

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) P
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- 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 <u>SMALL CAP GROWTH ACCOUNT III AA</u>	1b Three-digit plan number (PN) ▶ <u>031</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SENTRY LIFE INSURANCE COMPANY</u> <u>1800 NORTH POINT DRIVE</u> <u>STEVENS POINT, WI 54481</u>	2b Employer Identification Number (EIN) <u>39-6040276</u> 2c Plan Sponsor's telephone number <u>715-346-6000</u> 2d Business code (see instructions)

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/25/2025</u>	<u>JOHN HYLAND</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SMALL CAP GROWTH ACCOUNT III AA</u>	B Three-digit plan number (PN)	<u>031</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
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 ACCENT TAG & LABEL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ACCENT TAG & LABEL INC	c EIN-PN 42-1303895-001
a	Plan name ADVANCED HYDRAULIC SUPPLY CO., LLC 401(K) PLAN	
b	Name of plan sponsor ADVANCED HYDRAULIC SUPPLY CO LLC	c EIN-PN 93-1049234-001
a	Plan name ADVANTAGE FORD 401(K) PLAN	
b	Name of plan sponsor ADVANTAGE FORD INC	c EIN-PN 91-1792637-001
a	Plan name AERO MECHANISM PRECISION, INC. 401(K) PLAN	
b	Name of plan sponsor AERO MECHANISM PRECISION INC	c EIN-PN 95-4615237-001
a	Plan name AFFORDABLE AUTOS, INC. 401(K) PLAN	
b	Name of plan sponsor AFFORDABLE AUTOS INC	c EIN-PN 48-0913627-001
a	Plan name AL BILTON FORD MERCURY, INC. 401(K) PLAN	
b	Name of plan sponsor AL BILTON FORD MERCURY INC	c EIN-PN 57-0528610-001
a	Plan name ALLWAYS PRECISION, LLC 401(K) PLAN	
b	Name of plan sponsor ALLWAYS PRECISION LLC	c EIN-PN 87-3686274-001
a	Plan name ALTERNATIVE HOSE, INC. 401(K) PLAN	
b	Name of plan sponsor ALTERNATIVE HOSE INC	c EIN-PN 01-0699281-001
a	Plan name ALUMASTEEL MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALUMASTEEL MANUFACTURING INC	c EIN-PN 87-0307248-001
a	Plan name AMERICAN MACHINE SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor AMERICAN MACHINE TOOL REPAIR & R	c EIN-PN 22-1843665-001
a	Plan name AQUATHERM INDUSTRIES INCORPORATED 401(K) PLAN	
b	Name of plan sponsor AQUATHERM INDUSTRIES INCORPORATE	c EIN-PN 22-3022839-001
a	Plan name AVANS MACHINE, INC. 401(K) PLAN	
b	Name of plan sponsor AVANS MACHINE INC	c EIN-PN 45-1295496-001

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 BATCHING SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor BATCHING SYSTEMS INC	c EIN-PN 52-1634587-001
a	Plan name BLACK HILLS POWERSPORTS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BLACK HILLS POWERSPORTS INC	c EIN-PN 46-0450579-001
a	Plan name BOBBY'S TERRITORIAL HARLEY-DAVIDSON 401(K) PLAN	
b	Name of plan sponsor JIMS HARLEY DAVIDSON INC	c EIN-PN 86-0890443-001
a	Plan name BOBBY WOOD CHEVROLET-PONTIAC, INC. 401(K) PLAN	
b	Name of plan sponsor BOBBY WOOD CHEVROLET PONTIAC INC	c EIN-PN 57-0650681-001
a	Plan name BRILL METAL WORKS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BRILL METAL WORKS II INC	c EIN-PN 93-0963924-001
a	Plan name BURLINGTON INSTALLATION CORPORATION 401(K) PLAN	
b	Name of plan sponsor BURLINGTON INSTALLATION CORPORAT	c EIN-PN 42-1394840-001
a	Plan name CALIFORNIA PRECISION HYDRAULICS, INC. 401(K) PLAN	
b	Name of plan sponsor CALIFORNIA PRECISION HYDRAULICS	c EIN-PN 95-4437532-001
a	Plan name CAMAS INCORPORATED 401(K) PLAN	
b	Name of plan sponsor CAMAS INCORPORATED	c EIN-PN 41-1582230-001
a	Plan name CAR TOWN KIA USA FLORENCE 401(K) PLAN	
b	Name of plan sponsor COASTAL AUTO PARTNERS LLC	c EIN-PN 27-3256462-001
a	Plan name CENTRAL VALLEY TRAILER REPAIR INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CENTRAL VALLEY TRAILER REPAIR IN	c EIN-PN 77-0093966-001
a	Plan name CHAMPION CHISEL 401(K) PLAN	
b	Name of plan sponsor CHAMPION CHISEL WORKS INC	c EIN-PN 36-4137769-001
a	Plan name CISION TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor CISION TECHNOLOGIES	c EIN-PN 38-3396943-001

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	CLEARWATER ENGINEERING 401(K) PLAN	
b	Name of plan sponsor	CLEARWATER ENGINEERING	c EIN-PN 74-2845584-001
a	Plan name	CNC MASTERS, INC. 401(K) PLAN	
b	Name of plan sponsor	CNC MASTERS INC	c EIN-PN 54-2190340-001
a	Plan name	COLUMBIA/CRAFT METAL SPINNING CO EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	COLUMBIA METAL SPINNING COMPANY	c EIN-PN 36-3085331-001
a	Plan name	COLUMBUS EYE 401(K) PLAN	
b	Name of plan sponsor	COLUMBUS EYE ASSOCIATES	c EIN-PN 74-1883447-001
a	Plan name	COOK AND COOK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COOK AND COOK INCORPORATED	c EIN-PN 33-0108785-001
a	Plan name	COST PLUS ELECTRIC SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	COST PLUS ELECTRIC SUPPLY INC	c EIN-PN 84-1416536-001
a	Plan name	CSRA FLEETCARE, INC. 401(K) PLAN	
b	Name of plan sponsor	CSRA FLEETCARE INC	c EIN-PN 58-1948666-001
a	Plan name	DACRUZ MANUFACTURING INC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	DACRUZ MANUFACTURING INC	c EIN-PN 06-1108806-001
a	Plan name	DATAMARK GRAPHICS, INC. 401(K) PLAN	
b	Name of plan sponsor	DATAMARK GRAPHICS INC	c EIN-PN 56-1437549-001
a	Plan name	DAVIS AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor	DAVIS AUTO CENTER INC	c EIN-PN 37-0861991-001
a	Plan name	DEL PACKAGING, LTD. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	DEL PACKAGING LTD	c EIN-PN 74-1962624-001
a	Plan name	DICKEY-BUB, INC. 401(K) PLAN	
b	Name of plan sponsor	DICKEY BUB INC	c EIN-PN 43-1014237-001

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	DIEMASTER MACHINE & TOOL, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DIEMASTER MACHINE & TOOL LLC	c EIN-PN 62-1726125-001
a	Plan name	DIJET, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	DIJET INCORPORATED	c EIN-PN 38-2487269-001
a	Plan name	DIXIE GRINDERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DIXIE GRINDERS INC	c EIN-PN 63-0878872-001
a	Plan name	DUNNET BAY CONSTRUCTION COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DUNNET BAY CONSTRUCTION COMPANY	c EIN-PN 36-3253376-001
a	Plan name	DYNAMIC FLUID COMPONENTS, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	DYNAMIC FLUID COMPONENTS INC	c EIN-PN 58-2329868-001
a	Plan name	DYNAMIC METAL TREATING, INC. 401(K) PLAN	
b	Name of plan sponsor	DYNAMIC METAL TREATING INC	c EIN-PN 38-2533822-001
a	Plan name	EMPLOYEE RETIREMENT PLAN OF HPI MANUFACTURING, INC.	
b	Name of plan sponsor	HPI MANUFACTURING INC	c EIN-PN 61-1763654-001
a	Plan name	EVANSVILLE TOOL & DIE, INC. 401(K) PLAN	
b	Name of plan sponsor	EVANSVILLE TOOL & DIE INC	c EIN-PN 35-1045170-001
a	Plan name	F.H. PETERSON MACHINE CORP. 401(K) PLAN	
b	Name of plan sponsor	F H PETERSON MACHINE CORP	c EIN-PN 04-2243284-001
a	Plan name	FLAVOR DYNAMICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FLAVOR DYNAMICS INC	c EIN-PN 22-2969046-001
a	Plan name	FLEET DISTRIBUTORS, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	FLEET DISTRIBUTORS INC	c EIN-PN 36-3884396-001
a	Plan name	FRETZ ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FRETZ ENTERPRISES INC	c EIN-PN 23-2312445-001

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	GALLINA USA, LLC 401(K) PROFIT SHARING PLAN	c	EIN-PN	14-1852807-001
b	Name of plan sponsor	GALLINA USA LLC			
a	Plan name	GLENDALE NISSAN, INC. 401(K) PLAN	c	EIN-PN	36-3718713-001
b	Name of plan sponsor	GLENDALE NISSAN INC			
a	Plan name	GLOBAL PRECISION TRADE, INC. 401(K) PLAN	c	EIN-PN	06-1350834-001
b	Name of plan sponsor	GLOBAL PRECISION TRADE INC			
a	Plan name	GRAND IMAGE, INC. 401(K) PROFIT SHARING PLAN	c	EIN-PN	04-3373687-001
b	Name of plan sponsor	GRAND IMAGE INC			
a	Plan name	GRANDMA HOERNER'S FOODS, INC. 401(K) PLAN	c	EIN-PN	48-1237310-001
b	Name of plan sponsor	GRANDMA HOERNERS FOODS INC			
a	Plan name	HECO, INC. 401(K) PROFIT SHARING PLAN AND TRUST	c	EIN-PN	94-2316046-001
b	Name of plan sponsor	HECO INC			
a	Plan name	HENEK MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN	c	EIN-PN	76-0660962-001
b	Name of plan sponsor	HENEK MANUFACTURING INC			
a	Plan name	HENWIL CORPORATION 401(K) PLAN	c	EIN-PN	25-1898531-001
b	Name of plan sponsor	HENWIL CORPORATION			
a	Plan name	HIGH TECH SOLUTIONS LLC 401(K) PLAN	c	EIN-PN	27-1106189-001
b	Name of plan sponsor	HIGH TECH SOLUTIONS LLC			
a	Plan name	HOLTGRAVE DISTRIBUTING, INC. EMPLOYEES SAVINGS TRUST	c	EIN-PN	37-1266820-001
b	Name of plan sponsor	HOLTGRAVE DISTRIBUTING INC			
a	Plan name	H & P SALES & SERVICE, INC. 401(K) PLAN	c	EIN-PN	35-1611991-001
b	Name of plan sponsor	H & P SALES & SERVICE INC			
a	Plan name	HUNT AUTOMOTIVE GROUP 401(K) PLAN	c	EIN-PN	13-4305824-001
b	Name of plan sponsor	HUNT AUTOMOTIVE GROUP			

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 IMPERIAL MACHINING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor IMPERIAL MACHINING COMPANY INC	c EIN-PN 84-1126037-001
a	Plan name INDUSTRIAL THERMO PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INDUSTRIAL THERMO PRODUCTS INC	c EIN-PN 36-3201134-001
a	Plan name INSIGHT COMMUNICATION, LLC 401(K) PLAN	
b	Name of plan sponsor INSIGHT COMMUNICATION LLC	c EIN-PN 26-1527253-001
a	Plan name JD PIERCE, INC. 401(K) PLAN	
b	Name of plan sponsor JD PIERCE INC	c EIN-PN 20-3956352-001
a	Plan name JHL DIGITAL DIRECT, INC. 401(K) PLAN	
b	Name of plan sponsor JHL DIGITAL DIRECT INC	c EIN-PN 39-1569114-001
a	Plan name J. Q. OFFICE EQUIPMENT COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor J Q OFFICE EQUIPMENT COMPANY	c EIN-PN 26-0835333-001
a	Plan name J.V. EQUIPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor J V EQUIPMENT INC	c EIN-PN 74-1871378-001
a	Plan name KAAS INDUSTRIES 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor KAAS INDUSTRIES INC	c EIN-PN 36-4096327-001
a	Plan name KALCO MACHINE & MANUFACTURING CO. 401(K) PLAN	
b	Name of plan sponsor KALCO MACHINE & MANUFACTURING CO	c EIN-PN 75-2773725-001
a	Plan name K & J 401(K) PLAN	
b	Name of plan sponsor K & J MANUFACTURING INC	c EIN-PN 20-3723427-001
a	Plan name KORTICK 401(K) PLAN	
b	Name of plan sponsor KORTICK MANUFACTURING LLC	c EIN-PN 84-5050477-001
a	Plan name KROESEN TOOL COMPANY, INC. RETIREMENT PLAN	
b	Name of plan sponsor KROESEN TOOL COMPANY INC	c EIN-PN 23-2279311-001

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 K-TECH MACHINE, INC. 401(K) PLAN	
b	Name of plan sponsor K TECH MACHINE INC	c EIN-PN 33-0821122-001
a	Plan name LANCASTER MOTOR COMPANY 401(K) PLAN	
b	Name of plan sponsor LANCASTER MOTOR COMPANY	c EIN-PN 57-0195700-001
a	Plan name LASER CONCEPTS, INC. 401(K) PLAN	
b	Name of plan sponsor LASER CONCEPTS INC	c EIN-PN 90-0204779-001
a	Plan name LIFTMOORE, INC. 401(K) PLAN	
b	Name of plan sponsor LIFTMOORE INC	c EIN-PN 74-1960229-001
a	Plan name LINDALE MACHINE & TOOL, INC. 401(K) PLAN	
b	Name of plan sponsor LINDALE MACHINE & TOOL INC	c EIN-PN 58-2000646-001
a	Plan name LUNA MACHINE, INC. RETIREMENT PLAN	
b	Name of plan sponsor LUNA MACHINE INC	c EIN-PN 95-3455191-001
a	Plan name LUXEMBURG CASCO DISTRICT SCHOOLS MONEY PURCHASE PLAN	
b	Name of plan sponsor LUXEMBURG CASCO DISTRICT SCHOOLS	c EIN-PN 39-1057534-001
a	Plan name MAYDWELL & HARTZELL, LLC 401(K) PLAN	
b	Name of plan sponsor MAYDWELL & HARTZELL LLC	c EIN-PN 26-2841569-001
a	Plan name MCALLEN METAL STAMPING 401(K) PLAN	
b	Name of plan sponsor MCALLEN METAL STAMPING	c EIN-PN 74-2629157-001
a	Plan name MCGILL HOSE & COUPLING INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor MCGILL HOSE & COUPLING INC	c EIN-PN 04-2323986-001
a	Plan name MELT DESIGN, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MELT DESIGN INC	c EIN-PN 36-3280858-001
a	Plan name MELTON MOTOR COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor MELTON MOTOR COMPANY INC	c EIN-PN 48-0518957-001

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	METRO MACHINE WORKS, INC. 401(K) PLAN	
b	Name of plan sponsor	METRO MACHINE WORKS INC	c EIN-PN 73-1325821-001
a	Plan name	METRO OPTICS OF AUSTIN, INC. 401(K) PLAN	
b	Name of plan sponsor	METRO OPTICS OF AUSTIN INC	c EIN-PN 74-2552109-001
a	Plan name	MIKE REICHENBACH FORD LINCOLN, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MIKE REICHENBACH FORD LINCOLN IN	c EIN-PN 20-5083578-001
a	Plan name	MISSISSIPPI VALLEY EQUIPMENT CO AND SUBSIDIARIES 401(K) PLAN	
b	Name of plan sponsor	MISSISSIPPI VALLEY EQUIPMENT COM	c EIN-PN 43-0724604-001
a	Plan name	MOUNTAIN CITY AUTO PARTS 401(K) PLAN	
b	Name of plan sponsor	MOUNTAIN CITY AUTO PARTS II INC	c EIN-PN 20-3995892-001
a	Plan name	NEW ERA TECHNOLOGIES, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	NEW ERA TECHNOLOGIES INC	c EIN-PN 25-1857038-001
a	Plan name	NEWSTAR MANAGEMENT LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NEWSTAR MANAGEMENT LLC	c EIN-PN 47-2337969-001
a	Plan name	PACKKEY WEBB FORD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PACKKEY WEBB FORD	c EIN-PN 36-2804554-001
a	Plan name	PALM SPRINGS NISSAN 401(K) PLAN	
b	Name of plan sponsor	SLEVIN AUTOMOTIVE GROUP LLC	c EIN-PN 27-0559410-001
a	Plan name	PARKWAY METAL PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor	PARKWAY METAL PRODUCTS INC	c EIN-PN 36-2601860-001
a	Plan name	PLEASANTON TOOL & MFG, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PLEASANTON TOOL & MANUFACTURING	c EIN-PN 68-0213654-001
a	Plan name	POLYCONN 401(K) PLAN	
b	Name of plan sponsor	POLYCONN A DIVISION OF WM P NUGE	c EIN-PN 41-1709388-001

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	PROCESS AND CONTROL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PROCESS AND CONTROL SYSTEMS INC	c EIN-PN 36-4152495-001
a	Plan name	PRO SALES GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRO SALES GROUP INC	c EIN-PN 27-2099068-001
a	Plan name	RAM MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor	RAMSEY AIR MANAGEMENT INC	c EIN-PN 52-2364688-001
a	Plan name	REGITAR U.S.A., INC. 401(K) PLAN	
b	Name of plan sponsor	REGITAR USA INC	c EIN-PN 63-0958819-001
a	Plan name	RESTLESS WHEELS 401(K) PLAN	
b	Name of plan sponsor	RESTLESS WHEELS INC	c EIN-PN 54-0979009-001
a	Plan name	RGI RETIREMENT PLAN	
b	Name of plan sponsor	RGI INC	c EIN-PN 22-2279265-001
a	Plan name	ROCKY MOUNTAIN HANGER MFG. CO. 401(K) PLAN	
b	Name of plan sponsor	ROCKY MOUNTAIN HANGER MFG CO	c EIN-PN 84-1198091-001
a	Plan name	ROWAN CORNIL, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	ROWAN CORNIL INC	c EIN-PN 75-2194496-001
a	Plan name	R & R CONTROLS, INC. 401(K) PLAN	
b	Name of plan sponsor	R & R CONTROLS INC	c EIN-PN 33-0634368-001
a	Plan name	RS RUBBER CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	RS RUBBER CORPORATION	c EIN-PN 22-2923071-001
a	Plan name	RUSSARD, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	RUSSARD INC	c EIN-PN 04-2226233-001
a	Plan name	SACKET MACHINING, LLC 401(K) PLAN	
b	Name of plan sponsor	SACKET MACHINING LLC	c EIN-PN 74-2949354-001

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	SAF-T-FLO WATER SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	SAF-T-FLO WATER SERVICES INC	c EIN-PN 20-0863292-001
a	Plan name	SAN JOAQUIN COLLISION, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	SAN JOAQUIN COLLISION INC	c EIN-PN 77-0392666-001
a	Plan name	SANKOSHA USA, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SANKOSHA USA INC	c EIN-PN 36-4037642-001
a	Plan name	SCHAFFNER MACHINE COMPANY 401(K) PLAN	
b	Name of plan sponsor	SCHAFFNER MACHINE COMPANY	c EIN-PN 43-0621594-001
a	Plan name	SENTRY 401K PLAN	
b	Name of plan sponsor	SENTRY INSURANCE COMPANY	c EIN-PN 39-0333950-001
a	Plan name	SINCLAIR MINERAL & CHEMICAL CO. 401(K) PLAN	
b	Name of plan sponsor	SINCLAIR MINERAL & CHEMICAL CO	c EIN-PN 36-2270520-001
a	Plan name	SLIP SERVICE COMPANY SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	SLIP SERVICE COMPANY	c EIN-PN 75-2675174-001
a	Plan name	SOILMOISTURE EQUIPMENT CORP. EMPLOYEES 401(K) SAVINGS & INVESTMENT PLA	
b	Name of plan sponsor	SOILMOISTURE EQUIPMENT CORP	c EIN-PN 95-2454953-001
a	Plan name	SOLID SURFACE DESIGNS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SOLID SURFACE DESIGNS INC	c EIN-PN 43-1662889-001
a	Plan name	SOUERS MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor	SOUERS MANUFACTURING INC	c EIN-PN 91-1558628-001
a	Plan name	SPARTAN PRINTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPARTAN PRINTING INC	c EIN-PN 75-1155218-001
a	Plan name	SQUARE ONE ELECTRIC SERVICE COMPANY 401(K) PLAN	
b	Name of plan sponsor	SQUARE ONE ELECTRIC SERVICE COMP	c EIN-PN 52-2069312-001

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 STEELHEAD METAL & FAB, LLC 401(K) PLAN	
b	Name of plan sponsor STEELHEAD METAL & FAB LLC	c EIN-PN 93-1270992-001
a	Plan name STEVEN ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor GENESIS HEALTH CLUBS MANAGEMENT	c EIN-PN 88-0413082-001
a	Plan name STRUCTURAL MACHINERY SOLUTIONS, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor STRUCTURAL MACHINERY SOLUTIONS I	c EIN-PN 38-2178502-001
a	Plan name SUMMIT TECHNOLOGY AFFILIATES, LLC 401(K) PLAN	
b	Name of plan sponsor SUMMIT TECHNOLOGY AFFILIATES LLC	c EIN-PN 81-1069246-001
a	Plan name SYQWEST, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SYQWEST INC	c EIN-PN 84-1622217-001
a	Plan name TCR, INC. 401(K) PLAN	
b	Name of plan sponsor TURBINE COMPONENT REPAIR INC	c EIN-PN 76-0546788-001
a	Plan name TEGRA EQUIPMENT, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TEGRA EQUIPMENT INC	c EIN-PN 02-0500341-001
a	Plan name THREE R PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor THREE R PLASTICS INC	c EIN-PN 36-3961515-001
a	Plan name TRIAD PACKAGING, INC. RETIREMENT PLAN	
b	Name of plan sponsor TRIAD PACKAGING INC	c EIN-PN 63-1077563-001
a	Plan name TRYCO MACHINE WORKS, LTD. PROFIT SHARING PLAN	
b	Name of plan sponsor TRYCO MACHINE WORKS LTD	c EIN-PN 74-1952151-001
a	Plan name T&S PRECISION MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor T&S PRECISION MANUFACTURING INC	c EIN-PN 64-0752950-001
a	Plan name TWO RIVERS AUTOMOTIVE, INC. 401(K) PLAN	
b	Name of plan sponsor TWO RIVERS AUTOMOTIVE INC	c EIN-PN 62-1188683-001

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	UNITED DURALUME PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor	UNITED DURALUME PRODUCTS INC	c EIN-PN 95-2698887-001
a	Plan name	UNITED FABRICATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	OSGOOD ENTERPRISES INC	c EIN-PN 27-2443728-001
a	Plan name	WARREN INDUSTRIES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	WARREN INDUSTRIES INC	c EIN-PN 23-1195350-001
a	Plan name	WATERJET CUTTING, INC. 401(K) PLAN	
b	Name of plan sponsor	WATERJET CUTTING INC	c EIN-PN 04-3647249-001
a	Plan name	WEBB EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	WEBB CHEVROLET INC	c EIN-PN 36-4327474-001
a	Plan name	WEST COAST COPPER & SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WEST COAST COPPER & SUPPLY INC	c EIN-PN 01-0621660-001
a	Plan name	WEST SIDE DENTAL CT LLC 401(K) PLAN	
b	Name of plan sponsor	WEST SIDE DENTAL CT LLC	c EIN-PN 55-0834997-001
a	Plan name	WHOLE SHOP, INC. 401(K) PLAN	
b	Name of plan sponsor	WHOLE SHOP INC	c EIN-PN 34-1342122-001
a	Plan name	WIELAND'S LAWN MOWER HOSPITAL, INC. 401(K) PLAN	
b	Name of plan sponsor	WIELANDS LAWN MOWER HOSPITAL INC	c EIN-PN 37-1206225-001
a	Plan name	WILL & FAULKNER AUTOMOTIVE, LLC 401(K) PLAN	
b	Name of plan sponsor	WILL & FAULKNER AUTOMOTIVE LLC	c EIN-PN 26-2437730-001
a	Plan name	WOODFIELD NISSAN, INC. 401(K) PLAN	
b	Name of plan sponsor	WOODFIELD NISSAN INC	c EIN-PN 36-3912294-001
a	Plan name	WOODY BPG, INC. 401(K) PLAN	
b	Name of plan sponsor	WOODY BPG INC	c EIN-PN 33-1138771-001

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	WREN 401(K) RETIREMENT PLAN	
b Name of plan sponsor	WREN ASSOCIATES LTD	c EIN-PN 43-1306642-001

a Plan name	YORK MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	YORK MANUFACTURING INC	c EIN-PN 01-0363631-001

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SMALL CAP GROWTH ACCOUNT III AA	B Three-digit plan number (PN) ▶ 031
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
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6508477	6883701
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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	6508477	6883701
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	6508477	6883701

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)	1444293	
(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)		1444293
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)	35273	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	532675	
(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)		-328110
c Other income	2c		392718
d Total income. Add all income amounts in column (b) and enter total.....	2d		2076849

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1645397	
(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)		1645397
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)	56228	
(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)		56228
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1701625

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		375224
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 _____.