

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan GIOA BENEFIT TRUST FUND
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 01/01/2021
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GUARDIAN INDEPENDENT OPERATOR ASSOCIATION, INC. 1635 OLD HWY 41 SUITE 112-351 KENNESAW, GA 30152
2b	Employer Identification Number (EIN) 85-1854365
2c	Plan Sponsor's telephone number 404-423-1140
2d	Business code (see instructions) 525100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/24/2026	GLYNNIS WATERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 155168
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 155168 6a(2) 166738 6b 0 6c 0 6d 166738 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

4A 4B 4D 4E 4F 4L 4Q

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☒ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☒ General assets of the sponsor
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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 8
- (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 11839568

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan GIOA BENEFIT TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 GUARDIAN INDEPENDENT OPERATOR ASSOCIATION, INC.	D Employer Identification Number (EIN) 85-1854365	

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

(a) Name of insurance carrier
BLUE CROSS BLUE SHIELD HEALTHCARE PLAN OF GEORGIA, INC.

(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
58-1638390	96962	174611	19955	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 824929	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
824929			3

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	0
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)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	153581442
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A Name of plan GIOA BENEFIT TRUST FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 GUARDIAN INDEPENDENT OPERATOR ASSOCIATION, INC.	D Employer Identification Number (EIN) 85-1854365

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

(a) Name of insurance carrier
SECURIAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-1412669	93742	76062 ET ALL	15270	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 132659	(b) Total amount of fees paid 56977
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
201762			3

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

MERCER HEALTH & BENEFITS ADMIN PO BOX 850502
MINNEAPOLIS, MN 55485-0502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
-69103	56977	ENHANCED COMMISSION COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	0
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)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	2550920
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	500000

IMPLEMENTATION EXPENSE/REIMBURSEMENT

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A Name of plan GIOA BENEFIT TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 GUARDIAN INDEPENDENT OPERATOR ASSOCIATION, INC.	D Employer Identification Number (EIN) 85-1854365

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

(a) Name of insurance carrier HARTFORD LIFE AND ACCIDENT					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	681857G	150026	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 219945	(b) Total amount of fees paid 42690
--	--

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
219945			3

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	42690	ENHANCED COMMISSION COMPENSATION	3

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	0
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)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	3021595
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan GIOA BENEFIT TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 GUARDIAN INDEPENDENT OPERATOR ASSOCIATION, INC.	D Employer Identification Number (EIN) 85-1854365	

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

(a) Name of insurance carrier HARTFORD LIFE AND ACCIDENT					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	ADDS09157	3801	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 5681	(b) Total amount of fees paid 1155
--	---------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
MERCER HEALTH & BENEFITS LLC	1166 AVENUE OF THE AMERICAS 34TH FLOOR NEW YORK, NY 10036

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5681	1155	ENHANCED COMMISSION COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	0
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)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	75748
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A Name of plan GIOA BENEFIT TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 GUARDIAN INDEPENDENT OPERATOR ASSOCIATION, INC.	D Employer Identification Number (EIN) 85-1854365

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1503749	65498	OK971012	1006	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 23373	(b) Total amount of fees paid 2808
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
23373	2808	ENHANCED COMMISSION COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	0
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)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	340120
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A Name of plan GIOA BENEFIT TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 GUARDIAN INDEPENDENT OPERATOR ASSOCIATION, INC.	D Employer Identification Number (EIN) 85-1854365

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1503749	65498	FLX969578	1006	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 255715	(b) Total amount of fees paid 30561
--	--

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
255715	30561	BONUS	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	0
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)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	3726427
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A Name of plan GIOA BENEFIT TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 GUARDIAN INDEPENDENT OPERATOR ASSOCIATION, INC.	D Employer Identification Number (EIN) 85-1854365

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

(a) Name of insurance carrier
THE STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	759028	932	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 207429	(b) Total amount of fees paid 0
--	------------------------------------

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
207429			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	0
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)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	2431438	
(2) Increase (decrease) in amount due but unpaid	9a(2)	-155349	
(3) Increase (decrease) in unearned premium reserve	9a(3)	0	
(4) Earned ((1) + (2) - (3))	9a(4)	2276089	
b Benefit charges (1) Claims paid	9b(1)	263472	
(2) Increase (decrease) in claim reserves	9b(2)	-123921	
(3) Incurred claims (add (1) and (2))	9b(3)	139551	
(4) Claims charged	9b(4)	139551	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)	207429	
(B) Administrative service or other fees	9c(1)(B)	0	
(C) Other specific acquisition costs	9c(1)(C)	0	
(D) Other expenses	9c(1)(D)	249013	
(E) Taxes	9c(1)(E)	47249	
(F) Charges for risks or other contingencies	9c(1)(F)	251995	
(G) Other retention charges	9c(1)(G)	1370867	
(H) Total retention	9c(1)(H)	2126553	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)	0	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	0	
(2) Claim reserves	9d(2)	1877094	
(3) Other reserves	9d(3)	0	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	0	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	0
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan GIOA BENEFIT TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 GUARDIAN INDEPENDENT OPERATOR ASSOCIATION, INC.	D Employer Identification Number (EIN) 85-1854365	

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1503749	65498	FLM0969578	1006	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	34454
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

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. ▶

2025 Multiple Employer Plan Participating Employer Information
Guardian Independent Operator Association, Inc. 85-1854365 Plan 501

Company Name	EIN
ALTER HOSPITALITY LLC	39-3977199
CHAPEL FAMILY RESTAURANTS LLC	39-4374064
EG HOLDINGS, INC	39-3425171
HALAC AND COMPANY, LLC	39-3313640
M1 HOSPITALITY, LLC	39-4226487
RAINIER PEAK HOSPITALITY LLC	39-3276665
SIX EIGHT LLC	39-2554741
WESTON & COMPANY ORLANDO LLC	39-2784134
BLAKE HOSPITALITY, LLC	39-2516272
DEVELOPED IN DIXON, LLC	39-2606129
Fivetwo LLC	39-3231861
FRANCK HOSPITALITY, LLC	33-4800163
Frontier Faith, LLC	33-4369126
Impact240, LLC	39-2806346
Iron Hospitality LLC	33-5050375
KIRKLAND VENTURES, LLC	30-1453001
NUMBERS 624 INC.	39-3405039
PETERS SPROUTS LLC	39-2889095
PHILOTIMO HOSPITALITY, INC.	33-3356883
TAYLOR'S RESTAURANT GROUP, LLC	39-2676293
The Pendell Restaurant Group, LLC	39-3464090
TRAY OF BROWNIES, LLC	99-1821988
Which Came First LLC	33-4126297
MOA HOSPITALITY, INC.	87-2957576
3FOURTEEN HOSPITALITY, LLC	39-2591935
4C GROUP, LLC	39-2753941
CSR VENTURES LLC	39-2499373
JLF Frameworks, Inc.	33-4592394
MAPTEAH GANNAH ENTERPRISES, LLC	39-2586329
NEFENTERPRISES LLC	39-2583544
PATRIOT AND PURPOSE LLC	39-2971836
R&M HOSPITALITY, LLC	33-4660889
RISING TIDES ENTERPRISES, INC.	39-2975252
SECOND MILE SERVICE LLC	33-4608055
SJ CULINARY, LLC	39-2625568
STACKING STONES, LLC	39-2767999
Table Twenty26, LLC	39-2493893
TOWPATH HOSPITALITY LLC	33-3695921
Ark 5 LLC	33-2028441
HENLEY MGC SERVICES, INC.	86-2220697
Keith Wayne Shelton	20-3064084
THRIVE U HOSPITALITY LLC	39-2266163
AMEM ENTERPRISE, LLC	33-4857100

DOUBLE TEAMED HOSPITALITY LLC	33-3039611
FORD HOSPITALITY, LLC	33-4287898
Make It Great Restaurants, LLC	33-4777363
STREDE HOSPITALITY LLC	33-4777671
THE ABBOTT 6, LLC	33-4528836
TSH Foods LLC	33-3325468
LIV HOSPITALITY LLC	33-2778141
SUMMERLY HOSPITALITY, LLC	33-2436113
CGCL HOSPITALIDAD, LLC	33-2930358
UNCOMPROMISED EXCELLENCE LLC	33-2692717
Austin Hospitality Group, LLC	33-3356834
DEVINE HOSPITALITY GROUP LLC	33-2675612
HARRINGTON HOSPITALITY GROUP, INC.	33-3481497
HODGES VENTURES LLC	33-3516579
JENSEN VENTURES, LLC	33-3582768
Kudrna Development, LLC	33-3645338
LONE PEAK ENTERPRISES LLC	61-2219371
MAK Hospitality, LLC	33-3575084
SpurlockBayouGardens Franchise Holdings, Inc.	99-3593295
TOWEL AND BASIN, LLC	33-3085221
YHWH 3:5-6, LLC	81-4105791
AMO HOSPITALITY GROUP LLC	33-1551405
BUILD HOSPITALITY, LLC	33-2452409
DOWNTOWN BROOKLYN HOSPITALITY, INC.	33-3325589
KCMS Hospitality LLC	33-2268412
KEY LEGACY ENTERPRISES, LLC	88-3022261
LEX ENTERPRISES LLC	33-2318956
NJM Hospitality, LLC	83-3823856
PARALLEL RESTAURANT GROUP LLC	92-3272644
Pioneers of Progress LLC	33-2294906
THRIVE PARTNERS LLC	86-3122300
BEACON ROCK HOSPITALITY, LLC	33-1784667
LOS CIEN, LLC	33-2159988
Onechickenreb, LLC	33-2383732
SORBER MANAGEMENT GROUP LLC	33-2310444
Spread Joy LLC	33-1672963
CAFFEINATED DRAGON LLC	99-4977656
G.R.A.C.E. RESTAURANT SERVICES, LLC	33-1949681
GILLILAND FAMILY RESTAURANTS, LLC	33-1552937
HEART OF JACKIE MAE LLC	33-2092683
JOYFUL HOSPITALITY, LLC	33-1599443
MSB HOSPITALITY GROUP, INC.	33-1671606
On the Moove, LLC	33-1861210
PARK HOSPITALITY, INC.	99-4507240

4C HOSPITALITY, LLC	99-5014971
Adcock Hospitality Group, LLC	33-1861957
ERM HOSPITALITY, INC.	99-4982809
HOOSIER SHORES HOSPITALITY, LLC	99-4878076
JTRM RESTAURANT GROUP LLC	99-3681811
CIRRUS HOSPITALITY GROUP, LLC	88-1717217
LHH, LLC	81-3865553
Pio, Pio Inc.	47-1940103
ARS Hospitality, LLC	99-4420652
C&A Flanders Holdings, LLC	99-3490545
C&D HOSPITALITY GROUP, LLC	33-1394633
Hope & Care Hospitality, Inc.	83-3798132
Impact 516 LLC	99-5038822
JAKKEB6 LLC	84-4231955
JETKER RESTAURANTS, LLC	85-2894282
John Cleveland Moore	27-1058664
Kersh's Quiver, Inc.	47-4875536
LEIRF3, Inc.	81-2876473
Loulew, LLC	99-4693619
M633 HOSPITALITY LLC	33-1603368
Made in Medina LLC	82-3412914
MLF HOSPITALITY, LLC	84-2019631
MRZ Enterprises, LLC	47-1953494
Nashville DFL GP	86-2116339
P&S Provisions, LLC	81-2968962
PRIDE AND POISE HOSPITALITY LLC	99-4741956
RELENTLESS PURSUIT INC.	81-3589524
RYMECK ENTERPRISES, INC.	99-4319901
SEEM Restaurant Corporation	47-1750353
SEITZ ENTERPRISES LLC	99-4365833
Sunset Hospitality LLC	99-3707186
UPLIFT F&B GROUP LLC	87-3750786
Vessel Hospitality, LLC	99-5104208
Nottely Shores LLC	47-1886376
627 Enterprises LLC	47-4228476
128 HOSPITALITY LLC	99-4988961
A GOOD NAME GROUP, LLC	99-3469632
AT HOME HOSPITALITY LLC	99-5081213
CLS RESTAURANTS, LLC	99-4961113
CRIMSON SOUND LLC	99-4941143
DREAM MOR, LLC	99-4974845
FLOURISH RESTAURANT GROUP, L.L.C.	99-3413147
GREEN VALLEY HOSPITALITY LLC	99-2675861
HEARTLAND HOSPITALITY, INC.	30-1424893

K&C HOSPITALITY, LLC	99-3988795
KAVAJACK, Inc.	82-2502894
Marquez Hospitality Group, LLC	99-2939299
RA Hospitality, LLC	99-4761228
Sconza Hospitality, LLC	99-4961160
SSS HOSPITALITY, INC.	99-4974112
THE RUSSELL LEGACY, LLC	99-3856573
XTRA-ORDINARY IMPACT LLC	47-4918391
Ballantine LLC	82-2634985
CMD Eternal Legacy LLC	99-3881875
DETAIL FOCUSED LLC	99-4074883
Farr Up North LLC	99-2360640
FOR GREATER THINGS LLC	99-1425401
KC & MASON HOSPITALITY, INC.	99-1386530
LEGACY OF CARE, LLC	99-2070414
M25 HOSPITALITY, LLC	99-3068633
MG LEGACY, LLC	99-3643461
NATTER HOSPITALITY, LLC	99-3556791
PERK Hospitality, LLC	99-3468892
SALT + LIGHT VENTURES LLC	99-3708366
TALBITZER FAMILY TABLE, LLC	99-2665324
THE JLET GROUP LLC	99-4142824
WAALA, INC.	99-2369800
1 HOPE Hospitality, LLC	99-2498766
BEST CHICKEN, LLC	99-2363764
CAMPOS COOPERATIVE, LLC	99-3506676
DKWACHTER24 RESTAURANTS, LLC	99-2951540
DRIVEN HOSPITALITY, INC.	93-2024828
GREAT TASTING FOODS LLC	99-2950783
Larios Hospitality, LLC	99-4249065
Lighthouse 5810 LLC	99-4053098
MKMO, Inc.	99-4260995
Monarch Restorative, LLC	87-4005933
PACIFIC POINT VENTURES LLC	99-2966652
PT RYAN ENTERPRISES, LLC	99-2815254
TEN EIGHT HOSPITALITY LLC	99-2964546
Rocky Mountain High Enterprise	47-2117512
Unlock & Ignite LLC	47-1759995
BAS Endeavors, Inc.	99-2692049
BKS Restaurants, LLC	99-2952264
Cornerstone 4 Impact, LLC	99-3573358
DCK HOSPITALITY LLC	99-0791560
The Windisch Group, LLC	99-2413261
Thatcher Family Ventures, LLC	99-2341259
A GOOD WORD, LLC	99-2879073

L638 RESTAURANT GROUP, LLC	99-2339415
JUSTIN WARREN BURKHEAD	83-1666061
Studisphere Hospitality, Inc.	99-2550475
DDSL Inc	47-2004033
BWISE LLC	99-1790512
COMMITTED WORKS, LLC	99-0810611
HawesCo, LLC	99-1275776
JL HEWITT ENTERPRISES, LLC	93-4891518
LEGACY312, LLC	99-1770465
ODUNSI RESTAURANT SERVICES, LLC	99-1517330
OKIE TRADITIONS, LLC	93-4068077
SERVE FIRST ENTERPRISE LLC	99-1555822
GENO Enterprises LLC	47-2507824
KILEVAVO, INC.	88-2859107
EAP HOSPITALITY GROUP 33, INC.	93-2891970
BST & Associates, LLC	93-4551315
XL-ING HOSPITALITY, LLC	99-0405342
SCARMAD, LLC	93-3977869
AIM 413, INC.	88-3108707
Clint Edward Myers	93-4722239
DEUS AMORE, INC.	93-2423661
Grey Duck Hospitality, Inc.	85-1238480
JLW HOSPITALITY LLC	93-4936488
Wood Family Hospitality, LLC	99-0524610
BR Enterprise LLC	92-1917146
Five Fourteen Hospitality Group, LLC	81-4214617
GUEST FIRST SERVICES, INC.	93-2662370
J Cubed, LLC	83-2384444
KN RESTAURANTS LLC	93-3365359
Cultivex LLC	99-4228627
Castner Restaurant Group Inc.	93-4027526
DBS RESTAURANT HOLDINGS, LLC	93-3237051
EDIGER ENTERPRISES LLC	92-3905593
Funky Chicken LLC	47-1958739
JSCP Company, LLC	85-1491570
MAYES HOSPITALITY, LLC	93-4268289
T.L.C. MANAGEMENT GROUP, LLC	93-1973994
The Stone Family, LLC	81-2921314
DRAGON77 ENTERPRISE, LLC	88-1119995
TWG Hospitality LLC	93-3257861
AA PROFESSIONAL FOOD SERVICES LLC	93-1394522
Country Roads Dining, LLC	47-4051138
David Paul Blevins	48-1270999
DOWNEY HOSPITALITY CO LLC	92-0793361
DTB VENTURES, LLC	93-3330034

EDGR Hospitality LLC	93-3259568
FOR THE ONE, LLC	93-3436880
GOLD HOSPITALITY LLC	93-3364719
Hall Hospitality, LLC	93-3354416
Kit Management, LLC	93-2106445
Legacy Restaurant Enterprise, LLC	93-4176447
Magnolia Resources, LLC	93-3336525
1213 HOSPITALITY LLC	84-2111609
5Loaves 2Chickens LLC	93-2541320
ACES TEACH 3 LLC	93-1934771
BIESCHKE INC	92-3876505
Carl Randall Atkins Jr	63-1200834
CHICKEN FOR MASS, LLC	92-4013008
CKZ Enterprises LLC	93-2000737
Covenant21, LLC	87-2381303
DIGGES RACEWAY RESTAURANT LLC	93-3241909
GATES Hospitality LLC	93-3190404
Gooch Hospitality Group, Inc.	82-2027495
GRIFFIN LEGACY & CO. INC.	93-1777496
Hunker Down Hospitality, LLC	47-4903092
JOURNEY FORWARD TOGETHER LLC	93-2233237
MNA Hospitality Group, LLC	93-1545571
NATHAN SMITH INC.	93-2782627
Northwestern Hospitality Association, LLC	93-2705691
SHANE FAMILY FOODS, LLC	92-3891884
Steven Todd Hunley	62-1821551
Team S&L, LLC	92-3122150
WINNING HARTS, LLC	93-3013509
Legacy 413 Enterprises, LLC	99-4268254
GIVE MOO LOVE, INC.	93-4940115
BCP Hospitality, LLC	82-1890120
MG PARTNERS INC.	88-0894519
NMW Arete Performance, LLC	92-1623359
2MS HOSPITALITY, LLC	93-2737102
Blue Ridge Leadership Academy LLC	93-1954977
BTP Hospitality, LLC	82-2668979
C&K HOSPITALITY, LLC	93-2883418
ESPIN ENTERPRISES LLC	92-3988603
GAM 323 SERVANTS, LLC	93-1619368
Hebrews 12:1 LLC	92-3921524
ICor1031, LLC	47-1882537
JOURNEY FOODS CORPORATION (FL)	92-0572673
JSP Hospitality, LLC	93-3248224
Purpose HHH Legacy, LLC	93-2922377
RJH Hospitality Group, LLC	93-1890657

SIDRA ENTERPRISE, INC.	92-2969211
T Jordan Enterprises Inc	93-2814285
LKHLegacy, LLC	99-1489741
DANIEL 434 LLC	93-3320718
STRICKLAND HOSPITALITY LLC	92-3794814
DB23 Restaurants, Inc.	92-3434412
Gratitude Matters, Inc.	92-2555901
KINDNESS SHEPHERDS, LLC	92-2543601
Legacy Leadership LLC	92-3919728
NORTHDALÉ, LLC	92-3014690
Peak Vista Hospitality, LLC	93-1361321
Pulley Holdings, Inc.	93-1426821
RHODES TO SUCCESS, LLC	92-3940319
SRL HOSPITALITY LLC	92-3936329
INSPIRE ENTERPRISE, LLC	92-2128510
KAKitchen, LLC	93-1346914
SECOND CHANCE HOSPITALITY, LLC	92-3737594
JWGALATI RESTAURANTS LLC	92-1917348
BRICK BY BRICK HOSPITALITY, LLC	88-2453129
Doodle Bug Enterprises, LLC	92-0709268
GN HOSPITALITY, LLC	86-1347666
RED THREAD CONNECTION LLC	92-2111420
Tamasitis Hospitality Group LLC	92-2995844
ANPRESTaurantGROUP, LLC	88-3330196
3TWELVE FRANCHISE HOLDINGS, INC.	88-4402669
BHE Hospitality, LLC	92-1361141
Forging Legacies, Inc.	92-1417892
JCL Hospitality, LLC	88-4397627
LWV Hospitality, LLC	92-1652513
MT Athana Daniel 924 LLC	92-1324610
Not Your Average Joe LLC	92-1381873
TGH FRANCHISE LLC	92-1399577
TTF Hospitality LLC	92-1368215
CHG HOSPITALITY, INC.	93-2866133
The Kalos Group LLC	88-3226674
DEVINE HOSPITALITY LLC	92-1400871
HOLLYWOOD SERVES, INC.	92-0241616
Kangaroo DC LLC	92-0701465
PETERSEN INNOVATION LLC	92-1283737
ISHMAL HOLDINGS LLC	33-2657122
KAHUA PALIMA, LLC	87-4456300
177 State Restaurant LLC	81-2945423
Brenda Kelly Stryjewski	58-1813354
Burkhead Hospitality, LLC	82-1948178

CHRISTIAN MCGRORY CORPORATION	47-1936231
EXCEEDING EXCELLENCE LLC	84-1913553
G&K Hospitality, Inc.	83-2990859
GIADOM LLC	88-1881422
JML RESTAURANTS, LLC	88-2816988
Lewis Foods, LLC	87-4605396
Lifesong Influences LLC	47-4465553
MJK HOSPITALITY, LLC	92-0941111
OBER EATS LLC	87-3492049
RIPPLE RESTAURANT AND CREW, LLC	92-0576755
ROLLER VENTURES, LLC	83-3498488
SDFilby LLC	47-1965284
Sean D. McClure, LLC.	47-1855351
The Grace Coop Inc.	47-4934241
U.Sajid, Inc.	82-2465189
Velarde Ventures, LLC	81-3153964
Weeks Restaurant Group, LLC	85-2725136
VALLEY LEADERSHIP SOLUTIONS LLC	92-3338643
CASTELLANO INDUSTRIES, LLC	88-4151270
CBL HOLDINGS, LLC	88-3445421
Chicken Fried Life, Inc	92-0676261
DEPTFORD HOMESTEAD LLC	88-4211475
JRF HOSPITALITY, INC.	92-0448472
LOVEWELLLIVEWELL633, INC.	88-3777924
P23 Services LLC	88-3497794
SWH HOSPITALITY, INC.	88-3790754
SWTEAMWORKS 1614, LLC	88-1600678
3 Feet Away, Inc.	88-3438940
Chalmers Group, Inc.	83-3159098
KME Restaurant Group LLC	81-4189486
LAGILLEY LLC	88-2431166
PHILIPPIANS 1:20 LLC	88-2376260
AJMJ Enterprises, LLC	87-4568153
Brantley Restaurant Group, LLC	88-3045970
CGE HOSPITALITY LLC	88-3355045
DIAMOND VAIL HOSPITALITY GROUP, INC.	88-1643726
DUKE HOSPITALITY, INC.	86-3394714
Four Great Choices, LLC	88-3495551
Loaves & Fish Hospitality, LLC	88-1057529
MacDonald Hospitality Group, LLC	88-3577695
Nadezhda Andronovich	82-3911032
PALM SPRINGS FL HOSPITALITY LLC	39-2210746
RED CORNER BOOTH HOSPITALITY, INC.	88-2625286
TOP TIER IMPACT FOOD SERVICE, LLC	88-3491097
VIVID22, INC.	88-1938686
CLOPTON RESTORATION SERVICES LLC	88-2012922

Doodles and Pierce Enterprises, Inc.	88-1898268
JKS HOSPITALITY LLC	88-1489140
L3 RESTAURANT GROUP, LLC	88-2071504
SWP Hospitality Group Inc.	88-0727937
WALBURN LEADERSHIP EXPERIENCE LLC	85-1587574
WINWIN, LLC	88-1844885
CAP 503 LLC	87-4682439
ROSCHE ENTERPRISES LLC	88-2584408
Salmon Hospitality Group, Inc.	83-1033031
CHASING EXCELLENCE, INC.	88-1778751
KRB INVESTMENTS, LLC	88-1038253
EIE HOSPITALITY LLC	88-2011881
GREENHOUSE HOSPITALITY, INC.	88-1617409
JLDH Ventures, LLC	47-1965840
S2S Hospitality, LLC	88-1952446
THF LLC	88-1148033
Worker Man Group LLC	88-1822415
ADD A LIL VENTURES LLC	92-1641465
JBIRD LLC	87-4322649
Salt and Light Hospitality, LLC	87-4811682
ERBL - VA, LLC	88-2136020
Midnight Milkshake LLC	87-2433993
P22 Leadership, LLC	87-4219376
R.HARPER FOODS, LLC	87-4190692
EVERY GOOD WORK LLC	87-2686129
FEARLESS PURSUITS GROUP, INC	87-2000963
INFLUENCE & CULTIVATE, INC.	87-1205680
GRAND TRAVERSE HOSPITALITY, LLC	87-2332257
AME HOSPITALITY LLC	87-3992722
Elite Hospitality Services LLC	87-4164874
PHOENIX WILDER DEVELOPMENT, LLC	87-3897894
Sawgrass Islands, Inc.	82-1798218
Scott Perdue, LLC	87-4077676
Hubley Group LLC	83-3054658
Regenerate Restaurant Group, Inc.	87-3024951
KGAG ENTERPRISES INC.	87-3278957
Sojourn 72 Hospitality Inc	87-3099313
SHORE BOUND FRANCHISE HOLDINGS, INC.	87-2785867
DARING GREATLY TR, LLC	87-2236589
DISTILLING LEADERS P356, LLC	87-3412774
OLD TROY ROAD, LLC	87-3252115
WILLIBY FAMILY RESTAURANTS, INC.	87-3371614
WINNING HEARTS, LLC	87-2386364
Mack Management, Inc.	47-1966648

4 DRIVERS LLC	47-5215024
ALBATROSS FOODS, LLC	85-3320564
Braun Chicken Trading LLC	85-3528137
Camen Inc.	47-1734604
Colby & Krisi's Ventures	81-3100742
CONTINUED LEGACY LLC	86-3473062
Devoted Service, LLC	47-1940036
DMOJ, LLC	81-4326813
Dose Food & Hospitality Group, Inc.	82-1905077
Due Time Harvesting, LLC	83-2120827
FOELES FAMILY COMPANY, LLC	85-1066932
Heiser Hospitality, LLC	86-3588515
Highlands Hospitality LLC	47-1916162
Iliana's Legacy LLC	83-1958806
JC Hospitality, L.L.C.	81-3118083
JES Franchise Holdings, Inc.	83-4421603
LIGHTHOUSE LEADERSHIP COMPANY, LLC	47-1934305
LS Hospitality, LLC	81-4978311
Matthew 28:19 LLC	47-1928302
Red Valley Investments, LLC	47-1944350
RICHARDSON POULTRY LLC	35-2794012
RUSSELL RESTAURANT GROUP, INC.	87-2842551
Twenty Four Running LLC	82-5488664
Strategic Leadership Group, LLC	92-0497584
Hearts4Service, LLC	87-1318317
Team Stubbs, Inc.	87-2121171
BLUE DIAMOND HOSPITALITY, INC.	87-2780442
GILDING LILIES, LLC	84-2171353
MDR HOSPITALITY GROUP, INC.	86-2408567
HRB ENTERPRISES LLC	87-2272228
Lennelle, LLC	82-1954781
Speth Hospitality, LLC	85-2766419
OTTAWAY MANAGEMENT LLC	86-3262617
ROCKY TOP MULLINS LLC	41-2873311
BOCK BOCK BENTLEY LLC	87-1315492
Nicholas Isaac LLC	87-1540584
TEAM ENTERPRISES, INC.	87-1264084
GREAT LAKES CHICKEN, LLC	86-3324785
DB CULINARY, INC.	86-3597532
FOR IMPACT, LLC	86-3015621
HERSHBERGER FOODS LLC	86-2710968
HILLER GROUP, LLC	86-3483966
MT633, LLC	86-3082442
STERLING RESTAURANT GROUP LLC	86-3565483
Three States Inc	87-0851031

COME AND DINE, INC.	86-1504403
P&C Enterprises of Ohio, LLC	82-4358517
I SAW U, LLC	47-1941301
JMKC Corp.	81-2499889
4 Crowns, LLC	81-2861260
GEMC, LLC	81-5218336
Hardy Foods, LLC	82-3959527
TCO Hospitality, LLC	85-2424844
Futureworks, LLC	47-4601339
3 Strands, LLC	47-1930373
Beyond Pollo Inc.	47-1907099
BLESSED2SERVE, LLC	47-1953142
BPSERVES, LLC	47-1940428
BRIX Limited Liability Company	47-1909177
Chesapeake & Palmetto, LLC	83-1100731
CRUNKS INC.	82-1916362
Difference Makers LLC	81-3459011
FLATROCK ENTERPRISES LLC	84-2598634
GEMINITY ENTERPRISES LLC	84-1888546
Harvey Restaurant Group, Inc.	47-1936470
HEGAJAC, LLC	82-1556252
HQL Enterprise, Inc.	47-1952842
HUMBLE CONFIDENCE LLC	82-3827145
JLD ENTERPRISES, LLC	37-1766200
JLDJ, Inc.	47-1953388
JNM Enterprise, LLC	47-2059486
Joy for Life, LLC	84-3553661
JUPITER HOLDINGS, LLC	82-1845711
MARYLAND SOUTH QUICK-SERVICE COMPANY, LLC	47-1919638
MJD TEAGHLAIGH, LLC	47-4127919
MNE, LLC	47-1944307
PASADENA CROSSROADS RSH, LLC	47-1950270
Pisgah Hospitality Group, LLC	47-1954921
PMAAE Enterprise, LLC	83-0859576
R.H. Enterprises, Inc.	35-2517175
REGIII Incorporated	47-1853742
RNE Hospitality, LLC	81-3004885
Samkei & Associates, LLC	47-1952320
SCHENCK FOOD SERVICES, LLC	82-1689459
ServWell, LLC	82-1000105
Sourelli Ltd.	47-2251953
Sparrow LLC	37-1857852
Sunshine Hospitality, LLC	36-4812501
TeFal Enterprises, LLC	47-1915628
THE MCAULIFFE GROUP LLC	39-5043362

Witte Hospitality 3:23, Inc.	47-1948547
WJB III, Inc.	47-1947599
Altitude Restaurant Holdings Ltd LLC	83-4509479
Digges Restaurant Team LLC	83-4512276
First Kim Company LLC	83-3755263
Five Branches, LLC	82-5407892
Grit2Grace, LLC	83-3630741
La Tour Enterprises, Inc.	47-2171319
MRG Restaurants LLC	81-2954641
Nick & Cyrine Enterprises LLC	82-3510934
R DiFava, LLC	47-3155548
RISEN Hospitality, LLC	84-3520732
William Sean Johnson	27-3247787
WIN THE HEART LLC	84-2336631
Lasting Effect, LLC	33-2845647
Then Who, LLC	47-4261292
Live 2 the Maxwell LLC	39-3484230
#1 EMC, LLC	82-5339142
(ECAAAE), LLC	82-1856280
10-8Plus, Inc.	47-4351244
1908 ESTATE, LLC	84-1785625
1991 Group, LLC	47-1759282
2 JAX, INC.	81-2746702
29 Eleven, Inc.	81-3180047
29Eleven LLC	47-4348873
2CE LLC	47-1933837
2nd Mile Academy, L.L.C.	84-3344984
3 For 3 Hospitality, LLC	47-1920045
320 Sycamore Street LLC	47-1911205
356 Solutions LLC	47-1890640
3Es Enterprise LLC	47-1869787
4:10 Leadership Group LLC	81-3297006
4GP Inc.	81-2755159
4H Ohana LLC	85-2617244
4WATS LLC	85-2753355
5 M's Enterprise, LLC	47-2071412
5 Nuggets LLC	99-4107012
53X11, LLC	82-1142850
5-Star Hospitality Group, LLC	47-5354591
71, LLC	84-3657385
740 Group, LLC	47-4357387
A & K Clark Holdings, Inc.	82-1854926
A Good Name, LLC	83-1239985
A Squared Nova LLC	47-1907600
Aberdeen Enterprises LLC	85-2652531

Abounding Grace Restaurants LLC	82-3632200
AC Hospitality LLC	84-2156002
ACS Family Company, LLC	84-3455030
Adako Enterprises, LLC	82-1946020
ADD4, Inc.	82-1968307
Addeo4 Enterprises, LLC	47-1813323
AFM and Associates LLC	47-1868754
AGH Restaurants, LLC	83-1038899
AHB Enterprise Inc.	47-1939480
Aim High Hospitality, LLC	47-4590288
AJB FRANCHISE HOLDINGS, INC.	47-4313827
AJW Industries LLC	82-2729197
AKJAY Enterprises, LLC	81-4113120
AKSARBEN FOUNDRY, LLC	85-3031860
Alan Christopher Smith	55-0725826
Alan Keith Kiser	62-1114378
Alex M Wilson, LLC	82-2063788
AlexanderIV, LLC	83-1056910
ALEYZACES, LLC	85-1443864
AllTheKeys, Inc.	47-4359585
Alpenglow Holdings, LLC	47-4391505
Amanda Taylor Almy	26-4708181
AMJ Morse Enterprises Inc.	47-1886809
Amonics Management Inc	47-1958081
AMS RESTAURANT GROUP, LLC	82-1975414
Anchored in Him, Inc.	93-3254254
Anfield Enterprises LLC	47-1912759
ARLTC, LLC	83-3213254
Arnold Food Services LLC	47-1874883
ARP Hospitality, Inc.	81-2729797
Arthur TerKeurst LLC	47-1971190
AS FRANCHISE HOLDINGS, INC.	86-2705434
As One Leadership, LLC	47-2017558
Asbury Management Services LLC	47-1395306
ASPYRE, LLC	82-1206292
ATEI, LLC	47-5087647
Ateleta Hospitality, LLC	82-2107398
Atlanta McCabe, LLC	47-2037886
ATZ LLC	47-2090421
Austin Hartley Enterprise, LLC	47-4382725
AVENTURA RESTAURANT GROUP, LLC	84-4654156
B FIVE INC.	47-1950442
B Marcus Clapp	62-1374812
B&M Cleveland, LLC	81-2395652
B&R, IOL, LLC	47-1953012

B.D.Arton, LLC	47-1913653
B2B, Inc.	47-4182048
BA Birdtree, LLC	84-3076275
Ba Jah Consulting, LLC	82-0860751
bACE, LLC	84-2015493
Badger Hospitality, LLC	47-4914892
Bandit TWD LLC	47-1912708
BAND-JACK, L.L.C.	83-1321107
Bangs Service Inc.	47-2059025
Barnett Family Enterprises LLC	82-5276601
BAUMFAM HOSPITALITY GROUP, LLC	84-3028498
Bayside Hospitality, Inc.	82-1402026
BBLL FOODS, LLC	82-1576740
BC Restaurants Corporation	47-1768599
BCBM Food Services, LLC	47-1910471
BCDR LLC	47-1938182
BCGoettsche, Inc.	47-1988185
Beach Chicken, LLC	47-1973004
Bebie's Restaurant, Inc.	83-0881377
BEH Service Group, LLC	47-1957491
Bent Tree SVC, Inc.	88-3983060
BEYOND 948 INC	83-4623781
Beyond The Counter, Inc.	83-2881885
BHive 7, Inc.	47-4549509
Big Ridge Hospitality, LLC	84-2722409
Bigcluck LLC	47-1958206
BJ Wellman LLC	47-1948644
BJH Hospitality Group, Inc.	83-4671040
BK+3 INC.	81-3148002
Black Warrior Hospitality, LLC	47-1945870
BLEAC Group LLC	82-1989702
BLS Services, Inc.	47-1925196
Blue Seas LLC	47-4810052
BMP Enterprises, Inc.	47-1937343
BNM RESTAURANTS LLC	84-2469083
Bold Hoof LLC	87-3275463
BPLBW Enterprises LLC	81-2706962
Bradburn Hospitality, LLC	83-0687920
Branch Industries, LLC	83-0947193
Bremka Enterprises, LLC	47-4298558
Brian Scott Malone	62-1780797
Brickhouse Services, Inc.	47-1906912
Bridge McCracken Enterprises Inc	87-2182070
Bridgend LLC	47-2088883
Brito Enterprises of Tampa, Inc.	81-3695625

Britt Young Enterprises, LLC	81-1216248
BRITT'S CHICKEN SHACK, INC	84-2311038
Brock Group, LLC	47-1865378
Brock SERVE LLC	47-1982072
Bruce Dane Adkins, LLC	47-2002582
BRUCE RESTAURANTS, LLC	47-1864851
Bruce Smith, Inc.	47-1947457
BTCCC, LLC	47-1890376
BTCM Corporation	83-2747832
BTNAB LLC	81-2531699
Bucklew & Sons, LLC	47-4363759
BUDDY & BUG, LLC	84-2873352
Building Bright Futures LLC	83-0729128
BULL ISLAND COMPANY, LLC	47-1814476
Bullock Family Restaurants, LLC	82-1441918
Bun Chicken Bun, LLC	87-2343776
Burchtree Foods Limited Liability Company	83-1020114
Burgz, Inc.	81-4085209
Burkholder Restaurants LLC	82-1565435
BURTALOO, LLC	47-1935905
C.Duncan Foodservice, LLC	47-4362163
C.Y., Inc	84-2558705
C3 twenty three, LLC	83-0816593
C4K Inc.	81-2755050
Camfoodcorp LLC	47-4243477
CAMPP-K, LLC	87-1356441
Cape Cod Chicken, LLC	81-2916933
CAPITAL CITY HOSPITALITY GROUP LLC	47-1919559
Caraba JJ, LLC	84-4050324
CARE FOR OTHERS, LLC	41-4225096
Caring Company, LLC	85-2030807
Caring People LLC	47-2063207
Caritas, Inc.	47-1887165
Carmel Area Hospitality Group	47-4108990
Carrie Leigh LLC	47-1839843
CASA HOSPITALITY MANAGEMENT, INC.	83-2735073
Cash Hospitality Group, LLC	81-2758549
Castlewood, Inc	47-1871302
Cathcart Global Holdings Inc.	47-1879070
CBCS HOSPITALITY, LLC	84-3376534
CBJ Group, LLC	85-2419686
C-Cubed Enterprise, Inc.	47-1877736
CDB Restoration LLC	83-2431595
CDGOETTSCHKE ENTERPRISES, INC.	81-2870619
CDSheley, LLC	81-3014756

CGSTC LLC	84-3397399
Chadwick Dreams LLC	47-1914903
CHAMBO INC.	47-1815624
Chanticleire Group, Inc.	47-1746580
Chapman Legacy, LLC	88-1529050
Charis, Inc.	81-3004182
CHARLES CHICKEN, LLC	82-5301044
Charles Maning Crews	58-2048203
Chateau Capital Investment, L.L.C.	81-4025578
Chickabay, LLC	82-3269988
CHICKEN & GRACE, LLC	86-1644595
Chicken and Rice LLC	47-2226241
Chicken At the Beach LLC	47-2059266
Chicken Masters, LLC	47-1827954
CHICKEN SHACK, LLC	47-1935157
Chickenman Enterprise, LLC	47-1966052
Christopher Bryan Auton	27-2891222
Christopher Michael Salomone	46-4033421
Christopher Robin Beckler	20-0138400
Christy D. Proctor, Inc.	47-1958053
ChrisVic & Company, LLC	47-1958534
Church Enterprises, LLC	82-1812838
CJF Service LLC	47-4382626
CJMK Enterprises, LLC	86-3443792
CJSD Enterprises LLC	47-4145153
CKSargent, LLC	82-1529761
Clancey Restaurateur, Inc.	81-4744303
CLE Enterprises, Inc.	47-2002550
CLIMB HOSPITALITY GROUP, LLC	85-0584052
Clover Hospitality LLC	47-5226836
CME Hospitality, LLC	81-4156265
CMP Management, LLC	47-2303065
CMS SQUARED MANAGEMENT LLC	47-1940913
CMV961 Restaurant Enterprises LLC	47-1930342
CMW, LLC	30-1196047
Coastal PB4, LLC	81-2957793
Colonial Leadership Restaurant Group, LLC	47-2121992
Colorado Dawgs, LLC	47-1849860
COMMONWEALTH 540, INC.	84-1985174
CONARD ENTERPRISES & VENTURES, LLC	87-1458836
Connelly Food Services, LLC	47-1924823
Constantine Zouboukos	64-0618396
Cossette, LLC	81-2969517
CPCo, LLC	83-0775598
Cranford Incorporated	47-1944178

CRJ Southpark, LLC	47-1794324
CSF Holdings, LLC	47-1903426
CSK Consulting, LLC	81-3763688
CSR Hospitality LLC	47-1961161
CTF Enterprises, LLC	61-1804942
CWP Hospitality LLC	81-2263886
D & D Leadership, Inc.	47-1946299
D M Richardson Enterprises, LLC	47-1877436
DABenson, LLC	47-1869846
Dack Ventures, LLC	82-1015604
Dahlenburg, Incorporated	47-1912223
DANCORP, LLC	81-2802876
Danic Enterprise LLC	47-1917696
Daniel Grier, LLC	81-3918306
DARDOT76, Inc.	47-2624326
Darrell Johnson Fowler	45-2539265
Dave Butts, LLC	47-1870684
David Bryan Cantey	58-2268172
David Graham Koepsell	20-0283497
David Langston LLC	47-1893332
DB Spratte Enterprises, LLC	47-1536689
DC ELAM ENTERPRISES, INC.	47-1939578
DCML LLC	47-1875271
DDS Foods LLC	47-1747322
Dean E Kirstein	56-1339527
DEEM Enterprise, LLC	81-3052260
DEM Hospitality Group, LLC	82-1490766
DeStefano5, LLC	81-2801366
DeYoung Enterprises, LLC	81-2805735
Diamond Restaurant Consulting, LLC	82-1495416
Didymus Foods LLC	81-2791153
Digges Family Enterprises, LLC	47-4406360
Dittman Services, Inc.	47-1944961
DJG Enterprises LLC	47-1442483
DJP Enterprise & Zedahkah, Ltd.	47-1898902
DK Pettis, LLC	47-4857287
D-KOEK ENTERPRISES LLC	87-3774081
DLJ Enterprises, LLC	81-4255444
DMW of Kentucky LLC	47-2003504
Dollar Enterprises, LLC	84-3236312
Don & Venice, LLC	82-3189535
Donald W Adams	59-2380493
Dorsett Hospitality Group, Inc.	81-3091659
Double R Restaurants, LLC	47-1933517
dreamBIG Hospitality, LLC	82-3022063

DRLN Hospitality, Inc.	83-2382498
DRS Hospitality LLC	88-3452319
DSLRC Enterprises, LLC	47-1912232
DSPOWERS SERVICES, INC.	81-2617426
Dub-U Inc.	82-5319628
Dugger Enterprises, L.L.C.	81-3196105
DWB3, LLC	47-1854805
DWG Parker, Inc.	47-1915380
E3 Hospitality Group, LLC	84-2327079
EACG Enterprises, LLC	84-3633764
Eagle 1541 LLC	47-2054556
East Forsyth Hospitality Group, LLC	47-1971878
Easthon Enterprises LLC	81-1335425
EB Restaurant Organization, LLC	81-2937621
Edge Vision LLC	93-4195492
Edward Vernon Inc.	82-5520735
Effective Synergy Corporation	47-1944315
EJB Enterprises, LLC	82-1473166
EJLEE LLC	85-3279702
EJR, LLC	47-4746994
Elaine's Kitchen, Inc	84-2947478
ELITE CHICKEN, LLC	47-1926318
Ellington Hospitality Co, LLC	84-3076313
Elma Joy, LLC	47-4298490
EMBARK HOSPITALITY LLC	93-4446550
EMCKN, LLC	47-1563241
Emmerling Ventures WA, Inc.	85-2709231
EMOCON LLC	47-1887193
Entail Corporation	47-4716967
Eric Brady Champeau	26-3497728
ESPY5, LLC	82-2762240
EveCo LLC	82-1326345
Everyday Integrity, LLC	47-1950122
Exceptional Hospitality, Inc.	47-1983278
Exgren, L.L.C.	47-1888102
Expectant, LLC	84-3277225
Experiencing Grace, LLC	87-1334587
Express Hospitality Services, LLC	82-1988486
F.H. Powell Ventures, LLC	83-0822137
FA Hodges LLC	47-1734302
FAITHFUL STEWARDS OF TANGI, LLC	82-2280552
Family of Faith, LLC	81-2961551
FAMILYFITZ, LLC	47-1819512
FARR Services Corporation	47-2017902
FCC&B, LLC	81-4399379

Federer Enterprises LLC	81-2547892
Ferguson Restaurant Group LLC	83-4467136
FIDELIS RESTAURANT MANAGEMENT, INC.	47-2077663
Fifty-Four, Inc.	47-1678632
Filipino Dawgs, LLC	47-4172630
Finishing Touch Enterprises LLC	47-4324919
FirstServe-Redwall Texas LLC	83-2466243
Five 33, LLC	81-3092518
Five 41, LLC	47-1899241
Five Bears Services, LLC	47-1936265
Flaming Torch, LLC	82-1641355
Flat Gap Food Services and Hospitality Group, Inc.	47-4247900
FORGE HOSPITALITY, INC.	87-3483953
FOUR D VENTURES, LLC	87-0856243
FOUR L FOOD SERVICES, L.L.C.	82-1990078
Frank Dwayne Marshall	20-1424880
Frasier, Inc.	47-4032665
FREEDOM CHAMPION, LLC	47-1948025
Frost-Burne, LLC	47-1989095
Fulgencio Enterprises, LLC	82-5327364
G2G ENTERPRISE, LLC	85-3147356
Gaddie Hospitality, LLC	82-1713020
Gaita Foods, LLC	47-1935475
Galloway Restaurants LLC	81-4272332
Gallus Gallus, LLC	81-2707058
Gary Anthony Robinson Jr	26-3128967
Genuine Servant, LLC	47-1847302
Gibson Eats, LLC	83-3203011
Gibson Restaurants, LLC	47-4551066
Gilchrist Ventures LLC	81-4167302
Given2fly, LLC	81-2921080
GJVOL, LLC	88-2998651
GLANVILL FOODS LLC	82-1660571
GNS of High Point, LLC	47-4395909
GOLDEN RULE ENTERPRISES, INC.	47-1925380
Golden Triangle Management LLC	85-4217965
Good Name 22:1, LLC	47-1880368
Good Name Hospitality, Inc.	81-5064284
Goode, Inc.	81-2455424
Goshen Point Hospitality Group, LLC	47-4252883
GPS Concepts, Inc.	83-2751590
Graceson LLC	81-4174196
Gracious Dining, LLC	47-1946098
Grady Hospitality, LLC	99-2896568
GRATITUDE HOLDINGS, LLC	84-1976486

Great Leaders Serve, LLC	47-4376034
Green Bench Hospitality, LLC	47-1940395
Green Lantern LLC	83-2448858
Green Mountain, LLC	30-0957722
Greenbriar Foods, LLC	47-4911750
Greene Restaurants, LLC	47-1888171
Greenwood Enterprises Inc	61-1791635
Gregory A. Harb	46-2321356
Gregory George Garretson	58-2599680
Griffin Southern Services Inc.	81-0722751
Growing Servant Leaders 24/6, LLC	47-1916990
Guarisco Lake Buena Vista Investments, LLC	47-1696322
Guffee Enterprises LLC	47-1670286
Gunnie LLC	82-1876263
Gustavo R Mir	58-1789146
GVAM Enterprises LLC	47-4734776
GW Faith Enterprises LLC	47-1971425
GWB Enterprises, LLC	47-1926510
H3 Vision, LLC	47-1944688
H4ENTERPRISE, LLC	81-2789851
H5 LLC	82-1562091
HALLIDAY FOODS INC	83-0940826
Hampton Rivermont Enterprises, LLC	47-1916318
HANAND, LLC	47-2193611
Hanna Family Holdings, LLC	81-3507009
HARHARP, INC.	47-1949162
Hart & Soul Chicken, LLC	81-3034176
HavenConnections, LLC	47-1919064
Haystack Hospitality, LLC	83-1442994
Healthy Eats, LLC	47-4245736
Heather Kyle Adams	26-1720130
Here to Serve, TD, LLC	81-3267059
Hermitage, LLC	81-4087613
Hevia Family Enterprises, LLC	47-4407749
HEWAS1ST, LLC	47-1920534
HGA HOSPITALITY, INC.	88-1193125
HH Management, LLC	83-1011245
HHH_Legacy LLC	84-1926513
HILL ADVENTURES, LLC	84-4039263
Hillsboro Restaurant Group LLC	81-2888069
HINTERLAND OAKS INC.	83-2382190
His View Enterprise LLC	47-1959556
HM TUCKER FAMILY, LLC	47-1920432
Hodges Management, LLC	81-4744249
Hogan Hospitality LLC	81-2863542

HOLLAND HOSPITALITY PROFESSIONALS, LLC	85-1631334
Holland Hospitality, LLC	82-1858601
Holterlie, LLC	82-1904590
HOLZAEPFEL HOSPITALITY, LLC	99-4750682
HOMECAFE GROUP INC	84-4001012
HOMEWARD BOUND LLC	35-2667027
Horn Pond Hospitality, LLC	83-1412125
Hountz Restaurants Incorporated	47-5412270
Howeird, LLC	82-5093153
Hub & Spoke LLC	36-4812849
Huffmark, LLC	47-4776424
Hughes Family Holdings, LLC	82-1985170
Humble Leaderology LLC	81-2973248
Humble Restaurants LLC	47-1920140
Hutcheson Hospitality, LLC	47-4381088
HWT Enterprises LLC	47-1860916
Hyung-Jin Douglas Park	46-3923102
Ian Moody Enterprises, LLC	83-1042643
Ibis Hospitality LLC	99-3800134
IDCM Enterprises, LLC	47-3964030
II Image, LLC	47-2505227
III Myles, Inc.	47-5339822
INAWWE CORP	83-2582393
Innisfree Services, Inc.	47-1941052
Innoveightion, Inc.	81-4166022
Inspire 1440, LLC	47-1936507
Ira Michael Zolt	58-2413375
Ironman SS LLC	82-3643792
Irrational Kindness LLC	47-1869093
IS4031, LLC	47-1827272
ITO Group LLC	82-3249018
Izzy & Tuck Investments LLC	47-4675123
J D Hoffman Enterprises L.L.C.	47-1916557
J Mo & Associates LLC	83-1013169
J&D Dean, LLC	82-1255985
J2B, INC.	85-3565849
Jackson ABC, LLC	47-1793215
JAF Restaurant Enterprises, Inc	47-1927444
JAKE H., LLC	47-1950109
JAMEC Hospitality, LLC	82-1930177
Jamerican CTD, LLC	82-1799839
JAMES DAVID WILSON JR. ENTERPRISES, LLC	87-1812777
James Young Investments, LLC	81-2608336
JAMN, Inc.	38-3940374
Jany Enterprises, LLC	47-1791714

Jason J. Whitfield Hospitality, LLC	82-1592081
JAXNCO LLC	47-1920216
JBBR, LLC	47-1894011
JBMOUTON3 LLC	47-1908503
JC HAWKINS ENTERPRISES, INC.	47-4346307
JC Holdings, LLC	47-1924406
JCMP, LLC	47-2248494
JDC Professionals, Inc	83-2080799
JDLindsey Enterprise LLC	47-1822838
JDM Hospitality, Inc.	47-1846719
JDPS Enterprises - Virginia, LLC	85-4071243
JE Hodges LLC	47-1738158
JEAB Innovations LLC	47-1919458
JEH Enterprise LLC	47-1988107
Jen's Chicken Pen, Inc.	83-0901999
Jensen, LLC	47-4333203
JES Restaurant Group, Inc.	82-4468364
JETC ENTERPRISES, LLC	84-1892131
JG3 Enterprises, Inc.	47-1950751
JH Cornelia LLC	83-1996917
JHP Brooks LLC	86-1742826
Jimmy S Cristantiello LLC	47-1881162
JK RESTAURANT GROUP, LLC	47-1915454
JKB FRANCHISE HOLDINGS, INC.	82-2084877
JKM ENTERPRISES, LLC	81-2932684
JLC FRANCHISE HOLDINGS, Inc.	84-5091063
JLE OF PANAMA CITY, LLC	47-2370667
JLK, LLC	84-1936988
JLL Hospitality LLC	83-4487005
JLR FOOD SERVICE, L.L.C.	47-1932538
JLSE, LLC	83-3713757
JMBenson, Inc.	82-2496333
JMC FRANCHISE HOLDINGS, INC.	85-1074399
JMWHospitality Inc.	86-3412037
JNC Broad Creek Crossing LLC	84-2969956
JNL Leadership LLC (WV)	88-3084308
JNS Enterprise, LLC	47-1679096
JOCS, INC.	47-4319278
Joe Edmund Jeffcoat	58-2450388
Joe Robert Miller	73-1497429
John Charles Francisco	26-4708239
John F Tingle	62-1344481
John21 LLC	99-0685465
Johnson Creek Hospitality Group, Inc.	81-3197540
Jonathan Vaty Ith	58-2502479

JONES FAB 5 LLC	85-2188424
JOS 2415, LLC	47-2010719
JOSEPH HAWKINS	99-3599591
Joseph Theodore Hatzopoulos Jr	56-2258850
Joshua Towne Restaurants, Inc.	47-1950447
JR MENENDEZ, INC.	47-2186915
JRP JENG LLC	81-3051918
JS Enterprises LLC	81-2942003
JSH Services, LLC	47-4411190
JTAJE LLC	47-1950125
Julianellie Co., LLC	47-1918771
Jumpstart Experience Inc.	81-2770847
JUST BE HAPPY II, LLC	93-4121132
JUST10 ENTERPRISES, LLC	47-4053522
Justin D Whitfield LLC	47-1915234
Justiniano LLC	47-1747181
JUSTUS HOSPITALITY GROUP, LLC	85-0809225
JVW Concord Corp	47-4535718
JW and Shell, LLC	47-1814528
JW Restaurant Investments Inc.	81-3526808
JWB Hospitality, LLC	47-2027931
JWH Enterprises, LLC	32-0449354
JWM Restaurant, LLC	47-1959595
K & T Brannon, LLC	84-4678937
K Arnold, Inc.	47-2069914
K&A Shepherd, Inc.	83-4327420
K&K Restaurants, LLC	47-2289236
KACK Enterprise, LLC	82-1338650
KAMAC LLC	87-3997478
KAR Hull Street, LLC	47-1960095
Karen Thomas Colley	58-2599670
KAW, LLC	47-1969492
KCCE Bloomington Restaurant Group, LLC	81-2598752
KCW & CO, LLC	83-1024184
Kelley R Myers LLC	47-1743459
KenRoCo, Inc.	47-1839157
KEO HOSPITALITY, LLC	85-1087189
Kevin James Harris	31-1534837
Key Hospitality, LLC	85-1822817
K-Five Enterprises, Inc.(OH)	81-4793343
Kiedis Culinary Corp.	47-1923787
Killian & Addy, LLC	47-1934967
KJ CAPITAL HOLDINGS, LLC	86-2973516
KLEINE FAMILY FOODS, LLC	83-4712426
KLM Restaurant Corporation	47-4311648

KRB HOSPITALITY, LLC	33-2214563
Kris Marie LLC	83-0962703
KSED, LLC	81-4380673
KTP FOOD SERVICES, INC.	47-1951930
KTY FRANCHISE HOLDINGS, INC.	82-3506949
Kuchan Restaurant Group, Inc.	82-2011281
KWM HOSPITALITY, LLC (NC)	86-2477123
L A Quinn, LLC	47-4148575
L&N Lichter LLC	83-1208553
L.G.L.P. Inc.	47-1644499
Lady Meadows, LLC	85-0912825
Lagniappe Food Services LLC	47-1886697
Lake Chick LLC	92-3925329
Lakeland Enterprises, Inc.	37-1862078
LaMarkable Restaurant Group, LLC	82-3360968
Lamppost Enterprises, Inc.	83-2256453
LAMS, LLC	47-1865077
Larry I Meadows	56-1177777
Lassiter Sprayberry, LLC	47-4384494
Latta Hospitality Group LLC	47-5010025
Lauer Phillips LLC	47-4407971
Lauren Mosteller Inc	47-2187278
LCB Hospitality Group LLC	85-2699681
Legacy Growth, Inc.	47-1978439
Legacy Hospitality, LLC	47-1901284
LEGACY J1113 LLC	83-1011240
Legacy of Service, Inc.	47-1935725
Lehnes Restaurant Holdings LLC	47-1925975
LENS Enterprises, LLC	47-1918345
Let's Do This, LLC	37-1766444
LIFESTYLE UNIVERSITY, INC.	84-3184137
Light of the World Food, LLC	84-2163690
Lighthouse Hospitality, Inc.	82-1928717
Lilicol LLC	85-1575800
Lilo Services, LLC	47-1950715
Lionshot, LLC	81-4787072
Little Minions, Inc.	46-4980126
Lloyd Andersen	65-0198362
Locum Restitutio LLC	47-1774594
Loffa Associates, Inc.	47-5524744
LOS SEVEN OF NWA LLC	85-2016813
Lourdes M Hatten	20-8226489
Lovett1:9, Inc	87-4717549
Loweth, LLC	81-4724019
LRM Family Office, LLC	84-2058293

Lucky Lane, Inc.	47-5028960
Luke Adam Kyle	27-3248072
Luminis Enterprises, LLC	84-2355392
LVS ENTERPRISES, LLC	82-2056770
LWOOD2017, LLC	81-3057836
Lytle Enterprises, LLC	81-2605121
M & A Hospitality Group, LLC	84-2064067
M&H of Virginia LLC	47-1923904
M2237, LLC	47-5548522
M25 LLC	85-0722519
M541, LLC	47-1865666
M633, LLC	47-4176246
Macrane, Inc.	47-1871649
Mahmood Ali Easmeil	52-1902963
MAKE A DIFFERENCE RESTAURANT GROUP OF GEORGIA. LLC	85-1284003
Mamimayo Inc.	47-1913157
Mark 8:36 LLC	47-1957187
Mark It Zero, Inc.	47-4413428
Marshall S. Boast LLC	47-2193607
Marshall-Hopper, Inc.	81-2566403
MC BLUEGRASS ENTERPRISES, INC.	84-2245354
MC3 Enterprises, LLC	47-4350715
McCay Hospitality, LLC	87-2797457
McClarnon Enterprises, LLC	81-2901384
McNerney LLC	81-2698161
MDD Three, LLC	83-2781860
MDO Enterprises LLC	47-1894425
MDRPT Enterprises LLC	81-2963428
Meadowbrook Enterprises, LLC	47-1671576
MEFish, LLC	81-3542887
MEGA FRANCHISE HOLDINGS INC.	83-1215381
MELBO FRANCHISE HOLDINGS, INC.	82-2101679
MGrace, L.L.C.	47-1961090
Michael A. Wade, Enterprises, LLC	83-0845972
Michael Meservy LLC	84-2812126
Mike Ricks Enterprises LLC	47-4873964
Miles Chicken Coop LLC	84-2654488
MILIMAAN, LLC	33-3357799
MILLS MANAGEMENT L.L.C	84-4347824
MinTex Group, Inc.	82-2975708
Miskicha, Inc.	47-1820978
MJ LEHMAN ENTERPRISES, LLC	81-3121035
MJSEXTON, LLC	47-1947006
MK5, Inc.	83-0842557
MKBOLUMEN ENTERPRISES, LLC	85-2316890

MKT Franchise Holdings, Inc.	81-4748915
MKTA Corporation	47-1831530
MM Beach, LLC	81-2839178
MNDFL Venture, Inc.	82-2320058
Moceri Group, LLC	81-1930284
Moore Food Services, Inc.	47-1818635
MORGANO ENTERPRISES, LLC	84-2812892
MOZLEY ENTERPRISES, INC.	47-2041945
MRDrummond Enterprises LLC	85-1112374
MRM Hospitality Group, LLC	82-2919368
MS Pollo, Inc.	81-2788296
MSF, Inc.	61-1746648
Mustard Seed Endeavors, LLC	87-1034431
MWP Restaurants, LLC	86-2213488
MY WHATEVER, INC.	47-1958121
N&B of KY, LLC	81-3970450
N&H Leadership LLC	83-1683589
NAP Investments, LLC	81-1659495
Nascimento Enterprises, LLC	82-5205557
Nassick 343, LLC	84-4008312
Nathan Hoeksema Inc.	47-1864743
NAYLOR RESTAURANTS, LLC	99-3021782
NBB LLC	81-3733808
Nelson Food LLC	47-1794581
NEVADA7S, LLC	82-2484861
New Chapter Enterprise, Inc.	47-4638177
NEXT YES LLC	84-4544652
NFLEVY ENTERPRISES LLC	88-2345531
Nicholas J. Crantiello, LLC	47-1885608
Nicholas Michael Welch, LLC	81-3066052
Nippo Lake Capital, LLC	81-2871976
NJG Hospitality, LLC	47-1926542
NJM Restaurants, LLC	85-4009413
North Coast Management LLC	47-2157583
North Creek Venture, Inc.	81-5178192
Northridge Ventures LLC	47-2040519
NORTON CAN, Inc.	85-0983117
Nothing Wasted Foods II, Inc.	82-1858612
Nothing Wasted Foods Inc.	47-2059809
NPB Hospitality, LLC	83-1547116
NRG AL, Inc	85-2840331
NRV Enterprises, LLC	47-1900449
NSSP, LLC	82-5321346
Oak Tree, LLC	47-1937008
OasisMJL, LLC	47-4436827

OBL Hospitality, LLC	47-1916969
O'Dell Family Enterprises, LLC	47-4406457
Ohana Group, LLC	82-3802199
OLDRUTT, LLC	47-1939117
One Rock Enterprises LLC	85-2833543
One Short, Inc.	47-1707543
One Team, LLC	47-4481142
Orlando Enterprise Inc.	82-1857767
Osborne Chicken Company, LLC	81-3064076
Our Pleasure, LLC	85-1518012
Outdoors, LLC	47-1853965
Owens Restaurant Group, LLC	81-3075492
P215 Holdings LLC	47-2250557
P221, LLC	47-1960628
P3 VENTURES I, LLC	47-1916677
P3&O, LLC	82-1948631
PAC Consulting, LLC	81-3987456
PANHANDLE POLLO, INC.	92-2157349
Papa Keith Enterprises, LLC	82-1917492
PARIS MOUNTAIN HOSPITALITY, LLC	47-1819250
Parkwell Hospitality Inc	83-0922555
Pay It Fourward LLC	82-1955976
PCB Sunsets, LLC	47-1751481
Peak Reachers, Inc.	82-2018090
Pedro Rodriguez, LLC	47-2121290
PFD Leadership, LLC	82-4854051
PH2 Character Development, LLC	83-2207118
Picsou, LLC	47-1811587
Pierce Hospitality, Inc.	81-2674478
Pistos Leadership, LLC	83-4481547
PK Enterprises LLC	81-2938044
PKI Ventures, LLC	47-4517775
Pollard Hospitality, Inc.	32-0451253
Pollo Delicioso, LLC	47-2076650
POLLOS FELIZ, LLC	82-4246351
Port City Chicken, LLC	83-3854566
Poultry Patriot, LLC	81-4364340
Premier Hospitality of NKY, LLC	47-1963675
Prichard Hospitality LLC	87-1711917
PRO 163 ENTERPRISES, LLC	81-3562395
Propitiously Incorporated	47-1860225
PS40 Hospitality Group, LLC	82-1395114
PTET ENTERPRISE IL, INC.	85-3288472
Pugh Management, LLC	81-0884500
Purpose Driven Enterprise L.L.C.	47-1739894

PVB Enterprises of Ohio LLC	47-1877528
Q3 Restaurant Group, LLC	47-4393702
QCL Management, Inc.	47-4938713
QUA'ATIT FRANCHISE HOLDINGS, INC.	84-4913163
R & L Restaurant Services LLC	81-3279068
R M Rubio Pro 3, LLC	82-1317771
R&A Enterprises, Inc.	35-2538011
R&R Restaurant Company, Inc.	83-1559002
R.D.M.J. LLC	47-1923160
R.E. LEGACY, LLC	47-1927746
R.E.S. Hospitality, L.L.C.	47-4946933
Ralsch Corporation	47-1963000
Randolph Hospitality Group L.L.C.	47-2079578
Ransom of South Florida Inc.	81-2745296
RBM Hospitality Group, Incorporated	47-4269221
RBM of Auburn LLC	47-2210172
RBS SOUTH INC.	39-5149629
RCCR LLC	47-2110586
RDG Restaurant Management Services, LLC	47-1854107
RDP Hospitality, LLC	81-4848552
Red Thread Mgmt, LLC	33-2651227
Redfront LLC	84-2701674
REDMON RESTAURANT GROUP LLC	99-3653903
Redwall, LLC	47-1809905
Redwood Management, LLC	90-1178044
Regent's Axiom, LLC	82-1977246
Rehoboth Shamrock, LLC	47-1919423
Reim Restaurant Services Inc.	81-2660197
Remarkable Eats, LLC	47-2132852
Remarkable Experiences LLC	86-2975278
RER Restaurant Enterprises, LLC	47-1776764
RHC I ENTERPRISES, INC.	84-1907214
Ricardo Enrique Sanchez	76-0499377
Rich Ubele, LLC	81-2930788
Riddle JE LLC	81-3065423
Ritter Holdings LLC	47-4345766
River City Restaurant Consulting, LLC	47-4268457
River Life Hospitality, LLC	82-1746865
RIVERA RESTAURANT GROUP, INC.	84-5144643
RJD Enterprise LLC	47-4133454
RJJRG Enterprises LLC	81-4461396
RJK Bella Vita, LLC	81-2609722
RJR Franchise Holdings, Inc.	82-1801216
RL Enterprises, Inc.	61-1746202
RLJB, LLC	82-2979849

RME ENTERPRISES, INC.	81-0940090
Road Less Traveled, Inc.	47-1914869
ROCKNROWLAND LLC	84-2402910
Rodney A. Johnson, Inc.	82-3061048
Rogue Valley Hospitality, LLC	84-3115240
ROKB Futures, Inc.	84-3493414
Rosser Hospitality Group, LLC	99-1895664
Rosson Food Service, LLC	81-2759079
Rosson Foods, Inc.	82-1789132
Roswell Hospitality, LLC	81-2916783
RPres restaurants LLC	88-3626013
RRM Culinary Enterprises, LLC	47-1945490
RS VARONA LLC	85-2690889
RSS Restaurant Holdings, LLC	47-2112748
RTCT Enterprises, LLC	47-1886945
RUA RHINO, LLC	87-1561630
Rubicon Crossing LLC	83-1421018
Ruiz Family Restaurant Group LLC	81-2798925
Russell Eric Wade, Inc.	47-1947305
RWS2nd, LLC	82-1873066
RYAN FITZGERALD ENTERPRISES, LLC	82-1653846
S & K RESTAURANTS INC	47-4022263
S & M Hospitality, LLC	81-3083131
S&W Hospitality, LLC	87-1782207
S. W. Enterprises GA LLC	33-4103111
S5 Hospitality LLC	47-4257950
Salt of the Earth Group, LLC	82-1733598
Samada, LLC	47-2019077
SAMPIER HOSPITALITY, LLC	85-2295267
Samuel Heath Kyle	20-0773917
SAMUEL'S PLACE TO FIND REST INC.	47-1870148
SAN Enterprises, LLC	81-3666506
SARA Ltd.	47-1894210
SAVI OF ILLINOIS, LLC	84-3486597
SBIII, LLC	84-2202292
Scanlon Hospitality Group, LLC	84-2139314
SCE&T, LLC	81-4202695
Schiedt's Restaurants, Inc.	83-1031410
Schisler, LLC	82-4219350
Schleidt Hospitality, LLC	81-3959726
Schneller Enterprises LLC	81-2999925
Schrieber Enterprises, LLC	82-1589535
Schrumdogs, LLC	82-2935500
Schultz Enterprises, LLC	81-2559258

SCIP JAX LLC	47-1926864
Scott's Chicken Shack, Inc.	47-2173527
SDL Enterprises LLC	47-1941775
Seigler Restaurants LLC	82-4271367
Serve Care, LLC	33-2027859
SERVURB LLC	84-3172110
Seven Chairs, LLC	47-2118308
Sharp Iron, LLC	83-0946967
SHTAH Inc.	47-4347363
Siera Two, Inc.	47-1952564
Siktberg Impact, LLC	82-2396542
Simmonds Restaurants, LLC	47-1788358
SINCERE ENTERPRISE INC	84-1852667
SINGLETREE MANAGEMENT, LLC	47-1808388
SJ Perry LLC	47-2174637
SJM Hospitality, Inc.	47-1964830
SmittyWhip, LLC	84-2187574
SML CULINARY, LLC	82-1427764
SNW 2024, Inc	82-0613598
Solid Foundations Group, Inc.	47-1907239
Solid Rock Holdings LLC	47-1991964
Son Light LLC	47-1962247
SONOVER PARKS HOSPITALITY, LLC	88-4311217
SONRISA FRANCHISE HOLDINGS, INC.	84-5149559
Soriano Enterprises, LLC	47-1784825
Soriano Hospitality Alabama, LLC	85-1627165
Southern Ms Chicken, LLC	81-3097044
Southern Pike LLC	47-1950611
SPARTIATIS LLC	47-1945035
Stagg Run Enterprises, LLC	30-0996281
Stanley C. Stepp, LLC	47-1899350
Starkvegas Hospitality, LLC	82-5172405
STEIN ENTERPRISES INCORPORATED	83-3178681
Stephen Randall Franklin	58-2599673
Steve Carroll	59-1800845
Steven Alan Rumley Jr	48-1257799
STEVEN ELYEA, LLC	47-1936254
Stopper7, LLC	81-2929855
Strong Tower Restaurant, LLC	47-4539685
Stryker Standard LLC	83-1038762
Stuart Rogers Alabama, LLC	47-1917120
Summit Hospitality, LLC	47-4995540
Suncoast Chicken, Inc.	84-5023651
Sunset Cliffs, LLC	83-0595810

Supersmitty Enterprises, LLC	47-1939276
SWAM, INC	47-1784478
Sweet Tee Hospitality, LLC	83-1038181
Swinson Hospitality, Inc.	82-3255863
SY22 LLC	83-1098633
T3 SEMA, Inc.	81-2795496
T5 Restaurant & Hospitality, LLC	82-1089280
TAF, LLC	82-0826726
Talmadge Inc.	47-1886351
Taylor Legacy Group, LLC	81-2936201
TBA Hospitality, LLC	47-1973969
T-Berry Enterprises LLC	81-2937547
TBHCrew LLC	92-3987479
TC Brady Enterprise LLC	47-1902042
TCC Holdings, LLC	47-1886879
TDK Enterprises, LLC	47-2163929
Team G, LLC	81-1939450
Team Legacy, LLC	47-1761896
Team Perry, LLC	82-1380184
TEAM WHITS, LLC	85-3191659
Teambusa, LLC	47-1821086
Teem Hospitality Group, LLC	82-5164814
TEKLEAD, LLC	47-1787190
TEN TALENTS, LLC	83-3789755
Terrial Lamm, LLC	47-1936350
Terry O'Neal	62-1526933
Terry Widener, LLC	47-1936157
TFK Legacy, LLC	83-0896337
TGK Holdings, LLC	47-2205620
Thankful Hearts LLC	81-2547637
Thankful Hospitality Group, LLC	47-1964194
The Areopagus LLC	83-1990575
THE BLAKE GROUP, LLC	87-3572419
The DSN Group, LLC	47-1726418
The Ernest Legacy, LLC	82-1665676
The Family Nest, LLC	47-1886573
The Gusto Group, LLC	47-1950139
The Langston Group, LLC	47-2002966
THE MAINE KUDZU PATCH, LLC	87-1810669
The Ordeanu's LLC	81-2877377
THE PAYNE HOSPITALITY GROUP, LLC	92-0238031
The RC Group, Inc.	47-1911256
THE ROCK LEADERSHIP TEAM LLC	83-2557194
The Rowell Group LLC	87-3239224

The Saylor Management Group, LLC	47-1961932
TheChickenBoss, Inc.	86-3708185
Theresa Wilson	58-1810875
Thomas M Balsamides	58-1766739
Thousand Hills Hospitality LLC	92-3568317
THREE ARROWS STRONG, LLC	92-0306831
Three Blonde Girls, LLC	47-4976658
TIE, LLC	47-1923111
Timothy Wilson Ray	62-1845262
Tincher Hospitality LLC	47-4257978
TJM WINK, LLC	47-4297725
TK Carrico, LLC	81-2860098
TKS Consulting, LLC	82-1379893
TLM ENTERPRISES OF SARASOTA, INC.	84-2377547
TMB Enterprises, LLC	83-1020267
TMC INTEGRITY GROUP LLC	47-1916311
TMI, LLC	32-0498549
TMRG, LLC	85-0511676
TNJF Group, Inc.	81-2884185
Tony Maurice McFarland	20-3215782
TOP GUN ENTERPRISES, LLC	47-1810248
Top-Tier Hospitality Team, LLC	82-5359209
Tri-F, LLC	47-1912081
TRIFORCE SOLUTIONS LLC	82-1673024
TriplePlayHospitality, LLC	47-4648906
TRM Enterprises, LLC	47-1943372
TRMEJM Enterprises, LLC	47-1893653
Truter Hospitality, LLC	81-4740303
Tsumas Enterprises, LLC	83-1056041
TTW Franchise Holdings, Inc.	83-0815530
Turn 2 Enterprises, LLC	47-5019823
Twin Tides LLC	81-2547495
Two Rotten Dogs and a Cat, LLC	47-4315243
TYRONE ENTERPRISES LLC	99-2830680
TZEJ, Corporation	47-4670899
Uncommon Cents, LLC	81-3222221
Under the Son Restaurant Group, LLC	47-4881041
UNDIVIDED LLC	85-1507313
University Parkway LLC	47-1949457
Upper Steilhang, LLC	83-3345946
Van Der Kooy, LLC	47-4298601
Vance Hospitality Group, LLC	81-2843322
VanVoorn Enterprises, LLC	47-1941641
VBHG, LLC	47-1823871

Victory Operations, LLC	81-3060106
Vinci Restaurant Group, LLC	47-4407856
Volunteer Heritage, LLC	81-2778156
W. Robert Moore, Inc.	47-1882798
Wagner Restaurant Group, LLC	81-4325668
Waldad, Inc.	47-1799767
WariCo, LLC	47-1934824
Wave Hospitality LLC	85-2652316
WAYMAKER ENTERPRISES, LLC	85-1174147
WCSP LLC	81-4967557
We Go First Inc.	47-1864625
Webber Restaurants, LLC	47-1965096
Weber 5 Hospitality Inc.	47-1830630
WEBZ Hospitality, LLC	47-1899404
Wentink7 Inc.	82-2250992
West Ashley Hospitality, LLC	82-1924946
West Magnolia, LLC	32-0450091
West Tennessee Hospitality Group, LLC	47-1886249
West Wendover Hospitality Group, LLC	47-2060627
Western Wood, Inc.	47-2060209
WFAW LLC	83-3643569
WHBH LLC	85-2989916
Whitaker Stewardship, LLC	47-1814286
Wild Frontier, LLC	82-3526174
William Matthew Sexton	58-2455251
William S. Flores, LLC	82-2326627
Willoughby Hospitality LLC	81-3125162
Winn Management Company LLC	46-4229887
WIREGRASS RESTAURANT SERVICES, LLC	47-1809541
WJF Tampa, LLC	47-1887550
WLG, Inc.	47-1895653
WNOB, LLC	83-3716406
Wonder Enterprises LLC	81-2850375
Wooden Nickel Enterprises, Inc. (MT)	88-3764686
World-Class Servants, LLC	47-1793961
Worx323, Inc.	81-3019282
WSW ENTERPRISES INC	84-4031801
Wynns United, Inc.	81-3025020
Yanak Hospitality Group, LLC	47-4915063
Yeshua Holdings, LLC	81-2984435
Ystueta Family LLC	81-3019115
Yurchak Enterprises, LLC	47-1881147
Z Family LLC	39-2705846
Zebulon475, Inc.	47-1944135

ZMM Enterprises, LLC	82-4559270
Zookeeper LLC	47-1962362
COLUMBUS CIRCLE HOSPITALITY, INC.	88-4223104
7Redz, LLC	82-2895249
BBLJB, Inc.	47-1939983
BESTILL ENTERPRISES, L.L.C.	84-2266372
Changing Tides 163, LLC	47-1763238
JNM RESTAURANTS LLC	84-2067595
LDP Ventures, LLC	47-2145865
McNeill Hospitality Service LLC	47-1892888
MORRIS LEGACY II, INC.	41-2348349
PORTICO 356, INC.	85-3180414
Teterboro Landing, LLC	81-5062882
The Quirky Columbine, Inc.	82-1946599
Junkins, LLC	81-3045766
Chicnman Hospitality, Inc.	47-2002983
Owen Woodbrook, LLC	85-1451265
Michael N Tenaglia	52-1532909
Sbdcshl Co.	47-1855137
GDDIII LLC	47-1853008
NITSUA, LLC	47-4203800
CAB Hospitality LLC	81-2832224
TLOTW Warrior, LLC	83-0555079
Richard Legacy, L.L.C.	82-2090117
JLS Establishment, LLC	47-1938668
1555 MORGAN STREET LLC	85-1451319
William Christian Pfaender	56-2101924
Launch Leadership, Inc.	47-1914248
Indianapolis Restaurant Group Inc.	47-1944173
Jeffrey Brian O'Kelley	26-1110181
New Ventures Enterprises, LLC	47-5335317
Mtreadwell, Inc.	47-1960914
Black Knight 76 LLC	99-4038636
Bass Road Enterprises, LLC	81-2735552
Flamm Hospitality Group, LLC	82-2792102
RJarrell Enterprises, LLC	81-3097491
WS Hospitality, LLC	82-1777527

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2025****This Form Is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

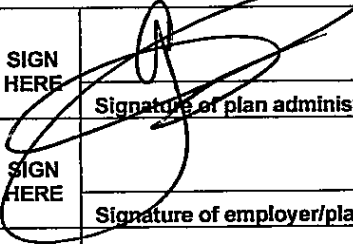
- A** This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report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

Part II Basic Plan Information—enter all requested information

1a Name of plan GIOA Benefit Trust Fund	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 01/01/2021
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Guardian Independent Operator Association, Inc. 1635 Old Hwy 41 Suite 112-351 Kennesaw GA 30152	2b Employer Identification Number (EIN) 85-1854365
	2c Plan Sponsor's telephone number 404-423-1140
	2d Business code (see instructions) 525100

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

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

SIGN HERE 	<u>8/24/26</u>	Glynnis Waters
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		
Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2025)
v. 250312