

**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**

<b>1a</b> Name of plan <u>DIVERSIFIED GROWTH ACCOUNT AD</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>034</u>
	<b>1c</b> Effective date of plan
<b>2a</b> 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>	<b>2b</b> Employer Identification Number (EIN) <u>39-6040276</u>  <b>2c</b> Plan Sponsor's telephone number <u>715-346-6000</u>  <b>2d</b> 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.

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

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

Form 5500 (2024)  
v. 240311

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

**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:

<b>9a</b> 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	<b>9b</b> 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)

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

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <u>DIVERSIFIED GROWTH ACCOUNT AD</u>	<b>B</b> Three-digit plan number (PN)	<u>034</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SENTRY LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>39-6040276</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
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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.)		
<b>a</b>	Plan name 5 STAR TRANSFERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor 5 STAR TRANSFERS LLC	<b>c</b> EIN-PN 92-2456279-001
<b>a</b>	Plan name ACCENT TAG & LABEL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ACCENT TAG & LABEL INC	<b>c</b> EIN-PN 42-1303895-001
<b>a</b>	Plan name ACC PRECISION 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACC PRECISION INC	<b>c</b> EIN-PN 47-0924701-001
<b>a</b>	Plan name ACUFAST AIRCRAFT PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACUFAST AIRCRAFT PRODUCTS	<b>c</b> EIN-PN 03-0593967-001
<b>a</b>	Plan name ADDISON ELECTRIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADDISON ELECTRIC INC	<b>c</b> EIN-PN 36-3846350-001
<b>a</b>	Plan name ADTEC COLORANT CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADTEC COLORANT CORP	<b>c</b> EIN-PN 75-2846077-001
<b>a</b>	Plan name ADVANCED HYDRAULIC SUPPLY CO., LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADVANCED HYDRAULIC SUPPLY CO LLC	<b>c</b> EIN-PN 93-1049234-001
<b>a</b>	Plan name ADVANCED METALCRAFT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADVANCED METALCRAFT INC	<b>c</b> EIN-PN 36-3885578-001
<b>a</b>	Plan name AERO MECHANISM PRECISION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AERO MECHANISM PRECISION INC	<b>c</b> EIN-PN 95-4615237-001
<b>a</b>	Plan name AEROSPACE TESTING LABORATORY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AEROSPACE TESTING LAB INC	<b>c</b> EIN-PN 06-0947808-001
<b>a</b>	Plan name AFFORDABLE AUTOS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AFFORDABLE AUTOS INC	<b>c</b> EIN-PN 48-0913627-001
<b>a</b>	Plan name AL BILTON FORD MERCURY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AL BILTON FORD MERCURY INC	<b>c</b> EIN-PN 57-0528610-001

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.)	
<b>a</b>	Plan name <a href="#">ALLWAYS PRECISION, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALLWAYS PRECISION LLC</a>	<b>c</b> EIN-PN <a href="#">87-3686274-001</a>
<b>a</b>	Plan name <a href="#">ALTERNATIVE HOSE, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALTERNATIVE HOSE INC</a>	<b>c</b> EIN-PN <a href="#">01-0699281-001</a>
<b>a</b>	Plan name <a href="#">ALUMASTEEL MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALUMASTEEL MANUFACTURING INC</a>	<b>c</b> EIN-PN <a href="#">87-0307248-001</a>
<b>a</b>	Plan name <a href="#">AMERICAN MACHINE SAVINGS AND INVESTMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMERICAN MACHINE TOOL REPAIR &amp; R</a>	<b>c</b> EIN-PN <a href="#">22-1843665-001</a>
<b>a</b>	Plan name <a href="#">AMI PRECISION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ANDYS MACHINE INC</a>	<b>c</b> EIN-PN <a href="#">04-3271130-001</a>
<b>a</b>	Plan name <a href="#">AQUATHERM INDUSTRIES INCORPORATED 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AQUATHERM INDUSTRIES INCORPORATE</a>	<b>c</b> EIN-PN <a href="#">22-3022839-001</a>
<b>a</b>	Plan name <a href="#">ARTISAN CONTROLS CORP 401(K) PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">ARTISAN CONTROLS CORPORATION</a>	<b>c</b> EIN-PN <a href="#">22-2821776-001</a>
<b>a</b>	Plan name <a href="#">ART'S LAWN MOWER SHOP, INC. PROFIT SHARING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ART'S LAWN MOWER SHOP INC</a>	<b>c</b> EIN-PN <a href="#">43-1097595-001</a>
<b>a</b>	Plan name <a href="#">ASPEN ELECTRONICS MANUFACTURING, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ASPEN ELECTRONICS MANUFACTURING</a>	<b>c</b> EIN-PN <a href="#">84-1261423-001</a>
<b>a</b>	Plan name <a href="#">ASSEMBLY TECH INT'L DBA AMERICAN BEAUTY TOOLS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ASSEMBLY TECHNOLOGIES INTERNATIO</a>	<b>c</b> EIN-PN <a href="#">38-3220853-001</a>
<b>a</b>	Plan name <a href="#">ATER WAREHOUSE INC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ATER WAREHOUSE INC</a>	<b>c</b> EIN-PN <a href="#">74-1998524-001</a>
<b>a</b>	Plan name <a href="#">ATHENS TRACTOR &amp; EQUIPMENT, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ATHENS TRACTOR &amp; EQUIPMENT LLC</a>	<b>c</b> EIN-PN <a href="#">35-2187447-001</a>

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.)	
<b>a</b>	Plan name AVANS MACHINE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AVANS MACHINE INC	<b>c</b> EIN-PN 45-1295496-001
<b>a</b>	Plan name BALL GMC TRUCK & TIRE CENTER INC SALARY REDUCTION PS PLAN	
<b>b</b>	Name of plan sponsor BALL GMC TRUCK & TIRE CENTER INC	<b>c</b> EIN-PN 43-1202492-001
<b>a</b>	Plan name BATCHING SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BATCHING SYSTEMS INC	<b>c</b> EIN-PN 52-1634587-001
<b>a</b>	Plan name B & B TOOL CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor B & B TOOL CO INC	<b>c</b> EIN-PN 06-0791234-001
<b>a</b>	Plan name BEAL INDUSTRIAL PRODUCTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BEAL INDUSTRIAL PRODUCTS INC	<b>c</b> EIN-PN 52-1194494-001
<b>a</b>	Plan name BELRICK CORP. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BELRICK CORP	<b>c</b> EIN-PN 23-2094750-001
<b>a</b>	Plan name BLACK HILLS POWERSPORTS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BLACK HILLS POWERSPORTS INC	<b>c</b> EIN-PN 46-0450579-001
<b>a</b>	Plan name BLOCK DIVISION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BLOCK DIVISION INC	<b>c</b> EIN-PN 75-1426948-001
<b>a</b>	Plan name BOBBY'S TERRITORIAL HARLEY-DAVIDSON 401(K) PLAN	
<b>b</b>	Name of plan sponsor JIMS HARLEY DAVIDSON INC	<b>c</b> EIN-PN 86-0890443-001
<b>a</b>	Plan name BORKGREN FARMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BORKGREN FARMS LLC	<b>c</b> EIN-PN 36-4419022-001
<b>a</b>	Plan name BRIGHT BITE, LTD 401(K) PLAN	
<b>b</b>	Name of plan sponsor BRIGHT BITE LTD	<b>c</b> EIN-PN 36-3955377-001
<b>a</b>	Plan name BRILL METAL WORKS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRILL METAL WORKS II INC	<b>c</b> EIN-PN 93-0963924-001

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.)	
<b>a</b> Plan name	BURKE RACK, INC. PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	BURKE RACK INC	<b>c</b> EIN-PN 95-2664151-001
<b>a</b> Plan name	BURLINGTON INSTALLATION CORPORATION 401(K) PLAN	
<b>b</b> Name of plan sponsor	BURLINGTON INSTALLATION CORPORAT	<b>c</b> EIN-PN 42-1394840-001
<b>a</b> Plan name	CAMAS INCORPORATED 401(K) PLAN	
<b>b</b> Name of plan sponsor	CAMAS INCORPORATED	<b>c</b> EIN-PN 41-1582230-001
<b>a</b> Plan name	CAMPBELL'S MACHINE SHOP, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	CAMPBELLS MACHINE SHOP INC	<b>c</b> EIN-PN 61-1293836-001
<b>a</b> Plan name	CAPITAL CITY EQUIPMENT CO. 401(K) PLAN	
<b>b</b> Name of plan sponsor	CAPITAL CITY EQUIPMENT CO	<b>c</b> EIN-PN 42-1061858-001
<b>a</b> Plan name	CAPROCK METAL WORKS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	CAPROCK METAL WORKS INC	<b>c</b> EIN-PN 75-1382218-001
<b>a</b> Plan name	CENTRAL VALLEY TRAILER REPAIR INC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	CENTRAL VALLEY TRAILER REPAIR IN	<b>c</b> EIN-PN 77-0093966-001
<b>a</b> Plan name	CHAMPION CHISEL 401(K) PLAN	
<b>b</b> Name of plan sponsor	CHAMPION CHISEL WORKS INC	<b>c</b> EIN-PN 36-4137769-001
<b>a</b> Plan name	CISION TECHNOLOGIES 401(K) PLAN	
<b>b</b> Name of plan sponsor	CISION TECHNOLOGIES	<b>c</b> EIN-PN 38-3396943-001
<b>a</b> Plan name	CLEARWATER ENGINEERING 401(K) PLAN	
<b>b</b> Name of plan sponsor	CLEARWATER ENGINEERING	<b>c</b> EIN-PN 74-2845584-001
<b>a</b> Plan name	CNC MASTERS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	CNC MASTERS INC	<b>c</b> EIN-PN 54-2190340-001
<b>a</b> Plan name	CORLEY AUTOMOTIVE GROUP 401(K) PLAN	
<b>b</b> Name of plan sponsor	CORLEY AUTOMOTIVE GROUP INC	<b>c</b> EIN-PN 85-0423361-001

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.)	
<b>a</b>	Plan name COST PLUS ELECTRIC SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COST PLUS ELECTRIC SUPPLY INC	<b>c</b> EIN-PN 84-1416536-001
<b>a</b>	Plan name COVINGTON PIKE CHRYSLER-PLYMOUTH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COVINGTON PIKE CHRYSLER PLYMOUTH	<b>c</b> EIN-PN 62-1334850-001
<b>a</b>	Plan name CRB MANUFACTURING, INC. 401(K) GAIN SHARE PLAN	
<b>b</b>	Name of plan sponsor CRB MANUFACTURING INC	<b>c</b> EIN-PN 93-0831399-001
<b>a</b>	Plan name CSRA FLEETCARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CSRA FLEETCARE INC	<b>c</b> EIN-PN 58-1948666-001
<b>a</b>	Plan name CUTTY INDUSTRIES INC. DBA MAC INDUSTRIES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CUTTY INDUSTRIES INC	<b>c</b> EIN-PN 95-4682777-001
<b>a</b>	Plan name DACRUZ MANUFACTURING INC PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor DACRUZ MANUFACTURING INC	<b>c</b> EIN-PN 06-1108806-001
<b>a</b>	Plan name DAKOTA ULTRASONICS CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DAKOTA ULTRASONICS CORPORATION	<b>c</b> EIN-PN 77-0489958-001
<b>a</b>	Plan name DANMAR INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DANMAR INDUSTRIES INC	<b>c</b> EIN-PN 74-2127667-001
<b>a</b>	Plan name DATAMARK GRAPHICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DATAMARK GRAPHICS INC	<b>c</b> EIN-PN 56-1437549-001
<b>a</b>	Plan name DATAPAGE INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DATAPAGE INC	<b>c</b> EIN-PN 95-3467637-001
<b>a</b>	Plan name DAVIS AUTO GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor DAVIS AUTO CENTER INC	<b>c</b> EIN-PN 37-0861991-001
<b>a</b>	Plan name DELTA CIRCUITS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DELTA CIRCUITS INC	<b>c</b> EIN-PN 36-4010219-001

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.)		
<b>a</b>	Plan name <a href="#">DICKY-BUB, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DICKY BUB INC</a>	<b>c</b> EIN-PN <a href="#">43-1014237-001</a>
<b>a</b>	Plan name <a href="#">DIEMASTER MACHINE &amp; TOOL, LLC 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DIEMASTER MACHINE &amp; TOOL LLC</a>	<b>c</b> EIN-PN <a href="#">62-1726125-001</a>
<b>a</b>	Plan name <a href="#">DIJET, INCORPORATED 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DIJET INCORPORATED</a>	<b>c</b> EIN-PN <a href="#">38-2487269-001</a>
<b>a</b>	Plan name <a href="#">DIXIE GRINDERS, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DIXIE GRINDERS INC</a>	<b>c</b> EIN-PN <a href="#">63-0878872-001</a>
<b>a</b>	Plan name <a href="#">DRAWING TECHNOLOGY, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DRAWING TECHNOLOGY INC</a>	<b>c</b> EIN-PN <a href="#">36-4347125-001</a>
<b>a</b>	Plan name <a href="#">DUNNET BAY CONSTRUCTION COMPANY 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DUNNET BAY CONSTRUCTION COMPANY</a>	<b>c</b> EIN-PN <a href="#">36-3253376-001</a>
<b>a</b>	Plan name <a href="#">DYNAMIC METAL TREATING, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DYNAMIC METAL TREATING INC</a>	<b>c</b> EIN-PN <a href="#">38-2533822-001</a>
<b>a</b>	Plan name <a href="#">EDGEWATER MFG CO INC 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">EDGEWATER MFG CO INC</a>	<b>c</b> EIN-PN <a href="#">22-1432096-001</a>
<b>a</b>	Plan name <a href="#">ENGLISH MOUNTAIN SPRING WATER COMPANY INC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ENGLISH MOUNTAIN SPRING WATER CO</a>	<b>c</b> EIN-PN <a href="#">62-1620006-001</a>
<b>a</b>	Plan name <a href="#">ERGO CORPORATION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ERGO CORPORATION</a>	<b>c</b> EIN-PN <a href="#">57-1021255-001</a>
<b>a</b>	Plan name <a href="#">EVANS AUTOMOTIVE REPAIR, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EVANS AUTOMOTIVE REPAIR INC</a>	<b>c</b> EIN-PN <a href="#">31-1182804-001</a>
<b>a</b>	Plan name <a href="#">EVANSVILLE TOOL &amp; DIE, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EVANSVILLE TOOL &amp; DIE INC</a>	<b>c</b> EIN-PN <a href="#">35-1045170-001</a>

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.)		
<b>a</b>	Plan name FABRICATING MACHINE TECHNOLOGY INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FABRICATING MACHINE TECHNOLOGY	<b>c</b> EIN-PN 27-0857780-001
<b>a</b>	Plan name FENTRESS MACHINE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FENTRESS MACHINE INC	<b>c</b> EIN-PN 61-1401258-001
<b>a</b>	Plan name FERGUSSON-MCKENNA SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FERGUSSON MCKENNA SUPPLY INC	<b>c</b> EIN-PN 23-1938244-001
<b>a</b>	Plan name F.H. PETERSON MACHINE CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor F H PETERSON MACHINE CORP	<b>c</b> EIN-PN 04-2243284-001
<b>a</b>	Plan name FISHACAR, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FISHACAR LTD	<b>c</b> EIN-PN 36-4349082-001
<b>a</b>	Plan name FLAVOR DYNAMICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FLAVOR DYNAMICS INC	<b>c</b> EIN-PN 22-2969046-001
<b>a</b>	Plan name FRETZ ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FRETZ ENTERPRISES INC	<b>c</b> EIN-PN 23-2312445-001
<b>a</b>	Plan name GALLINA USA, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GALLINA USA LLC	<b>c</b> EIN-PN 14-1852807-001
<b>a</b>	Plan name GLOBAL PRECISION TRADE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GLOBAL PRECISION TRADE INC	<b>c</b> EIN-PN 06-1350834-001
<b>a</b>	Plan name GRAND IMAGE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GRAND IMAGE INC	<b>c</b> EIN-PN 04-3373687-001
<b>a</b>	Plan name GUPTON MOTORS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GUPTON MOTORS INC	<b>c</b> EIN-PN 62-1212826-001
<b>a</b>	Plan name HAGBROS PRECISION 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAGBROS PRECISION LLC	<b>c</b> EIN-PN 45-3533300-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HECO, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	HECO INC	<b>c</b> EIN-PN 94-2316046-001
<b>a</b>	Plan name	HENWIL CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HENWIL CORPORATION	<b>c</b> EIN-PN 25-1898531-001
<b>a</b>	Plan name	HIGH TECH SOLUTIONS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIGH TECH SOLUTIONS LLC	<b>c</b> EIN-PN 27-1106189-001
<b>a</b>	Plan name	HI-STANDARD MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HI STANDARD MANUFACTURING INC	<b>c</b> EIN-PN 33-0845576-001
<b>a</b>	Plan name	HORN FORD, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HORN FORD INC	<b>c</b> EIN-PN 39-0182610-001
<b>a</b>	Plan name	H & P SALES & SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	H & P SALES & SERVICE INC	<b>c</b> EIN-PN 35-1611991-001
<b>a</b>	Plan name	HUNT AUTOMOTIVE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUNT AUTOMOTIVE GROUP	<b>c</b> EIN-PN 13-4305824-001
<b>a</b>	Plan name	IMPERIAL MACHINING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	IMPERIAL MACHINING COMPANY INC	<b>c</b> EIN-PN 84-1126037-001
<b>a</b>	Plan name	IMS ACQUISITION LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	IMS ACQUISITION LLC	<b>c</b> EIN-PN 86-0933017-001
<b>a</b>	Plan name	INSIGHT COMMUNICATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INSIGHT COMMUNICATION LLC	<b>c</b> EIN-PN 26-1527253-001
<b>a</b>	Plan name	JAMES CORLEW CHEVROLET, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JAMES CORLEW CHEVROLET INC	<b>c</b> EIN-PN 62-0813540-001
<b>a</b>	Plan name	JAMES MANUFACTURING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JESKEY LLC	<b>c</b> EIN-PN 61-1413348-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	JD PIERCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JD PIERCE INC	<b>c</b> EIN-PN 20-3956352-001
<b>a</b>	Plan name	JED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JED INDUSTRIES INC	<b>c</b> EIN-PN 34-1811433-001
<b>a</b>	Plan name	JHL DIGITAL DIRECT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JHL DIGITAL DIRECT INC	<b>c</b> EIN-PN 39-1569114-001
<b>a</b>	Plan name	JONATHANS COMPUTER CENTERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JONATHANS COMPUTER CENTERS INC	<b>c</b> EIN-PN 22-2311913-001
<b>a</b>	Plan name	J. Q. OFFICE EQUIPMENT COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	J Q OFFICE EQUIPMENT COMPANY	<b>c</b> EIN-PN 26-0835333-001
<b>a</b>	Plan name	JUPITER CHEVROLET 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JUPITER CHEVROLET LP	<b>c</b> EIN-PN 75-2485086-001
<b>a</b>	Plan name	J.V. EQUIPMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J V EQUIPMENT INC	<b>c</b> EIN-PN 74-1871378-001
<b>a</b>	Plan name	KALCO MACHINE & MANUFACTURING CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KALCO MACHINE & MANUFACTURING CO	<b>c</b> EIN-PN 75-2773725-001
<b>a</b>	Plan name	KEATING STAMPING & ASSEMBLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KEATING STAMPING & ASSEMBLY LLC	<b>c</b> EIN-PN 93-1950530-001
<b>a</b>	Plan name	K & J 401(K) PLAN	
<b>b</b>	Name of plan sponsor	K & J MANUFACTURING INC	<b>c</b> EIN-PN 20-3723427-001
<b>a</b>	Plan name	KORTICK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KORTICK MANUFACTURING LLC	<b>c</b> EIN-PN 84-5050477-001
<b>a</b>	Plan name	KRSTIC ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KRSTIC ENTERPRISES INC	<b>c</b> EIN-PN 36-3928139-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	KRUSEMAN IMPLEMENT, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KRUSEMAN IMPLEMENT INC	<b>c</b> EIN-PN 42-0942364-001
<b>a</b>	Plan name	K SOURCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	K SOURCE INC	<b>c</b> EIN-PN 33-0528665-001
<b>a</b>	Plan name	K-TECH MACHINE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	K TECH MACHINE INC	<b>c</b> EIN-PN 33-0821122-001
<b>a</b>	Plan name	LANCASTER MOTOR COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LANCASTER MOTOR COMPANY	<b>c</b> EIN-PN 57-0195700-001
<b>a</b>	Plan name	LEXUS OF WESTMINSTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	R R L CORPORATION	<b>c</b> EIN-PN 33-0344181-001
<b>a</b>	Plan name	LIFTMOORE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIFTMOORE INC	<b>c</b> EIN-PN 74-1960229-001
<b>a</b>	Plan name	LUNA MACHINE, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LUNA MACHINE INC	<b>c</b> EIN-PN 95-3455191-001
<b>a</b>	Plan name	LUXEBURG CASCO DISTRICT SCHOOLS MONEY PURCHASE PLAN	
<b>b</b>	Name of plan sponsor	LUXEBURG CASCO DISTRICT SCHOOLS	<b>c</b> EIN-PN 39-1057534-001
<b>a</b>	Plan name	MAJASKI'S MACHINE SHOP, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MAJASKIS MACHINE SHOP INC	<b>c</b> EIN-PN 41-1730474-001
<b>a</b>	Plan name	MARK'S TRACTOR & IMPLEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARKS TRACTOR & IMPLEMENT INC	<b>c</b> EIN-PN 39-1871347-001
<b>a</b>	Plan name	MAYDWELL & HARTZELL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAYDWELL & HARTZELL LLC	<b>c</b> EIN-PN 26-2841569-001
<b>a</b>	Plan name	MCCARTHY FORD 401(K) SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MCCARTHY FORD INC	<b>c</b> EIN-PN 36-4413920-001

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.)	
<b>a</b>	Plan name MCGILL HOSE & COUPLING INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MCGILL HOSE & COUPLING INC	<b>c</b> EIN-PN 04-2323986-001
<b>a</b>	Plan name MELT DESIGN, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MELT DESIGN INC	<b>c</b> EIN-PN 36-3280858-001
<b>a</b>	Plan name MELTON MOTOR COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MELTON MOTOR COMPANY INC	<b>c</b> EIN-PN 48-0518957-001
<b>a</b>	Plan name METRO MACHINE WORKS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor METRO MACHINE WORKS INC	<b>c</b> EIN-PN 73-1325821-001
<b>a</b>	Plan name METRO OPTICS OF AUSTIN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor METRO OPTICS OF AUSTIN INC	<b>c</b> EIN-PN 74-2552109-001
<b>a</b>	Plan name MIKE REICHENBACH FORD LINCOLN, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MIKE REICHENBACH FORD LINCOLN IN	<b>c</b> EIN-PN 20-5083578-001
<b>a</b>	Plan name MURRAY PRINT SHOP INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MURRAY PRINT SHOP INC	<b>c</b> EIN-PN 43-0827047-001
<b>a</b>	Plan name NEW ERA TECHNOLOGIES, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEW ERA TECHNOLOGIES INC	<b>c</b> EIN-PN 25-1857038-001
<b>a</b>	Plan name NORTH CENTRAL STEEL SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORTH CENTRAL STEEL SYSTEMS INC	<b>c</b> EIN-PN 46-0369948-001
<b>a</b>	Plan name NORTH HOUSTON MACHINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORTH HOUSTON MACHINE	<b>c</b> EIN-PN 74-2088250-001
<b>a</b>	Plan name OROCHEM TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor OROCHEM TECHNOLOGIES INC	<b>c</b> EIN-PN 36-4114983-001
<b>a</b>	Plan name PACKEY WEBB FORD 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PACKEY WEBB FORD	<b>c</b> EIN-PN 36-2804554-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	PCL LLC DBA PRECISION COMPONENTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PCL LLC	<b>c</b> EIN-PN 77-0546538-001
<b>a</b>	Plan name	PELICAN WORLDWIDE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PELICAN WORLDWIDE INC	<b>c</b> EIN-PN 76-0613885-001
<b>a</b>	Plan name	PERMIAN TRACTOR SALES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PERMIAN TRACTOR SALES INC	<b>c</b> EIN-PN 75-1506514-001
<b>a</b>	Plan name	POAGE AUTO PLAZA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POAGE AUTO PLAZA INC	<b>c</b> EIN-PN 37-1268911-001
<b>a</b>	Plan name	POAGE CHEVROLET OF WENTZVILLE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POAGE CHEVROLET OF WENTZVILLE IN	<b>c</b> EIN-PN 46-1095439-001
<b>a</b>	Plan name	POAGE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POAGE INC	<b>c</b> EIN-PN 43-0970169-001
<b>a</b>	Plan name	POWERLAND EQUIPMENT, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POWERLAND EQUIPMENT INC	<b>c</b> EIN-PN 33-0767310-001
<b>a</b>	Plan name	PRECISION LASER PROCESSING INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRECISION LASER PROCESSING INC	<b>c</b> EIN-PN 87-0530994-001
<b>a</b>	Plan name	PROCESS AND CONTROL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PROCESS AND CONTROL SYSTEMS INC	<b>c</b> EIN-PN 36-4152495-001
<b>a</b>	Plan name	PRO SALES GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRO SALES GROUP INC	<b>c</b> EIN-PN 27-2099068-001
<b>a</b>	Plan name	QUESTECH UNLIMITED, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QUESTECH UNLIMITED INC	<b>c</b> EIN-PN 91-2170425-001
<b>a</b>	Plan name	RAM-GEAR MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAM-GEAR MANUFACTURING INC	<b>c</b> EIN-PN 75-2311343-001

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.)	
<b>a</b>	Plan name REBEL MACHINE & TOOL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor REBEL MACHINE & TOOL INC	<b>c</b> EIN-PN 74-0002016-001
<b>a</b>	Plan name RESTLESS WHEELS 401(K) PLAN	
<b>b</b>	Name of plan sponsor RESTLESS WHEELS INC	<b>c</b> EIN-PN 54-0979009-001
<b>a</b>	Plan name RIDE AUTO GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor RIDE AUTO GROUP LLC	<b>c</b> EIN-PN 20-5664635-001
<b>a</b>	Plan name ROLL MACHINING TECHNOLOGIES & SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROLL MACHINING TECHNOLOGIES & SO	<b>c</b> EIN-PN 36-4416577-001
<b>a</b>	Plan name ROWAN CORNIL, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROWAN CORNIL INC	<b>c</b> EIN-PN 75-2194496-001
<b>a</b>	Plan name RUSSARD, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor RUSSARD INC	<b>c</b> EIN-PN 04-2226233-001
<b>a</b>	Plan name SACKET MACHINING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SACKET MACHINING LLC	<b>c</b> EIN-PN 74-2949354-001
<b>a</b>	Plan name SAF-T-FLO WATER SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SAF-T-FLO WATER SERVICES INC	<b>c</b> EIN-PN 20-0863292-001
<b>a</b>	Plan name SAN JOAQUIN COLLISION, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor SAN JOAQUIN COLLISION INC	<b>c</b> EIN-PN 77-0392666-001
<b>a</b>	Plan name SANKOSHA USA, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SANKOSHA USA INC	<b>c</b> EIN-PN 36-4037642-001
<b>a</b>	Plan name SHAREWAY INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SHAREWAY INDUSTRIES INC	<b>c</b> EIN-PN 91-0858209-001
<b>a</b>	Plan name SHEETS CHRYSLER DODGE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SHEETS CHRYSLER DODGE LLC	<b>c</b> EIN-PN 01-0828613-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	SHELDON PRECISION GRINDING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHELDON PRECISION GRINDING INC	<b>c</b> EIN-PN 33-0845894-001
<b>a</b>	Plan name	SILVEY SHEET METAL CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SILVEY SHEET METAL CO INC	<b>c</b> EIN-PN 62-0878479-001
<b>a</b>	Plan name	SOLID SURFACE DESIGNS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SOLID SURFACE DESIGNS INC	<b>c</b> EIN-PN 43-1662889-001
<b>a</b>	Plan name	SOUERS MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUERS MANUFACTURING INC	<b>c</b> EIN-PN 91-1558628-001
<b>a</b>	Plan name	SP AUTO PARTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SP AUTO PARTS INC AKA PAUL MACHE	<b>c</b> EIN-PN 52-1451204-001
<b>a</b>	Plan name	SPRAY SYSTEM SPECIALISTS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPRAY SYSTEM SPECIALISTS INC	<b>c</b> EIN-PN 36-3662718-001
<b>a</b>	Plan name	S & S PRINTING AND GRAPHICS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	S & S PRINTING AND GRAPHICS LLC	<b>c</b> EIN-PN 26-2158975-001
<b>a</b>	Plan name	STATE 8 MOTORCYCLES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WHOLECYCLE INC	<b>c</b> EIN-PN 34-1692312-001
<b>a</b>	Plan name	STEELHEAD METAL & FAB, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STEELHEAD METAL & FAB LLC	<b>c</b> EIN-PN 93-1270992-001
<b>a</b>	Plan name	STEVEN ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GENESIS HEALTH CLUBS MANAGEMENT	<b>c</b> EIN-PN 88-0413082-001
<b>a</b>	Plan name	SUBIA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUBIA INC	<b>c</b> EIN-PN 93-1035206-001
<b>a</b>	Plan name	SUMMIT TECHNOLOGY AFFILIATES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUMMIT TECHNOLOGY AFFILIATES LLC	<b>c</b> EIN-PN 81-1069246-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SYQWEST, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SYQWEST INC	<b>c</b> EIN-PN 84-1622217-001
<b>a</b>	Plan name	TAYLOR PRESS PRODUCTS COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAYLOR PRESS PRODUCTS COMPANY	<b>c</b> EIN-PN 34-4449691-001
<b>a</b>	Plan name	TBF HOLDINGS CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TBF HOLDINGS CORP	<b>c</b> EIN-PN 75-1174654-001
<b>a</b>	Plan name	TCR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TURBINE COMPONENT REPAIR INC	<b>c</b> EIN-PN 76-0546788-001
<b>a</b>	Plan name	THE FARM SHOP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE FARM SHOP INC	<b>c</b> EIN-PN 43-1827147-001
<b>a</b>	Plan name	TIMMER IMPLEMENT, INC. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TIMMER IMPLEMENT INC	<b>c</b> EIN-PN 41-0978854-001
<b>a</b>	Plan name	TOM BOLAND FORD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOM BOLAND FORD INC	<b>c</b> EIN-PN 43-0905961-001
<b>a</b>	Plan name	TRANSDUCERS DIRECT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRANSDUCERS DIRECT LLC	<b>c</b> EIN-PN 31-1669520-001
<b>a</b>	Plan name	TRIONICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRIONICS LLC	<b>c</b> EIN-PN 76-0348989-001
<b>a</b>	Plan name	TRI STATE PLASTICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRI STATE PLASTICS INC	<b>c</b> EIN-PN 61-1271151-001
<b>a</b>	Plan name	TRI-TEX MANUFACTURING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRI-TEX MANUFACTURING LLC	<b>c</b> EIN-PN 20-0095783-001
<b>a</b>	Plan name	TWO RIVERS AUTOMOTIVE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TWO RIVERS AUTOMOTIVE INC	<b>c</b> 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.)

<b>a</b> Plan name	UINTAH FASTENERS & SUPPLY, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	UINTAH FASTENERS & SUPPLY LLC	<b>c</b> EIN-PN 87-0568732-001
<b>a</b> Plan name	ULTRA TECH EXTRUSIONS OF TENNESSEE, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	ULTRA TECH EXTRUSIONS OF TENNESS	<b>c</b> EIN-PN 62-1289417-001
<b>a</b> Plan name	WAVES, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	WAVES INC	<b>c</b> EIN-PN 62-1465460-001
<b>a</b> Plan name	WEBB EMPLOYEES 401(K) PLAN	
<b>b</b> Name of plan sponsor	WEBB CHEVROLET INC	<b>c</b> EIN-PN 36-4327474-001
<b>a</b> Plan name	WESTBORO MOTORS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	WESTBORO TOYOTA INC	<b>c</b> EIN-PN 04-2505717-001
<b>a</b> Plan name	WEST COAST COPPER & SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	WEST COAST COPPER & SUPPLY INC	<b>c</b> EIN-PN 01-0621660-001
<b>a</b> Plan name	WEST SIDE DENTAL CT LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	WEST SIDE DENTAL CT LLC	<b>c</b> EIN-PN 55-0834997-001
<b>a</b> Plan name	WHOLE SHOP, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	WHOLE SHOP INC	<b>c</b> EIN-PN 34-1342122-001
<b>a</b> Plan name	WIELAND'S LAWN MOWER HOSPITAL, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	WIELANDS LAWN MOWER HOSPITAL INC	<b>c</b> EIN-PN 37-1206225-001
<b>a</b> Plan name	WOLLAM CHEVROLET, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	WOLLAM CHEVROLET INC	<b>c</b> EIN-PN 34-0929858-001
<b>a</b> Plan name	WOODFIELD NISSAN, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	WOODFIELD NISSAN INC	<b>c</b> EIN-PN 36-3912294-001
<b>a</b> Plan name	WOODY BPG, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	WOODY BPG INC	<b>c</b> 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.)

<b>a</b> Plan name	WREN 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	WREN ASSOCIATES LTD	<b>c</b> EIN-PN 43-1306642-001

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

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

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

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

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

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

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

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

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

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

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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>DIVERSIFIED GROWTH ACCOUNT AD</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>034</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SENTRY LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-6040276</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	8465565	9353290
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	8465565	9353290
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	8465565	9353290

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	1411918	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1411918
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	85184	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	697438	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(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)		113330
<b>c</b> Other income .....	2c		497845
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		2805715

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1838020	
(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)		1838020
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> 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)	79970	
(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)		79970
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		1917990

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		887725
<b>l</b> 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
<b>a</b> 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>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.