

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan LYONS & COMPANY, INC. MULTIPLE EMPLOYER PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 03/31/2008
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) LYONS & COMPANY, INC. P.O. BOX 1648 GADSDEN, AL 35902-1648
2b Employer Identification Number (EIN) 20-4033514
2c Plan Sponsor's telephone number 256-767-5900
2d Business code (see instructions) 541214

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	5381
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	4637
	<b>6a(2)</b>	2794
	<b>6b</b>	0
	<b>6c</b>	1263
	<b>6d</b>	4057
	<b>6e</b>	0
	<b>6f</b>	4057
	<b>6g(1)</b>	2224
<b>6g(2)</b>	2487	
<b>6h</b>	6	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2K 2R 2T 2V 3D

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

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

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

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

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

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

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

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

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

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

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan LYONS & COMPANY, INC. MULTIPLE EMPLOYER PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 LYONS & COMPANY, INC.	<b>D</b> Employer Identification Number (EIN) 20-4033514	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)...  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	489376	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MCDONALD FINANCIAL SERVICES, LLC

26-1955601

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISOR	113505	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LYONS & COMPANY, INC.

20-4033514

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	PLAN ADMINISTRATOR	113427	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SLAVIC MUTUAL FUND MANAGMNT CORP

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MGMT	108317	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>			
<b>A</b> Name of plan <b>LYONS &amp; COMPANY, INC. MULTIPLE EMPLOYER PLAN</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>B</b> Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><b>001</b></td> </tr> </table>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>		
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>LYONS &amp; COMPANY, INC.</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>D</b> Employer Identification Number (EIN) <b>20-4033514</b></td> </tr> </table>	<b>D</b> Employer Identification Number (EIN) <b>20-4033514</b>	
<b>D</b> Employer Identification Number (EIN) <b>20-4033514</b>			

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	219620	215531
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	202705	362309
<b>(3)</b> Other .....	<b>1b(3)</b>	13020	19085
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	1476431	1449037
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	69998094	77863526
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	71909870	79909488
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	71909870	79909488

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	3701744	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	7695085	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	1091526	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		12488355
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	101411	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		101411
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	2491954	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		2491954
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		6603437
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		21685157

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	10468319	
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		10468319
<b>f</b> Corrective distributions (see instructions) .....	2f		94064
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)	602803	
(3) Recordkeeping fees .....	2i(3)	221822	
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)		
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		824625
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		11387008

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		10298149
<b>l</b> Transfers of assets:			
(1) To this plan.....	2l(1)		96221
(2) From this plan .....	2l(2)		2394752

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
UNIVERSAL STORAGE GROUP 401(K) PLAN	90-0892640	001
SOUTH OAK TITLE HR 401(K) PLAN	93-3084241	002
COMFORT KEEPERS SWFL 401(K) PLAN	20-4876811	001
5 TALENTS, INC DBA HOME PROS 401(K) PLAN	32-0602303	002

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

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>LYONS &amp; COMPANY, INC. MULTIPLE EMPLOYER PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>LYONS &amp; COMPANY, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>20-4033514</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

1	
---	--

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 65-0708495

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 

3	
---	--

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline?.....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....  Yes  No  N/A

<b>Part III</b>	<b>Amendments</b>
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**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....  Yes  No

**11 a** Does the ESOP hold any preferred stock?.....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market?.....  Yes  No

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

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

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	<b>16b</b>	

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702352A.

<b>SCHEDULE MEP (Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</small>	<b>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code)  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>LYONS &amp; COMPANY, INC. MULTIPLE EMPLOYER PLAN</b>	<b>B</b> Three-digit Plan number (PN)..... ▶	<b>001</b>
<b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF <b>LYONS &amp; COMPANY, INC.</b>	<b>D</b> Administrator's EIN <b>20-4033514</b>	

**Part I Type of Multiple-Employer Pension Plan.** All multiple-employer pension plans must complete.

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

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

**Part II Participating Employer Information.**

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

<b>2a</b> Name of Participating Employer <b>LYONS COMPANY INC</b>	<b>2b</b> EIN <b>20-4033514</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>1.98</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>2410792</b>
<b>2a</b> Name of Participating Employer <b>THACKER CASKETS MANUFACTURING INC</b>	<b>2b</b> EIN <b>52-2136803</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>0.80</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>911499</b>

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

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

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

**Schedule MEP (2024)  
v. 240311**

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

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JIT SERVICES LLC	51-0515116	0.00	688469
CJR ENTERPRISES INC	20-1940389	0.61	980036
WINDWOOD INC COADOPTING COMPANIES	63-1113965	0.48	826006
PINSON VALLEY HEAT TREATING	63-0580832	1.39	2676035
EI INC	33-1054711	0.00	72080
MILTON ROAD RESIDENCE	63-0956001	0.09	112257
RAINBOW GOLD PRODUCTS INC	63-1224020	0.44	1702480
MEDICAL IMAGING SYSTEMS INC	63-0367592	0.72	1432178
SKYLINE RETIREMENT COMMUNITY	47-0494934	0.00	322973

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

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**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LYONS COMPANY INC SUSPENSE PLAN	55-2255252	0.00	638312
GANNETT GRAPHICS	63-1232746	0.30	820785
LEAP SERVICE PARTNERS LLC	20-0744468	8.53	2836244
CLASTRAN	63-1173997	0.36	335274
WILLIAM C POOLE LLC	26-2560187	0.00	2
KANA HOTELS INC	62-1587057	2.05	2346424
HARI HOSPITALITY LLC COADOPTING COMPANIES	46-3127499	0.16	82449
TUPELO HOTEL ENTERPRISE DBA HAMPTON INN SUITES BARNES CROS	26-1335004	0.00	3147
EAST COAST TRAILER EQUIPMENT CO INC	56-1100942	1.38	2173048

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GATEWAY COMMUNITIES LLC	56-2106740	0.00	945
MCGAVRAN ENGINEERING PC	56-1736077	0.00	558
J L PATTERSON CO INC DBA PATTERSON HEATING AIR CONDIT	56-0497099	0.51	774908
GODDARD TECHNICAL SERVICES DBA GTECHSERV	52-2398700	0.17	494722
PINPOINT INC	98-0546171	0.00	97893
GRAINGER LEGAL SERVICES LLC	20-0453809	0.20	18416
RIDGELAND HOTEL PARTNERS LLC	20-8307962	0.11	28675
ABILENE HOTEL PARTNERS LLC	20-4741981	0.01	495
SHANTI HOSPITALITY LLC	45-4716912	0.01	998

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MOORESVILLE HOTEL PARTNERS LLC	20-4932460	0.01	1534
STRAWPLAINS HOTEL PARTNERS LLC	20-3826029	0.00	2485
PROVIDENCE HOTEL PARTNERS LLC	45-3120801	0.09	71760
LENOIR CITY HOTEL PARTNERS LLC	20-1014299	0.01	6858
MOBILE HOTEL PARTNERS LLC	26-1381441	0.01	0
MATTESON HOTEL PARTNERS LLC	35-2310640	0.02	8179
ANUJ ASSOCIATES TN	26-2119241	0.02	33377
PARKSIDE HOTEL PARTNERS LLC	45-3971663	0.03	6829
CLINTON HOTEL PARTNERS LLC	35-2418459	0.02	3687

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

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TOWNSHIP HOSPITALITY PARTNERS LLC	26-2513241	0.00	0
GREENVILLE SBS HOTEL PARTNERS LLC	20-4371440	0.00	0
NEO CORPORATION	56-1452586	1.30	1123074
MURFREESBORO HOTEL PARTNERSHIP LLC	38-3902819	0.00	0
PATELMANG LLC	46-2577823	0.03	26245
AMERICAN ATLAS LLC	84-2700833	0.03	22797
ADVANCED TRANSPORTATION INC	80-0500665	0.00	1361
WELLS LAW GROUP PA	26-4677103	0.00	5553
QUALITY INDUSTRIES OF AMERICA INC	59-1608537	1.13	1149676

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ENVIRONMENTAL HOLDINGS GROUP LLC	11-3719126	0.00	164706
UNIVERSAL STORAGE GROUP LLC	90-0892640	0.00	0
KANA WEDGE LLC	81-1020966	0.00	16262
EAST CENTRAL ALABAMA AHEC	47-2298725	0.12	102827
NAPERVILLE HOTEL PARTNERS LLC DBA EMBASSY SUITES CHICAGO	46-3411323	0.00	10602
COLUMBUS HOTEL PARTNERS LLC DBA EMBASSY SUITES COLUMBUS	47-4857485	0.00	10775
TUSCALOOSA HOTEL PARTNERS LLC DBA SPRINGHILL SUITES MARRIOTT	46-5092913	0.02	13416
LOUISVILLE HOTEL PARTNERS LLC DBA HAMPTONHOME2	47-1677378	0.04	4340
NEWNAN HOTEL PARTNERS II LLC DBA HOLIDAY INN EXPRESS NEWNAN	46-4928893	0.01	869

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TEAM CREATIF USA	46-5427550	0.00	35438
SOUTHEAST ALABAMA AHEC	46-5765254	0.16	76011
NORTH ALABAMA AHEC	47-3017416	0.10	30312
WEST CENTRAL ALABAMA AHEC	46-3348173	0.12	91447
ROCUS GROUP LLC DBA ROCUS NETWORKS	47-2954825	0.00	83952
TENNESSEE CRYOGENICS INC	62-1660908	0.81	1437777
WELCOME HOME MINISTRIES	62-1515995	0.25	409617
BONNERS LAWN LANDSCAPING INC	62-1575197	0.00	894
BDRY WATERPROOFING INC	62-1573800	0.00	0

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WESTGATE CIRCLE PARTNERSPOWELL PLACE PARTNERS DBA CHESAPEAK	62-1828980	0.00	5149
AMERICAN LEASE PLANS INC	63-1066084	0.20	527163
MARK MOORE INSURANCE SERVICES INC	56-2105946	0.85	366280
WGBCTV LLC 2022	26-0181279	0.20	156385
JONESBORO TV LLC AND STAR CITY BROADCASTING LLC	47-1063663	0.00	111629
FUZE MANAGEMENT INC	61-1583140	0.00	11385
FINANCIAL RISK ANALYSTS LLC	06-1381405	0.00	521827
CAPITAL WEALTH ADVISORS LLC	41-5256857	0.05	48891
WHPMTVLLC	27-4506830	0.00	589

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DIGITAL DESIGNS INC	56-1272515	1.38	2008885
THIEL AUDIO PRODUCTS CO	22-5522152	0.00	50464
AMERICAN FAMILY RV	45-3505336	0.00	124998
UTILITY LINES INC	36-4840914	0.00	235133
PETER WITTWER NORTH AMERICA INC	59-3298613	0.89	690431
THOMPSON GRADING INC	58-1973369	0.36	353801
BLACK BELT COMMUNITY FOUNDATION	63-1270745	3.36	1455089
LOMAX ASSOCIATES OF NC INC	56-2116046	0.04	134094
RDI TECHNOLOGIES INC	81-4392719	5.26	3570872

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PETRO CHEMICAL ENERGY	63-1213331	0.07	32203
FREIGHTWORKS LLC	45-4535925	0.00	1
MOUNTAIN INSURANCE LLC	81-4315862	0.13	67357
TOWN CENTER HOTEL PARTNERS LLC	81-3438490	0.00	37
PROVIDENCE HOTEL PARTNERS II LLC DBA HAMPTON INN HUNTSVILLE	47-2932699	0.01	1317
ANALYTICS SOLUTION INC	85-0826610	0.90	313698
DJS REPAIR LLC	47-5615379	0.00	5833
FARNSWORTH LOGISTICS INC	90-0101228	0.61	702949
FARMER MORRIS LAW PLLC	20-1717117	0.04	10420

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CAULDER VALENTINE LAW FIRM PLLC	47-5135452	0.37	266000
KM BRIGGS LLC	26-1146497	0.07	52008
HAZARD CONTROL TECHNOLOGIES INC	65-0531333	0.08	14693
FARRIS PROPERTIES LLC	20-1683815	0.38	198687
SUNRISE HOMES INC	59-2575223	0.41	337636
MORGAN SQUARED LLC AFFILIATED COMPANIES	82-0872421	0.04	18170
HICKORY HILLS DENTAL CARE	83-1913433	0.24	110915
ALBERTVILLE CHAMBER OF COMMERCE	63-0346751	0.15	99102
IMPACT PHYSICIAN GROUP IN CHARGE MEDICAL PROFESSIONALS LLC	82-4390540	4.41	2276420

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QUALITY INVESTMENTS	56-1055918	1.07	1192490
SOUTH OAK TITLE LLC	45-3542311	0.00	0
ELAINE STERLING ENTERPRISES LLC	26-2218455	0.99	518190
MIDWEST MEDICAL ASSOCIATES INC	26-3082691	0.00	221723
DEBOTECH INC	56-2129082	1.61	1164939
SMACK APPAREL COMPANY	65-0841916	0.95	1439957
JRA MANAGEMENT LLC	83-2703822	0.02	268583
BREVARD HEALTH CARE LLC	32-0078898	0.32	210588
KANE STEEL IRON LLC	63-1218324	3.89	5623166

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NULOGIC MARKETING LLC	83-4268465	0.00	305
SUGARLOAF HOTEL PARTNERS LLC	47-2509484	0.08	76848
NATIONAL LOW T CLINIC	82-1110957	0.21	74089
SPACES REALTY LLC	20-3391152	1.66	1622578
GRO MARKETING LLC	83-1390943	1.48	347848
WILKA DOWNTOWN LLC	46-5695097	0.03	3338
MERIDIAN AUTOMATION AND COMMUNICATION INC	56-2198689	0.00	225025
CKCTB INC DBA COMFORT KEEPERS	20-4876811	0.50	0
PET CARE VETERINARY HOSPITAL LLC	84-2304725	0.61	318450

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ALLEGRA HEALTHCARE LLC	27-2060196	0.00	17992
SAFE FIRE PROTECTION INC	27-0376763	0.66	322255
HALL TANNER HARGETT PC	20-1635006	1.57	3223
MERINO ASSOCIATES LLC	27-4059881	0.81	364513
SOAR LEADERSHIP INSTITUTE	99-4765269	0.22	73774
PANKEY PROPERTIES LLC	63-1192397	0.86	1063597
PONDER PLUMBING LLC	81-4856227	0.42	179613
THE ACTUARIAL ADVANTAGE INC	23-3084875	1.66	585770
AGILE INFORMATION SERVICES CORPORATION	20-2977408	0.30	181443

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CONJET INC	85-4389277	0.08	24169
AGENCY FOR SUBSTANCE ABUSE PREVENTION	63-0649120	1.00	196550
5 TALENTS INC DBA THE HONEY DO SERVICE INC	32-0602303	0.00	0
AYRSLEY FAMILY DENTISTRY	32-0395499	0.70	243072
WHITE STONE LABS PARTICIPATING EMPLOYERS	84-4487138	0.90	475595
LAUDEN CORPORATION DBA EDIBLE ARRANGEMENTS	20-3010245	0.00	28576
ALTEL SYSTEMS GROUP INC	59-3533504	0.68	1777330
BROOKWOOD FLORIDA INC	59-0624387	0.11	186408
FAITHFUL BEGINNINGS INC	93-1627466	0.03	3321

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MOUNT ZION PROGRESSIVE MISSIONARY BAPTIST CHURCH INC	59-2308723	0.38	350502
FEXTEL INC DBA VICIDIAL GROUP	26-2252142	0.30	246830
WALDEN KIRKLAND INC	58-0828553	0.02	26799
ARCHITECTURAL COATINGS INC OF FLORIDA DBA ARCHITECTURAL CO	47-5043431	0.75	283697
RANDY HENRY CONTRACTING INC	20-1539724	1.26	1465126
RANDY HENRY HOLDINGS INC	81-2879537	0.13	56859
SOUTH GEORGIA TRACTOR INC	58-1346502	0.00	1774
ASCENT ANIMAL HEALTH INC	47-5165693	0.06	90673
TWENTY TWENTY ANALYTICS LLC	27-1243687	0.00	14835

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

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCRUBS N STUFF INC	20-2039480	0.22	383299
ROBOTIC PARKING SYSTEMS INC	38-3698624	0.12	242612
GJ 4K LLC	81-2798757	0.02	5399
COUNSELING LAS CRUCES	27-4274800	1.03	308460
EVERSOURCE WEALTH ADVISORS PARTICIPATING EMPLOYERS	81-5028704	5.31	2350114
4POINTS DENTAL DESIGNS INC	26-4140371	0.45	402364
VAPCO PRODUCTS INC	47-4797254	0.42	113253
NEW BOSTON VILLAGE PRIMARY CARE PC	01-0805320	0.44	3208612
COASTAL TELEVISION OF MERIDIAN LLC	87-1888903	1.71	768503

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PINNACLE CONSTRUCTIONS PARTNERS LLC	32-0203093	0.28	30575
CALCEAN MINERALS AND MATERIALS LLC	47-1911171	1.24	394282
PISCES USA LLC	38-4036511	0.21	48893
L2NL LLC	46-1041921	0.06	13138
FLATROCK ENTERTAINMENT GROUP LLC	87-3178345	0.57	305789
THE HONEY DO SERVICE	86-3481110	0.14	28596
HONEY DO FRANCHISING GROUP HONEY DOSERVICEINCBRISTOL	26-3314378	0.28	66192
TLC SERVICES INC DBA HONEY DO OF OWENSBORO	88-1918349	0.07	8880
CENTURION LABS LLC	06-1785940	0.84	442589

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TKMG ENTERPRISES DBA THE HONEY DO SERVICE INC	84-1870950	0.04	7703
JDOOR LLC	86-1619651	0.29	440774
KEYSTONE CONSTRUCTION	27-4349333	0.54	128773
MELANCON JEWELERS INC	72-0921391	0.17	849890
SHIV HOSPITALITY LLC	30-0690542	0.06	9575
RM PROPERTIES INCCOLUMNS HOTEL PARTNERS LLC	20-8049303	0.26	48450
PARK PLACE HOTEL PARTNERS LLC	81-4187211	0.10	13663
MDLS ENTERPRISES INC	26-2227783	0.22	41615
PUBLICATION MARKETING CORP DBA BOOKPAGE	63-0978085	0.81	1018247

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MOVE STORE LLC	90-0749468	2.46	655388
KINGS BAY PROPERTIES LLC	83-1619374	0.00	794
PENSACOLA HOTEL DOWNTOWN LLC	47-5132569	0.01	1587
ENSTO ELECTRICITY DISTRIBUTION INC	35-2773848	0.52	271071
LT ACQUISITION LLC DBA LONGHORN TUBE	88-4368583	0.13	61289
CUMBERLAND HOSPITALITY LLC	20-8015147	0.12	21172
WORLD RUGBY SHOP LLC	84-3910220	0.45	110822
BOTTLERS COMPANY INTERNATIONAL LLC	88-1330715	0.78	187491
FLAGSHIP TITLE OF TAMPA LLP	76-0705088	0.01	0

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KNOXVILLE HOTEL PARTNERS LLC	82-2509845	0.04	9099
GOPINATH LLCBALAJI LLC	20-2844726	0.06	10695
SHREE JALARAM BAPA ASSOCIATES LLC	27-1314348	0.08	9384
TALLAHASSEE HOTEL PARTNERS LLC	81-1585666	0.00	453
HATTIESBURG HP LLC	46-4110565	0.02	2615
YOGI HOTEL GROUP LLC	81-1241938	0.05	6701
MEARES PLUMBING INC	59-3287127	1.22	991025
SEED SOWERS LLC	92-1738603	1.98	375235
PRECISION TUNE AUTO CARE	46-3208780	0.25	36260

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LUSH MEDSPA LLCALLEGRA WELLNESS OF TUSCALOOSA	87-4203389	0.56	94167
A TOTAL SOLUTION LLC	47-4729912	0.35	56672
MORGAN CAPITAL MANAGEMENT LLC	47-5026285	0.13	16402
SABRE FINANCE	46-5457673	1.37	292246
WILLIAM JARNAGIN INSURANCE AGENCY	93-2223856	0.02	5709
J LANE CONSTRUCTION LLC	46-5146330	0.03	3805
GRAYBEARD TRANSPORT SOLUTIONS	85-2546348	0.20	23649
AINSWORTH BROWN COUNTY CARE CENTER	47-4304256	0.46	48443
SIDES TRADING COMPANY	83-1158951	0.04	3177

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SIDES OF TILLERY INC	20-0160672	0.00	27
REGAL HOSPITALITY GROUP INC	65-1143443	0.38	43604
BUTLER CONSTRUCTION CO LLC	63-1215372	0.24	27808
CENTRAL ALABAMA INDUSTRIAL INC	88-3156741	0.39	44067
BIRR ENTERPRISES DBA BREEZE BOAT LIFTS	86-3038758	0.15	16154
TK AND ASSOCIATES INC	84-4265971	0.03	3290
YOUR IT GUYS LLC	27-0783562	0.07	8335

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<b>Part III</b>	<b>Pooled Employer Plan Information</b>
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**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

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

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

ACK ID \_\_\_\_\_

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**Lyons & Company, Inc. Multiple Employer Plan**  
**EIN: 20-4033514 P/N: 001**  
**2024 Form 5500 - Audit Report and Audited Financial Statements**

Schedule H, Part III: As of the extended due date for filing the 2024 Form 5500 (October 15, 2025), the financial audit for the above-named retirement plan has not been completed. The auditors are diligently working on completing the audit in the near future. An amended Form 5500, along with the audit report, will be filed as soon as the audit report becomes finalized and available for attachment.

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF THE YEAR).

LYONS & COMPANY, INC. MULTIPLE EMPLOYER PLAN

PLAN # 001

EIN # 20-4033514

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Vanguard	VTSAX - Vanguard Total Stock Market Index Fund Admiral Shares		17,930,385
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Fund Admiral Shares		8,524,760
	Vanguard	VTTHX - Vanguard Target Retirement 2035 Fund Investor Shares		5,614,167
	Vanguard	VMFXX - Vanguard Federal Money Market Fund Investor Shares		4,897,241
	Vanguard	VTHRX - Vanguard Target Retirement 2030		4,284,514
	Vanguard	VCSAX - Vanguard Consumer Staples Index		3,846,408
	BlackRock	BTMKX - iShares MSCI EAFE International Index Fund Class K		2,871,716
	Vanguard	VTTVX - Vanguard Target Retirement 2025		2,799,462
	Vanguard	VFORX - Vanguard Target Retirement 2040 Fund Investor Shares		2,580,420
	Vanguard	VTIVX - Vanguard Target Retirement 2045		2,175,628
	Vanguard	VITAX - Vanguard Information Technology Index Fund Admiral Shares		2,046,439
	Gabelli Funds/Ssga	SVSPX - Ssga S&P Index 500		1,831,348
	Fidelity	FISDB - Fidelity Self-Directed Brokerage Account		1,430,821
	Vanguard	VFIFX - Vanguard Target Retirement 2050 Fund Investor Shares		1,415,152
	Vanguard	VFFVX - Vanguard Target Retirement 2055 Fund Investor Shares		1,410,128
	Fidelity	EQPGX - Fidelity Advisor® Equity Growth Fund		1,349,011
	Vanguard	VTINX - Vanguard Target Retirement Income Fund Investor Class		1,250,059
	Vanguard	VIMAX - Vanguard Mid-Cap Index Fund Admiral Shares		1,042,873
	Columbia	CDDYX - Columbia Dividend Income Fund Instl		929,048
	Vanguard	VTWNX - Vanguard Target Retirement 2020		904,323
	Vanguard	VUIAX - Vanguard Utilities Index Admiral		894,502
	Vanguard	VTTSX - Vanguard Target Retirement 2060 Fund Investor Shares		809,632
	Vanguard	VTIAX - Vanguard Total International Stock Index Fund Admiral Shares		717,211
	Vanguard	VSMAX - Vanguard Small-Cap Index Fund Admiral Shares		638,465
	Vanguard	VSGAX - Vanguard Small-Cap Growth Index Fund Admiral Shares		483,626
	Metlife	QDWFQ - MetLife Stable Value Fund GAC Series 25053 Class 0		456,004
	American Funds	RERGX - American Funds EuroPacific Growth Fund Class R6		428,260
	Vanguard	VEMAX - Vanguard Emerging Markets Stock Index Fund Admiral Shares		416,849
	Wells Fargo	WIPIX - Wells Fargo Core Plus Bond Fund Cl I		387,642
	Franklin/Templeton	FUFRX - Franklin Utilities Fund Class R6		368,288
	Allspring	IPBJX - Allspring Real Return Fund Class R6		366,585
	Vanguard	VGSLX - Vanguard Real Estate Index Fund Admiral Shares		327,697
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		325,544
	Principal	PHYTX - Principal Investors High Yield li		317,245
	Commerce	CFAGX - Commerce Midcap Growth		299,134
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		278,350
	Royce Funds	ROFIX - Royce Opportunity Fund Instl Cl		239,580
	Janus Henderson	JORFX - Janus Henderson Global Select Fund		204,446
	Prudential	PJNQX - Prudential Jennison Natural Resources Q		190,826
	Vanguard	VSGDX - Vanguard Short-Term Federal Fund Admiral Shares		159,433
	Columbia	CSBYX - Columbia Short Term Bond Fund Instl 3		108,140
	Oppenheimer Funds	OGMIX - Oppenheimer Gold & Special Minerals I		103,336
	Vanguard	VWILX - Vanguard Int'L Growth Admiral		79,390
	Hartford	HSNYX - Hartford Strategic Income Y		71,259
	Vanguard	VSVNX - Vanguard Target Retirement 2070		58,176
	MFS	MMUFX - MFS Utilities A		0
	Vanguard	VMMXX - Vanguard Money Market Prime		0
	Participant Loans	4.25% - 9.50%		1,449,037