

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:     a multiemployer plan     a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan     a DFE (specify) C

**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. . . . .

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>MFS GROWTH EQUITY FUND</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><u>596</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan</td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	<u>596</u>	<b>1c</b> Effective date of plan	
<b>1b</b> Three-digit plan number (PN) ▶	<u>596</u>				
<b>1c</b> Effective date of plan					
<b>2a</b> 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) <u>GREAT GRAY TRUST COMPANY, LLC</u>  <u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>2b</b> Employer Identification Number (EIN) <u>38-4126293</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number <u>866-427-6885</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)</td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) <u>38-4126293</u>	<b>2c</b> Plan Sponsor's telephone number <u>866-427-6885</u>	<b>2d</b> Business code (see instructions)	
<b>2b</b> Employer Identification Number (EIN) <u>38-4126293</u>					
<b>2c</b> Plan Sponsor's telephone number <u>866-427-6885</u>					
<b>2d</b> Business code (see instructions)					

**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.

<b>SIGN HERE</b>			
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2025</u>	<u>MATT FALCIANI</u>
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <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>
<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.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> 0 <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

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

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

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

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u> (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" 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 D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan 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 <u>MFS GROWTH EQUITY FUND</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>596</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>38-4126293</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MFS GROWTH EQUITY FUND CLASS 8W</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>MFS HERITAGE TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>57-1187281-015</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1710735383</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	2U, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	2U, INC.	<b>c</b> EIN-PN 26-2335939-001
<b>a</b>	Plan name	ACCESS TELECARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACCESS TELECARE, LLC	<b>c</b> EIN-PN 20-1394099-001
<b>a</b>	Plan name	AG WORKERS INSURANCE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AGRICULTURAL WORKERS MUTUAL AUTO INSURANCE CO	<b>c</b> EIN-PN 75-0749877-002
<b>a</b>	Plan name	ALLIED UNIVERSAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSAL SERVICES OF AMERICA	<b>c</b> EIN-PN 27-1562945-001
<b>a</b>	Plan name	AMERICAN SYSTEMS CORPORATION EMPLOYEE SAVINGS AND SECURITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN SYSTEMS 401(K)	<b>c</b> EIN-PN 54-0962497-002
<b>a</b>	Plan name	APTEVO THERAPEUTICS DEFINED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	APTEVO THERAPEUTIC, INC.	<b>c</b> EIN-PN 81-1567056-001
<b>a</b>	Plan name	ARMORTEX, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARMORTEX, INC.	<b>c</b> EIN-PN 74-2454087-001
<b>a</b>	Plan name	ASTC EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APPLICATIONS SOFTWARE TECHNOLOGY LLC	<b>c</b> EIN-PN 36-4038140-001
<b>a</b>	Plan name	ASU ENTERPRISE PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASU ENTERPRISE PARTNERS	<b>c</b> EIN-PN 47-5599177-001
<b>a</b>	Plan name	AUI PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AUI PARTNERS, LLC	<b>c</b> EIN-PN 47-5523903-001
<b>a</b>	Plan name	BARRY-WEHMILLER COMPANIES 401(K) PLAN FOR BARGAINING UNIT EMPLOYEES	
<b>b</b>	Name of plan sponsor	BARRY-WEHMILLER COMPANIES, INC.	<b>c</b> EIN-PN 43-0172560-003
<b>a</b>	Plan name	BARRY-WEHMILLER COMPANIES 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BARRY-WEHMILLER COMPANIES, INC.	<b>c</b> EIN-PN 43-0172560-002

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b> Plan name	BERRY PETROLEUM COMPANY, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	BERRY PETROLEUM COMPANY, LLC	<b>c</b> EIN-PN 77-0079387-003
<b>a</b> Plan name	BROWNSBORO PARK 401(K) PLAN	
<b>b</b> Name of plan sponsor	BUNKER HILL ASSOCIATES III, LLC DBA BROWNBORO PARK	<b>c</b> EIN-PN 20-5657462-001
<b>a</b> Plan name	BRP US INC. 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	BRP US INC.	<b>c</b> EIN-PN 37-1341308-001
<b>a</b> Plan name	CABOT 401(K) PLAN	
<b>b</b> Name of plan sponsor	CABOT CORPORATION	<b>c</b> EIN-PN 04-2271897-022
<b>a</b> Plan name	CAMBIUM LEARNING PROFIT SHARING RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	CAMBIUM LEARNING GROUP, INC.	<b>c</b> EIN-PN 27-0587428-101
<b>a</b> Plan name	CAPITAL SOUTHWEST CORPORATION EMPLOYEE SAVINGS PLAN	
<b>b</b> Name of plan sponsor	CAPITAL SOUTHWEST CORPORATION	<b>c</b> EIN-PN 75-1072796-001
<b>a</b> Plan name	CAPSTONE RESTAURANT GROUP 401(K) PLAN	
<b>b</b> Name of plan sponsor	LBE HOLDINGS, LLC	<b>c</b> EIN-PN 46-1545205-001
<b>a</b> Plan name	CASCADE DRILLING LP AND ITS SUBSIDIARIES 401(K) RETIREMENT PLAN AND TRUST	
<b>b</b> Name of plan sponsor	CASCADE DRILLING LP, AND ITS SUBSIDIARIES	<b>c</b> EIN-PN 27-0642404-001
<b>a</b> Plan name	CCDC, INC. 401(K) P/S PLAN	
<b>b</b> Name of plan sponsor	CCDC, INC.	<b>c</b> EIN-PN 45-0404698-001
<b>a</b> Plan name	CENTRAL CALIFORNIA FACULTY MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	CENTRAL CALIFORNIA FACULTY MEDICAL GROUP, INC.	<b>c</b> EIN-PN 94-2613220-002
<b>a</b> Plan name	CENTRAL VALLEY COMMUNITY BANK RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	CENTRAL VALLEY COMMUNITY BANK	<b>c</b> EIN-PN 94-2589722-001
<b>a</b> Plan name	CHESAPEAKE FINANCIAL SHARES, INC. 401K PROFIT	
<b>b</b> Name of plan sponsor	CHESAPEAKE FINANCIAL SHARES, INC.	<b>c</b> EIN-PN 54-1210845-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name CHICAGO HISTORICAL SOCIETY DEFINED CONTRIBUTION PENSION PLAN	
<b>b</b>	Name of plan sponsor CHICAGO HISTORICAL SOCIETY	<b>c</b> EIN-PN 36-2167004-002
<b>a</b>	Plan name CIS GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CIS GROUP, LLC	<b>c</b> EIN-PN 11-3702968-001
<b>a</b>	Plan name CITY OF LENEXA 401A DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor CITY OF LENEXA	<b>c</b> EIN-PN 48-6085044-401
<b>a</b>	Plan name CLARK GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CLARK CONSTRUCTION GROUP LLC	<b>c</b> EIN-PN 56-2447399-001
<b>a</b>	Plan name COGNOSANTE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor COGNOSANTE, LLC	<b>c</b> EIN-PN 68-0121468-001
<b>a</b>	Plan name COMMERCIAL BANK OF GRAYSON 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor COMMERCIAL BANK OF GRAYSON	<b>c</b> EIN-PN 61-1051197-001
<b>a</b>	Plan name CONSTANT CONTACT INC. 401K PLAN	
<b>b</b>	Name of plan sponsor CONSTANT CONTACT, INC.	<b>c</b> EIN-PN 04-3285398-001
<b>a</b>	Plan name COUNTY OF HENRICO 457 DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor COUNTY OF HENRICO VIRGINIA	<b>c</b> EIN-PN 54-6001344-457
<b>a</b>	Plan name CSW INDUSTRIALS, INC. EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CSW INDUSTRIALS, INC.	<b>c</b> EIN-PN 47-2266942-003
<b>a</b>	Plan name CUMULUS MEDIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor CUMULUS RADIO CORPORATION	<b>c</b> EIN-PN 86-0703641-001
<b>a</b>	Plan name CVR ENERGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor CVR SERVICES, LLC	<b>c</b> EIN-PN 20-0252115-001
<b>a</b>	Plan name DEWITT TOOL CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DEWITT TOOL CO., INC.	<b>c</b> EIN-PN 59-2010879-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DOLLAR SHAVE CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOLLAR SHAVE CLUB	<b>c</b> EIN-PN 45-4200533-001
<b>a</b>	Plan name	EMPLOYEE RETIREMENT SAVINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EAGLE CREEK RE MANAGEMENT, LLC	<b>c</b> EIN-PN 27-2472732-001
<b>a</b>	Plan name	ENCINO ENERGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENCINO ENERGY, LLC	<b>c</b> EIN-PN 45-3116892-001
<b>a</b>	Plan name	ENERGY TRANSFER LP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENERGY TRANSFER LP	<b>c</b> EIN-PN 30-0108820-001
<b>a</b>	Plan name	EPIQ 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DOCUMENT TECHNOLOGIES, LLC	<b>c</b> EIN-PN 58-2413793-001
<b>a</b>	Plan name	EVERGY, INC. 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EVERGY, INC.	<b>c</b> EIN-PN 82-2733395-006
<b>a</b>	Plan name	FARALLON MEDICAL ALLIANCE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FARALLON MEDICAL ALLIANCE, LLC	<b>c</b> EIN-PN 47-2544148-001
<b>a</b>	Plan name	FARMERS BANK OF MILTON 401K PLAN	
<b>b</b>	Name of plan sponsor	THE FARMERS BANK OF MILTON	<b>c</b> EIN-PN 61-0188957-001
<b>a</b>	Plan name	FERMA CORPORATION PROFIT SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FERMA CORPORATION	<b>c</b> EIN-PN 94-1592184-001
<b>a</b>	Plan name	FERMA CORPORATION PS AND SP FOREMOST RECYCLING	
<b>b</b>	Name of plan sponsor	FOREMOST RECYCLING	<b>c</b> EIN-PN 87-3482581-001
<b>a</b>	Plan name	FIRST NATIONAL BANK OF KENTUCKY RETIREMENT SAVINGS	
<b>b</b>	Name of plan sponsor	FIRST NATIONAL BANK OF KENTUCKY	<b>c</b> EIN-PN 61-0151744-002
<b>a</b>	Plan name	FORCEPOINT 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FORCEPOINT LLC	<b>c</b> EIN-PN 47-5289064-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	FREEDOM CORRUGATED, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FREEDOM CORRUGATED, LLC	<b>c</b> EIN-PN 03-0471147-001
<b>a</b>	Plan name	GENESISCARE USA, INC. PROFIT SHARING 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GENESISCARE USA, INC.	<b>c</b> EIN-PN 65-0768951-001
<b>a</b>	Plan name	GOLD CANYON GOLF RESORT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GOLD CANYON ENTERPRISES M&M LLC	<b>c</b> EIN-PN 85-1560000-001
<b>a</b>	Plan name	GUHRING, INC. SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GUHRING, INC.	<b>c</b> EIN-PN 39-1306795-001
<b>a</b>	Plan name	HARRIS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ONEHARRIS, INC.	<b>c</b> EIN-PN 26-2555561-001
<b>a</b>	Plan name	HARRIS STEEL COMPANY EMPLOYEES' BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HARRIS STEEL COMPANY	<b>c</b> EIN-PN 36-2153338-001
<b>a</b>	Plan name	HEALTHTEXAS MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PHYSICIAN PRIME CARE DBA HEALTHTEXAS MEDICAL GROUP OF SAN ANTONIO	<b>c</b> EIN-PN 74-2727562-001
<b>a</b>	Plan name	I-CAR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INTER-INDUSTRY CONFERENCE ON AUTO COLLISION REPAIR (I-CAR)	<b>c</b> EIN-PN 36-3117579-002
<b>a</b>	Plan name	IDAHO PACIFIC HOLDINGS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	IDAHO PACIFIC HOLDINGS	<b>c</b> EIN-PN 43-1806118-001
<b>a</b>	Plan name	INSTITUTE FOR CREATION RESEARCH RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	INSTITUTE FOR CREATION RESEARCH	<b>c</b> EIN-PN 95-3523177-001
<b>a</b>	Plan name	INSULATING SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INSULATING SERVICES, INC.	<b>c</b> EIN-PN 56-1052301-001
<b>a</b>	Plan name	INTEGRA REALTY RESOURCES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	INTEGRA REALTY RESOURCES, INC.	<b>c</b> EIN-PN 58-2471341-333

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name INTEGRITY BANK FOR BUSINESS 401K PLAN	
<b>b</b>	Name of plan sponsor INTEGRITY BANK FOR BUSINESS	<b>c</b> EIN-PN 85-2296880-001
<b>a</b>	Plan name IVC 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTERNATIONAL VITAMIN CORPORATION	<b>c</b> EIN-PN 27-1354354-001
<b>a</b>	Plan name J. TAYLOR & ASSOCIATES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor J. TAYLOR & ASSOCIATES, LLC	<b>c</b> EIN-PN 75-2795393-001
<b>a</b>	Plan name JETTA OPERATING CO 401(K) PLAN	
<b>b</b>	Name of plan sponsor JETTA OPERATING COMPANY, INC.	<b>c</b> EIN-PN 75-2765486-001
<b>a</b>	Plan name JUPITER INTELLIGENCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JUPITER INTELLIGENCE, INC.	<b>c</b> EIN-PN 81-5372197-001
<b>a</b>	Plan name KANAWHA CAPITAL MANAGEMENT, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KANAWHA CAPITAL MANAGEMENT, LLC	<b>c</b> EIN-PN 54-2057740-001
<b>a</b>	Plan name KAUFMAN, HALL & ASSOCIATES, LLC RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor KAUFMAN, HALL & ASSOCIATES, LLC	<b>c</b> EIN-PN 47-2564584-002
<b>a</b>	Plan name KEITER, STEPHENS, HURST, GARY & SHREAVES 401(K) PLAN	
<b>b</b>	Name of plan sponsor KEITER, STEPHENS, HURST, GARY	<b>c</b> EIN-PN 54-1631262-001
<b>a</b>	Plan name KENTUCKY BANKERS ASSOCIATION EMPLOYEE'S RETIREMENT	
<b>b</b>	Name of plan sponsor KENTUCKY BANKERS ASSOCIATION	<b>c</b> EIN-PN 61-0244750-002
<b>a</b>	Plan name KEYSTONE STRATEGY LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor KEYSTONE STRATEGY LLC	<b>c</b> EIN-PN 76-0838207-001
<b>a</b>	Plan name LL GLOBAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LL GLOBAL, INC.	<b>c</b> EIN-PN 26-1339203-001
<b>a</b>	Plan name LPA, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LPA, INC.	<b>c</b> EIN-PN 95-2693579-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>MAXAR 401K PS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MAXAR TECHNOLOGIES INC</b>	<b>c</b> EIN-PN <b>98-0544351-001</b>
<b>a</b>	Plan name <b>MESSER RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MESSER NORTH AMERICA INC</b>	<b>c</b> EIN-PN <b>20-1043281-007</b>
<b>a</b>	Plan name <b>METHOD TECHNOLOGIES INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>METHOD TECHNOLOGIES INC.</b>	<b>c</b> EIN-PN <b>20-8835575-001</b>
<b>a</b>	Plan name <b>MILLE LACS CORPORATE VENTURES RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MILLE LACS CORPORATE VENTURES</b>	<b>c</b> EIN-PN <b>41-1886671-001</b>
<b>a</b>	Plan name <b>MINDBODY, INC. 401-K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MINDBODY, INC.</b>	<b>c</b> EIN-PN <b>20-1898451-001</b>
<b>a</b>	Plan name <b>MOON VALLEY NURSERIES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MOON VALLEY NURSERIES INTERMEDIATE HOLDING LLC</b>	<b>c</b> EIN-PN <b>87-2886053-001</b>
<b>a</b>	Plan name <b>MOUNTAINGATE CAPITAL RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MOUNTAINGATE MANAGEMENT CO., LLC</b>	<b>c</b> EIN-PN <b>81-1753058-001</b>
<b>a</b>	Plan name <b>NASCAR EMPLOYEE 401 (K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NATIONAL ASSOCIATION FOR STOCK CAR AUTO RACING, LLC</b>	<b>c</b> EIN-PN <b>59-0579570-001</b>
<b>a</b>	Plan name <b>NATIONAL BANKSHARES, INC. RETIREMENT INCOME PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NATIONAL BANKSHARES, INC.</b>	<b>c</b> EIN-PN <b>54-1375874-001</b>
<b>a</b>	Plan name <b>NEOVIA LOGISTICS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEOVIA LOGISTICS DISTRIBUTION, LP</b>	<b>c</b> EIN-PN <b>80-0610333-001</b>
<b>a</b>	Plan name <b>NEW ENGLAND TECH-AIR 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEW ENGLAND TECH-AIR, INC.</b>	<b>c</b> EIN-PN <b>01-0415181-001</b>
<b>a</b>	Plan name <b>NIDEC MOTOR CORPORATION EMPLOYEE SAVINGS INVESTMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NIDEC MOTOR CORPORATION</b>	<b>c</b> EIN-PN <b>27-3330722-001</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b> Plan name	OSAIC, INC. PROFIT SHARING & 401(K) PLAN	
<b>b</b> Name of plan sponsor	OSAIC, INC.	<b>c</b> EIN-PN 86-0623854-002
<b>a</b> Plan name	PINTEREST 401(K) PLAN	
<b>b</b> Name of plan sponsor	PINTEREST, INC.	<b>c</b> EIN-PN 26-3607126-001
<b>a</b> Plan name	POWELL VALLEY BANKSHARES, INC. 401K PLAN	
<b>b</b> Name of plan sponsor	POWELL VALLEY NATIONAL BANK	<b>c</b> EIN-PN 54-1458878-002
<b>a</b> Plan name	POWER PLANT MANAGEMENT SERVICES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	POWER PLANT MANAGEMENT SERVICES, LLC	<b>c</b> EIN-PN 20-5602167-001
<b>a</b> Plan name	POWER SERVICE PRODUCTS, INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	POWER SERVICE PRODUCTS, INC.	<b>c</b> EIN-PN 75-1526963-004
<b>a</b> Plan name	PRESS GANEY ASSOCIATES LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b> Name of plan sponsor	PRESS GANEY ASSOCIATES LLC	<b>c</b> EIN-PN 35-1646289-001
<b>a</b> Plan name	PURE FISHING, INC RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	PURE FISHING, INC	<b>c</b> EIN-PN 42-0784220-001
<b>a</b> Plan name	RANGE RESOURCES CORPORATION 401(K) PLAN	
<b>b</b> Name of plan sponsor	RANGE RESOURCES CORPORATION	<b>c</b> EIN-PN 34-1312571-002
<b>a</b> Plan name	REALPAGE, INC. 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	REALPAGE, INC	<b>c</b> EIN-PN 75-2788861-001
<b>a</b> Plan name	REPUBLIC PLASTICS 401(K) PLAN	
<b>b</b> Name of plan sponsor	REPUBLIC PLASTICS, LTD	<b>c</b> EIN-PN 74-2861781-001
<b>a</b> Plan name	RIM LOGISTICS, LTD. 401K PLAN	
<b>b</b> Name of plan sponsor	RIM LOGISTICS, LTD	<b>c</b> EIN-PN 36-4163840-001
<b>a</b> Plan name	RIO GRANDE UROLOGY, P.A. 401(K) PLAN	
<b>b</b> Name of plan sponsor	RIO GRANDE UROLOGY, P.A.	<b>c</b> EIN-PN 61-1519241-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>RJW LOGISTICS GROUP, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RJW LOGISTICS, INC.</b>	<b>c</b> EIN-PN <b>83-3562221-001</b>
<b>a</b>	Plan name <b>RUSIN &amp; MACIOROWSKI, LTD. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RUSIN &amp; MACIOROWSKI, LTD.</b>	<b>c</b> EIN-PN <b>36-3294942-001</b>
<b>a</b>	Plan name <b>S.J. SMITH CO., INC. EMPLOYEES' PROFIT SHARING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>S.J. SMITH CO., INC.</b>	<b>c</b> EIN-PN <b>42-0842910-001</b>
<b>a</b>	Plan name <b>SACHEM, INC. EMPLOYEES PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SACHEM, INC.</b>	<b>c</b> EIN-PN <b>74-2286932-001</b>
<b>a</b>	Plan name <b>SALLY BEAUTY 401(K) AND PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SALLY BEAUTY HOLDINGS, INC.</b>	<b>c</b> EIN-PN <b>36-2257936-006</b>
<b>a</b>	Plan name <b>SALLY BEAUTY DE PUERTO RICO, INC. CODA PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SALLY BEAUTY HOLDINGS, INC</b>	<b>c</b> EIN-PN <b>66-0492477-001</b>
<b>a</b>	Plan name <b>SAN FRANCISCO EMERGENCY MEDICAL ASSOCIATES, INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SAN FRANCISCO EMERGENCY MEDICAL ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>94-3278555-001</b>
<b>a</b>	Plan name <b>SAVE MART COMPANIES RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE SAVE MART COMPANIES</b>	<b>c</b> EIN-PN <b>94-1245496-003</b>
<b>a</b>	Plan name <b>SBA CASH BALANCE PENSION PLAN FOR BANK OF BOTETOURT</b>	
<b>b</b>	Name of plan sponsor <b>BANK OF BOTETOURT</b>	<b>c</b> EIN-PN <b>54-0132390-001</b>
<b>a</b>	Plan name <b>SBA CASH BALANCE PENSION PLAN FOR CITIZENS &amp; FARMERS BANK</b>	
<b>b</b>	Name of plan sponsor <b>CITIZENS &amp; FARMERS BANK</b>	<b>c</b> EIN-PN <b>54-0169510-001</b>
<b>a</b>	Plan name <b>SBA CASH BALANCE PENSION PLAN FOR THE FARMERS BANK OF APPOMATTOX</b>	
<b>b</b>	Name of plan sponsor <b>THE FARMERS BANK OF APPOMATTOX</b>	<b>c</b> EIN-PN <b>54-0208150-001</b>
<b>a</b>	Plan name <b>SBA CASH BALANCE PENSION PLAN FOR VIRGINIA BANKERS ASSOCIATION</b>	
<b>b</b>	Name of plan sponsor <b>VIRGINIA BANKERS ASSOCIATION</b>	<b>c</b> EIN-PN <b>54-0417722-001</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name SBA DEFINED CONTRIBUTION PLAN FOR BANK OF CLARKE	
<b>b</b>	Name of plan sponsor BANK OF CLARKE	<b>c</b> EIN-PN 54-0132450-002
<b>a</b>	Plan name SBA DEFINED CONTRIBUTION PLAN FOR BANKERS INSURANCE, LLC	
<b>b</b>	Name of plan sponsor BANKERS INSURANCE, LLC	<b>c</b> EIN-PN 54-1948974-001
<b>a</b>	Plan name SBA DEFINED CONTRIBUTION PLAN FOR C&F MORTGAGE CORPORATION	
<b>b</b>	Name of plan sponsor C&F MORTGAGE CORPORATION	<b>c</b> EIN-PN 54-1773964-001
<b>a</b>	Plan name SBA DEFINED CONTRIBUTION PLAN FOR CAPITAL CENTER,	
<b>b</b>	Name of plan sponsor CAPITAL CENTER, LLC	<b>c</b> EIN-PN 54-1862878-001
<b>a</b>	Plan name SBA DEFINED CONTRIBUTION PLAN FOR CITIZENS BANK AND TRUST COMPANY	
<b>b</b>	Name of plan sponsor CITIZENS BANK AND TRUST COMPANY	<b>c</b> EIN-PN 54-0169450-003
<b>a</b>	Plan name SBA DEFINED CONTRIBUTION PLAN FOR FARMERS & MERCHANTS BANK	
<b>b</b>	Name of plan sponsor FARMERS & MERCHANTS BANK	<b>c</b> EIN-PN 54-0208040-002
<b>a</b>	Plan name SBA DEFINED CONTRIBUTION PLAN FOR FIRST NATIONAL BANK	
<b>b</b>	Name of plan sponsor FIRST NATIONAL BANK	<b>c</b> EIN-PN 54-0211100-002
<b>a</b>	Plan name SBA DEFINED CONTRIBUTION PLAN FOR LOCUS	
<b>b</b>	Name of plan sponsor LOCUS	<b>c</b> EIN-PN 86-3988949-001
<b>a</b>	Plan name SBA DEFINED CONTRIBUTION PLAN FOR NCBA	
<b>b</b>	Name of plan sponsor NORTH CAROLINA BANKERS ASSOCIATION	<b>c</b> EIN-PN 56-0340440-001
<b>a</b>	Plan name SBA DEFINED CONTRIBUTION PLAN FOR PIONEER BANKSHARES	
<b>b</b>	Name of plan sponsor PIONEER BANKSHARES, INC.	<b>c</b> EIN-PN 54-1278721-003
<b>a</b>	Plan name SBA DEFINED CONTRIBUTION PLAN FOR PRIMIS BANK	
<b>b</b>	Name of plan sponsor PRIMIS BANK	<b>c</b> EIN-PN 20-2453966-002
<b>a</b>	Plan name SBA DEFINED CONTRIBUTION PLAN FOR TRUPOINT BANK	
<b>b</b>	Name of plan sponsor TRUPOINT BANK	<b>c</b> EIN-PN 54-0924883-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SBA DEFINED CONTRIBUTION PLAN FOR VILLAGE BANK AND TRUST FINANCIAL CORPORATION	
<b>b</b>	Name of plan sponsor	VILLAGE BANK AND TRUST FINANCIAL	<b>c</b> EIN-PN 16-1694602-001
<b>a</b>	Plan name	SBA MASTER DEFINED BENEFIT PLAN FOR BANK OF SOUTHSIDE VIRGINIA	
<b>b</b>	Name of plan sponsor	BANK OF SOUTHSIDE VIRGINIA	<b>c</b> EIN-PN 54-0133000-001
<b>a</b>	Plan name	SBA MASTER DEFINED BENEFIT PLAN FOR SKYLINE NATIONAL BANK	
<b>b</b>	Name of plan sponsor	THE SKYLINE NATIONAL BANK	<b>c</b> EIN-PN 54-0228860-001
<b>a</b>	Plan name	SERVICENOW, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SERVICENOW, INC.	<b>c</b> EIN-PN 20-2056195-001
<b>a</b>	Plan name	SOPHOS, INC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SOPHOS, INC	<b>c</b> EIN-PN 04-3328310-002
<b>a</b>	Plan name	SPOTSEE EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SPOTSEE HOLDINGS	<b>c</b> EIN-PN 75-1842481-003
<b>a</b>	Plan name	SPRUCE BIOSCIENCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPRUCE BIOSCIENCES, INC.	<b>c</b> EIN-PN 81-2154263-001
<b>a</b>	Plan name	STP NUCLEAR OPERATING COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STP NUCLEAR OPERATING COMPANY	<b>c</b> EIN-PN 76-0517597-001
<b>a</b>	Plan name	SUNOCO RETAIL STORE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUNOCO GP LLC RETAIL STORE PLAN	<b>c</b> EIN-PN 90-0857728-010
<b>a</b>	Plan name	TETCO, INC. EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TETCO, INC.	<b>c</b> EIN-PN 74-2240616-001
<b>a</b>	Plan name	THE ALERISLIFE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ALERISLIFE INC.	<b>c</b> EIN-PN 04-3516029-001
<b>a</b>	Plan name	THE ECOLOGY GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ECOLOGY AUTO PARTS, INC.	<b>c</b> EIN-PN 95-2502434-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name THE HARFORD MUTUAL INSURANCE COMPANY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE HARFORD MUTUAL INSURANCE COMPANY	<b>c</b> EIN-PN 52-0424840-002
<b>a</b>	Plan name THE INTEC GROUP, INC. PROFIT SHARING AND INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE INTEC GROUP, INC.	<b>c</b> EIN-PN 36-2252492-001
<b>a</b>	Plan name THE MARVIN COMPANIES PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARVIN LUMBER AND CEDAR COMPANY	<b>c</b> EIN-PN 41-0396845-001
<b>a</b>	Plan name THE MITRE CORPORATION QUALIFIED RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE MITRE CORPORATION	<b>c</b> EIN-PN 04-2239742-002
<b>a</b>	Plan name THE NP-USA GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NIPPON PAINT (USA) INC.	<b>c</b> EIN-PN 51-0324807-001
<b>a</b>	Plan name THE SHAPE TECHNOLOGIES GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor SHAPE TECHNOLOGIES GROUP, INC.	<b>c</b> EIN-PN 46-3275009-002
<b>a</b>	Plan name THE STEP2 COMPANY 401K RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor THE STEP2 COMPANY LLC	<b>c</b> EIN-PN 20-4605472-001
<b>a</b>	Plan name THE UNITED STATES PHARMACOPEIAL CONVENTION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE UNITED STATES PHARMACOPEIAL CONVENTION	<b>c</b> EIN-PN 13-1656692-002
<b>a</b>	Plan name TOTAL TOOL SUPPLY INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TOTAL TOOL SUPPLY, INC.	<b>c</b> EIN-PN 41-1292260-001
<b>a</b>	Plan name TSS LLC 401(K)	
<b>b</b>	Name of plan sponsor TECHNICAL SAFETY SERVICES, LLC	<b>c</b> EIN-PN 68-0121933-001
<b>a</b>	Plan name UNITED SERVICE ORGANIZATIONS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor UNITED SERVICE ORGANIZATIONS, INC.	<b>c</b> EIN-PN 13-1610451-002
<b>a</b>	Plan name UNITEDLEX 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNITEDLEX CORPORATION	<b>c</b> EIN-PN 20-5529066-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	VARO RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VARO MONEY, INC.	<b>c</b> EIN-PN 47-5457481-001
<b>a</b>	Plan name	VBA DEFINED CONTRIBUTION PLAN FOR BANKERS TITLE	
<b>b</b>	Name of plan sponsor	BANKERS TITLE SHENANDOAH, LLC	<b>c</b> EIN-PN 54-1844333-001
<b>a</b>	Plan name	VBA DEFINED CONTRIBUTION PLAN FOR COMMUNITY	
<b>b</b>	Name of plan sponsor	COMMUNITY BANKERS BANK	<b>c</b> EIN-PN 54-1322807-002
<b>a</b>	Plan name	VBA DEFINED CONTRIBUTION PLAN FOR HIGHLANDS	
<b>b</b>	Name of plan sponsor	HIGHLANDS COMMUNITY BANK	<b>c</b> EIN-PN 54-2038135-001
<b>a</b>	Plan name	VBA DEFINED CONTRIBUTION PLAN FOR LEE BANK & TRUST	
<b>b</b>	Name of plan sponsor	LEE BANK & TRUST COMPANY	<b>c</b> EIN-PN 54-0279494-002
<b>a</b>	Plan name	VBA DEFINED CONTRIBUTION PLAN FOR OAK VIEW	
<b>b</b>	Name of plan sponsor	OAK VIEW NATIONAL BANK	<b>c</b> EIN-PN 26-2656117-001
<b>a</b>	Plan name	VBA DEFINED CONTRIBUTION PLAN FOR OLD DOMINION	
<b>b</b>	Name of plan sponsor	OLD DOMINION NATIONAL BANK	<b>c</b> EIN-PN 20-1286388-001
<b>a</b>	Plan name	VBA DEFINED CONTRIBUTION PLAN FOR THE BANK OF	
<b>b</b>	Name of plan sponsor	THE BANK OF MARION	<b>c</b> EIN-PN 54-0132780-002
<b>a</b>	Plan name	VBA DEFINED CONTRIBUTION PLAN FOR VIRGINIA TITLE	
<b>b</b>	Name of plan sponsor	VIRGINIA TITLE CENTER, LLC	<b>c</b> EIN-PN 54-1639926-001
<b>a</b>	Plan name	VBA MASTER DEFINED BENEFIT PLAN FOR VIRGINIA BANK & TRUST COMPANY	
<b>b</b>	Name of plan sponsor	VIRGINIA BANK & TRUST COMPANY	<b>c</b> EIN-PN 54-0419610-001
<b>a</b>	Plan name	VINCI CONSTRUCTION USA 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VINCI CONSTRUCTION USA	<b>c</b> EIN-PN 74-1919546-002
<b>a</b>	Plan name	VIRGINIA PHYSICIANS FOR WOMEN, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VIRGINIA PHYSICIANS FOR WOMEN, LTD	<b>c</b> EIN-PN 54-1001246-001

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**  
 (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

<b>a</b> Plan name	VISTA MANAGING SERVICES 401(K) PLAN	
<b>b</b> Name of plan sponsor	VISTA MANAGING SERVICES, LLC	<b>c</b> EIN-PN 88-0742465-001
<b>a</b> Plan name	WACKENHUT SERVICES INC. 401(K) AND RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	CONSTELLIS	<b>c</b> EIN-PN 59-0940269-007
<b>a</b> Plan name	WATER.ORG 401(K) PLAN	
<b>b</b> Name of plan sponsor	WATER.ORG	<b>c</b> EIN-PN 58-2060131-001
<b>a</b> Plan name	WESTMINSTER PET PRODUCTS 401(K) PLAN	
<b>b</b> Name of plan sponsor	WPP ACQUISITION, LLC	<b>c</b> EIN-PN 85-1915602-002
<b>a</b> Plan name	WIELAND NORTH AMERICA, INC. RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	WIELAND NORTH AMERICA, INC.	<b>c</b> EIN-PN 06-1826564-001
<b>a</b> Plan name	XYZ GRAPHICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	XYZ GRAPHICS, INC	<b>c</b> EIN-PN 94-3397174-001
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<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>	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 <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>MFS GROWTH EQUITY FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>596</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GREAT GRAY TRUST COMPANY, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>38-4126293</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>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	1078491	1466340
<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>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	1221549882	1710735383
<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>		
<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>	1222628373	1712201723
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	1546910
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	2160443	1466340
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	2160443	3013250
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1220467930	1709188473

**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>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(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>		0
<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>		
<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>		0
<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>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
<b>(3)</b> 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>		0
<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>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		406158804
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		406158804

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	74667	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	4988582	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	717045	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		5780294
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		5780294

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		400378510
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		441755169
(2) From this plan .....	<b>2l(2)</b>		353413136

**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:

(2) EIN:

**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.)			
<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.)			
<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.)			
<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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<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?			
<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?			
<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?			
<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.)			
<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.)			
<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?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<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)

**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 \_\_\_\_\_.