

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: SHORT TERM INVESTMENT ACCOUNT II 8
1b Three-digit plan number (PN): 089
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): SENTRY LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-6040276
2c Plan Sponsor's telephone number: 715-346-6000
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
---	--	---

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

A Name of plan <u>SHORT TERM INVESTMENT ACCOUNT II 8</u>	B Three-digit plan number (PN)	<u>089</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SENTRY LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-6040276</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ADDMAN HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	ADDMAN INTERMEDIATE HOLDINGS LLC	c EIN-PN 87-3631016-001
a	Plan name	ADVANTAGE MACHINE, LLC 401(K) PLAN	
b	Name of plan sponsor	ADVANTAGE MACHINE LLC	c EIN-PN 27-0327206-001
a	Plan name	A.I.M. CORPORATION 401(K) PLAN	
b	Name of plan sponsor	AIM CORPORATION	c EIN-PN 52-1011567-001
a	Plan name	AIR FASTENERS 401(K)	
b	Name of plan sponsor	AIR FASTENERS INC	c EIN-PN 75-2397199-001
a	Plan name	A & N CORPORATION 401(K) PLAN	
b	Name of plan sponsor	A & N CORPORATION	c EIN-PN 59-1170805-001
a	Plan name	APEX STONE 401(K) PLAN	
b	Name of plan sponsor	APEX STONE LLC	c EIN-PN 05-0579316-001
a	Plan name	ARGO INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ARGO INDUSTRIES INC	c EIN-PN 39-1574047-001
a	Plan name	ARMOR LITE 401(K) PLAN	
b	Name of plan sponsor	ARMOR LITE TRAILER MFG LLC	c EIN-PN 61-1684328-001
a	Plan name	ARROWHEAD PRINTING, INC. 401(K) PLAN	
b	Name of plan sponsor	ARROWHEAD PRINTING INC	c EIN-PN 39-1420225-001
a	Plan name	ASC SUNSTONE CIRCUITS, LLC 401(K) PLAN	
b	Name of plan sponsor	ASC SUNSTONE CIRCUITS LLC	c EIN-PN 92-3635048-001
a	Plan name	ASPEN PRESS COMPANY LC 401(K) PLAN	
b	Name of plan sponsor	ASPEN PRESS COMPANY LC	c EIN-PN 72-1535760-001
a	Plan name	AUTOSTAR FAMILY DEALERSHIPS 401(K) PLAN	
b	Name of plan sponsor	WAYNESVILLE AUTOMOTIVE GROUP LLC	c EIN-PN 45-2659485-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	AUTO-TECH COLLISION CENTER, INC. 401(K) PLAN	
b	Name of plan sponsor	AUTO TECH COLLISION CENTER INC	c EIN-PN 38-3324240-001
a	Plan name	BADGER LABORATORIES, INC. 401(K) PLAN	
b	Name of plan sponsor	BADGER LABORATORIES INC	c EIN-PN 39-1573723-001
a	Plan name	BARR, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	BARR INC	c EIN-PN 39-1497901-001
a	Plan name	BARTON & COONEY 401(K) PLAN	
b	Name of plan sponsor	BARTON & COONEY LLC	c EIN-PN 22-3489370-001
a	Plan name	B. & D. THREAD ROLLING, INC. 401(K) PLAN	
b	Name of plan sponsor	B & D THREAD ROLLING INC	c EIN-PN 38-2005362-001
a	Plan name	BECKMAN MACHINE, LLC 401(K) PLAN	
b	Name of plan sponsor	BECKMAN MACHINE LLC	c EIN-PN 46-1397065-001
a	Plan name	BOATNER ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	BOATNER ENTERPRISES INC	c EIN-PN 75-2164579-001
a	Plan name	BRAND LABEL, INC. 401(K) PLAN	
b	Name of plan sponsor	BRAND LABEL INC	c EIN-PN 59-1302658-001
a	Plan name	CAPITAL CANDY 401(K) PLAN	
b	Name of plan sponsor	CAPITAL CANDY COMPANY INC	c EIN-PN 03-0175096-001
a	Plan name	CARRIER SERVICES GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	CARRIER SERVICES GROUP INC	c EIN-PN 35-2222415-001
a	Plan name	CARTEL INDUSTRIES LLC 401(K) PLAN	
b	Name of plan sponsor	CARTEL INDUSTRIES LLC	c EIN-PN 33-0783037-001
a	Plan name	CASEY EQUIPMENT COMPANY RETIREMENT PLAN	
b	Name of plan sponsor	CASEY EQUIPMENT COMPANY	c EIN-PN 36-2707077-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CAYCE MILL SUPPLY RETIREMENT PLAN	
b	Name of plan sponsor CAYCE MILL SUPPLY CO INC	c EIN-PN 61-0526092-001
a	Plan name CENTRAL VALLEY BUSINESS FORMS 401(K) PLAN	
b	Name of plan sponsor CENTRAL VALLEY BUSINESS FORMS IN	c EIN-PN 94-2832118-001
a	Plan name CHUCK NASH 401(K) PLAN	
b	Name of plan sponsor CHUCK NASH CHEVROLET BUICK INC	c EIN-PN 74-1892604-001
a	Plan name CLEVA TECHNOLOGIES LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CLEVA TECHNOLOGIES LLC	c EIN-PN 22-3942616-001
a	Plan name COMMUNITY MOTOR CO., INC. SAVINGS PLAN	
b	Name of plan sponsor COMMUNITY MOTOR CO INC	c EIN-PN 42-1017416-001
a	Plan name CORRIM COMPANY FRP, LLC 401(K) PLAN	
b	Name of plan sponsor CORRIM COMPANY FRP LLC	c EIN-PN 83-2766251-001
a	Plan name COURT STREET FORD 401(K) PLAN	
b	Name of plan sponsor THE MINLEY AUTO GROUP LLC DBA CO	c EIN-PN 93-2435376-001
a	Plan name COX TOYOTA 401(K) PLAN	
b	Name of plan sponsor COX MOTORS NC INC	c EIN-PN 56-0987551-001
a	Plan name CRUSTBUSTER/SPEED KING, INC. 401(K) PLAN	
b	Name of plan sponsor CRUSTBUSTER/SPEED KING INC	c EIN-PN 48-0849305-001
a	Plan name DARREN BIDEAUX RV 401(K) PLAN	
b	Name of plan sponsor RV TRUCK SALES LLC DBA DARREN BI	c EIN-PN 27-0295083-001
a	Plan name DETERGENT SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor DETERGENT SERVICES INC	c EIN-PN 74-1881601-001
a	Plan name DISC PRO GRAPHICS, INC. 401(K) PLAN	
b	Name of plan sponsor DISC PRO GRAPHICS INC	c EIN-PN 76-0552236-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name DIVERSIFIED FABRICATORS, INC. 401(K) PLAN	
b	Name of plan sponsor DIVERSIFIED FABRICATORS INC	c EIN-PN 58-1871364-001
a	Plan name DORIAN TOOL INTERNATIONAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DORIAN TOOL INTERNATIONAL INC	c EIN-PN 76-0030439-001
a	Plan name DSS PRODIESEL PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor DDS PRODIESEL PARTNERS LLC	c EIN-PN 62-1873867-001
a	Plan name DYNAMP, LLC 401(K) PLAN	
b	Name of plan sponsor DYNAMP LLC	c EIN-PN 72-1563732-001
a	Plan name ELBA TOOL COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor ELBA TOOL COMPANY INC	c EIN-PN 36-2542472-001
a	Plan name EVERGREEN TRACTOR RETIREMENT PLAN	
b	Name of plan sponsor EVERGREEN TRACTOR LLC	c EIN-PN 91-1994242-001
a	Plan name EZ HI-TECH SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor EZ HI TECH SERVICES INC	c EIN-PN 22-3388929-001
a	Plan name FARRIMOND CASTILLO & BRESNAHAN 401(K) PLAN	
b	Name of plan sponsor FARRIMOND CASTILLO & BRESNAHAN	c EIN-PN 27-2288265-001
a	Plan name FILLER SPECIALTIES, INC. 401(K) PLAN	
b	Name of plan sponsor FILLER SPECIALTIES INC	c EIN-PN 38-2232323-001
a	Plan name FLEXTECH INDUSTRIES 401(K) PLAN	
b	Name of plan sponsor FLEXTECH INDUSTRIES LTD	c EIN-PN 37-1445387-001
a	Plan name FRANKLIN WEB PRINTING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor FRANKLIN WEB PRINTING COMPANY IN	c EIN-PN 62-1038868-001
a	Plan name FROUDE, INC. 401(K) PLAN	
b	Name of plan sponsor FROUDE INC	c EIN-PN 38-2325812-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name FULL PERFORMANCE MARINE 401(K) PLAN	
b	Name of plan sponsor FULL PERFORMANCE MARINE INC	c EIN-PN 16-1647242-001
a	Plan name GENERAL 401(K) PLAN	
b	Name of plan sponsor GENERAL TRUCK EQUIPMENT & TRAILER	c EIN-PN 59-1395260-001
a	Plan name GENERAL PACKAGING EQUIPMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor GENERAL PACKAGING EQUIPMENT COMP	c EIN-PN 74-1224567-001
a	Plan name GEORGIA MACHINE WORKS, INC. 401(K) PLAN	
b	Name of plan sponsor GEORGIA MACHINE WORKS INC	c EIN-PN 20-2939677-001
a	Plan name G.F. FRANK AND SONS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor G F FRANK AND SONS INC	c EIN-PN 31-0525000-001
a	Plan name GLADES PARTS COMPANY 401(K) PLAN	
b	Name of plan sponsor GLADES PARTS COMPANY INC	c EIN-PN 59-1511962-001
a	Plan name GRAND RAPIDS LIGHTING 401(K) PLAN	
b	Name of plan sponsor GRAND RAPIDS LIGHTING CENTER INC	c EIN-PN 38-1894440-001
a	Plan name GRAYSON ARMATURE WORKS, INC. RETIREMENT PLAN	
b	Name of plan sponsor GRAYSON ARMATURE WORKS INC	c EIN-PN 74-1735183-001
a	Plan name H A INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor H A INDUSTRIES INC	c EIN-PN 38-2941404-001
a	Plan name HANNER CHEVROLET PONTIAC GMC TRUCK, INC. 401(K) PLAN	
b	Name of plan sponsor HANNER CHEVROLET GMC INC DBA HAN	c EIN-PN 75-1447357-001
a	Plan name HELLMAN AUTOMOTIVE GROUP 401(K) SAVINGS PLAN	
b	Name of plan sponsor THUNDER MOUNTAIN MOTOR CO INC	c EIN-PN 20-3687724-001
a	Plan name H & F GULF, INC. 401(K) PLAN	
b	Name of plan sponsor H & F GULF INC	c EIN-PN 23-1705886-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name HIGHLAND PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor HIGHLAND PLASTICS INC	c EIN-PN 95-2920843-001
a	Plan name HUBBARD CHEVROLET 401(K) PLAN	
b	Name of plan sponsor HUBBARD GARAGE INC DBA HUBBARD C	c EIN-PN 93-0564106-001
a	Plan name IMADA, INC. 401(K) PLAN	
b	Name of plan sponsor IMADA INC	c EIN-PN 36-4133518-001
a	Plan name IMAGE ACCESS CORP. 401(K) PLAN	
b	Name of plan sponsor IMAGE ACCESS CORP	c EIN-PN 22-2762602-001
a	Plan name INLAND BOAT COMPANY LLC 401(K) PLAN	
b	Name of plan sponsor INLAND BOAT COMPANY LLC	c EIN-PN 81-3604989-001
a	Plan name JARVIS CUTTING TOOLS, INC. 401(K) PLAN	
b	Name of plan sponsor JARVIS COMPANY INC	c EIN-PN 02-0272185-001
a	Plan name JEWELL HUDGENS 401(K) PLAN	
b	Name of plan sponsor MANSE DRAPER HOLDINGS INC	c EIN-PN 75-1395734-001
a	Plan name J & L PRECISION MACHINE CO 401(K) PLAN	
b	Name of plan sponsor J & L PRECISION MACHINE CO INC	c EIN-PN 23-2292690-001
a	Plan name JMC INSTRUMENTS, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor JMC INSTRUMENTS INC	c EIN-PN 84-0610165-001
a	Plan name KEEFE BUSINESS SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor KEEFE BUSINESS SERVICES	c EIN-PN 95-2908041-001
a	Plan name KENNCO MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor KENNCO MANUFACTURING INC	c EIN-PN 59-1630443-001
a	Plan name KIESLER MACHINE, INC. 401(K) PLAN	
b	Name of plan sponsor KIESLER MACHINE INC	c EIN-PN 35-1971522-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	KIPE MOLDS, INC. 401(K) PLAN	
b	Name of plan sponsor	KIPE MOLDS INC	c EIN-PN 95-3382996-001
a	Plan name	KNIGHT FORESTRY, INC. 401(K) PLAN	
b	Name of plan sponsor	KNIGHT FORESTRY INC	c EIN-PN 02-0579751-001
a	Plan name	KOENIG BODY & EQUIPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	KOENIG BODY & EQUIPMENT INC	c EIN-PN 37-1105302-001
a	Plan name	KOKOMO AUTO WORLD, INC. 401(K) PLAN	
b	Name of plan sponsor	KOKOMO AUTO WORLD INC	c EIN-PN 35-1383619-001
a	Plan name	LAKE PAINTING, INC. 401(K) PLAN	
b	Name of plan sponsor	LAKE PAINTING INC	c EIN-PN 38-2284718-001
a	Plan name	LEPPERT MACHINE CO., INC. 401(K) PLAN	
b	Name of plan sponsor	LEPPERT MACHINE CO INC	c EIN-PN 34-1003225-001
a	Plan name	LESLEH PRECISION, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	LESLEH PRECISION INC	c EIN-PN 25-1826542-001
a	Plan name	LIBERTY BUSINESS FORMS RETIREMENT PLAN	
b	Name of plan sponsor	LIBERTY BUSINESS FORMS INC	c EIN-PN 91-1517799-001
a	Plan name	MAINE PARTS & MACHINE, INC. 401(K) PLAN	
b	Name of plan sponsor	MAINE PARTS AND MACHINE INC	c EIN-PN 01-0441021-001
a	Plan name	MARION MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor	MARION TOOL AND DIE INC	c EIN-PN 39-2010769-001
a	Plan name	MARSHALL CHEVROLET 401(K) PLAN	
b	Name of plan sponsor	ATC AUTOMOTIVE LLC	c EIN-PN 88-4299301-001
a	Plan name	MASTER CORPORATION 401(K) PLAN	
b	Name of plan sponsor	MASTER CORPORATION	c EIN-PN 75-2770887-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name MCSWEENEY AUTOMOTIVE GROUP II, LLC 401(K) PLAN	
b	Name of plan sponsor MCSWEENEY AUTOMOTIVE GROUP II L	c EIN-PN 36-4881346-001
a	Plan name MELO 401(K) PLAN	
b	Name of plan sponsor MELO MACHINE & MANUFACTURING INC	c EIN-PN 81-4835736-001
a	Plan name METALCRAFT, INC. 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor METALCRAFT INC	c EIN-PN 87-1826755-001
a	Plan name METALFLEX SALES, INC. RETIREMENT PLAN	
b	Name of plan sponsor METALFLEX SALES INC	c EIN-PN 43-0787227-001
a	Plan name METAL RESEARCH, INC. 401(K) PLAN	
b	Name of plan sponsor METAL RESEARCH INC	c EIN-PN 63-0503523-001
a	Plan name METAL SPECIALTIES, INC. 401(K) PLAN	
b	Name of plan sponsor METAL SPECIALTIES INC	c EIN-PN 30-0513907-001
a	Plan name MIDLAND INFORMATION SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor MIDLAND INFORMATION SYSTEMS INC	c EIN-PN 59-3495611-001
a	Plan name MID-SOUTH AG EQUIPMENT RETIREMENT PLAN	
b	Name of plan sponsor MID SOUTH AG EQUIPMENT INC	c EIN-PN 62-1284435-001
a	Plan name MILLER HEIMAN HOLDINGS, LLC DBA GREEN THUMBS PALM BEACH 401(K) PLAN	
b	Name of plan sponsor MILLER HEIMAN HOLDINGS LLC DBA G	c EIN-PN 82-3468349-001
a	Plan name MORRISON TEXTILE MACHINERY COMPANY 401(K) PLAN	
b	Name of plan sponsor MORRISON TEXTILE MACHINERY COMPA	c EIN-PN 57-0399356-001
a	Plan name NAKOMA GOLF CLUB 401(K) SAVINGS PLAN	
b	Name of plan sponsor NAKOMA GOLF CLUB INC	c EIN-PN 39-0756838-001
a	Plan name NATIONAL AUTO PLAZA 401(K) PLAN	
b	Name of plan sponsor NATIONAL AUTO PLAZA INC	c EIN-PN 87-0559944-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NCL OF WISCONSIN, INC. RETIREMENT PLAN	
b	Name of plan sponsor	NCL OF WISCONSIN INC	c EIN-PN 39-1538387-001
a	Plan name	NORTH AMERICAN GRAPHICS SERVICES 401(K) PLAN	
b	Name of plan sponsor	NORTH AMERICAN GRAPHICS SERVICES	c EIN-PN 85-3477539-001
a	Plan name	NORTH CENTRAL FABRICATORS, LLC 401(K) PLAN	
b	Name of plan sponsor	NORTH CENTRAL FABRICATORS LLC	c EIN-PN 45-3032618-001
a	Plan name	NORTHERN ECONOMICS, INC. 401(K) PLAN	
b	Name of plan sponsor	NORTHERN ECONOMICS INC	c EIN-PN 92-0162195-001
a	Plan name	OAK TREE GOLF CLUB 401(K) PLAN	
b	Name of plan sponsor	OAK TREE GOLF CLUB	c EIN-PN 73-1451167-001
a	Plan name	OBJEKTS, LLC 401(K) PLAN	
b	Name of plan sponsor	OBJEKTS LLC	c EIN-PN 20-3223725-001
a	Plan name	OLSON POWER AND EQUIPMENT, INC. RETIREMENT PLAN	
b	Name of plan sponsor	OLSON POWER AND EQUIPMENT INC	c EIN-PN 41-0902736-001
a	Plan name	ORANGE COUNTY BROACHING, INC. 401(K) PLAN	
b	Name of plan sponsor	ORANGE COUNTY BROACHING INC	c EIN-PN 20-3511036-001
a	Plan name	PACE CORPORATION 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor	PACE CORPORATION	c EIN-PN 39-1159903-001
a	Plan name	PATTERSON & COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	PATTERSON & COMPANY INC	c EIN-PN 64-0780755-001
a	Plan name	PC CARE, INC. 401(K) PLAN	
b	Name of plan sponsor	PC CARE INC	c EIN-PN 75-2484032-001
a	Plan name	PEMBERTON SUPPLY COMPANY LLC 401(K) PLAN	
b	Name of plan sponsor	PEMBERTON SUPPLY COMPANY LLC	c EIN-PN 22-3706517-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	PETERSEN CHRYSLER DODGE JEEP, LLC 401(K) PLAN	
b	Name of plan sponsor	PETERSEN AUTOMOTIVE LLC	c EIN-PN 26-0839802-001
a	Plan name	PINNACLE INDUSTRIAL SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	PINNACLE INDUSTRIAL SUPPLY INC	c EIN-PN 47-0892622-001
a	Plan name	PIPING ALLOYS USA, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	PIPING ALLOYS USA INC	c EIN-PN 47-3360800-001
a	Plan name	PLASTIC DRESS-UP SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor	PLASTIC DRESS UP SERVICE INC	c EIN-PN 38-2897829-001
a	Plan name	PRC COMPOSITES, LLC 401(K) PLAN	
b	Name of plan sponsor	PRC COMPOSITES LLC	c EIN-PN 47-2650171-001
a	Plan name	PRECISION METAL WORKS 401(K) PLAN	
b	Name of plan sponsor	MKC INC DBA PRECISION METAL WORK	c EIN-PN 42-1194225-001
a	Plan name	PRESIDENT TITANIUM 401(K) PLAN	
b	Name of plan sponsor	PRESIDENT TITANIUM CO INC	c EIN-PN 04-2551686-001
a	Plan name	PRESTON FABRICATION ID 401(K) PLAN	
b	Name of plan sponsor	PRESTON FABRICATION ID LLC	c EIN-PN 87-2556769-001
a	Plan name	PRICE PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor	PRICE PRODUCTS INC	c EIN-PN 95-3508022-001
a	Plan name	PRODUCTION MACHINE & TOOL, LP 401(K) PLAN	
b	Name of plan sponsor	PRODUCTION MACHINE & TOOL LP	c EIN-PN 75-1438775-001
a	Plan name	PULSE INSTRUMENTS, INC. 401(K) PLAN	
b	Name of plan sponsor	PULSE INSTRUMENTS INC	c EIN-PN 95-3701037-001
a	Plan name	Q P L ELECTRONIC DISTRIBUTORS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	Q P L ELECTRONIC DISTRIBUTORS IN	c EIN-PN 04-2389422-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a Plan name	QUALITY STEEL FABRICATING & WELDING PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	QUALITY STEEL FABRICATING & WELD	c EIN-PN 87-0431153-001
a Plan name	QUEST SPECIALTY PRODUCTS, INC. 401(K) PLAN	
b Name of plan sponsor	QUEST SPECIALTY PRODUCTS INC	c EIN-PN 45-3598707-001
a Plan name	RASMUSSEN EQUIPMENT COMPANY 401(K) PLAN	
b Name of plan sponsor	RASMUSSEN EQUIPMENT COMPANY	c EIN-PN 87-0293845-001
a Plan name	RAWHIDE 401(K) PLAN	
b Name of plan sponsor	RAWHIDE INC	c EIN-PN 39-1052471-001
a Plan name	RAYCO MANUFACTURING 401(K) PLAN	
b Name of plan sponsor	RAYCO MANUFACTURING	c EIN-PN 38-2209390-001
a Plan name	R & B CROW PARTNERS 401(K) PLAN	
b Name of plan sponsor	R & B PARTNERS LTD	c EIN-PN 75-2925760-001
a Plan name	RED ROCKS COUNTRY CLUB 401(K) PLAN	
b Name of plan sponsor	RED ROCKS COUNTRY CLUB	c EIN-PN 84-1224150-001
a Plan name	RELIABLE MANUFACTURING, INC. 401(K) PLAN	
b Name of plan sponsor	RELIABLE MANUFACTURING INC	c EIN-PN 74-2174474-001
a Plan name	RELIANCE TOOL & MFG CO., INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	RELIANCE TOOL & MFG CO INC	c EIN-PN 36-2660683-001
a Plan name	RICHARD KAY AUTOMOTIVE 401(K) PLAN	
b Name of plan sponsor	RHINO AUTOMOTIVE LLC DBA RICHARD	c EIN-PN 57-1064207-001
a Plan name	ROBERTS IRRIGATION RETIREMENT PLAN	
b Name of plan sponsor	ROBERTS IRRIGATION COMPANY INC	c EIN-PN 39-1042977-001
a Plan name	ROCKLIN MOTORSPORTS, INC. 401(K) PLAN	
b Name of plan sponsor	ROCKLIN MOTORSPORTS INC	c EIN-PN 94-3405277-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	ROCKY HILL EQUIPMENT RENTALS, INC. 401(K) PLAN	
b	Name of plan sponsor	ROCKY HILL EQUIPMENT RENTALS INC	c EIN-PN 74-2376183-001
a	Plan name	ROSETTA TECHNOLOGIES CORP. 401(K) PLAN	
b	Name of plan sponsor	ROSETTA TECHNOLOGIES CORP	c EIN-PN 59-2798492-001
a	Plan name	ROYAL ARCHITECTURAL PRODUCTS, LTD. 401(K) PLAN	
b	Name of plan sponsor	ROYAL ARCHITECTURAL PRODUCTS LTD	c EIN-PN 75-2310699-001
a	Plan name	SCHREY & SONS MOLD CO., INC. 401(K) PLAN	
b	Name of plan sponsor	SCHREY & SONS MOLD CO INC	c EIN-PN 95-3061152-001
a	Plan name	SEALING SPECIALISTS, INC. AND RAM CORPORATION, INC. 401(K) PROFIT SHAR	
b	Name of plan sponsor	SEALING SPECIALISTS INC	c EIN-PN 43-1228886-001
a	Plan name	SEEHAFER REFRIGERATION, INC. 401(K) PLAN	
b	Name of plan sponsor	SEEHAFER REFRIGERATION INC	c EIN-PN 39-1371680-001
a	Plan name	SIMPSON NORTON CORPORATION 401(K) PLAN	
b	Name of plan sponsor	SIMPSON NORTON CORPORATION	c EIN-PN 36-4444716-001
a	Plan name	SMI, INC. 401(K) PLAN	
b	Name of plan sponsor	SMI CA INC	c EIN-PN 22-3671211-001
a	Plan name	SMOCK MATERIAL HANDLING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	SMOCK MATERIAL HANDLING COMPANY	c EIN-PN 35-1268052-001
a	Plan name	SPEC-BUILT SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	SPEC BUILT SYSTEMS INC	c EIN-PN 33-0461059-001
a	Plan name	SPENCER INDUSTRIES, INC. EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SPENCER INDUSTRIES INC	c EIN-PN 35-1504846-001
a	Plan name	SPORTABLE SCOREBOARDS, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	SPORTABLE SCOREBOARDS INC	c EIN-PN 33-0295525-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name STARKE MACHINE COMPANY 401(K) PLAN	
b	Name of plan sponsor STARKE MACHINE COMPANY INC	c EIN-PN 75-1710418-001
a	Plan name STEVE LAUER PAINTING & DECORATING, INC. 401(K) PLAN	
b	Name of plan sponsor STEVE LAUER PAINTING & DECORATIN	c EIN-PN 39-1507679-001
a	Plan name SUN MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUN MANUFACTURING INC	c EIN-PN 73-1227971-001
a	Plan name SWISS AMERICAN SCREW PRODUCTS 401(K) PLAN	
b	Name of plan sponsor SWISS AMERICAN SCREW PRODUCTS LL	c EIN-PN 38-6060590-001
a	Plan name SWMHC 401(K) PLAN	
b	Name of plan sponsor SOUTHWEST MATERIALS HANDLING COM	c EIN-PN 75-1236087-001
a	Plan name SYMETRIX EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor SYMETRIX INC	c EIN-PN 91-1006550-001
a	Plan name TAYCAR ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor TAYCAR ENTERPRISES INC	c EIN-PN 85-0357469-001
a	Plan name TETER'S FAUCET PARTS CORPORATION 401(K) PLAN	
b	Name of plan sponsor TETERS FAUCET PARTS CORPORATION	c EIN-PN 75-1729625-001
a	Plan name THE JOURNEYMAN PRESS 401(K) PLAN	
b	Name of plan sponsor IAN MARIE INC DBA THE JOURNEYMAN	c EIN-PN 46-5227450-001
a	Plan name THWING ALBERT INSTRUMENT CO 401(K) PLAN	
b	Name of plan sponsor THWING ALBERT INSTRUMENT CO	c EIN-PN 23-1154970-001
a	Plan name TIN-MAR, INC. 401(K) PLAN	
b	Name of plan sponsor TIN MAR INC	c EIN-PN 63-1057696-001
a	Plan name TJ AEROSPACE, INC. 401(K) PLAN	
b	Name of plan sponsor TJ AEROSPACE INC	c EIN-PN 20-8505084-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	TJ AEROSTRUCTURES, INC. 401(K) PLAN
b	Name of plan sponsor	TJ AEROSTRUCTURES INC
c	EIN-PN	47-4517107-001
a	Plan name	TOROID CORPORATION 401(K) PLAN
b	Name of plan sponsor	TOROID CORPORATION
c	EIN-PN	52-1264266-001
a	Plan name	TRENTON PLASTICS 401(K) PLAN
b	Name of plan sponsor	GUDGEL & SONS INCORPORATED DBA T
c	EIN-PN	75-2950431-001
a	Plan name	TRIPLE R INDUSTRIES, LLC 401(K) RETIREMENT PLAN
b	Name of plan sponsor	TRIPLE R INDUSTRIES LLC
c	EIN-PN	39-1816505-001
a	Plan name	TRI-WAY MANUFACTURING, INC. 401(K) PLAN
b	Name of plan sponsor	TRI WAY MANUFACTURING INC DBA TR
c	EIN-PN	38-2127670-001
a	Plan name	TURNER MACHINE COMPANY, INC. 401(K) PLAN
b	Name of plan sponsor	TURNER MACHINE COMPANY INC
c	EIN-PN	73-1408816-001
a	Plan name	UNIQUE AUTO BODY, INC. 401(K) PLAN
b	Name of plan sponsor	UAB MANAGEMENT INC
c	EIN-PN	84-2696411-001
a	Plan name	UNIQUE LABEL, INC. 401(K) PLAN
b	Name of plan sponsor	UNIQUE LABEL INC
c	EIN-PN	43-1176823-001
a	Plan name	UNITED BRASS MANUFACTURERS, INC. 401(K) PLAN
b	Name of plan sponsor	UNITED BRASS MANUFACTURERS INC
c	EIN-PN	38-1349518-001
a	Plan name	VANDERVEST HARLEY-DAVIDSON 401(K) PLAN
b	Name of plan sponsor	VANDERVEST ENTERPRISES INC
c	EIN-PN	45-3546933-001
a	Plan name	VIRTUAL INDUSTRIES INC. 401(K) PLAN
b	Name of plan sponsor	VIRTUAL INDUSTRIES INC
c	EIN-PN	84-1074408-001
a	Plan name	W.D. MATTHEWS MACHINERY CO. 401(K) PLAN
b	Name of plan sponsor	WD MATTHEWS MACHINERY CO
c	EIN-PN	01-0232180-001

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

a Plan name	WEBER & SCHER MFG. 401(K) PLAN	
b Name of plan sponsor	WEBER AND SCHER MFG CO INC	c EIN-PN 22-1371130-001
a Plan name	WEBER SPECIALTIES COMPANY 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	WEBER SPECIALTIES COMPANY	c EIN-PN 38-1465129-001
a Plan name	WESTERN SAW, INC. PROFIT SHARING PLAN - 401(K)	
b Name of plan sponsor	WESTERN SAW INC	c EIN-PN 77-0073942-001
a Plan name	WHITE MOUNTAIN COUNTRY CLUB 401(K) PLAN	
b Name of plan sponsor	WHITE MOUNTAIN COUNTRY CLUB	c EIN-PN 86-0120524-001
a Plan name	WOODLAND FACE VENEER LLC RETIREMENT PLAN	
b Name of plan sponsor	WOODLAND FACE VENEER LLC	c EIN-PN 30-0078861-001
a Plan name	WYGEN FOODS 401(K) PLAN	
b Name of plan sponsor	WYGEN FOODS INC	c EIN-PN 94-3008000-001
a Plan name	ZUND AMERICA, INC. 401(K) PLAN	
b Name of plan sponsor	ZUND AMERICA INC	c EIN-PN 51-0506512-001
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN

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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SHORT TERM INVESTMENT ACCOUNT II 8	B Three-digit plan number (PN) ▶ 089
C Plan sponsor's name as shown on line 2a of Form 5500 SENTRY LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-6040276

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6370300
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	7869374
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	6370300	7869374
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6370300	7869374

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)	690106056	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		690106056
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	271951	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		271951
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-15409	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		690362598

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	688863524	
(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)		688863524
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		688863524

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1499074
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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