

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

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, 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, the DFVC program, special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: MID-CAP VALUE ACCOUNT AC
1b Three-digit plan number (PN): 033
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> <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>MID-CAP VALUE ACCOUNT AC</u> | B Three-digit plan number (PN) | <u>033</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): | | |
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| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
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| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

a Name of MTIA, CCT, PSA, or 103-12 IE:

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c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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d Entity code

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b Name of sponsor of entity listed in (a):

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d Entity code

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d Entity code

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e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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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 | 5 STAR TRANSFERS, LLC 401(K) PLAN | |
| b | Name of plan sponsor | 5 STAR TRANSFERS LLC | c EIN-PN 92-2456279-001 |
| a | Plan name | ACC PRECISION 401(K) PLAN | |
| b | Name of plan sponsor | ACC PRECISION INC | c EIN-PN 47-0924701-001 |
| a | Plan name | ACCURATE TECHNOLOGY MANUFACTURING 401(K) PLAN | |
| b | Name of plan sponsor | ACCURATE TECHNOLOGY MFG INC | c EIN-PN 26-3954413-001 |
| a | Plan name | ACTION BUSINESS SUPPLIERS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | ACTION BUSINESS SUPPLIERS INC | c EIN-PN 61-0711466-001 |
| a | Plan name | ADDISON ELECTRIC, INC. 401(K) PLAN | |
| b | Name of plan sponsor | ADDISON ELECTRIC INC | c EIN-PN 36-3846350-001 |
| a | Plan name | ADDISON FABRICATORS 401(K) PLAN | |
| b | Name of plan sponsor | ADDISON FABRICATORS INC | c EIN-PN 63-0796407-001 |
| a | Plan name | ADTEC COLORANT CORP. 401(K) PLAN | |
| b | Name of plan sponsor | ADTEC COLORANT CORP | c EIN-PN 75-2846077-001 |
| a | Plan name | ADVANCED METALCRAFT, INC. 401(K) PLAN | |
| b | Name of plan sponsor | ADVANCED METALCRAFT INC | c EIN-PN 36-3885578-001 |
| a | Plan name | AEROSPACE TESTING LABORATORY, INC. 401(K) PLAN | |
| b | Name of plan sponsor | AEROSPACE TESTING LAB INC | c EIN-PN 06-0947808-001 |
| 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 | AFLEX EXTRUSION TECHNOLOGIES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | AFLEX EXTRUSION TECHNOLOGIES INC | c EIN-PN 22-3791102-001 |
| a | Plan name | ALLWAYS PRECISION, LLC 401(K) PLAN | |
| b | Name of plan sponsor | ALLWAYS PRECISION LLC | c EIN-PN 87-3686274-001 |

| 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 | ALTA DESIGN AND MANUFACTURING, INC. 401(K) PLAN | |
| b | Name of plan sponsor | ALTA DESIGN AND MANUFACTURING IN | c EIN-PN 04-3792230-001 |
| 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 | 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 | AMI PRECISION 401(K) PLAN | |
| b | Name of plan sponsor | ANDYS MACHINE INC | c EIN-PN 04-3271130-001 |
| 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 | ART'S LAWN MOWER SHOP, INC. PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor | ART'S LAWN MOWER SHOP INC | c EIN-PN 43-1097595-001 |
| a | Plan name | ASPEN ELECTRONICS MANUFACTURING, INC. 401(K) PLAN | |
| b | Name of plan sponsor | ASPEN ELECTRONICS MANUFACTURING | c EIN-PN 84-1261423-001 |
| a | Plan name | ASSEMBLY TECH INT'L DBA AMERICAN BEAUTY TOOLS 401(K) PLAN | |
| b | Name of plan sponsor | ASSEMBLY TECHNOLOGIES INTERNATIO | c EIN-PN 38-3220853-001 |
| a | Plan name | ATHENS TRACTOR & EQUIPMENT, LLC 401(K) PLAN | |
| b | Name of plan sponsor | ATHENS TRACTOR & EQUIPMENT LLC | c EIN-PN 35-2187447-001 |
| a | Plan name | AVANS MACHINE, INC. 401(K) PLAN | |
| b | Name of plan sponsor | AVANS MACHINE INC | c EIN-PN 45-1295496-001 |
| a | Plan name | BALL GMC TRUCK & TIRE CENTER INC SALARY REDUCTION PS PLAN | |
| b | Name of plan sponsor | BALL GMC TRUCK & TIRE CENTER INC | c EIN-PN 43-1202492-001 |
| a | Plan name | BATCHING SYSTEMS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | BATCHING SYSTEMS INC | c EIN-PN 52-1634587-001 |

| 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 | BEAL INDUSTRIAL PRODUCTS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | BEAL INDUSTRIAL PRODUCTS INC | c EIN-PN 52-1194494-001 |
| a | Plan name | BELRICK CORP. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | BELRICK CORP | c EIN-PN 23-2094750-001 |
| 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 | BLOCK DIVISION, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | BLOCK DIVISION INC | c EIN-PN 75-1426948-001 |
| a | Plan name | BLUE MOUNTAIN MACHINE, INC. 401(K) PLAN | |
| b | Name of plan sponsor | BLUE MOUNTAIN MACHINE INC | c EIN-PN 23-2088420-001 |
| 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 | BORKGREN FARMS 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | BORKGREN FARMS LLC | c EIN-PN 36-4419022-001 |
| a | Plan name | BRIGHTMARKS 401(K) PLAN | |
| b | Name of plan sponsor | BRIGHTMARKS LLC | c EIN-PN 46-0510714-001 |
| 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 | BURKE RACK, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor | BURKE RACK INC | c EIN-PN 95-2664151-001 |
| a | Plan name | BURLINGTON INSTALLATION CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor | BURLINGTON INSTALLATION CORPORAT | c EIN-PN 42-1394840-001 |

| 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 | 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 | CAMPBELL'S MACHINE SHOP, INC. 401(K) PLAN | |
| b | Name of plan sponsor | CAMPBELLS MACHINE SHOP INC | c EIN-PN 61-1293836-001 |
| a | Plan name | CAPITAL CITY EQUIPMENT CO. 401(K) PLAN | |
| b | Name of plan sponsor | CAPITAL CITY EQUIPMENT CO | c EIN-PN 42-1061858-001 |
| a | Plan name | CASTLE-PRINTECH INC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | CASTLE-PRINTECH INC | c EIN-PN 36-2549742-001 |
| a | Plan name | CENTRAL IOWA MACHINE SHOP, INC. 401(K) PLAN | |
| b | Name of plan sponsor | CENTRAL IOWA MACHINE SHOP INC | c EIN-PN 42-1231030-001 |
| 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 | CHEMPLAST, INC. 401(K) PLAN | |
| b | Name of plan sponsor | CHEMPLAST INC | c EIN-PN 76-0647880-001 |
| a | Plan name | CHRISTIAN COMM STOREHOUSE DBA COMMUNITY STOREHOUSE 401K PLAN | |
| b | Name of plan sponsor | CHRISTIAN COMMUNITY STOREHOUSE | c EIN-PN 75-1929755-001 |
| a | Plan name | CISION TECHNOLOGIES 401(K) PLAN | |
| b | Name of plan sponsor | CISION TECHNOLOGIES | c EIN-PN 38-3396943-001 |
| a | Plan name | CLEARWATER ENGINEERING 401(K) PLAN | |
| b | Name of plan sponsor | CLEARWATER ENGINEERING | c EIN-PN 74-2845584-001 |

| 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 CNC MASTERS, INC. 401(K) PLAN | |
| b | Name of plan sponsor CNC MASTERS INC | c EIN-PN 54-2190340-001 |
| a | Plan name COLLINS TRACTOR AND EQUIPMENT, INC. SAFE HARBOR 401(K) PLAN | |
| b | Name of plan sponsor COLLINS TRACTOR AND EQUIPMENT IN | c EIN-PN 05-0553314-001 |
| 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 COMMAND MANUFACTURING LLC 401(K) PLAN | |
| b | Name of plan sponsor COMMAND MANUFACTURING LLC | c EIN-PN 20-0138438-001 |
| a | Plan name CONWAY MANUFACTURING GROUP INC. 401(K) PLAN | |
| b | Name of plan sponsor CONWAY MANUFACTURING GROUP INC | c EIN-PN 71-0789708-001 |
| 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 CORLEY AUTOMOTIVE GROUP 401(K) PLAN | |
| b | Name of plan sponsor CORLEY AUTOMOTIVE GROUP INC | c EIN-PN 85-0423361-001 |
| 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 COVINGTON PIKE CHRYSLER-PLYMOUTH, INC. 401(K) PLAN | |
| b | Name of plan sponsor COVINGTON PIKE CHRYSLER PLYMOUTH | c EIN-PN 62-1334850-001 |
| a | Plan name CRB MANUFACTURING, INC. 401(K) GAIN SHARE PLAN | |
| b | Name of plan sponsor CRB MANUFACTURING INC | c EIN-PN 93-0831399-001 |
| 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 CZECH TOOL, INC. 401(K) PLAN | |
| b | Name of plan sponsor CZECH TOOL INC | c EIN-PN 27-3032034-001 |

| 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 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 DAKOTA ULTRASONICS CORPORATION 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor DAKOTA ULTRASONICS CORPORATION | c EIN-PN 77-0489958-001 |
| 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 DELTA CIRCUITS, INC. 401(K) PLAN | |
| b | Name of plan sponsor DELTA CIRCUITS INC | c EIN-PN 36-4010219-001 |
| a | Plan name DICKEY-BUB, INC. 401(K) PLAN | |
| b | Name of plan sponsor DICKEY BUB INC | c EIN-PN 43-1014237-001 |
| 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 DODGE OF ANTIOCH 401(K) PLAN | |
| b | Name of plan sponsor DODGE OF ANTIOCH INC | c EIN-PN 01-0573162-001 |
| a | Plan name DORRANCE FORD, INC. 401(K) PLAN | |
| b | Name of plan sponsor DORRANCE FORD INC | c EIN-PN 38-3585145-001 |
| a | Plan name DRAWING TECHNOLOGY, INC. 401(K) PLAN | |
| b | Name of plan sponsor DRAWING TECHNOLOGY INC | c EIN-PN 36-4347125-001 |

| 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 D.R. JOSEPH, INC. 401(K) PLAN | |
| b | Name of plan sponsor D R JOSEPH INC | c EIN-PN 75-2214732-001 |
| 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 EDGEWATER MFG CO INC 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor EDGEWATER MFG CO INC | c EIN-PN 22-1432096-001 |
| a | Plan name ELECTRICO, INC. SAFE HARBOR 401(K) PLAN | |
| b | Name of plan sponsor ELECTRICO INC | c EIN-PN 75-2403801-001 |
| 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 ENGINEERING MANUFACTURING SERVICES, INC. 401(K) PLAN | |
| b | Name of plan sponsor ENGINEERING MANUFACTURING SERVIC | c EIN-PN 56-1613298-001 |
| a | Plan name ENGLISH MOUNTAIN SPRING WATER COMPANY INC 401(K) PLAN | |
| b | Name of plan sponsor ENGLISH MOUNTAIN SPRING WATER CO | c EIN-PN 62-1620006-001 |
| a | Plan name EVANS AUTOMOTIVE REPAIR, INC. 401(K) PLAN | |
| b | Name of plan sponsor EVANS AUTOMOTIVE REPAIR INC | c EIN-PN 31-1182804-001 |
| 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 FABRICATING MACHINE TECHNOLOGY INC. 401(K) PLAN | |
| b | Name of plan sponsor FABRICATING MACHINE TECHNOLOGY | c EIN-PN 27-0857780-001 |

| 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 | FENTRESS MACHINE, INC. 401(K) PLAN | |
| b | Name of plan sponsor | FENTRESS MACHINE INC | c EIN-PN 61-1401258-001 |
| 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 |
| a | Plan name | GALLINA USA, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | GALLINA USA LLC | c EIN-PN 14-1852807-001 |
| a | Plan name | GLENBROOK TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | GLENBROOK TECHNOLOGIES INC | c EIN-PN 22-2471508-001 |
| a | Plan name | GLENDALE NISSAN, INC. 401(K) PLAN | |
| b | Name of plan sponsor | GLENDALE NISSAN INC | c EIN-PN 36-3718713-001 |
| a | Plan name | GLOBAL PRECISION TRADE, INC. 401(K) PLAN | |
| b | Name of plan sponsor | GLOBAL PRECISION TRADE INC | c EIN-PN 06-1350834-001 |
| a | Plan name | GRANDMA HOERNER'S FOODS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | GRANDMA HOERNERS FOODS INC | c EIN-PN 48-1237310-001 |
| a | Plan name | GUPTON MOTORS INC. 401(K) PLAN | |
| b | Name of plan sponsor | GUPTON MOTORS INC | c EIN-PN 62-1212826-001 |
| a | Plan name | HAGBROS PRECISION 401(K) PLAN | |
| b | Name of plan sponsor | HAGBROS PRECISION LLC | c EIN-PN 45-3533300-001 |

| 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 | HEBERLE FORD, INC. 401(K) PLAN | |
| b | Name of plan sponsor | HEBERLE FORD INC | c EIN-PN 81-0283581-001 |
| a | Plan name | HECO, INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | HECO INC | c EIN-PN 94-2316046-001 |
| a | Plan name | HENWIL CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor | HENWIL CORPORATION | c EIN-PN 25-1898531-001 |
| a | Plan name | HIGH TECH SOLUTIONS LLC 401(K) PLAN | |
| b | Name of plan sponsor | HIGH TECH SOLUTIONS LLC | c EIN-PN 27-1106189-001 |
| a | Plan name | HOLTGRAVE DISTRIBUTING, INC. EMPLOYEES SAVINGS TRUST | |
| b | Name of plan sponsor | HOLTGRAVE DISTRIBUTING INC | c EIN-PN 37-1266820-001 |
| a | Plan name | HORN FORD, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | HORN FORD INC | c EIN-PN 39-0182610-001 |
| a | Plan name | H & P SALES & SERVICE, INC. 401(K) PLAN | |
| b | Name of plan sponsor | H & P SALES & SERVICE INC | c EIN-PN 35-1611991-001 |
| 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 | IMS ACQUISITION LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | IMS ACQUISITION LLC | c EIN-PN 86-0933017-001 |
| a | Plan name | INNOVATIVE MFG SERVICES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | INNOVATIVE MANUFACTURING SERVICE | c EIN-PN 61-1330288-001 |
| a | Plan name | IN-PHASE TECHNOLOGIES, INC. SAFE HARBOR 401(K) PLAN | |
| b | Name of plan sponsor | IN PHASE TECHNOLOGIES INC | c EIN-PN 22-3373452-001 |
| a | Plan name | INSIGHT COMMUNICATION, LLC 401(K) PLAN | |
| b | Name of plan sponsor | INSIGHT COMMUNICATION LLC | c EIN-PN 26-1527253-001 |

| 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 | JAMES CORLEW CHEVROLET, INC. 401(K) PLAN | |
| b | Name of plan sponsor | JAMES CORLEW CHEVROLET INC | c EIN-PN 62-0813540-001 |
| a | Plan name | JED 401(K) PLAN | |
| b | Name of plan sponsor | JED INDUSTRIES INC | c EIN-PN 34-1811433-001 |
| a | Plan name | JESCO IRON CRAFT, INC. 401(K) PLAN | |
| b | Name of plan sponsor | JESCO IRON CRAFT INC | c EIN-PN 22-1642767-001 |
| 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. J. STEEL, INC. 401(K) PLAN | |
| b | Name of plan sponsor | J J STEEL INC | c EIN-PN 38-2952091-001 |
| a | Plan name | JL, LLC 401(K) PLAN | |
| b | Name of plan sponsor | JL LLC | c EIN-PN 87-0887053-001 |
| a | Plan name | JONATHANS COMPUTER CENTERS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | JONATHANS COMPUTER CENTERS INC | c EIN-PN 22-2311913-001 |
| 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 | JTF BUSINESS SYSTEMS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | JTF BUSINESS SYSTEMS INC | c EIN-PN 54-1764634-001 |
| 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 | KEATING STAMPING & ASSEMBLY 401(K) PLAN | |
| b | Name of plan sponsor | KEATING STAMPING & ASSEMBLY LLC | c EIN-PN 93-1950530-001 |

| 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 & 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 |
| a | Plan name | KRSTIC ENTERPRISES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | KRSTIC ENTERPRISES INC | c EIN-PN 36-3928139-001 |
| a | Plan name | LEXUS OF WESTMINSTER 401(K) PLAN | |
| b | Name of plan sponsor | R R L CORPORATION | c EIN-PN 33-0344181-001 |
| 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 | LTS EQUIPMENT SERVICES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | LTS EQUIPMENT SERVICES INC | c EIN-PN 74-2468710-001 |
| 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 | MAJASKI'S MACHINE SHOP, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MAJASKIS MACHINE SHOP INC | c EIN-PN 41-1730474-001 |
| a | Plan name | MAYDWELL & HARTZELL, LLC 401(K) PLAN | |
| b | Name of plan sponsor | MAYDWELL & HARTZELL LLC | c EIN-PN 26-2841569-001 |

| 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 MCALLEN METAL STAMPING 401(K) PLAN | |
| b | Name of plan sponsor MCALLEN METAL STAMPING | c EIN-PN 74-2629157-001 |
| a | Plan name MCCARTHY FORD 401(K) SAVINGS & RETIREMENT PLAN | |
| b | Name of plan sponsor MCCARTHY FORD INC | c EIN-PN 36-4413920-001 |
| 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 MELLOTT MANUFACTURING CO., INC. 401(K) PLAN | |
| b | Name of plan sponsor MELLOTT MANUFACTURING CO INC | c EIN-PN 25-1157064-001 |
| 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 |
| 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 MIDWAY MACHINE, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor MIDWAY MACHINE INC | c EIN-PN 63-0898775-001 |
| 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 MURRAY PRINT SHOP INC. 401(K) PLAN | |
| b | Name of plan sponsor MURRAY PRINT SHOP INC | c EIN-PN 43-0827047-001 |

| 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 NEFTIN WESTLAKE CARS 401(K) PLAN | |
| b | Name of plan sponsor CONEJO AUTO IMPORTS INC | c EIN-PN 95-2990906-001 |
| a | Plan name NEO SOLUTIONS, INC. 401(K) SAFE HARBOR PLAN | |
| b | Name of plan sponsor NEO SOLUTIONS INC | c EIN-PN 23-2046149-001 |
| 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 NISSAN OF SOUTH HOLLAND 401(K) PLAN | |
| b | Name of plan sponsor VAN DAM MOTORS INC | c EIN-PN 20-2661429-001 |
| a | Plan name NORTH CENTRAL STEEL SYSTEMS, INC. 401(K) PLAN | |
| b | Name of plan sponsor NORTH CENTRAL STEEL SYSTEMS INC | c EIN-PN 46-0369948-001 |
| a | Plan name ORION VISION GROUP 401(K) PLAN | |
| b | Name of plan sponsor ORION VISION GROUP | c EIN-PN 27-3153038-001 |
| a | Plan name OROCHEM TECHNOLOGIES, INC. 401(K) PLAN | |
| b | Name of plan sponsor OROCHEM TECHNOLOGIES INC | c EIN-PN 36-4114983-001 |
| a | Plan name PACKEY WEBB FORD 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor PACKEY 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 PELICAN WORLDWIDE, INC. 401(K) PLAN | |
| b | Name of plan sponsor PELICAN WORLDWIDE INC | c EIN-PN 76-0613885-001 |
| a | Plan name PERMIAN TRACTOR SALES, INC. 401(K) PLAN | |
| b | Name of plan sponsor PERMIAN TRACTOR SALES INC | c EIN-PN 75-1506514-001 |
| a | Plan name PHOENIX PRECISION, INC. 401(K) PLAN | |
| b | Name of plan sponsor PHOENIX PRECISION INC | c EIN-PN 22-3203466-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | |
| a | Plan name POAGE AUTO PLAZA, INC. 401(K) PLAN | |
| b | Name of plan sponsor POAGE AUTO PLAZA INC | c EIN-PN 37-1268911-001 |
| a | Plan name POAGE CHEVROLET OF WENTZVILLE, INC. 401(K) PLAN | |
| b | Name of plan sponsor POAGE CHEVROLET OF WENTZVILLE IN | c EIN-PN 46-1095439-001 |
| a | Plan name POAGE, INC. 401(K) PLAN | |
| b | Name of plan sponsor POAGE INC | c EIN-PN 43-0970169-001 |
| 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 |
| a | Plan name POWERLAND EQUIPMENT, INC. SAFE HARBOR 401(K) PLAN | |
| b | Name of plan sponsor POWERLAND EQUIPMENT INC | c EIN-PN 33-0767310-001 |
| a | Plan name POWERSCREEN TEXAS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor POWERSCREEN TEXAS INC | c EIN-PN 74-2601559-001 |
| a | Plan name PRECISION LASER PROCESSING INC 401K PROFIT SHARING PLAN | |
| b | Name of plan sponsor PRECISION LASER PROCESSING INC | c EIN-PN 87-0530994-001 |
| 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 PRODUCTION SYSTEMS, INC. 401(K) PLAN | |
| b | Name of plan sponsor PRODUCTION SYSTEMS INC | c EIN-PN 41-1231826-001 |
| 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 QUESTECH UNLIMITED, INC. 401(K) PLAN | |
| b | Name of plan sponsor QUESTECH UNLIMITED INC | c EIN-PN 91-2170425-001 |
| a | Plan name RAMCO LAUNDRY MACHINERY 401(K) PLAN | |
| b | Name of plan sponsor RAMCO LAUNDRY MACHINERY | c EIN-PN 75-2343421-001 |

| 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 | RAM-GEAR MANUFACTURING, INC. 401(K) PLAN | |
| b | Name of plan sponsor | RAM-GEAR MANUFACTURING INC | c EIN-PN 75-2311343-001 |
| a | Plan name | REBEL MACHINE & TOOL, INC. 401(K) PLAN | |
| b | Name of plan sponsor | REBEL MACHINE & TOOL INC | c EIN-PN 74-0002016-001 |
| 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 | RIDE AUTO GROUP 401(K) PLAN | |
| b | Name of plan sponsor | RIDE AUTO GROUP LLC | c EIN-PN 20-5664635-001 |
| 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 | ROLL MACHINING TECHNOLOGIES & SOLUTIONS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | ROLL MACHINING TECHNOLOGIES & SO | c EIN-PN 36-4416577-001 |
| 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 | 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 | S. A. GEAR, INC. 401(K) PLAN | |
| b | Name of plan sponsor | S A GEAR INC | c EIN-PN 36-3817757-001 |
| a | Plan name | SENTRY 401K PLAN | |
| b | Name of plan sponsor | SENTRY INSURANCE COMPANY | c EIN-PN 39-0333950-001 |
| a | Plan name | SENTRY SERVICES, L.L.C. 401(K) PLAN | |
| b | Name of plan sponsor | SENTRY SERVICES LLC | c EIN-PN 39-1269745-001 |
| a | Plan name | SHEETS CHRYSLER DODGE, LLC 401(K) PLAN | |
| b | Name of plan sponsor | SHEETS CHRYSLER DODGE LLC | c EIN-PN 01-0828613-001 |
| a | Plan name | SHELDON PRECISION GRINDING, INC. 401(K) PLAN | |
| b | Name of plan sponsor | SHELDON PRECISION GRINDING INC | c EIN-PN 33-0845894-001 |
| a | Plan name | SILVER CREEK MACHINE, LTD SAFE HARBOR 401(K) PLAN | |
| b | Name of plan sponsor | SILVER CREEK MACHINE LTD | c EIN-PN 20-3070668-001 |
| a | Plan name | SILVEY SHEET METAL CO., INC. 401(K) PLAN | |
| b | Name of plan sponsor | SILVEY SHEET METAL CO INC | c EIN-PN 62-0878479-001 |
| 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 | SOUERS MANUFACTURING, INC. 401(K) PLAN | |
| b | Name of plan sponsor | SOUERS MANUFACTURING INC | c EIN-PN 91-1558628-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name SOUTH FULTON MACHINE WORKS, INC. 401(K) PLAN | |
| b | Name of plan sponsor SOUTH FULTON MACHINE WORKS INC | c EIN-PN 58-1457900-001 |
| 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 SP AUTO PARTS, INC. 401(K) PLAN | |
| b | Name of plan sponsor SP AUTO PARTS INC AKA PAUL MACHE | c EIN-PN 52-1451204-001 |
| a | Plan name SPECTRUM PRINTING COMPANY, L.L.C. 401(K) PLAN | |
| b | Name of plan sponsor SPECTRUM PRINTING COMPANY LLC | c EIN-PN 86-0730665-001 |
| a | Plan name SPOTLIGHT GRAPHICS & PACKAGING, LLC 401(K) PLAN | |
| b | Name of plan sponsor SPOTLIGHT GRAPHICS & PACKAGING | c EIN-PN 84-5024668-001 |
| 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 |
| a | Plan name STATE 8 MOTORCYCLES 401(K) PLAN | |
| b | Name of plan sponsor WHOLECYCLE INC | c EIN-PN 34-1692312-001 |
| a | Plan name STELLO FOODS, INC. 401(K) PLAN | |
| b | Name of plan sponsor STELLO FOODS INC | c EIN-PN 25-1696718-001 |
| 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 STONE INNOVATIONS, INC. 401(K) PLAN | |
| b | Name of plan sponsor STONE INNOVATIONS INC | c EIN-PN 39-1921241-001 |
| 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 SYQWEST, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor SYQWEST INC | c EIN-PN 84-1622217-001 |

| 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 SYSCOM TECH LLC 401(K) PLAN | |
| b | Name of plan sponsor SYSCOM TECH LLC | c EIN-PN 20-0892470-001 |
| a | Plan name TAYLOR PRESS PRODUCTS COMPANY 401(K) PLAN | |
| b | Name of plan sponsor TAYLOR PRESS PRODUCTS COMPANY | c EIN-PN 34-4449691-001 |
| a | Plan name TBF HOLDINGS CORP. 401(K) PLAN | |
| b | Name of plan sponsor TBF HOLDINGS CORP | c EIN-PN 75-1174654-001 |
| 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 THE ELLIS STONE CONSTRUCTION COMPANY, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor ELLIS STONE CONSTRUCTION COMPANY | c EIN-PN 39-0766554-001 |
| a | Plan name THE FARM SHOP, INC. 401(K) PLAN | |
| b | Name of plan sponsor THE FARM SHOP INC | c EIN-PN 43-1827147-001 |
| a | Plan name TIMMER IMPLEMENT, INC. PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor TIMMER IMPLEMENT INC | c EIN-PN 41-0978854-001 |
| a | Plan name TOM BOLAND FORD, INC. 401(K) PLAN | |
| b | Name of plan sponsor TOM BOLAND FORD INC | c EIN-PN 43-0905961-001 |
| a | Plan name TRANSDUCERS DIRECT, LLC 401(K) PLAN | |
| b | Name of plan sponsor TRANSDUCERS DIRECT LLC | c EIN-PN 31-1669520-001 |
| 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 TRIONICS, LLC 401(K) PLAN | |
| b | Name of plan sponsor TRIONICS LLC | c EIN-PN 76-0348989-001 |
| a | Plan name TRI STATE PLASTICS, INC. 401(K) PLAN | |
| b | Name of plan sponsor TRI STATE PLASTICS INC | c EIN-PN 61-1271151-001 |

| 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 TRI-TEX MANUFACTURING, LLC 401(K) PLAN | |
| b | Name of plan sponsor TRI-TEX MANUFACTURING LLC | c EIN-PN 20-0095783-001 |
| 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 TWO RIVERS AUTOMOTIVE, INC. 401(K) PLAN | |
| b | Name of plan sponsor TWO RIVERS AUTOMOTIVE INC | c EIN-PN 62-1188683-001 |
| a | Plan name ULTRA TECH EXTRUSIONS OF TENNESSEE, INC. 401(K) PLAN | |
| b | Name of plan sponsor ULTRA TECH EXTRUSIONS OF TENNESS | c EIN-PN 62-1289417-001 |
| 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 UNITHERM FURNACE, LLC 401(K) PLAN | |
| b | Name of plan sponsor UNITHERM FURNACE LLC | c EIN-PN 46-4291728-001 |
| 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 WASCO, INC. 401(K) PLAN | |
| b | Name of plan sponsor WASCO INC | c EIN-PN 95-3052123-001 |
| a | Plan name WAVES, INC. 401(K) PLAN | |
| b | Name of plan sponsor WAVES INC | c EIN-PN 62-1465460-001 |
| a | Plan name WAYNE AUTOMOTIVE GROUP, LLC 401(K) RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor WAYNE AUTOMOTIVE GROUP LLC | c EIN-PN 27-5060686-001 |
| 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 WESTBORO MOTORS, INC. 401(K) PLAN | |
| b | Name of plan sponsor WESTBORO TOYOTA INC | c EIN-PN 04-2505717-001 |

| 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 | 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 | 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 | WISCONSIN INSURANCE ALLIANCE EMPLOYEE RETIREMENT PLAN | |
| b | Name of plan sponsor | WISCONSIN INSURANCE ALLIANCE | c EIN-PN 39-0714210-001 |
| a | Plan name | WOLLAM CHEVROLET, INC. 401(K) PLAN | |
| b | Name of plan sponsor | WOLLAM CHEVROLET INC | c EIN-PN 34-0929858-001 |
| 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 |
| 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 | ZIERDEN COMPANY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ZIERDEN COMPANY | c EIN-PN 39-0733439-001 |
| a | Plan name | | |
| b | Name of plan sponsor | | c EIN-PN |

| | | |
|--|--|--|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|--|--|--|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan MID-CAP VALUE ACCOUNT AC | B Three-digit plan number (PN) ▶ 033 |
| 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) | 24186650 | 22705782 |
| (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 | 24186650 | 22705782 |
| 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 | 24186650 | 22705782 |

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) | 7118693 | |
| (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) | | 7118693 |
| 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) | 389881 | |
| (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) | -932514 | |
| (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) | | -142961 |
| c Other income | 2c | | 2440908 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 8874007 |

Expenses

| | | | |
|---|---------------|----------|----------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 10254246 | |
| (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) | | 10254246 |
| 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) | 100629 | |
| (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) | | 100629 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 10354875 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -1480868 |
| 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 _____.