Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [X] 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 (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [ ] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
SIA-U (GOVERNMENT MONEY MARKET)

1b Three-digit plan number (PN) ▶ 109

1c Effective date of plan

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
MASSACHUSETTS MUTUAL LIFE INSURANCE

1295 STATE STREET
SPRINGFIELD, MA 01111

2b Employer Identification Number (EIN)
04-1590850

2c Plan Sponsor's telephone number
303-737-1442

2d 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.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	09/09/2025	MICHAEL LEWIS
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	
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	**6a(1)**	
a(2) Total number of active participants at the end of the plan year	**6a(2)**	
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules
- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached ______
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules
- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 0

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2024** **This Form is Open to Public Inspection.**

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

A Name of plan SIA-U (GOVERNMENT MONEY MARKET)	**B** Three-digit plan number (PN) ▶ 109
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MASSACHUSETTS MUTUAL LIFE INSURANCE	**D** Employer Identification Number (EIN) 04-1590850

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)

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:

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:

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:

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:

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)

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-1 HEATING, INC. 401(K) & PROFIT S		
b Name of plan sponsor	A-1 HEATING & AIR CONDITIONING INC.	**c** EIN-PN	82-0222034-001
a Plan name	ACE SPECIALTY COMPANY, INC. 401(K)		
b Name of plan sponsor	ACE SPECIALTY COMPANY, INC.	**c** EIN-PN	16-0865362-001
a Plan name	ADVANCED FINISHING SYSTEMS, INC. 40		
b Name of plan sponsor	ADVANCED FINISHING SYSTEMS	**c** EIN-PN	93-0843364-001
a Plan name	ALLEN INTERACTIONS INC. 401(K) RETI		
b Name of plan sponsor	ALLEN INTERACTIONS INC.	**c** EIN-PN	41-1756542-001
a Plan name	ARXCEL, INC. 401(K) PROFIT SHARING		
b Name of plan sponsor	ARXCEL, INC.	**c** EIN-PN	16-1537601-001
a Plan name	ASSOCIATED CONSTRUCTION, INC. PROFI		
b Name of plan sponsor	ASSOCIATED CONSTRUCTION, INC.	**c** EIN-PN	38-3378835-001
a Plan name	AUMILLER'S AUTO PARTS 401(K) PLAN		
b Name of plan sponsor	AUMILLERS AUTO PARTS, INC.	**c** EIN-PN	23-2187994-001
a Plan name	AUMILLER'S BODY SHOP 401(K) PLAN		
b Name of plan sponsor	AUMILLERS AUTO PARTS, INC.	**c** EIN-PN	23-2187994-001
a Plan name	AXESA SERVICIOS DE INFORMACION SAVI		
b Name of plan sponsor	AXESA SERVICIOS DE INFORMACION	**c** EIN-PN	66-0568619-001
a Plan name	BAIRDLAW, PLLC 401(K) PROFIT SHARIN		
b Name of plan sponsor	BAIRDLAW, PLLC	**c** EIN-PN	74-2654400-001
a Plan name	BASKIN, JACKSON & LASSO, P.C. 401(K		
b Name of plan sponsor	BASKIN, JACKSON & LASSO P.C.	**c** EIN-PN	54-1142469-001
a Plan name	BRYAN - HINSHAW, A PROFESSIONAL COR		
b Name of plan sponsor	BRYAN - HINSHAW, A PROF. CORP.	**c** EIN-PN	94-2748073-001

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	L.A. XPRESS ASSEMBLY & DISTRIBUTION		
b Name of plan sponsor	CAL STATE XPRESS, INC.	**c** EIN-PN	95-4091927-001
a Plan name	CAREMOUNT HEALTH SOLUTIONS INCENTIV		
b Name of plan sponsor	CAREMOUNT HEALTH SOLUTIONS LLC	**c** EIN-PN	13-3544120-001
a Plan name	CAREMOUNT MEDICAL PRE-FUNDED PROFIT		
b Name of plan sponsor	CAREMOUNT HEALTH SOLUTIONS LLC	**c** EIN-PN	13-3544120-002
a Plan name	MOUNT KISCO SURGERY CENTER, L.L.C.		
b Name of plan sponsor	CAREMOUNT HEALTH SOLUTIONS LLC	**c** EIN-PN	13-4158313-001
a Plan name	MOUNT KISCO SURGERY CENTER, LLC PRE		
b Name of plan sponsor	CAREMOUNT HEALTH SOLUTIONS LLC	**c** EIN-PN	13-4158313-001
a Plan name	CHIEF CONTAINER COMPANY, INC. 401(K		
b Name of plan sponsor	CHIEF CONTAINER COMPANY, INC.	**c** EIN-PN	58-2119457-001
a Plan name	CLARK / BARNES RETIREMENT PLAN		
b Name of plan sponsor	CLARK / BARNES	**c** EIN-PN	91-2025319-001
a Plan name	COLDWELL BANKER R. CANUP REALTORS 4		
b Name of plan sponsor	COLDWELL BANKER R. CANUP	**c** EIN-PN	75-2462096-001
a Plan name	COMPLETE HEALTH CARE SOLUTIONS, INC		
b Name of plan sponsor	COMPLETE HEALTH CARE SOLUTIONS	**c** EIN-PN	43-1663994-001
a Plan name	CRUZ ASSOCIATES, INC. 401(K) PROFIT		
b Name of plan sponsor	CRUZ ASSOCIATES, INC.	**c** EIN-PN	54-1768442-001
a Plan name	CUMMINGS & MCCRADY PROFIT SHARING P		
b Name of plan sponsor	CUMMINGS & MCCRADY, INC.	**c** EIN-PN	57-0422261-003
a Plan name	D'ANDREA BROS. CONCRETE CO., INC. 4		
b Name of plan sponsor	DANDREA BROS. CONCRETE CO.	**c** EIN-PN	23-2725743-001

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	DAN D. SIMMONS CONSTRUCTION, INC. R		
b Name of plan sponsor	DAN D. SIMMONS CONSTRUCTION,	**c** EIN-PN	91-1282948-001
a Plan name	DAVID A. CARBONARO, D.D.S. SAVINGS		
b Name of plan sponsor	DAVID A. CARBONARO, D.D.S.	**c** EIN-PN	16-1097418-001
a Plan name	DEVELOPMENT NORTHWEST INC. D/B/A/ W		
b Name of plan sponsor	DEVELOPMENT NORTHWEST INC. D/B/A/ W	**c** EIN-PN	93-0714260-001
a Plan name	E G S PROFIT SHARING THRIFT PLAN		
b Name of plan sponsor	E G S SECURITIES CORP.	**c** EIN-PN	13-3526163-001
a Plan name	EFFICIENCY ENTERPRISES OF MARYLAND		
b Name of plan sponsor	EFFICIENCY ENTERPRISES OF MARYLAND	**c** EIN-PN	52-1989785-001
a Plan name	EFFICIENCY ENTERPRISES, INC. MONEY		
b Name of plan sponsor	EFFICIENCY ENTERPRISES, INC.	**c** EIN-PN	11-2451394-001
a Plan name	EFFICIENCY ENTERPRISES, INC 401(K)		
b Name of plan sponsor	EFFICIENCY ENTERPRISES, INC.	**c** EIN-PN	11-2451394-002
a Plan name	ENHERENT 401 (K) PLAN		
b Name of plan sponsor	ENHERENT CORP	**c** EIN-PN	13-3914972-001
a Plan name	ERIKSSON TILE & STONE, INC. 401(K)		
b Name of plan sponsor	ERIKSSON TILE & STONE, INC.	**c** EIN-PN	36-4689310-001
a Plan name	FRANKLIN PRESS INCORPORATED PROFIT		
b Name of plan sponsor	FRANKLIN PRESS INCORPORATED	**c** EIN-PN	41-1579069-001
a Plan name	G&H VENDING LLC 401(K) PLAN		
b Name of plan sponsor	G&H VENDING LLC	**c** EIN-PN	83-2338471-001
a Plan name	GILMORE & ASSOCIATES, INC. 401(K) P		
b Name of plan sponsor	GILMORE & ASSOCIATES, INC.	**c** EIN-PN	47-0592468-002

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	GOODWILL INDUSTRIES RETIREMENT SAVI		
b Name of plan sponsor	GOODWILL INDUSTRIES OF THE SOU	**c** EIN-PN	58-6035822-001
a Plan name	PWI 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	GOODWILL INDUSTRIES OF THE SOU	**c** EIN-PN	58-2267548-001
a Plan name	HEARTLAND MECHANICAL CONTRACTORS, I		
b Name of plan sponsor	HEARTLAND MECHANICAL CONTRACTORS,	**c** EIN-PN	37-1077395-001
a Plan name	HEATH FUNERAL HOME, INC. PENSION PL		
b Name of plan sponsor	HEATH FUNERAL HOME, INC.	**c** EIN-PN	71-0561677-002
a Plan name	JEFFERSON COUNTY LUMBER COMPANY, IN		
b Name of plan sponsor	JEFFERSON COUNTY LUMBER COMPANY	**c** EIN-PN	43-0341580-001
a Plan name	PACIFIC LUMBER COMPANY PROFIT SHARI		
b Name of plan sponsor	JEFFERSON COUNTY LUMBER COMPANY	**c** EIN-PN	43-0341580-001
a Plan name	FESTUS LUMBER COMPANY PROFIT SHARIN		
b Name of plan sponsor	JEFFERSON COUNTY LUMBER COMPANY	**c** EIN-PN	43-0341580-001
a Plan name	JEWELRY EXCHANGE, INC. 401(K) PLAN		
b Name of plan sponsor	JEWELRY EXCHANGE, INC.	**c** EIN-PN	66-0473667-001
a Plan name	JOE'S STONE CRABS, INC. 401(K) PLAN		
b Name of plan sponsor	JOES STONE CRABS, INC.	**c** EIN-PN	59-0601879-003
a Plan name	KFI SOFTWARE, INC.		
b Name of plan sponsor	KFI SOFTWARE, INC.	**c** EIN-PN	54-1428767-001
a Plan name	KNOB HILL MINES, INC. EMPLOYEES 401		
b Name of plan sponsor	KNOB HILL MINES, INC.	**c** EIN-PN	94-0607290-001
a Plan name	KRAFT TOOL RETIREMENT PLAN		
b Name of plan sponsor	KRAFT TOOL CO.	**c** EIN-PN	43-1250864-001

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	b Name of plan sponsor	c EIN-PN
L & L OFFICE SUPPLY PROFIT SHARING	L & L OFFICE SUPPLY, INC.	57-0723382-001
LASITER & LASITER PLUMBING 401K PLA	LASITER & LASITER PLUMBING	75-1664991-002
M-DEN, INC. 401(K) PROFIT SHARING P	M-DEN, INC.	65-0047536-001
MARY LOU CORCORAN, P.T., P.C. EMPLO	MARY LOU CORCORAN, P.T., P.C.	16-1303109-001
MAX MCGRAW WILDLIFE FOUNDATION MONE	MAX MCGRAW WILDLIFE FOUNDATION	36-2519612-001
MAX MCGRAW WILDLIFE FOUNDATION 401(	MAX MCGRAW WILDLIFE FOUNDATION	36-2518612-002
MED COM PROFESSIONAL SERVICES, INC.	MED COM PROFESSIONAL SERVICES	23-2460359-001
MEDIA BLASTERS, INC. 401(K) PLAN	MEDIA BLASTERS, INC.	13-3898705-001
MERCHANT'S CREDIT BUREAU, INC. PROF	MERCHANTS CREDIT BUREAU, INC.	58-0800941-001
MICHIGAN ADVISORS NETWORK LLC, 401(	MICHIGAN ADVISORS NETWORK LLC	75-3070983-001
MID-AMERICA MARKETING, INC. RETIREM	MID-AMERICA MARKETING, INC.	62-0958696-001
MODERN DENTISTRY, LLP 401(K)/PROFIT	MODERN DENTISTRY, LLP	11-3413447-003

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.)

a Plan name	MUTUAL BENEFIT INSURANCE COMPANY 40		
b Name of plan sponsor	MUTUAL BENEFIT INSURANCE COMPANY	**c** EIN-PN	23-6200024-002
a Plan name	NEW YORK CONGREGATIONAL NURSING CEN		
b Name of plan sponsor	NEW YORK CONGREGATIONAL NURSING	**c** EIN-PN	11-3188802-001
a Plan name	OLSON DUNCAN INSURANCE SERVICES, IN		
b Name of plan sponsor	OLSON DUNCAN INSURANCE SERVICE	**c** EIN-PN	95-3789951-001
a Plan name	OVERHEAD DOOR OF OKLAHOMA 401(K) PL		
b Name of plan sponsor	OVERHEAD DOOR OF OKLAHOMA	**c** EIN-PN	73-0745402-001
a Plan name	PFX, INC. 401(K) PLAN		
b Name of plan sponsor	PACKAGING EFFECTS, INC.	**c** EIN-PN	33-0735423-001
a Plan name	PEABODY PROPERTIES SOUTH 401(K) SAV		
b Name of plan sponsor	PEABODY PROPERTIES SOUTH	**c** EIN-PN	26-4366380-001
a Plan name	PEMCO CONTRACTING, INC. RETIREMENT		
b Name of plan sponsor	PEMCO CONTRACTING, INC.	**c** EIN-PN	16-1566569-001
a Plan name	PEMCO CONTRACTING, INC. EMPLOYEE SA		
b Name of plan sponsor	PEMCO CONTRACTING, INC.	**c** EIN-PN	16-1566569-002
a Plan name	PLAINS TRANSPORTATION, INC. 401(K)		
b Name of plan sponsor	PLAINS TRANSPORTATION, INC.	**c** EIN-PN	75-2450771-001
a Plan name	QOSINA CORP. 401(K) PLAN		
b Name of plan sponsor	QOSINA CORP.	**c** EIN-PN	11-2536329-001
a Plan name	R.A. MATUSZ & ASSOCIATES, INC. 401(		
b Name of plan sponsor	R.A. MATUSZ & ASSOCIATES, INC.	**c** EIN-PN	81-5129256-001
a Plan name	RIVEREAST CUSTOM CABINETS, INC. 401		
b Name of plan sponsor	RIVEREAST CUSTOM CABINETS, INC.	**c** EIN-PN	34-1422910-001

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	b Name of plan sponsor	c EIN-PN
ROBERT COUTURIER, INC. 401(K)/PROFI	ROBERT COUTURIER, INC.	13-3748783-001
ROBERT E. WEINER, DMD 401(K) PLAN	ROBERT E. WEINER, DMD	22-2536741-001
ROBERT K.P. CHOW, MD, 401(K) PLAN	ROBERT K.P. CHOW, MD, INC. P.S.	91-2177610-001
ROBINSON DAILY NEWS, INC. PROFIT SH	ROBINSON DAILY NEWS, INC.	37-0986817-003
LAWRENCEVILLE DAILY RECORD, INC. PR	ROBINSON DAILY NEWS, INC.	37-0986817-001
ROSEBUD OPERATING SERVICES, INC. EM	ROSEBUD OPERATING SERVICES, INC.	82-0442789-001
ROTHSCHILD AGENCY, INC. 401(K) PROF	ROTHSCHILD AGENCY, INC.	35-1042690-001
THE SAFER HOLDING CORP. EMPLOYEES'	SAFER HOLDING CORP.	22-2335765-001
COAST TO COAST FABRICS, INC. 401(K)	SAFER HOLDING CORP.	22-2335765-003
FINETEX ROTARY ENGRAVING, INC. 401(	SAFER HOLDING CORP.	22-2335765-004
MISSBRENNER WET PRINTING INC. 401(K	SAFER HOLDING CORP.	22-3660535-005
HAMPTON TEXTILE PRINTING, INC. 401(	SAFER HOLDING CORP.	56-2368763-006

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	SEA LION 401K PLAN		
b Name of plan sponsor	SEA LION HOLDINGS, LTD	**c** EIN-PN	11-3174973-001
a Plan name	SKILLINGS - CONNOLLY INC. PROFIT SH		
b Name of plan sponsor	SKILLINGS - CONNOLLY INC.	**c** EIN-PN	91-1212924-002
a Plan name	SOLIEN TECHNOLOGY, INC. 401(K) PROF		
b Name of plan sponsor	SOLIEN TECHNOLOGY, INC.	**c** EIN-PN	95-4487058-001
a Plan name	SOMAN MARY WONG, M.D. 401(K)/PROFIT		
b Name of plan sponsor	SOMAN MARY WONG, M.D.	**c** EIN-PN	13-4120418-001
a Plan name	SPAIN & GILLON, L.L.C. 401(K) PROFI		
b Name of plan sponsor	SPAIN & GILLON, L.L.C.	**c** EIN-PN	63-0327351-001
a Plan name	SPECIAL OLYMPICS SOUTH CAROLINA MON		
b Name of plan sponsor	SPECIAL OLYMPICS OF S.C.	**c** EIN-PN	57-0680248-001
a Plan name	STAFFORD BUILDING PRODUCTS, INC. 40		
b Name of plan sponsor	STAFFORD BUILDING PRODUCTS	**c** EIN-PN	34-1465279-001
a Plan name	STERLING SOMMER 401(K) PROFIT SHARI		
b Name of plan sponsor	STERLING SOMMER, INC.	**c** EIN-PN	16-0850818-002
a Plan name	SUFFOLK DOWNS 401(K) SAVINGS AND RE		
b Name of plan sponsor	STERLING SUFFOLK RACECOURSE LLC	**c** EIN-PN	04-3137814-001
a Plan name	STRAINSERT COMPANY PROFIT SHARING P		
b Name of plan sponsor	STRAINSERT COMPANY	**c** EIN-PN	23-1579622-001
a Plan name	SUPERIOR MOTION CONTROLS, INC. 401(		
b Name of plan sponsor	SUPERIOR MOTION CONTROLS, INC.	**c** EIN-PN	20-5992878-001
a Plan name	TELCOM MANAGEMENT CONSULTANTS 401(K		
b Name of plan sponsor	TELCOM MANAGEMENT CONSULTANTS	**c** EIN-PN	37-1424410-001

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	THE JACOB D. FUCHSBERG LAW FIRM, LL		
b Name of plan sponsor	THE JACOB D. FUCHSBERG LAW FIRM,LLP	**c** EIN-PN	13-3168727-002
a Plan name	THE ROTH LAW FIRM PLLC		
b Name of plan sponsor	THE ROTH LAW FIRM, PLLC	**c** EIN-PN	33-1044281-001
a Plan name	THORUD, INC. 401(K) PLAN		
b Name of plan sponsor	THORUD, INC.	**c** EIN-PN	41-1445622-001
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service / Department of Labor Employee Benefits Security Administration / Pension Benefit Guaranty Corporation	**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.**	OMB No. 1210-0110 **2024** **This Form is Open to Public Inspection**

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

A Name of plan
SIA-U (GOVERNMENT MONEY MARKET)

B Three-digit plan number (PN) ▶ 109

C Plan sponsor's name as shown on line 2a of Form 5500
MASSACHUSETTS MUTUAL LIFE INSURANCE

D Employer Identification Number (EIN)
04-1590850

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	10389	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	7995846	7370231
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2257	1636
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	8008492	7371867
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	1957	7833
k Total liabilities (add all amounts in lines 1g through1j)	1k	1957	7833
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	8006535	7364034

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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	424719	
(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)	-2257	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		422462
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(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)		0
(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)	6966310	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-6966310
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-6543848

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)		0
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)	24737	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		24737
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		24737

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		-6568585
l Transfers of assets:			
(1) To this plan	2l(1)		5926084
(2) From this plan	2l(2)		

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.)	4a			
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.)	4b			
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.)	4c			
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.)	4d			
e Was this plan covered by a fidelity bond?	4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f			
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?	4g			
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?	4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i			
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.)	4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k			
l Has the plan failed to provide any benefit when due under the plan?	4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			

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 ____________________.