

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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: MFS MASSACHUSETTS INVESTORS GROWTH STOCK RET OPT; 1b Three-digit plan number (PN): 666; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-0989781; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE (NEIL KOENCK, 08/22/2025).

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

9a 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	9b 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)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>MFS MASSACHUSETTS INVESTORS GROWTH STOCK RET OPT</u>	B Three-digit plan number (PN) <u>666</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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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):		
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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)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name K & H CONCRETE CUTTING, INC. 401(K) PLAN	
b	Name of plan sponsor K&H CONCRETE CUTTING, INC.	c EIN-PN 38-2421612-001
a	Plan name KAZI FOODS 401(K) PLAN	
b	Name of plan sponsor KAZI FOODS, INC.	c EIN-PN 98-4287911-001
a	Plan name THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE 401(K) PLAN	
b	Name of plan sponsor THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE, INC.	c EIN-PN 04-2103792-003
a	Plan name ESTATE & PENSION ADVISORY BOARD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor M PENSION GROUP LIMITED, D.B.A. ESTATE & PENSION ADVISORY BOARD	c EIN-PN 27-0475956-001
a	Plan name TITAN CONSTRUCTION & ENGINEERING SERVICES CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor TITAN CONSTRUCTION & ENGINEERING SERVICES CORPORATION	c EIN-PN 84-4786495-001
a	Plan name RGS & G 401(K) PLAN	
b	Name of plan sponsor RUBIN, GLICKMAN, STEINBERG AND GIFFORD	c EIN-PN 23-2125472-002
a	Plan name UNIVERSITY VILLAGE 401(K) PLAN	
b	Name of plan sponsor WESTPORT HOLDINGS TAMPA, LP	c EIN-PN 65-1059079-001
a	Plan name GENERAL TRANSERVICE, INC. AND SURE FLIGHT, LLC RETIREMENT PLAN	
b	Name of plan sponsor GENERAL TRANSERVICE, INC.	c EIN-PN 23-1717902-001
a	Plan name CHEM PRO LABORATORY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHEM PRO LABORATORY, INC.	c EIN-PN 95-2297708-001
a	Plan name VMA COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor VMA COMMUNICATIONS, INC.	c EIN-PN 47-0901842-001
a	Plan name H & R HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor H & R HEALTHCARE	c EIN-PN 22-3324234-001
a	Plan name MINING EQUIPMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MINING EQUIPMENT, LTD.	c EIN-PN 16-1646623-222

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	WESTERN PACIFIC PULP & PAPER, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	WESTERN PACIFIC PULP & PAPER, INC.
c	EIN-PN	94-2906199-001
a	Plan name	WESTON PROPERTIES 401K
b	Name of plan sponsor	WESTON PROPERTIES, LC
c	EIN-PN	74-2722024-112
a	Plan name	WESTPAC HOLDING COMPANY, INC. 401(K) PLAN
b	Name of plan sponsor	WESTPAC HOLDING COMPANY, INC.
c	EIN-PN	20-5722172-003
a	Plan name	SHAWNEE COUNTRY CLUB 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	SHAWNEE COUNTRY CLUB
c	EIN-PN	34-4353200-001
a	Plan name	NATIONAL TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	NATIONAL TECHNOLOGIES, INC.
c	EIN-PN	39-0981304-001
a	Plan name	NAUTILUS INTERNATIONAL HOLDING CORPORATION 401(K) PLAN
b	Name of plan sponsor	NAUTILUS INTERNATIONAL HOLDING CORPORATION
c	EIN-PN	20-1833642-003
a	Plan name	NAUTILUS INTERNATIONAL HOLDING CORPORATION PENSION PLAN
b	Name of plan sponsor	NAUTILUS INTERNATIONAL HOLDING CORPORATION
c	EIN-PN	20-1833642-002
a	Plan name	ADVANCED MANUFACTURING TECHNOLOGY 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	ADVANCED MANUFACTURING TECHNOLOGY
c	EIN-PN	84-1390588-001
a	Plan name	CORR FLIGHT S, INC. 401(K) PROFIT SHARING PLAN TRUST
b	Name of plan sponsor	CORR FLIGHT S INC.
c	EIN-PN	47-2376307-777
a	Plan name	CORRA 401(K) PLAN
b	Name of plan sponsor	CORRA
c	EIN-PN	04-3819932-001
a	Plan name	NEW STAR FRESH FOODS, LLC 401(K) PLAN
b	Name of plan sponsor	NEWSTAR FRESH FOODS, LLC
c	EIN-PN	77-0442617-001
a	Plan name	DAVID HUVAL'S TRUCKING CO. 401(K) PLAN
b	Name of plan sponsor	DAVID HUVAL'S TRUCKING CO., INC.
c	EIN-PN	72-1470730-001

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.)		
a	Plan name DAVID M. FINKELSTEIN, O.D. & RYAN SHEA, O.D., L.L.C. 401(K) PLAN	
b	Name of plan sponsor DAVID M. FINKELSTEIN, O.D. & RYAN SHEA, O.D., L.L.C.	c EIN-PN 27-0631471-001
a	Plan name OXFORD ECONOMICS USA, INC. AND TOURISM ECONOMICS, LLC 401(K) PLAN	
b	Name of plan sponsor OXFORD ECONOMICS USA, INC.	c EIN-PN 23-2620656-001
a	Plan name ANDERSON ORAL AND MAXILLOFACIAL SURGERY, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANDERSON ORAL AND MAXILLOFACIAL SURGERY, P.C.	c EIN-PN 57-1122288-001
a	Plan name INTRINSYX TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor INTRINSYX TECHNOLOGIES	c EIN-PN 77-0539893-001
a	Plan name PEDIATRIC MINDS MEDICAL CENTER 401(K)	
b	Name of plan sponsor PEDIATRIC MINDS MEDICAL CENTER, INC.	c EIN-PN 27-3044815-001
a	Plan name ASSOCIATED COMPONENTS TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ASSOCIATED COMPONENTS TECHNOLOGY, INC.	c EIN-PN 33-0439579-001
a	Plan name DRABIK MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DRABIK MANUFACTURING, INC.	c EIN-PN 34-1503007-001
a	Plan name CABLE MAN, INC. 401(K) PLAN	
b	Name of plan sponsor CABLE MAN, INC.	c EIN-PN 64-0576514-001
a	Plan name MADDEN ELEVATOR COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MADDEN ELEVATOR COMPANY	c EIN-PN 27-4404800-001
a	Plan name GERALD GRAIN INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor GERALD GRAIN CENTER, INC.	c EIN-PN 34-1526549-001
a	Plan name GERRALD'S MECHANICAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GERRALD'S MECHANICAL SERVICES, INC.	c EIN-PN 58-2047712-001
a	Plan name CARING ENTERPRISES INCORPORATED 401(K) PLAN	
b	Name of plan sponsor CARING ENTERPRISES INCORPORATED	c EIN-PN 42-1461742-001

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.)			
a	Plan name	VALOR, LLC RETIREMENT PLAN	
b	Name of plan sponsor	VALOR, LLC	c EIN-PN 61-1370293-001
a	Plan name	CHILDREN'S WELLNESS CENTER 401(K) PLAN	
b	Name of plan sponsor	CHILDREN'S WELLNESS CENTER, LLC	c EIN-PN 20-3469174-001
a	Plan name	CHIROPRACTIC PLUS OF TRICITIES, P.C. 401(K) PLAN	
b	Name of plan sponsor	CHIROPRACTIC PLUS OF TRICITIES, P.C.	c EIN-PN 20-3867928-001
a	Plan name	SAUCIER ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	SAUCIER ENTERPRISES, INC.	c EIN-PN 45-2464513-001
a	Plan name	CLEVELAND MARBLE MOSAIC 401(K) PLAN	
b	Name of plan sponsor	THE CLEVELAND MARBLE MOSAIC CO.	c EIN-PN 34-0151170-001
a	Plan name	COBCO ENTERPRISES, LLC 401(K) PLAN	
b	Name of plan sponsor	COBCO ENTERPRISES, LLC	c EIN-PN 31-1718329-001
a	Plan name	HAM BROADCASTING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HAM BROADCASTING COMPANY, INC.	c EIN-PN 61-1193671-001
a	Plan name	NIHC UNION 401(K) PLAN	
b	Name of plan sponsor	METROPOLITAN STEVEDORE I.A.M.	c EIN-PN 95-1002286-004
a	Plan name	HOLOWICKI ENTERPRISES PROFIT SHARING PLAN	
b	Name of plan sponsor	HOLOWICKI ENTERPRISES DBA MCDONALD'S	c EIN-PN 31-1177272-001
a	Plan name	HOME REWARDS GROUP INC., 401(K) PLAN	
b	Name of plan sponsor	HOME REWARDS GROUP INC.	c EIN-PN 81-5201340-001
a	Plan name	AEM PARTNERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AEM PARTNERS, LLC	c EIN-PN 20-0857620-001
a	Plan name	AERIES SOFTWARE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AERIES SOFTWARE, INC.	c EIN-PN 33-0427993-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	SKILLINGS & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor	SKILLINGS & SONS, INC.	c EIN-PN 04-2491037-001
a	Plan name	OPPORTUNITY WORKSHOP OF LEXINGTON, INC. RETIREMENT PLAN	
b	Name of plan sponsor	OPPORTUNITY WORKSHOP OF LEXINGTON, INC.	c EIN-PN 61-0593023-001
a	Plan name	DEFINITIVE SOLUTIONS COMPANY, INC. RETIREMENT PLAN	
b	Name of plan sponsor	DEFINITIVE SOLUTIONS COMPANY, INC.	c EIN-PN 31-1490291-001
a	Plan name	INTELLISTREETS, INC. EMPLOYEES' PROFIT SHARING TRUST	
b	Name of plan sponsor	INTELLISTREETS, INC.	c EIN-PN 38-2424013-002
a	Plan name	STADLER PLUMBING & HEATING, INC. 401(K) PLAN	
b	Name of plan sponsor	STADLER PLUMBING & HEATING, INC.	c EIN-PN 38-3295246-001
a	Plan name	ATLAS LABOR ILLINOIS LLC RETIREMENT PLAN	
b	Name of plan sponsor	ATLAS LABOR ILLINOIS LLC	c EIN-PN 83-3804981-001
a	Plan name	DUFF QUARRY, INC. PROFIT SHARING TRUST	
b	Name of plan sponsor	DUFF QUARRY, INC.	c EIN-PN 34-0929698-001
a	Plan name	TEAM NEXT LEVEL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TEAM NEXT LEVEL, INC. DBA DOMINO'S PIZZA	c EIN-PN 81-4118651-001
a	Plan name	BASE CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	BASE CONSTRUCTION, INC.	c EIN-PN 74-3103732-001
a	Plan name	THE CASTLE 401(K) PLAN	
b	Name of plan sponsor	T & M JEWELRY, INC. DBA THE CASTLE	c EIN-PN 62-1345081-001
a	Plan name	BITTNER, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BITTNER, LLC	c EIN-PN 61-1372128-001
a	Plan name	EVERGREEN COSMETIC & FAMILY DENTISTRY PLLC 401(K) PLAN	
b	Name of plan sponsor	EVERGREEN COSMETIC & FAMILY DENTISTRY PLLC	c EIN-PN 20-4457765-001

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.)			
a	Plan name	LAGUNA SOURCE SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	LAGUNA SOURCE LLC	c EIN-PN 41-2223213-002
a	Plan name	FERNANDES & CHAREST, P.C. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	FERNANDES & CHAREST, P.C.	c EIN-PN 04-3099857-001
a	Plan name	MALCOLM SMITH MOTORSPORTS 401(K) PLAN	
b	Name of plan sponsor	MALCOLM SMITH MOTORCYCLES, INC.	c EIN-PN 33-0118610-001
a	Plan name	MATERIALS TESTING, INC. 401(K) PLAN	
b	Name of plan sponsor	MATERIALS TESTING, INC.	c EIN-PN 06-1321309-001
a	Plan name	METALLIC RECOVERY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	METALLIC RECOVERY GROUP, INC.	c EIN-PN 23-2949661-001
a	Plan name	MOHAWK CONSTRUCTION AND SUPPLY CO. INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MOHAWK CONSTRUCTION AND SUPPLY CO., INC.	c EIN-PN 25-1382848-001
a	Plan name	NORTH SHORE MANUFACTURING CORP. RETIREMENT PLAN	
b	Name of plan sponsor	NORTH SHORE MANUFACTURING CORPORATION	c EIN-PN 38-1885372-001
a	Plan name	NORTHEAST FLORIDA AIDS NETWORK 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	NORTHEAST FLORIDA AIDS NETWORK	c EIN-PN 59-2974694-001
a	Plan name	NORTHEAST SUSTAINABLE ENERGY ASSOCIATION 401(K)	
b	Name of plan sponsor	NORTHEAST SUSTAINABLE ENERGY ASSOCIATION	c EIN-PN 23-7437161-001
a	Plan name	PARAGON PLUS, INC. DBA PARAGON STEEL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PARAGON PLUS, INC. DBA PARAGON STEEL	c EIN-PN 33-0300619-001
a	Plan name	RESEARCH FOR BETTER TEACHING 401(K) PLAN	
b	Name of plan sponsor	RESEARCH FOR BETTER TEACHING	c EIN-PN 04-3145000-003
a	Plan name	RIVERHILLS HEALTHCARE, INC. PROFIT SHARING/SAVINGS RETIREMENT PLAN	
b	Name of plan sponsor	RIVERHILLS HEALTHCARE, INC.	c EIN-PN 31-1412447-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name SCHELLER AUTOMOTIVE 401(K) RETIREMENT SERVICES	
b	Name of plan sponsor SCHELLER AUTOMOTIVE REPAIR SERVICES	c EIN-PN 27-1508742-001
a	Plan name SCHULTZ PROCESS SERVICES 401(K) PLAN	
b	Name of plan sponsor SCHULTZ PROCESS SERVICES, INC.	c EIN-PN 45-4118372-001
a	Plan name SLIM CHICKENS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SLIM CHICKENS	c EIN-PN 45-3985800-001
a	Plan name STEELY & SMITH LLC EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor STEELY & SMITH LLC	c EIN-PN 20-3383671-001
a	Plan name SUN CHLORELLA USA 401(K) PLAN	
b	Name of plan sponsor SUN CHLORELLA USA	c EIN-PN 95-3807726-001
a	Plan name THE DREAM CATCHER FOUNDATION, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor THE DREAM CATCHER FOUNDATION, INC.	c EIN-PN 20-4996410-001
a	Plan name TIM SNELSON'S PUMPING UNIT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor TIM SNELSON'S PUMPING UNIT	c EIN-PN 75-2715506-001
a	Plan name TOTAL NETWORK MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor TOTAL NETWORK MANUFACTURING	c EIN-PN 35-2644359-001
a	Plan name UNITY MANUFACTURING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNITY MANUFACTURING COMPANY	c EIN-PN 36-1899680-001
a	Plan name A BETTER CONTRACTOR, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor A BETTER CONTRACTOR, LLC	c EIN-PN 46-4885039-002
a	Plan name ADVANCED ACCESS CONTROLS, INC. 401(K) PLAN	
b	Name of plan sponsor ADVANCED ACCESS CONTROLS, INC.	c EIN-PN 45-3587888-001
a	Plan name AMERICAN READING COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AMERICAN READING COMPANY DBA 100 BOOK CHALLENGE	c EIN-PN 23-2965253-001

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.)			
a	Plan name	APG, INC. EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	APG OFFICE FURNISHINGS, INC.	c EIN-PN 31-0747489-002
a	Plan name	BLAGER CONCRETE COMPANY 401(K) PLAN	
b	Name of plan sponsor	BLAGER CONCRETE COMPANY	c EIN-PN 20-0634151-001
a	Plan name	CHRISSELLE, INC. 401(K) PLAN	
b	Name of plan sponsor	CHRISSELLE, INC.	c EIN-PN 27-2841262-001
a	Plan name	COBITCO INC 401(K) PLAN	
b	Name of plan sponsor	COBITCO, INC.	c EIN-PN 84-0504239-001
a	Plan name	DIGITAL TOOL & DIE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DIGITAL TOOL & DIE, INC.	c EIN-PN 38-2852638-001
a	Plan name	DIMENSION HARDWOOD VENEERS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	DIMENSION HARDWOOD VENEERS, INC.	c EIN-PN 20-0164058-001
a	Plan name	EYE RESEARCH & FOUNDATION INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EYE RESEARCH FOUNDATION INC.	c EIN-PN 81-5052515-001
a	Plan name	GREAT LAKES PULMONARY AND SLEEP ASSOCIATES S.C. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	GREAT LAKES PULMONARY AND SLEEP ASSOCIATES, INC.	c EIN-PN 20-0676469-001
a	Plan name	HANS TRUCK & TRAILER REPAIR, INC. DBA HANS FREIGHTLINER 401(K) PLAN	
b	Name of plan sponsor	HANS' TRUCK & TRAILER REPAIR, INC. DBA HANS' FREIGHTLINER OF CLEVELA	c EIN-PN 34-1165089-001
a	Plan name	HILLSON CONTRACTORS, INC. 401(K) PROFIT SHARING	
b	Name of plan sponsor	HILLSON CONTRACTORS, INC.	c EIN-PN 02-0503186-001
a	Plan name	HOSTAR MARINE TRANSPORT SYSTEMS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	HOSTAR MARINE TRANSPORT SYSTEMS, INC.	c EIN-PN 04-2910283-001
a	Plan name	INTERNAL MEDICINE ASSOCIATES OF FRANKFORT, P.S.C. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	INTERNAL MEDICINE ASSOCIATES OF FRANKFORT, P.S.C.	c EIN-PN 61-1098789-001

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.)	
a	Plan name A WISIALKO AND COMPANY 401(K) PLAN	
b	Name of plan sponsor A WISIALKO AND COMPANY LLC	c EIN-PN 46-1598908-001
a	Plan name BEAUFORT ENGINEERING SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor BEAUFORT ENGINEERING SERVICES, INC.	c EIN-PN 57-0693958-001
a	Plan name COMMERCIAL WATERPROOFING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMERCIAL WATERPROOFING, INC.	c EIN-PN 23-2589948-001
a	Plan name COMMUNITY CHEVROLET COMPANY 401(K) PLAN	
b	Name of plan sponsor COMMUNITY CHEVROLET COMPANY	c EIN-PN 84-0502030-002
a	Plan name COMMUNITY MENTAL HEALTH CENTERS 401(K) PLAN	
b	Name of plan sponsor LEHIGH VALLEY COMMUNITY MENTAL HEALTH CENTERS, INC.	c EIN-PN 23-2835896-001
a	Plan name CROWN SEARCH SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CROWN SEARCH SERVICES	c EIN-PN 31-1724430-001
a	Plan name CSRA 401(K) PLAN	
b	Name of plan sponsor CSRA HOME HEALTH AGENCY-COLUMBIA, INC. DBA CSRA HOME HEALTH AGENCY	c EIN-PN 58-1369830-333
a	Plan name ELKHORN CREEK CO., LLC DBA DARBY DAN FARM 401(K) PLAN	
b	Name of plan sponsor ELKHORN CREEK CO., LLC DBA DARBY DAN FARM	c EIN-PN 31-1529369-001
a	Plan name ELLEFSON TRANSPORTATION GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELLEFSON TRANSPORTATION GROUP, INC.	c EIN-PN 58-1654796-001
a	Plan name HARRISON M. ISHIDA, D.D.S., INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HARRISON M. ISHIDA, D.D.S., INC.	c EIN-PN 99-0168361-001
a	Plan name HARROD & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor HARROD & ASSOCIATES, PSC	c EIN-PN 61-1291670-001
a	Plan name HULL BROTHERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HULL BROTHERS, INC.	c EIN-PN 34-0971398-001

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.)	
a	Plan name LIBERTY BUSINESS ASSOCIATES, LLC 401(K) PLAN	
b	Name of plan sponsor LIBERTY BUSINESS ASSOCIATES, LLC	c EIN-PN 30-0079001-001
a	Plan name MAYHEW STEEL/DEERFIELD PACKAGING RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor MAYHEW STEEL PRODUCTS, INC.	c EIN-PN 04-1595240-777
a	Plan name MORRIS CERULLO WORLD EVANGELISM 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MORRIS CERULLO WORLD EVANGELISM	c EIN-PN 95-2372233-001
a	Plan name NORTHERN SASH, INC. DBA THERMAL GARD WINDOW AND DOOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHERN SASH, INC. DBA THERMAL GARD WINDOW AND DOOR 401K PROFIT SHA	c EIN-PN 35-1644182-001
a	Plan name PREMIER GOLF, LLC 401(K) PLAN	
b	Name of plan sponsor PREMIER GOLF, LLC	c EIN-PN 84-4534811-001
a	Plan name RJ WRIGHT & SONS 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor RJ WRIGHT & SONS, LTD	c EIN-PN 34-1693478-001
a	Plan name TOYOTA OF RIDGECREST 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TOYOTA OF RIDGECREST	c EIN-PN 95-1774180-001
a	Plan name I WOOD DESIGN 401K PLAN	
b	Name of plan sponsor I WOOD DESIGN, INC.	c EIN-PN 95-4805073-001
a	Plan name MTS/SFH 401(K) P/S PLAN	
b	Name of plan sponsor MULTIPLICITY THERAPEUTIC SERVICES, INC.	c EIN-PN 51-0619590-001
a	Plan name PASCARELLA EYE CARE AND CONTACT LENSES 401(K) PLAN	
b	Name of plan sponsor PASCARELLA EYE CARE AND CONTACT LENSES	c EIN-PN 27-1874057-001
a	Plan name SOLARCRAFT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOLARCRAFT SERVICES, INC.	c EIN-PN 68-0106478-001
a	Plan name THE MOSTERT GROUP LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE MOSTERT GROUP, LLC	c EIN-PN 20-0349381-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	THE OHIO ART COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THE OHIO ART COMPANY	c EIN-PN 34-4319140-004
a	Plan name	THE OHIO ART COMPANY DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	THE OHIO ART COMPANY	c EIN-PN 34-4319140-005
a	Plan name	THE ORTHOPAEDIC NETWORK, INC. PS & 401(K) PLAN - CONS ORTHO	
b	Name of plan sponsor	THE ORTHOPAEDIC NETWORK, INC.	c EIN-PN 34-1927193-002
a	Plan name	CENTER FOR CHILDREN WITH SPECIAL NEEDS LLC 401(K) PLAN	
b	Name of plan sponsor	CENTER FOR CHILDREN WITH SPECIAL NEEDS LLC	c EIN-PN 06-1485324-001
a	Plan name	CENTER POINT FAMILY DENTISTRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CENTER POINT FAMILY DENTISTRY, PLLC	c EIN-PN 27-4512893-002
a	Plan name	CENTRA SOTA COOPERATIVE 401(K) PLAN	
b	Name of plan sponsor	CENTRA SOTA COOPERATIVE	c EIN-PN 41-0488480-001
a	Plan name	ENCORE GLASS 401(K) PLAN	
b	Name of plan sponsor	ENCORE GLASS	c EIN-PN 45-4333619-001
a	Plan name	O'CONNELL LANDSCAPE MAINTENANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	O'CONNELL LANDSCAPE MAINTENANCE INC.	c EIN-PN 95-3141443-002
a	Plan name	OAHU METAL & GLAZING, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	OAHU METAL & GLAZING, LLC	c EIN-PN 84-3089701-001
a	Plan name	SOURCE ONE TECHNICAL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	SOURCE ONE TECHNICAL SOLUTIONS, LLC	c EIN-PN 13-4224406-777
a	Plan name	T-G ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	T-G ENTERPRISES, INC.	c EIN-PN 61-0864715-001
a	Plan name	TACO ALOHA, INC. 401(K) PLAN	
b	Name of plan sponsor	TACO ALOHA, INC.	c EIN-PN 99-0171500-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name VITL PENSION PLAN	
b	Name of plan sponsor VERMONT INFORMATION TECHNOLOGY LEADERS	c EIN-PN 20-3131747-001
a	Plan name COMPOSITE LINING SYSTEMS LP 401(K) PLAN	
b	Name of plan sponsor COMPOSITE LINING SYSTEMS LP	c EIN-PN 20-2691597-001
a	Plan name DOYLE & ASSOCIATES, PLLC 401(K) PLAN	
b	Name of plan sponsor DOYLE & ASSOCIATES, PLLC	c EIN-PN 20-1414332-001
a	Plan name GOLDEN GIANT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GOLDEN GIANT, INC.	c EIN-PN 34-1087997-001
a	Plan name HEALTHCARE BUSINESS MEDIA, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HEALTHCARE BUSINESS MEDIA, INC.	c EIN-PN 61-1362235-001
a	Plan name KNS INTERNATIONAL RETIREMENT PLAN	
b	Name of plan sponsor KNS INTERNATIONAL	c EIN-PN 42-1539365-001
a	Plan name ALLESCO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOHN SHURTLEFF COMPANY, INC.	c EIN-PN 73-0783500-001
a	Plan name BSB RETIREMENT READINESS 401(K) PLAN	
b	Name of plan sponsor THE BIPPUS STATE BANK	c EIN-PN 35-0180140-001
a	Plan name EAGLE FUNERAL SERVICE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EAGLE FUNERAL SERVICE	c EIN-PN 84-3598744-002
a	Plan name FOOD 4 LESS SALARY SAVINGS PLAN	
b	Name of plan sponsor PAQ, INC. DBA FOOD 4 LESS	c EIN-PN 68-0363934-002
a	Plan name FORGE TECH, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FORGE TECH, INC.	c EIN-PN 22-3721848-001
a	Plan name GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor GREEN HILLS MEMORIAL PARK	c EIN-PN 95-1955721-001

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.)			
a	Plan name	JOHNSON PRODUCTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHNSON PRODUCTS, INC.	c EIN-PN 95-3412748-001
a	Plan name	JOHNSON-FRANK & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHNSON-FRANK & ASSOCIATES, INC.	c EIN-PN 95-3086260-001
a	Plan name	MICROFIRST, INC. 401(K) PLAN	
b	Name of plan sponsor	MICROFIRST, INC.	c EIN-PN 22-2783590-001
a	Plan name	OC AUTO TEAM 401(K) PLAN	
b	Name of plan sponsor	PB&J AUTOMOTIVE, INC. DBA TUSTIN MAZDA/TUSTIN HYUNDAI	c EIN-PN 16-1690678-002
a	Plan name	OHIO READY MIX, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	OHIO READY MIX, INC.	c EIN-PN 34-1086697-001
a	Plan name	PHOENIX INTERNATIONAL PUBLICATIONS, INC. SAVINGS PLAN	
b	Name of plan sponsor	PHOENIX INTERNATIONAL PUBLICATIONS, INC.	c EIN-PN 47-1100568-001
a	Plan name	TRUE GRIT REDI-MIX/TRUE GRIT CONCRETE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRUE GRIT REDI-MIX LTD	c EIN-PN 20-2018457-001
a	Plan name	BABCOCK CONSULTING GROUP 401(K) PLAN	
b	Name of plan sponsor	BABCOCK CONSULTING GROUP	c EIN-PN 72-1385871-001
a	Plan name	CJ15 LLC 401(K) PLAN	
b	Name of plan sponsor	CJ15 LLC	c EIN-PN 47-4824628-001
a	Plan name	EASTSIDE PREMIER NEPHROLOGY AND HYPERTENSION, P.C. PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor	EASTSIDE PREMIER NEPHROLOGY AND HYPERTENSION, P.C.	c EIN-PN 58-2642240-001
a	Plan name	LUSONIA, INC 401(K) PLAN	
b	Name of plan sponsor	LUSONIA, INC.	c EIN-PN 81-2059728-001
a	Plan name	PIONEER PROVISIONS 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	PIONEER PROVISIONS, LLC	c EIN-PN 20-1476406-001

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.)

a Plan name	SALESMASTER 401(K) RETIREMENT PLAN	
b Name of plan sponsor	PACKAGING SPECIALTY INC. DBA SALESMASTER CORP.	c EIN-PN 23-2547189-001

a Plan name	TUCKER, ALBIN & ASSOCIATES 401(K) PLAN	
b Name of plan sponsor	TUCKER, ALBIN & ASSOCIATES	c EIN-PN 32-0386771-001

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information 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). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MFS MASSACHUSETTS INVESTORS GROWTH STOCK RET OPT	B Three-digit plan number (PN) ▶ 666
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

Part I	Asset and Liability Statement
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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
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	70707032
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	78309887
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	70707032	78309887
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	70707032	78309887

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	177817	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	5392922	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		6139227
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		11709966

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	214219	
(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)		214219
j Total expenses. Add all expense amounts in column (b) and enter total	2j		214219

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11495747
l Transfers of assets:			
(1) To this plan	2l(1)		10139196
(2) From this plan	2l(2)		14032088

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
a 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 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.)			
c 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.)			
d 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.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g 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?			
h 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?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j 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.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) 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 _____.