                   | 663265                                                               |
| 2a Name of Participating Employer    | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| TRANSPORTATION EMPLOYEE LEASING, LLC | 27-1534229 | 0.22                                                   | 490193                                                               |
| 2a Name of Participating Employer    | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| TRASON GLOBAL                        | 16-1559753 | 0.07                                                   | 232204                                                               |
| 2a Name of Participating Employer    | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
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|                 |                                         |
|-----------------|-----------------------------------------|
| <b>Part III</b> | <b>Pooled Employer Plan Information</b> |
|-----------------|-----------------------------------------|

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

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

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

**ADAMS KEEGAN RETIREMENT SAVINGS PLAN**

**FINANCIAL STATEMENTS**

December 31, 2025 and 2024



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## INDEPENDENT AUDITOR'S REPORT

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

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

We have performed audits of the financial statements of Adams Keegan Retirement Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

### Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

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

## **Basis for Opinion**

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

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

#### **Other Matter - Supplemental Schedules Required by ERISA**

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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



Memphis, Tennessee  
July 14, 2026

**ADAMS KEEGAN RETIREMENT SAVINGS PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
December 31, 2025 and 2024

|                                    | <u>Assets</u>         |                       |
|------------------------------------|-----------------------|-----------------------|
|                                    | <u>2025</u>           | <u>2024</u>           |
| Investments, at fair value         | \$ 543,466,611        | \$ 409,880,846        |
| Receivables                        |                       |                       |
| Participant contributions          | 468,302               | 349,395               |
| Employer contributions             | 203,687               | 158,019               |
| Notes receivable from participants | <u>6,915,271</u>      | <u>5,251,545</u>      |
| Total receivables                  | <u>7,587,260</u>      | <u>5,758,959</u>      |
| Cash                               | <u>65,071</u>         | <u>58,383</u>         |
| Total assets                       | 551,118,942           | 415,698,188           |
|                                    | <u>Liabilities</u>    |                       |
| Excess contributions payable       | <u>390,153</u>        | <u>524,408</u>        |
| Net assets available for benefits  | <u>\$ 550,728,789</u> | <u>\$ 415,173,780</u> |

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

**ADAMS KEEGAN RETIREMENT SAVINGS PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
For the Year Ended December 31, 2025

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Additions to Net Assets Attributed to:

|                                                       |                    |
|-------------------------------------------------------|--------------------|
| Investment Income                                     |                    |
| Net appreciation in fair value of investments         | \$ 70,347,087      |
| Interest income on notes receivable from participants | 513,560            |
| Contributions                                         |                    |
| Participants                                          | 42,706,024         |
| Employer                                              | 18,173,190         |
| Rollovers                                             | 11,509,137         |
| Total contributions                                   | <u>72,388,351</u>  |
| Other income                                          | 207,572            |
| Total additions                                       | <u>143,456,570</u> |

Deductions from Net Assets Attributed to:

|                               |                   |
|-------------------------------|-------------------|
| Benefits paid to participants | 52,641,104        |
| Administrative expenses       | 67,415            |
| Total deductions              | <u>52,708,519</u> |

|              |            |
|--------------|------------|
| Net increase | 90,748,051 |
|--------------|------------|

|                            |            |
|----------------------------|------------|
| Net transfer from the plan | 44,806,958 |
|----------------------------|------------|

Net Assets Available for Benefits

|                       |                              |
|-----------------------|------------------------------|
| Beginning of the year | <u>415,173,780</u>           |
| End of the year       | <u><u>\$ 550,728,789</u></u> |

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

**ADAMS KEEGAN RETIREMENT SAVINGS PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
December 31, 2025 and 2024

---

**NOTE 1 – DESCRIPTION OF PLAN**

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

General

The Plan is a multiple employer defined contribution 401(k) retirement plan sponsored by Adams Keegan, Inc. (“the Company”). All employees of the Company and employees of its adopting employers, except employees covered under a collective bargaining agreement with the employer, non-resident alien, or employees classified as independent contractors, are eligible to participate in the Plan upon completion of six months of service. Effective January 1, 2021, the Plan was amended to offer the option of no service requirement for eligibility for participating employers. Effective January 1, 2025, the Plan was amended to offer the option of a ninety-day service eligibility requirement for certain participating employers subject to the automatic enrollment provision of the SECURE 2.0 Act. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

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

Participant Accounts

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

Notes Receivable from Participants

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

Vesting

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

Payment of Benefits

On termination of service due to death, disability, or retirement, the participant may elect to receive one lump-sum payment equal to the vested interest in his or her account. Normal retirement age is 65. Withdrawals by a participant while employed are limited to those requested upon the attainment of age 59 ½ as defined by the plan document.

**ADAMS KEEGAN RETIREMENT SAVINGS PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**  
December 31, 2025 and 2024

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**NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)**

Forfeitures

When an outside qualified plan is transferred into the Plan, the forfeitures transferred are credited to an interest bearing cash account where they can be used to pay plan expenses. Forfeitures may first be used to pay administrative expenses of the Plan or to reduce future employer contributions. As of December 31, 2025 and 2024, forfeited non-vested accounts totaled \$30,569 and \$58,383, respectively. Forfeitures used to pay administrative expenses totaled \$44,502 for the year ended December 31, 2025.

Administrative Expenses

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

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

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

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

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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

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

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the period. Actual results could differ from those estimates.

Contributions receivable is recorded at the estimated net realizable value. An allowance for credit losses is recorded based upon management's estimate of expected credit losses, determined by using subsequent collections. Management has determined that an allowance for credit losses is not considered necessary as of December 31, 2025 and 2024.

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2025 excess contributions to the applicable participants prior to March 15, 2026.

Benefits are recorded when paid.

**ADAMS KEEGAN RETIREMENT SAVINGS PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**  
December 31, 2025 and 2024

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**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

Date of Management's Review

The plan sponsor evaluated the Plan's December 31, 2025 financial statements for subsequent events through July 14, 2026, the date the financial statements were available to be issued. The plan sponsor is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

**NOTE 3 – FAIR VALUE MEASUREMENTS**

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

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

*Stable value funds:* Valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

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

**ADAMS KEEGAN RETIREMENT SAVINGS PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**  
December 31, 2025 and 2024

**NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)**

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024, respectively.

| Assets at Fair Value as of December 31, 2025 |                       |             |             |                       |
|----------------------------------------------|-----------------------|-------------|-------------|-----------------------|
|                                              | Level 1               | Level 2     | Level 3     | Total                 |
| Pooled separate accounts                     | \$ 543,024,373        | \$ -        | \$ -        | \$ 543,024,373        |
| Investments measured at NAV*                 | -                     | -           | -           | 442,238               |
| Total                                        | <u>\$ 543,024,373</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 543,466,611</u> |

  

| Assets at Fair Value as of December 31, 2024 |                |         |         |                |
|----------------------------------------------|----------------|---------|---------|----------------|
|                                              | Level 1        | Level 2 | Level 3 | Total          |
| Pooled separate accounts                     | \$ 409,880,846 | \$ -    | \$ -    | \$ 409,880,846 |

\*In accordance with Subtopic 820-10, certain investments that were measured at their net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2025.

| December 31, 2025              | Fair Value | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|--------------------------------|------------|----------------------|----------------------|--------------------------|
| Fidelity                       |            |                      |                      |                          |
| Advisor Stable Value Portfolio | \$ 442,238 | N/A                  | Daily                | None                     |

There are no redemption restrictions on the Plan's assets held in the Fidelity Advisor Stable Value Fund ("the Fund"). The Fund seeks to preserve the principal investment while earning a level of interest income that is consistent with principal preservation. The Fund seeks to maintain a stable net asset value (NAV) of \$1.00 per share. The Fund invests in benefit-responsive investment contract issued by insurance companies and other financial institutions, fixed income securities, and money market funds. Fixed income securities may include, but are not limited to, U.S. Treasury and agency bonds, corporate bonds, mortgage-backed securities, commercial mortgage-backed securities, asset-backed securities, and collective investment vehicles and shares of investment companies that invest primarily in fixed income securities. The Fund may also invest in futures contracts, option contracts, and swap agreements. The contracts and securities purchased for the fund are backed solely by the financial resources of the issuers of such contracts and securities.

**NOTE 4 – PLAN TERMINATION**

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

**ADAMS KEEGAN RETIREMENT SAVINGS PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**  
December 31, 2025 and 2024

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**NOTE 5 – RISKS AND UNCERTANTIES**

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

**NOTE 6 – TAX STATUS**

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

**NOTE 7 – RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS**

Certain Plan investments are managed by John Hancock Life Insurance Company, the asset custodian as defined by the Plan. Therefore, these transactions qualify as party-in-interest transactions. Plan expenses that are paid directly by the plan sponsor also qualify as party-in-interest transactions. Fees incurred by the Plan for administrative services are included in net appreciation (depreciation) in fair value of investments, as they are paid through revenue sharing rather than a direct payment. These transactions are exempt from the prohibited transaction provision of ERISA and the Internal Revenue Code.

**NOTE 8 – SEPARATED PARTICIPANTS AND EMPLOYERS**

At December 31, 2025, the Plan's assets included \$144,537 of benefits allocated to withdrawing participants for benefit claims that have been processed and approved for payment prior to year-end, but not yet paid as of that date. The Plan's assets also included \$44,982,623 of benefits to participants of employers who have elected to terminate participation in the Plan as of December 31, 2025.

**NOTE 9 – SUMMARY OF INFORMATION CERTIFIED BY ASSET CUSTODIANS**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the asset custodians, John Hancock Life Insurance Company, (U.S.A) and Fidelity Investments Institutional Operation Company LLC, have certified that the following data included in the accompanying financial statements and supplemental information is complete and accurate:

- Investments at fair value as shown in the statements of net assets available for benefits as of December 31, 2025 and 2024
- Investment activity, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2025
- The schedule of assets (held at end of year) as of December 31, 2025

**ADAMS KEEGAN RETIREMENT SAVINGS PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**  
December 31, 2025 and 2024

**NOTE 9 – SUMMARY OF INFORMATION CERTIFIED BY ASSET CUSTODIANS (CONTINUED)**

- Notes receivable from participants as of December 31, 2025 and 2024

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

**NOTE 10 – RECONCILIATION OF FEDERAL FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2025 and 2024 to the Form 5500:

|                                                                | 2024                  | 2023                  |
|----------------------------------------------------------------|-----------------------|-----------------------|
| Net assets available for benefits per the financial statements | \$ 550,728,789        | \$ 415,173,780        |
| Add: Excess contributions payable                              | 390,153               | 524,408               |
| Rounding                                                       | -                     | 1                     |
| Less: Employer contributions receivable                        | (203,687)             | (158,019)             |
| Participants contributions receivable                          | (468,302)             | (349,395)             |
| Net assets available for benefits per the Form 5500            | <u>\$ 550,446,953</u> | <u>\$ 415,190,775</u> |

The following is a reconciliation of the net change in net assets available for benefits per the financial statements for the year ended December 31, 2025 to the Form 5500:

|                                                                              |                      |
|------------------------------------------------------------------------------|----------------------|
| Net change in net assets available for benefits per the financial statements | \$ 90,748,051        |
| Add: Prior year employer and participants contributions receivable           | 507,414              |
| Current year excess contributions payable                                    | 390,153              |
| Less: Current year employer and participants contributions receivable        | (671,989)            |
| Prior year excess contributions payable                                      | (524,408)            |
| Corrective distributions included in transfers                               | (48,264)             |
| Rounding                                                                     | (1)                  |
| Net change in net assets available for benefits per the Form 5500            | <u>\$ 90,400,956</u> |

The above differences arise from the financial statements being prepared on an accrual basis and the Form 5500 on a cash basis.

**ADAMS KEEGAN RETIREMENT SAVINGS PLAN**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
December 31, 2025

Form 5500 - Schedule H, Part IV Line 4i

*Employer: Adams Keegan, Inc.*

*Plan #: 333*

*EIN: 62-1311326*

| (a) | (b)                                                        | (c)                              | (d)  | (e)              |
|-----|------------------------------------------------------------|----------------------------------|------|------------------|
|     | Identity of Issue<br>Borrower, Lessor, or<br>Similar Party | Description                      | Cost | Current<br>Value |
| *   | John Hancock                                               | Multi-Index LS Conserv           | **   | \$ 4,053,066     |
| *   | John Hancock                                               | Multi-Index LS Moderate          | **   | 4,595,252        |
| *   | John Hancock                                               | Multi-Index LS Balanced          | **   | 33,156,647       |
| *   | John Hancock                                               | Multi-Index LS Growth            | **   | 33,833,804       |
| *   | John Hancock                                               | Multi-Index LS Aggressive        | **   | 18,673,477       |
| *   | John Hancock                                               | 500 Index Fund                   | **   | 34,893,520       |
| *   | John Hancock                                               | Mid Cap Index Fund               | **   | 5,112,997        |
| *   | John Hancock                                               | Income Fund                      | **   | 1,660,951        |
| *   | John Hancock                                               | Mid Value Fund                   | **   | 2,060,689        |
| *   | John Hancock                                               | High Yield Fund                  | **   | 2,277,193        |
| *   | John Hancock                                               | Mid Cap Growth                   | **   | 3,815,196        |
| *   | John Hancock                                               | Stable Value Fund                | **   | 10,035,893       |
| *   | John Hancock                                               | Blue Chip Growth Fund            | **   | 14,754,276       |
| *   | John Hancock                                               | Small Cap Index Fund             | **   | 1,879,352        |
| *   | John Hancock                                               | Lifetime Blend 2010 CIT          | **   | 462,591          |
| *   | John Hancock                                               | Lifetime Blend 2015 CIT          | **   | 1,736,287        |
| *   | John Hancock                                               | Lifetime Blend 2020 CIT          | **   | 4,961,804        |
| *   | John Hancock                                               | Lifetime Blend 2025 CIT          | **   | 22,901,836       |
| *   | John Hancock                                               | Lifetime Blend 2030 CIT          | **   | 34,311,358       |
| *   | John Hancock                                               | Lifetime Blend 2035 CIT          | **   | 51,516,144       |
| *   | John Hancock                                               | Lifetime Blend 2040 CIT          | **   | 48,657,008       |
| *   | John Hancock                                               | Lifetime Blend 2045 CIT          | **   | 40,432,409       |
| *   | John Hancock                                               | Lifetime Blend 2050 CIT          | **   | 37,885,652       |
| *   | John Hancock                                               | Lifetime Blend 2055 CIT          | **   | 28,358,649       |
| *   | John Hancock                                               | Lifetime Blend 2060 CIT          | **   | 19,023,327       |
| *   | John Hancock                                               | Lifetime Blend 2065 CIT          | **   | 12,408,819       |
| *   | John Hancock                                               | Lifetime Blend 2070 CIT          | **   | 904,019          |
|     | AB                                                         | Small Cap Growth Fund            | **   | 1,408,241        |
|     | Vanguard                                                   | Value Index Fund                 | **   | 3,674,283        |
|     | Janus Henderson                                            | Gbl Eq Income                    | **   | 2,891,919        |
|     | American Century                                           | Small Cap Value                  | **   | 2,849,834        |
|     | American Funds                                             | American Balanced Fund           | **   | 6,160,654        |
|     | American Funds                                             | Washington Mutual Investors Fund | **   | 5,847,929        |
|     | American Funds                                             | Growth Fund of America           | **   | 10,662,920       |
|     | American Funds                                             | EuroPacific Growth Fund          | **   | 3,325,712        |
|     | American Funds                                             | U.S. Government Securities       | **   | 1,791,660        |
|     | DFA                                                        | U.S. Targeted Value Fund         | **   | 2,332,945        |
|     | Fidelity                                                   | Fidelity Advisor Total Bond      | **   | 4,098,945        |

See independent auditor's report.

**ADAMS KEEGAN RETIREMENT SAVINGS PLAN**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)**  
December 31, 2025

| (a)                 | (b)                                                        | (c)                             | (d)         | (e)                   |
|---------------------|------------------------------------------------------------|---------------------------------|-------------|-----------------------|
|                     | Identity of Issue<br>Borrower, Lessor, or<br>Similar Party | Description                     | Cost        | Current<br>Value      |
|                     | JPMorgan                                                   | JPMorgan US Equity Fund         | **          | 9,050,962             |
|                     | Invesco                                                    | Oppenheimer Global Fund         | **          | 4,267,921             |
|                     | Invesco                                                    | Oppenheimer Developing Market   | **          | 1,715,658             |
|                     | Pimco                                                      | Pimco Real Return Fund          | **          | 1,123,857             |
|                     | Vanguard                                                   | Explorer Fund                   | **          | 3,512,905             |
|                     | Vanguard                                                   | Total World Stock Index ETF     | **          | 3,945,812             |
|                     | Fidelity                                                   | Advisor Stable Value Portfolio  | **          | 442,238               |
|                     |                                                            |                                 |             | <u>\$ 543,466,611</u> |
| * Participant loans |                                                            | Interest rates at 3.25% - 10.5% | <u>\$ -</u> | <u>\$ 6,915,271</u>   |

\* Indicates a party-in-interest

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

See independent auditor's report.

[illegible]