

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2023</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>SENTRY EQUIPMENT ERECTORS, INC. EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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) <u>SENTRY EQUIPMENT ERECTORS, LLC</u></p> <p><u>13150 EAST LYNCHBURG-SALEM TURNPIKE FOREST, VA 24551</u></p>	<p>1c Effective date of plan <u>10/01/1985</u></p> <p>2b Employer Identification Number (EIN) <u>54-1150258</u></p> <p>2c Plan Sponsor's telephone number <u>434-525-0769</u></p> <p>2d Business code (see instructions) <u>423400</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2024	STACIE RAMPE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2024	STACIE RAMPE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	371
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	169
	6a(2)	184
	6b	0
	6c	63
	6d	247
	6e	0
	6f	247
	6g(1)	371
	6g(2)	247
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:
 2E 2H 2J 2K 2P 2Q 3H

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 2 </u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

<p>A Name of plan SENTRY EQUIPMENT ERECTORS, INC. EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SENTRY EQUIPMENT ERECTORS, LLC</p>	<p>D Employer Identification Number (EIN) 54-1150258</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	800028-000	0	01/01/2023	12/31/2023

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">5702</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
PENSION FINANCIAL SERVICES, INC. 3700 CRESTWOOD PARKWAY STE 550 DULUTH, GA 30096

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	5702		5

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year **7b** 2310672

c Additions: (1) Contributions deposited during the year	7c(1)	49649
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	21491
(4) Transferred from separate account.....	7c(4)	300138
(5) Other (specify below)	7c(5)	51496

▶ FORFEITURE CREDITS/EBA CREDITS

(6) Total additions **7c(6)** 422774

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 2733446

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	47063
(2) Administration charge made by carrier	7e(2)	27
(3) Transferred to separate account.....	7e(3)	2633028
(4) Other (specify below)	7e(4)	53328

▶ ADMIN FEE, FEES, FORFEITURE WITHDRAWALS

(5) Total deductions **7e(5)** 2733446

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:

- a** State the basis of premium rates ▶

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

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

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

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

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ STABLE VALUE OPTION

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	49787
	7c(2)	1967
	7c(3)	17001
	7c(4)	3503037
	7c(5)	9196
(6) Total additions	7c(6)	3580988
d Total of balance and additions (add lines 7b and 7c(6))	7d	3580988
e Deductions:	7e(1)	263233
	7e(2)	70
	7e(3)	185552
	7e(4)	16177
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3115956

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (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>	Service Provider 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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan SENTRY EQUIPMENT ERECTORS, INC. EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SENTRY EQUIPMENT ERECTORS, LLC	D Employer Identification Number (EIN) 54-1150258	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

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

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

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

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

TRUIST ADVISORY SERVICES INC

37-1808847

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT AD VISORY PLAN	49210	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CHARTWELL FINANCIAL ADVISORY INC

36-4799908

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
34	VALUATION APPR	26000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PENSION FINANCIAL SERVICES INC

58-1485803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 49		15468	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

VENTURA ESOP FIDUCIARY SERVICES LLC

82-2898965

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 21	FIDUCIARY SER TRUSTEE	24720	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

TRANSMERICA RETIREMENT SOLUTIONS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67		18791	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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.	OMB No. 1210-0110 <hr/> 2023 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>SENTRY EQUIPMENT ERECTORS, INC. EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SENTRY EQUIPMENT ERECTORS, LLC</u>	D Employer Identification Number (EIN) <u>54-1150258</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: TRANSAMERICA LIFE GOAL(SM) RETIREMEN

b Name of sponsor of entity listed in (a): TRANSAMERICA RET SOLUTIONS CORP

c EIN-PN <u>04-6784256-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1276821</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL(SM) 2025 FUND

b Name of sponsor of entity listed in (a): TRANSAMERICA RET SOLUTIONS CORP

c EIN-PN <u>04-6784256-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5151744</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL(SM) 2030 FUND

b Name of sponsor of entity listed in (a): TRANSAMERICA RET SOLUTIONS CORP

c EIN-PN <u>04-6784256-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2876711</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL(SM) 2035 FUND

b Name of sponsor of entity listed in (a): TRANSAMERICA RET SOLUTIONS CORP

c EIN-PN <u>04-6784256-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3700296</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL(SM) 2040 FUND

b Name of sponsor of entity listed in (a): TRANSAMERICA RET SOLUTIONS CORP

c EIN-PN <u>04-6784256-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1814572</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL(SM) 2045 FUND

b Name of sponsor of entity listed in (a): TRANSAMERICA RET SOLUTIONS CORP

c EIN-PN <u>04-6784256-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1102246</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL(SM) 2050 FUND

b Name of sponsor of entity listed in (a): TRANSAMERICA RET SOLUTIONS CORP

c EIN-PN <u>04-6784256-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>995385</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL(SM) 2055 FUND

b Name of sponsor of entity listed in (a): TRANSAMERICA RET SOLUTIONS CORP

c EIN-PN 04-6784256-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 531145
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL(SM) 2060 FUND

b Name of sponsor of entity listed in (a): TRANSAMERICA RET SOLUTIONS CORP

c EIN-PN 04-6784256-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 757826
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL(SM) 2065 FUND

b Name of sponsor of entity listed in (a): TRANSAMERICA RET SOLUTIONS CORP

c EIN-PN 04-6784256-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5985
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning <u>01/01/2023</u> and ending <u>12/31/2023</u>	
A Name of plan <u>SENTRY EQUIPMENT ERECTORS, INC. EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SENTRY EQUIPMENT ERECTORS, LLC</u>	D Employer Identification Number (EIN) <u>54-1150258</u>

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	66306	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	942	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	142711	0
(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)		18212732
(10) Value of interest in pooled separate accounts	1c(10)	24774925	0
(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)	1415342	8459924
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2310672	3125231
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	58597224	
(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	87308122	29797887
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	0	
i Acquisition indebtedness	1i	169470	
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	169470	
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	87138652	29797887

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)	833621	
(B) Participants	2a(1)(B)	1009498	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		1843119
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	924	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	0	
(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)		924
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	29996213	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	221204	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		30217417
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	34814699	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	58597224	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-23782525
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)	151698	
(B) Other	2b(5)(B)		
(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)		1151593
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		1785985
(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)		528297
c Other income.....	2c		88561
d Total income. Add all income amounts in column (b) and enter total.....	2d		11985069

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2585330	
(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)		2585330
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		4597
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Recordkeeping fees.....	2i(3)	61539	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)	49210	
(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)	26000	
(10) Other trustee fees and expenses.....	2i(10)	24720	
(11) Other expenses.....	2i(11)	15468	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		176937
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2766864

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9218205
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		66558970

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: **DAVIDSON, DOYLE, HILTON, LLP**

(2) EIN: **54-1953476**

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
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.)		X	
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.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
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.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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)
SENTRY EQUIPMENT ERECTORS, INC. STOCK BONUS PLAN	54-1150258	002

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

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

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>SENTRY EQUIPMENT ERECTORS, INC. EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SENTRY EQUIPMENT ERECTORS, LLC</u>	D Employer Identification Number (EIN) <u>54-1150258</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>39-0989781</u> <u>56-2468956</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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



**Sentry Equipment Erectors, Inc.
Employee Stock Ownership and Savings Plan**

**Financial Statements
and Supplemental Schedules
For the years ended
December 31, 2023 and 2022**





**Sentry Equipment Erectors, Inc.
Employee Stock Ownership and Savings Plan**

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Report of Independent Auditors

The Administrative Committee of
Sentry Equipment Erectors, Inc.
Employee Stock Ownership and Savings Plan
Forest, Virginia

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed the audits of the accompanying financial statements of Sentry Equipment Erectors, Inc. Employee Stock Ownership and Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) audit. The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Sentry Equipment Erectors, Inc. Employee Stock Ownership and Savings Plan's financial statements performed in accordance with ERISA section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from qualified institutions as of and for the years ended December 31, 2023 and 2022, stating that the certified investment information, as described in Note 10 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section –

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Sentry Equipment Erectors, Inc. Employee Stock Ownership and Savings Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.





Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Sentry Equipment Erectors, Inc. Employee Stock Ownership and Savings Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Sentry Equipment Erectors, Inc. Employee Stock Ownership and Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Sentry Equipment Erectors, Inc. Employee Stock Ownership and Savings Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.





Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Part IV, line 4i – Schedule of Assets Held (At End of Year) and Schedule H, Part IV, line 4j – Schedule of Reportable Transactions, as of and for the year ended December 31, 2023, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and related directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

A handwritten signature in blue ink that reads "Davidson Doyle & Hitt, LLP".

Lynchburg, Virginia
September 20, 2024





Sentry Equipment Erectors, Inc.
Employee Stock Ownership and Savings Plan
Statements of Net Assets Available for Plan Benefits
December 31, 2023 and 2022

	2023			2022		
	Allocated	Unallocated	Total	Allocated	Unallocated	Total
Assets						
Investments, at fair value						
Participant-directed						
Pooled separate accounts	\$ -	\$ -	\$ -	\$ 24,774,925	\$ -	\$ 24,774,925
Common collective trusts	18,212,732	-	18,212,732	-	-	-
Registered invesments	8,459,924	-	8,459,924	-	-	-
Nonparticipant-directed						
Registered investments	-	-	-	1,415,342	-	1,415,342
Investment in sponsor company common stock	-	-	-	58,034,454	562,770	58,597,224
Total investments, at fair value	26,672,656	-	26,672,656	84,224,721	562,770	84,787,491
Investments, at contract value						
Participant-directed						
Fully benefit responsive contract	3,115,956	-	3,115,956	2,310,672	-	2,310,672
Nonparticipant-directed						
Funds Held in Insurance Company General Account	-	9,275	9,275	-	-	-
Total investments, at contract value	3,115,956	9,275	3,125,231	2,310,672	-	2,310,672
Cash	-	-	-	209,017	-	209,017
Receivables						
Other receivable	-	-	-	942	-	942
Total receivables	-	-	-	942	-	942
Total assets	\$ 29,788,612	\$ 9,275	\$ 29,797,887	\$ 86,745,352	\$ 562,770	\$ 87,308,122
Liabilities						
Current liabilities						
Current portion of long-term debt	\$ -	\$ -	\$ -	\$ -	\$ 54,829	\$ 54,829
Total current liabilities	-	-	-	-	54,829	54,829
Long-term portion of notes payable	-	-	-	-	114,641	114,641
Total liabilities	-	-	-	-	169,470	169,470
Net Assets Available for Plan Benefits	\$ 29,788,612	\$ 9,275	\$ 29,797,887	\$ 86,745,352	\$ 393,300	\$ 87,138,652

See Notes to Financial Statements.



Sentry Equipment Erectors, Inc.
Employee Stock Ownership and Savings Plan
Statements of Changes in Net Assets Available for Plan Benefits
For the Years Ended December 31, 2023 and 2022

	<u>2023</u>			<u>2022</u>		
	<u>Allocated</u>	<u>Unallocated</u>	<u>Total</u>	<u>Allocated</u>	<u>Unallocated</u>	<u>Total</u>
Additions to Net Assets						
Participant-directed:						
Net appreciation (depreciation) in fair value of investments	\$ 3,465,875	\$ -	\$ 3,465,875	\$ (4,759,321)	\$ -	\$ (4,759,321)
Dividend income	215,891	-	215,891	-	-	-
Employee contributions	1,009,498	-	1,009,498	993,160	-	993,160
Employee rollover contributions	-	-	-	39,857	-	39,857
Employer contributions	659,554	-	659,554	631,687	-	631,687
Total participant-directed	<u>5,350,818</u>	<u>-</u>	<u>5,350,818</u>	<u>(3,094,617)</u>	<u>-</u>	<u>(3,094,617)</u>
Nonparticipant-directed:						
Net appreciation (depreciation) in fair value of investments	(23,630,827)	-	(23,630,827)	26,989,857	264,607	27,254,464
Interest income	924	-	924	116	-	116
Dividend income	5,313	-	5,313	70,018	-	70,018
Employer contributions	-	174,067	174,067	1,662,161	59,913	1,722,074
Employer corrective contributions	-	-	-	27,754	-	27,754
Allocation of common stock	562,770	-	562,770	99,387	-	99,387
Total nonparticipant-directed	<u>(23,061,820)</u>	<u>174,067</u>	<u>(22,887,753)</u>	<u>28,849,293</u>	<u>324,520</u>	<u>29,173,813</u>
Other income (expense)						
Distributed earnings	29,996,213	-	29,996,213	-	-	-
Other income from EBA, net of administrative expenses of \$79,286 in 2023 and \$118,778 in 2022	-	9,275	9,275	-	(7,500)	(7,500)
Total other income (expense)	<u>29,996,213</u>	<u>9,275</u>	<u>30,005,488</u>	<u>-</u>	<u>(7,500)</u>	<u>(7,500)</u>
Total additions	<u>12,285,211</u>	<u>183,342</u>	<u>12,468,553</u>	<u>25,754,676</u>	<u>317,020</u>	<u>26,071,696</u>
Deductions from Net Assets						
Benefits paid to participants	2,585,330	-	2,585,330	3,877,486	-	3,877,486
Administrative fees	97,651	-	97,651	13,369	-	13,369
Interest expense	-	4,597	4,597	-	6,681	6,681
Allocation of common stock	-	562,770	562,770	-	99,387	99,387
Total deductions	<u>2,682,981</u>	<u>567,367</u>	<u>3,250,348</u>	<u>3,890,855</u>	<u>106,068</u>	<u>3,996,923</u>
Net increase (decrease)	<u>9,602,230</u>	<u>(384,025)</u>	<u>9,218,205</u>	<u>21,863,821</u>	<u>210,952</u>	<u>22,074,773</u>
Transfers						
Transfer-out of Plan assets due to Plan to Plan transfer	(66,558,970)	-	(66,558,970)	-	-	-
Total transfers	<u>(66,558,970)</u>	<u>-</u>	<u>(66,558,970)</u>	<u>-</u>	<u>-</u>	<u>-</u>
Net Assets Available for Benefits						
Beginning of year	<u>86,745,352</u>	<u>393,300</u>	<u>87,138,652</u>	<u>64,881,531</u>	<u>182,348</u>	<u>65,063,879</u>
End of year	<u>\$ 29,788,612</u>	<u>\$ 9,275</u>	<u>\$ 29,797,887</u>	<u>\$ 86,745,352</u>	<u>\$ 393,300</u>	<u>\$ 87,138,652</u>

See Notes to Financial Statements.



**Sentry Equipment Erectors, Inc.
Employee Stock Ownership and Savings Plan
Notes to Financial Statements
December 31, 2023 and 2022**

Note 1 – Description of Plan

The following description of the Sentry Equipment Erectors, Inc. (“Employer”) Employee Stock Ownership and Savings Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan, originally effective October 1, 1985, is a defined contribution plan which includes a cash or deferred arrangement (401(k)) and a stock bonus (ESOP) feature. The Plan covers substantially all full-time employees of the Employer who have completed one year of service and have attained age 21 if hired on or after January 1, 2019 or age 19 if hired prior to January 1, 2019. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan is administered by an Administrative Committee whose members are appointed by the Employer’s Board of Directors. The Plan was amended November 16, 2023 to spin-off the portions of the Plan which constituted an employee stock ownership plan (ESOP portions) to the Sentry Equipment Erectors, Inc. Stock Bonus Plan, which is a separate plan.

Contributions

Under the 401(k) feature of the Plan, participants may elect to contribute either 5%, 10% or 15% of their compensation, not to exceed the dollar limitation contained in Section 402(g) of the Internal Revenue Code. Participants who are age 50 or older may also make additional catch-up contributions, not to exceed the maximum annual limitation. The Employer may contribute, on a discretionary basis, a matching amount generally equal to 100% of such elective contributions not in excess of 5% of the participant’s compensation. The Employer made matching contributions in 2023 and 2022. Employer ESOP contributions are determined annually by and at the discretion of the Employer’s Board of Directors.

Participant Accounts

Each participant’s account is credited with the participant’s contribution and Employer’s matching contribution, Employer’s discretionary contributions and forfeitures of terminated participants’ non-vested accounts, and an allocation of Plan earnings. ESOP discretionary contribution allocations and forfeiture allocations are based on participant earnings and years of service, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s accounts.

Participant Directed Programs

Under the terms of the Plan, participants direct the investment of their 401(k) accounts among established alternative investment funds. Currently, the investment funds available consist of twenty-seven different investment choices.

Vesting

Under the Plan, participants are automatically 100 percent vested in their elective contributions and are vested in the Employer’s contributions based on years of continuous service. A participant becomes 100 percent vested in the Employer’s contributions after five years of credited service or if termination occurs due to retirement, disability, or death.





**Sentry Equipment Erectors, Inc.
Employee Stock Ownership and Savings Plan
Notes to Financial Statements
December 31, 2023 and 2022**

Note 1 – Description of Plan (continued)

Forfeitures

Forfeitures of employer matching contributions are used to reduce employer matching contributions or pay administrative expenses. All other forfeitures are added to the Employer's contribution for the Plan year during which the Forfeiture occurs and are allocated to participant accounts based on participant earnings and years of service. For the years ended December 31, 2023 and 2022, forfeitures of terminated participants' non-vested accounts totaled \$14,455 and \$47,724. For the years ended December 31, 2023 and 2022, forfeitures of \$15,820 and \$14,368, respectively, were used to reduce employer matching contribution, forfeitures of \$933 and \$0-, respectively were used to pay administrative expenses, and forfeitures of \$0- and \$31,759, respectively, were allocated to participant accounts. As of December 31, 2023 and 2022, forfeitures available to reduce future employer matching contributions or pay administrative expenses totaled \$134 and \$1,799, respectively.

Put Option

Under Federal income tax regulations, employer stock held by the Plan and its participants and is not readily tradable on an established market, or is subject to trading limitations includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the fair market value of the stock. The Company can pay for the purchase with interest over a period of five years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

Diversification

Diversification is offered to participants nearing retirement so they may have the opportunity to move part of the value of their investment in Employer stock into investments that are more diversified. Participants who are at least age 55 with 10 years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant over a six-year period. In each of the first five years, a participant may diversify up to 25% of the number of post-1986 shares allocated to his or her account, less any shares previously diversified. In the sixth year, the percentage changes to 50%.

Payment of benefits

Under the 401(k) feature of the plan, upon termination of service by reason of death or retirement, distribution of a participant's vested account balance will normally be made not later than one year after the close of the Plan year in which death or retirement occurs. In the event termination occurs for reasons other than death or retirement, distribution of a participant's vested account balance will normally be made as soon as administratively feasible after the close of the Plan year in which the participant terminates employment.

Under the ESOP feature of the plan, upon termination of service by reason of death, disability, or retirement, distribution of a participant's vested account balance will normally be paid out over five years. In the event termination occurs for reasons other than death, disability, or retirement, the participant is required to wait five years before their vested balance is distributed, at which time the vested balance will be paid out over five years.

Administrative Costs

Plan administrative expenses may be paid by either the plan or the Employer on a discretionary basis. For 2023 and 2022, the Plan paid substantially all of the plan expenses.





**Sentry Equipment Erectors, Inc.
Employee Stock Ownership and Savings Plan
Notes to Financial Statements
December 31, 2023 and 2022**

Note 2 – Summary of Significant Accounting Policies

Basis of accounting

The financial statements of the Plan are prepared using the accrual basis of accounting.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein at the date of the financial statements, the reported amounts of revenues and expenses during the reporting period and disclosure to contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Cash and Cash Equivalents

Cash equivalents are deposits of cash in money market accounts subject to withdrawal on demand. Both cash and cash equivalents are on deposit with two financial institutions. Balances may exceed the FDIC (Federal Deposit Insurance Corporation) limit of \$250,000; however, management does not anticipate a loss on these accounts.

Credit risk

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefit.

Investment valuation and income recognition

The Plan's registered investments are recorded at fair value based on quoted market prices. The pooled separate account investments, managed by Transamerica Life Insurance Company, are recorded at fair value based on the quoted market prices of the underlying mutual funds. The common collective trusts are recorded at net asset value based on the underlying assets as a practical expedient. The fully benefit responsive contract, managed by Transamerica Life Insurance Company, is based on the amount payable on demand at the reporting date and is reported at contract value. The investment in sponsor company common stock is based on the value as determined by independent appraisal.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation in fair value of investments includes investments bought, sold, and held during the year.

As described under FASB ASC 962-325-35 "*Plan Accounting – Defined Contribution Pension Plans*", the Plan values all fully-benefit responsive contracts at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan.

Payment of Benefits

Benefit payments are recorded when paid.





Sentry Equipment Erectors, Inc.
Employee Stock Ownership and Savings Plan
Notes to Financial Statements
December 31, 2023 and 2022

Note 3 – Fair Value Measurements

FASB ASC 820 provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
Level 2	Inputs to the valuation methodology include <ul style="list-style-type: none">• quoted prices for similar assets or liabilities in active markets;• quoted prices for identical or similar assets or liabilities in inactive markets;• inputs other than quoted prices that are observable for the asset or liability;• inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

Pooled separate accounts: Valued using net asset value as a practical expedient. Net asset value as reported by the investment manager based on the value of underlying assets.

Common collective trusts: Valued using the net asset value of underlying investments as a practical expedient.

Registered investments: Valued at the quoted market prices of the shares held by the Plan at year-end.

Investment in sponsor company common stock: Valued at the fair market value per share as determined by independent appraisal.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.





Sentry Equipment Erectors, Inc.
Employee Stock Ownership and Savings Plan
Notes to Financial Statements
December 31, 2023 and 2022

Note 3 – Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2023:

	Assets at Fair Value as of December 31, 2023			
	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Registered investments	\$ 8,459,924	\$ 8,459,924	\$ -	\$ -
Other investments measured at net asset value	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total	\$ <u>8,459,925</u>	\$ <u>8,459,924</u>	\$ <u>-</u>	\$ <u>-</u>

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2022:

	Assets at Fair Value as of December 31, 2022			
	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Registered investments	\$ 1,415,342	\$ 1,415,342	\$ -	\$ -
Investment in sponsor company common stock	58,597,224	-	-	58,597,224
Other investments measured at net asset value	<u>24,774,925</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total	\$ <u>84,787,491</u>	\$ <u>1,415,342</u>	\$ <u>-</u>	\$ <u>58,597,224</u>

The following table sets forth a summary of changes in the fair value of the plan's level 3 assets for the years ended December 31, 2023 and 2022:

	<u>Investment in Sponsor Company Common Stock</u>	<u>Total</u>
December 31, 2023		
Beginning balance	\$ 58,597,224	\$ 58,597,224
Total gains (losses) realized and unrealized included in changes in net assets available for benefits	(23,782,525)	(23,782,525)
Purchases, sales, dividends, and forfeitures (net)	<u>(34,814,699)</u>	<u>(34,814,699)</u>
Ending balance	<u>\$ -</u>	<u>\$ -</u>
December 31, 2022		
Beginning balance	\$ 31,045,564	\$ 31,045,564
Total gains (losses) realized and unrealized included in changes in net assets available for benefits	27,551,660	27,551,660
Purchases, sales, dividends, and forfeitures (net)	-	-
Ending balance	<u>\$ 58,597,224</u>	<u>\$ 58,597,224</u>





**Sentry Equipment Erectors, Inc.
Employee Stock Ownership and Savings Plan
Notes to Financial Statements
December 31, 2023 and 2022**

Note 3 – Fair Value Measurements (continued)

There were no level 3 investments held by the Plan at the December 31, 2023. The following table represents the plan's level 3 investments held at December 31, 2022, the valuation techniques used to measure the fair value of these investments, and the significant unobservable inputs:

Investment	Fair Value December 31, 2022	Principal Valuation Techniques	Unobservable Inputs
Sentry Equipment Erectors, Inc. Common Stock	\$ 58,597,224	Capitalization of Cash Flow Guideline Public Company Method Merger & Acquisition Method	Required rate of return
			Market pricing multiples
			Market based pricing for sale of similar companies
			Excess cash calculation
			Net working capital valuation adjustment
			Discount for lack of marketability

The valuation methodology utilized the three principal valuation techniques above to determine the enterprise value, which was adjusted for equity value considerations and discount for lack of marketability.

Note 4 - Investment in Fully Benefit Responsive Contract

The Plan has a benefit-responsive investment contract in a stable value fund held in the insurance company general account. The contract is included in the financial statements at contract value as reported to the Plan. As this contract is a deposit liability with no defined maturity, the contract value is the same as fair market value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The value at December 31, 2023 and 2022 is \$3,115,956 and \$2,310,672, respectively.

Certain events limit the Plan's ability to transact at contract value. Such events include the following: (a) assignment of the contract to another party without consent of the issuer, (b) realization of full contract value is no longer probable, (c) amendments to the plan document or plan termination, or (d) participants are not permitted reasonable access to their retirement assets. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.





Sentry Equipment Erectors, Inc.
Employee Stock Ownership and Savings Plan
Notes to Financial Statements
December 31, 2023 and 2022

Note 5 – Investment in Employer Securities

The Plan's investments in Sentry Equipment Erectors, Inc. common stock at December 31, 2023 and 2022 are as follows:

	2023		2022	
	Allocated	Unallocated	Allocated	Unallocated
Number of shares	-	-	96,523	936
Cost	\$ -	\$ -	\$ 24,373,590	\$ 149,417
Fair value	\$ -	\$ -	\$ 58,034,454	\$ 562,770

The Company's common stock at December 31, 2023 and 2022, represents 0% and 67.25% of net assets available for benefits, respectively, whose values have been estimated (with the assistance of an independent valuation specialist) in the absence of readily ascertainable market values. Because of the inherent subjectivity in any valuation, those estimated values may differ significantly from the values that would have been used had a ready market for the securities existed, and the differences could be material. As a result of refinancing of the two notes payable discussed in Note 6, the cost basis per share of the unallocated shares at January 1, 2014 was adjusted based on the new outstanding principal amounts and unallocated shares as of January 1, 2014.

On November 15, 2023, the Plan received distributed earnings of \$29,996,213, which was paid based on shares of Sentry Equipment Erectors, Inc. common stock held by the plan as of December 31, 2022. On November 16, 2023, all 97,459 shares of Sentry Equipment Erectors, Inc. common stock were sold for \$34,814,699. The total distributed earnings and sales proceeds received by the Plan in November 2023 was \$64,810,912.

Note 6 – Notes Payable

The Plan's notes payable consists of:

	Final Maturity	2023	2022
Note payable, Sentry Equipment Erectors, Inc., collateralized by unallocated shares of company stock, payable \$165,327 annually including interest at 3.53%, refinanced January 2014, principal reduced to \$596,943, and twelve annual installments of \$59,913, including interest at 3%	2025	-	169,470
		-	169,470
Less: current maturities		-	54,829
Long-term portion		\$ -	\$ 114,641

Interest expense for 2023 and 2022 totaled \$4,597 and \$6,681, respectively.

The note payable was paid off on November 15, 2023.





**Sentry Equipment Erectors, Inc.
Employee Stock Ownership and Savings Plan
Notes to Financial Statements
December 31, 2023 and 2022**

Note 7 – Tax Status

The Internal Revenue Service has determined and informed the Employer by letter dated September 24, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated, in compliance with the applicable requirements of the Internal Revenue Code and therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2023 and 2022, no uncertain positions are taken or are expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. The Plan administrator believes it is no longer subject to income tax examinations for the years prior to December 31, 2020.

Note 8 – Related Party Transactions

At December 31, 2022, the Plan owned 100% of the Employer's outstanding common stock.

The Plan obtained a note payable from the Employer on December 20, 2010 in the amount of \$1,900,080 to purchase 4,680 shares of company stock. The loan was refinanced January 2014 with principal adjusted to \$596,943, a write down of \$997,847. The balance of the note payable as of December 31, 2023 and 2022 is \$-0- and \$169,470, respectively.

Certain administrative functions are performed by officers or employees of the Company. Two officers of the Employer are members of the Plan's Administrative Committee and are also participants in the Plan. No such officer or employee received compensation from the Plan. One trustee of the Plan is also a participant in the Plan for the years ended December 31, 2023 and 2022.

During the years ended December 31, 2023 and 2022, the Company paid \$24,720 and \$24,000 for trustee services to its outside trustee, Ventura ESOP Fiduciary Services.

Note 9 – Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

The Plan was amended November 16, 2023 to spin-off the portions of the Plan which constituted an employee stock ownership plan (ESOP portions) to the Sentry Equipment Erectors, Inc. Stock Bonus Plan, which is a separate plan. Participants became fully vested in their balances in the ESOP portions of the Plan on November 16, 2023. The Sentry Equipment Erectors, Inc. Stock Bonus Plan was terminated on November 16, 2023.

Effective June 3, 2024, the Plan was amended to freeze participation in the plan and provide for the merger of the Plan into the Pro Mach, Inc. Retirement Savings Plan on or about July 15, 2024. Participants will become fully vested in their employer matching contribution accounts on the date the Plan is merged into the Pro Mach, Inc. Retirement Savings Plan.





**Sentry Equipment Erectors, Inc.
Employee Stock Ownership and Savings Plan
Notes to Financial Statements
December 31, 2023 and 2022**

Note 10 – Financial Information Certified by Custodian

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held, at December 31, 2023 and 2022, and net appreciation (depreciation) in fair value of investments and interest and dividends for the years ended December 31, 2023 and 2022, was obtained by management and agreed to or derived from information certified as complete and accurate by Transamerica Life Insurance Company (the custodian of the Plan) as of December 31, 2023 and 2022 and for the period from January 1, 2022 to December 31, 2023, and Reliance Trust Company (the custodian of the Plan) as of December 31, 2023 and for the period January 1, 2023 to December 31, 2023.

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the custodian.

	<u>2023</u>	<u>2022</u>
Investments, at fair value		
Registered Investments	\$ 8,459,924	\$ -
Common collective trusts	18,212,732	-
Pooled Separate Accounts	-	24,774,925
Investments, at contract value		
Fully Benefit Responsive Contract	<u>3,115,956</u>	<u>2,310,672</u>
Total Investments	\$ <u>11,575,880</u>	\$ <u>27,085,597</u>
Dividend income	\$ 215,891	\$ -
Investment Income (loss)	\$ 3,465,875	\$ (4,759,321)

Note 11 – Plan Expense Budget Account

The Plan entered into an expense budget account arrangement on August 4, 2015 with its custodian, Transamerica Life Insurance Company. Under the arrangement, the custodian will pay to the Plan monthly an amount equal to 0.20% annually of the total assets held under the contract. In 2023, the arrangement was amended with the change in investment contracts. Under the amended arrangement, the custodian will pay to the Plan monthly an amount equal to 0.40% annually of the total assets held under the contract. These amounts may be used by the Plan to pay direct expenses of the Plan or they may be allocated to participant accounts. During the year ending December 31, 2023, the Plan received reimbursements of \$88,561, paid plan expenses of \$79,286, and allocated \$-0- to participant accounts. During the year ending December 31, 2022, the Plan received reimbursements of \$111,278, paid plan expenses of \$118,778, and allocated \$0 to participant accounts. The balance in the expense budget account as of December 31, 2023 and 2022 was \$9,275 and \$-0-, respectively.





**Sentry Equipment Erectors, Inc.
Employee Stock Ownership and Savings Plan
Notes to Financial Statements
December 31, 2023 and 2022**

Note 12 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of total additions per the financial statements for the years ended December 31, 2023 and 2022 to total income per the Form 5500:

	<u>2023</u>	<u>2022</u>
Total additions per the financial statements	\$ 12,468,553	\$ 26,071,696
Expense paid with EBA netted against EBA income	79,286	118,778
Allocation of common stock	<u>(562,770)</u>	<u>(99,387)</u>
Total income per Form 5500	<u>\$ 11,985,069</u>	<u>\$ 26,091,087</u>

The following is a reconciliation of total deductions per the financial statements for the years ended December 31, 2023 and 2022 to total expenses per the Form 5500:

	<u>2023</u>	<u>2022</u>
Total deductions per the financial statements	\$ 3,250,348	\$ 3,996,923
Expense paid with EBA netted against EBA income	79,286	118,778
Allocation of common stock	<u>(562,770)</u>	<u>(99,387)</u>
Total expenses per Form 5500	<u>\$ 2,766,864</u>	<u>\$ 4,016,314</u>

Note 13 – Unallocated and Allocated Net Assets

As of December 31, 2023, all net assets of the Plan have been allocated to the participants' accounts.

As of December 31, 2022, all net assets of the Plan have been allocated to the participants' accounts with the exception of 936 shares of common stock of the employer valued at \$562,770, along with notes payable of \$169,470.

Note 14 – Commitments and Contingencies

During the year ended December 31, 2010, the sole shareholder sold 100% of their ownership in the Employer to the Plan. After independent appraisal of the value of the common stock of the Employer, the Plan purchased all 51,000 shares of the sole shareholder's stock representing 52.33% of total outstanding common stock of the Employer at the time. In order for the Plan to obtain the capital to purchase the stock, the Plan paid cash of \$8,500,016, the Plan secured a loan from the Employer in the amount of \$1,900,080, and the Plan secured a loan from the sole shareholder for \$10,305,904 for a total purchase price of \$20,706,000. In January 2014 both loans were refinanced. The loan from the Employer was reduced to \$596,943 and the loan from the sole shareholder was reduced to \$3,000,000. The unallocated shares of common stock represent the collateral on the loan. As of November 16, 2023, there were no unallocated shares.

Note 15 – Plan to Plan Transfer

The Plan was amended on November 16, 2023 to spin-off the portions of the Plan which constituted an employee stock ownership plan (ESOP portions) to the Sentry Equipment Erectors, Inc. Stock Bonus Plan, which is a separate plan. The total of the ESOP portions of the Plan that were transferred to the Sentry Equipment Erectors, Inc. Stock Bonus Plan was \$66,558,970.





**Sentry Equipment Erectors, Inc.
Employee Stock Ownership and Savings Plan
Notes to Financial Statements
December 31, 2023 and 2022**

Note 16 - Subsequent Events

The Plan has evaluated subsequent events through September 20, 2024, the date the report is available for issuance. Effective June 3, 2024, the Plan was amended to freeze participation in the plan and provide for the merger of the Plan into the Pro Mach, Inc. Retirement Savings Plan on or about July 15, 2024. No other events requiring disclosure have been noted.





SUPPLEMENTARY INFORMATION





Sentry Equipment Erectors, Inc.
Employee Stock Ownership and Savings Plan
Schedule of Assets (Held at End of Year)
December 31, 2023
EIN# 54-1150258 Plan #001
(Form 5500, Schedule H, Part IV, line 4i)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
	Common collective trusts:			
*	Transamerica Retirement Solutions, LLC:			
*	Transamerica LifeGoal (SM) 2025 Fund	462,044 units	\$	5,151,744
*	Transamerica LifeGoal (SM) 2030 Fund	250,151 units		2,876,711
*	Transamerica LifeGoal (SM) 2035 Fund	312,966 units		3,700,296
*	Transamerica LifeGoal (SM) 2040 Fund	149,512 units		1,814,572
*	Transamerica LifeGoal (SM) 2045 Fund	89,100 units		1,102,247
*	Transamerica LifeGoal (SM) 2050 Fund	79,589 units		995,385
*	Transamerica LifeGoal (SM) 2055 Fund	42,324 units		531,145
*	Transamerica LifeGoal (SM) 2060 Fund	60,448 units		757,826
*	Transamerica LifeGoal (SM) 2065 Fund	523 units		5,985
*	Transamerica LifeGoal (SM) Retirement Fund	116,894 units		1,276,821
	Registered Investment Accounts:			
	Reliance Trust Company:			
	MFS Growth R6	9,868 shares		1,711,834
	JP Morgan US Equity R6	60,306 shares		1,289,346
	PGIM Jennison Small Company R6	56,612 shares		1,236,403
	Vanguard Small Cap Index Adm	7,939 shares		811,317
	TIAA-CREF Equity Index Instl	23,550 shares		792,912
	JPMorgan Large Cap Value R6	39,870 shares		753,944
	AB Sustainable Global Thematic Z	3,461 shares		504,832
	Vanguard International Growth Adm	4,840 shares		492,713
	PIMCO Income Instl	35,656 shares		378,667
	Janus Henderson Balanced N	5,680 shares		240,535
	Vanguard Strategic Equity Inv	3,759 shares		129,146
	T Rowe Price Instl Floating Rate	4,563 shares		43,166
	TIAA-CREF Large Cap Gr Indx Instl	765 shares		39,636
	Loomis Sayles Investment Grade Bond N	3,083 shares		30,585
	Vanguard Total Intl Stock Inx Adm	111 shares		3,449
	PIMCO Global Bonds Opps(USD Hedged) Instl	151 shares		1,439
	Fully Benefit Responsive Contract:			
*	Transamerica Life Insurance Company:			
*	Transamerica Stable Value Core Option	268,991 units		3,115,956
*	Funds Held in Insurance Company General Account	0 units		9,275
	Total		\$	<u>29,797,887</u>

*Party-in-interest

**Cost information omitted for participant directed investments





Sentry Equipment Erectors, Inc.
Employee Stock Ownership and Savings Plan
Schedule of Reportable Transactions
December 31, 2023
EIN# 54-1150258 Plan #001
(Form 5500, Schedule H, Part IV, line 4j)

(a)	(b)	(c)	(d)	(g)	(h)	(i)	
Identity of Party Involved	Description of Assets	Number of Transactions	Purchase Price	Selling Price	Cost of Assets	Current Value of Asset on Transaction Date	Net Gain (Loss)
Sentry Equipment Erectors, Inc.	97,459 shares	1	\$ -	\$ 34,814,699	\$ 24,523,007	\$ 34,814,699	\$ 10,291,692

* Party-in-interest



Sentry Equipment Erectors, Inc.
Employee Stock Ownership and Savings Plan
Schedule of Reportable Transactions
December 31, 2023
EIN# 54-1150258 Plan #001
(Form 5500, Schedule H, Part IV, line 4j)

(a)	(b)	(c)	(d)	(g)	(h)	(i)	
Identity of Party Involved	Description of Assets	Number of Transactions	Purchase Price	Selling Price	Cost of Assets	Current Value of Asset on Transaction Date	Net Gain (Loss)
Sentry Equipment Erectors, Inc.	97,459 shares	1	\$ -	\$ 34,814,699	\$ 24,523,007	\$ 34,814,699	\$ 10,291,692

* Party-in-interest



Sentry Equipment Erectors, Inc.
Employee Stock Ownership and Savings Plan
Schedule of Assets (Held at End of Year)
December 31, 2023
EIN# 54-1150258 Plan #001
(Form 5500, Schedule H, Part IV, line 4i)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
	Common collective trusts:			
*	Transamerica Retirement Solutions, LLC:			
*	Transamerica LifeGoal (SM) 2025 Fund	462,044 units	\$	5,151,744
*	Transamerica LifeGoal (SM) 2030 Fund	250,151 units		2,876,711
*	Transamerica LifeGoal (SM) 2035 Fund	312,966 units		3,700,296
*	Transamerica LifeGoal (SM) 2040 Fund	149,512 units		1,814,572
*	Transamerica LifeGoal (SM) 2045 Fund	89,100 units		1,102,247
*	Transamerica LifeGoal (SM) 2050 Fund	79,589 units		995,385
*	Transamerica LifeGoal (SM) 2055 Fund	42,324 units		531,145
*	Transamerica LifeGoal (SM) 2060 Fund	60,448 units		757,826
*	Transamerica LifeGoal (SM) 2065 Fund	523 units		5,985
*	Transamerica LifeGoal (SM) Retirement Fund	116,894 units		1,276,821
	Registered Investment Accounts:			
	Reliance Trust Company:			
	MFS Growth R6	9,868 shares		1,711,834
	JP Morgan US Equity R6	60,306 shares		1,289,346
	PGIM Jennison Small Company R6	56,612 shares		1,236,403
	Vanguard Small Cap Index Adm	7,939 shares		811,317
	TIAA-CREF Equity Index Instl	23,550 shares		792,912
	JPMorgan Large Cap Value R6	39,870 shares		753,944
	AB Sustainable Global Thematic Z	3,461 shares		504,832
	Vanguard International Growth Adm	4,840 shares		492,713
	PIMCO Income Instl	35,656 shares		378,667
	Janus Henderson Balanced N	5,680 shares		240,535
	Vanguard Strategic Equity Inv	3,759 shares		129,146
	T Rowe Price Instl Floating Rate	4,563 shares		43,166
	TIAA-CREF Large Cap Gr Indx Instl	765 shares		39,636
	Loomis Sayles Investment Grade Bond N	3,083 shares		30,585
	Vanguard Total Intl Stock Inx Adm	111 shares		3,449
	PIMCO Global Bonds Opps(USD Hedged) Instl	151 shares		1,439
	Fully Benefit Responsive Contract:			
*	Transamerica Life Insurance Company:			
*	Transamerica Stable Value Core Option	268,991 units		3,115,956
*	Funds Held in Insurance Company General Account	0 units		9,275
	Total		\$	<u>29,797,887</u>

*Party-in-interest

**Cost information omitted for participant directed investments

