

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: REAL ESTATE INVESTMENT TRUST INDEX ACCOUNT AK
1b Three-digit plan number (PN): 053
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): SENTRY LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-6040276
2c Plan Sponsor's telephone number: 715-346-6000
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>REAL ESTATE INVESTMENT TRUST INDEX ACCOUNT AK</u>	B Three-digit plan number (PN)	<u>053</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SENTRY LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-6040276</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ACC PRECISION 401(K) PLAN	
b	Name of plan sponsor	ACC PRECISION INC	c EIN-PN 47-0924701-001
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	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	ALLWAYS PRECISION, LLC 401(K) PLAN	
b	Name of plan sponsor	ALLWAYS PRECISION LLC	c EIN-PN 87-3686274-001
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	ALUMASTEEL MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALUMASTEEL MANUFACTURING INC	c EIN-PN 87-0307248-001
a	Plan name	AMI PRECISION 401(K) PLAN	
b	Name of plan sponsor	ANDYS MACHINE INC	c EIN-PN 04-3271130-001
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	ATER WAREHOUSE INC 401(K) PLAN	
b	Name of plan sponsor	ATER WAREHOUSE INC	c EIN-PN 74-1998524-001
a	Plan name	AVANS MACHINE, INC. 401(K) PLAN	
b	Name of plan sponsor	AVANS MACHINE INC	c EIN-PN 45-1295496-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a Plan name	B & B TOOL CO., INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	B & B TOOL CO INC	c EIN-PN 06-0791234-001
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	BRIGHT BITE, LTD 401(K) PLAN	
b Name of plan sponsor	BRIGHT BITE LTD	c EIN-PN 36-3955377-001
a Plan name	BROWNS OF TWO RIVERS, INC. 401(K) PLAN	
b Name of plan sponsor	BROWNS OF TWO RIVERS INC	c EIN-PN 02-0703294-001
a Plan name	CAMAS INCORPORATED 401(K) PLAN	
b Name of plan sponsor	CAMAS INCORPORATED	c EIN-PN 41-1582230-001
a Plan name	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	CAPROCK METAL WORKS, INC. 401(K) PLAN	
b Name of plan sponsor	CAPROCK METAL WORKS INC	c EIN-PN 75-1382218-001
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	CHAMPION CHISEL 401(K) PLAN	
b Name of plan sponsor	CHAMPION CHISEL WORKS INC	c EIN-PN 36-4137769-001
a Plan name	CLEARWATER ENGINEERING 401(K) PLAN	
b Name of plan sponsor	CLEARWATER ENGINEERING	c EIN-PN 74-2845584-001
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

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 COOK AND COOK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COOK AND COOK INCORPORATED	c EIN-PN 33-0108785-001
a	Plan name COST PLUS ELECTRIC SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor COST PLUS ELECTRIC SUPPLY INC	c EIN-PN 84-1416536-001
a	Plan name 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 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 DEL PACKAGING, LTD. 401(K) SAVINGS PLAN	
b	Name of plan sponsor DEL PACKAGING LTD	c EIN-PN 74-1962624-001
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 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 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
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 FENTRESS MACHINE, INC. 401(K) PLAN	
b	Name of plan sponsor FENTRESS MACHINE INC	c EIN-PN 61-1401258-001

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 FISHACAR, LTD. 401(K) PLAN	
b	Name of plan sponsor FISHACAR LTD	c EIN-PN 36-4349082-001
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 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 HAGBROS PRECISION 401(K) PLAN	
b	Name of plan sponsor HAGBROS PRECISION LLC	c EIN-PN 45-3533300-001
a	Plan name HAMPDEN FENCE SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor HAMPDEN FENCE SUPPLY INC	c EIN-PN 04-2026480-001
a	Plan name HI-ALLOY PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor HI-ALLOY PRODUCTS INC	c EIN-PN 74-1561623-001
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 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 IMPERIAL MACHINING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor IMPERIAL MACHINING COMPANY INC	c EIN-PN 84-1126037-001

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	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	INSIGHT COMMUNICATION, LLC 401(K) PLAN	
b	Name of plan sponsor	INSIGHT COMMUNICATION LLC	c EIN-PN 26-1527253-001
a	Plan name	JANESVILLE BRICK & TILE CO INC 401(K) EMPLOYEE RET PLAN	
b	Name of plan sponsor	JANESVILLE BRICK & TILE CO INC/L	c EIN-PN 39-1033793-001
a	Plan name	JD PIERCE, INC. 401(K) PLAN	
b	Name of plan sponsor	JD PIERCE INC	c EIN-PN 20-3956352-001
a	Plan name	JHL DIGITAL DIRECT, INC. 401(K) PLAN	
b	Name of plan sponsor	JHL DIGITAL DIRECT INC	c EIN-PN 39-1569114-001
a	Plan name	JL, LLC 401(K) PLAN	
b	Name of plan sponsor	JL LLC	c EIN-PN 87-0887053-001
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	JUPITER CHEVROLET 401(K) PLAN	
b	Name of plan sponsor	JUPITER CHEVROLET LP	c EIN-PN 75-2485086-001
a	Plan name	J.V. EQUIPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	J V EQUIPMENT INC	c EIN-PN 74-1871378-001
a	Plan name	KAAS INDUSTRIES 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	KAAS INDUSTRIES INC	c EIN-PN 36-4096327-001
a	Plan name	KALCO MACHINE & MANUFACTURING CO. 401(K) PLAN	
b	Name of plan sponsor	KALCO MACHINE & MANUFACTURING CO	c EIN-PN 75-2773725-001

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	KEYSTONE PRECISION MACHINING, INC. 401(K) PLAN	
b	Name of plan sponsor	KEYSTONE PRECISION MACHINING INC	c EIN-PN 23-2413863-001
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	LAKES BRICK & BLOCK LLC 401(K) PLAN	
b	Name of plan sponsor	LAKES BRICK & BLOCK LLC	c EIN-PN 39-1928070-001
a	Plan name	LASER CONCEPTS, INC. 401(K) PLAN	
b	Name of plan sponsor	LASER CONCEPTS INC	c EIN-PN 90-0204779-001
a	Plan name	LEXUS OF WESTMINSTER 401(K) PLAN	
b	Name of plan sponsor	R R L CORPORATION	c EIN-PN 33-0344181-001
a	Plan name	LONESTAR PIPE FABRICATION, INC. 401(K) PLAN	
b	Name of plan sponsor	LONESTAR PIPE FABRICATION INC	c EIN-PN 04-3820688-001
a	Plan name	MARITIME FORD, INC. 401(K) PLAN	
b	Name of plan sponsor	MARITIME FORD INC	c EIN-PN 39-1437190-001
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	METRO OPTICS OF AUSTIN, INC. 401(K) PLAN	
b	Name of plan sponsor	METRO OPTICS OF AUSTIN INC	c EIN-PN 74-2552109-001
a	Plan name	NEFTIN WESTLAKE CARS 401(K) PLAN	
b	Name of plan sponsor	CONEJO AUTO IMPORTS INC	c EIN-PN 95-2990906-001
a	Plan name	NEW ERA TECHNOLOGIES, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	NEW ERA TECHNOLOGIES INC	c EIN-PN 25-1857038-001

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	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	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	PARKWAY METAL PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor	PARKWAY METAL PRODUCTS INC	c EIN-PN 36-2601860-001
a	Plan name	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, INC. 401(K) PLAN	
b	Name of plan sponsor	POAGE INC	c EIN-PN 43-0970169-001
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	PRODUCTION SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	PRODUCTION SYSTEMS INC	c EIN-PN 41-1231826-001
a	Plan name	RAMCO LAUNDRY MACHINERY 401(K) PLAN	
b	Name of plan sponsor	RAMCO LAUNDRY MACHINERY	c EIN-PN 75-2343421-001
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

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	RGI RETIREMENT PLAN	
b	Name of plan sponsor	RGI INC	c EIN-PN 22-2279265-001
a	Plan name	ROCKY MOUNTAIN HANGER MFG. CO. 401(K) PLAN	
b	Name of plan sponsor	ROCKY MOUNTAIN HANGER MFG CO	c EIN-PN 84-1198091-001
a	Plan name	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	SANKOSHA USA, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SANKOSHA USA INC	c EIN-PN 36-4037642-001
a	Plan name	SCHAFFNER MACHINE COMPANY 401(K) PLAN	
b	Name of plan sponsor	SCHAFFNER MACHINE COMPANY	c EIN-PN 43-0621594-001
a	Plan name	SHORELINE METALS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SHORELINE METALS LLC	c EIN-PN 87-2875622-001
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	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	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	SPOTLIGHT GRAPHICS & PACKAGING, LLC 401(K) PLAN	
b	Name of plan sponsor	SPOTLIGHT GRAPHICS & PACKAGING	c EIN-PN 84-5024668-001

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	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	STONE INNOVATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	STONE INNOVATIONS INC	c EIN-PN 39-1921241-001
a	Plan name	SYQWEST, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SYQWEST INC	c EIN-PN 84-1622217-001
a	Plan name	SYSCOM TECH LLC 401(K) PLAN	
b	Name of plan sponsor	SYSCOM TECH LLC	c EIN-PN 20-0892470-001
a	Plan name	TEGRA EQUIPMENT, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TEGRA EQUIPMENT INC	c EIN-PN 02-0500341-001
a	Plan name	THREE R PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	THREE R PLASTICS INC	c EIN-PN 36-3961515-001
a	Plan name	TRIAD PACKAGING, INC. RETIREMENT PLAN	
b	Name of plan sponsor	TRIAD PACKAGING INC	c EIN-PN 63-1077563-001
a	Plan name	TRIONICS, LLC 401(K) PLAN	
b	Name of plan sponsor	TRIONICS LLC	c EIN-PN 76-0348989-001
a	Plan name	T&S PRECISION MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor	T&S PRECISION MANUFACTURING INC	c EIN-PN 64-0752950-001
a	Plan name	UINTAH FASTENERS & SUPPLY, LLC 401(K) PLAN	
b	Name of plan sponsor	UINTAH FASTENERS & SUPPLY LLC	c EIN-PN 87-0568732-001
a	Plan name	WARREN INDUSTRIES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	WARREN INDUSTRIES INC	c EIN-PN 23-1195350-001

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	WEBB EMPLOYEES 401(K) PLAN	c	EIN-PN	36-4327474-001
b	Name of plan sponsor	WEBB CHEVROLET INC	c	EIN-PN	36-4327474-001
a	Plan name	WEST SIDE DENTAL CT LLC 401(K) PLAN	c	EIN-PN	55-0834997-001
b	Name of plan sponsor	WEST SIDE DENTAL CT LLC	c	EIN-PN	55-0834997-001
a	Plan name	WILL & FAULKNER AUTOMOTIVE, LLC 401(K) PLAN	c	EIN-PN	26-2437730-001
b	Name of plan sponsor	WILL & FAULKNER AUTOMOTIVE LLC	c	EIN-PN	26-2437730-001
a	Plan name	WOODFIELD NISSAN, INC. 401(K) PLAN	c	EIN-PN	36-3912294-001
b	Name of plan sponsor	WOODFIELD NISSAN INC	c	EIN-PN	36-3912294-001
a	Plan name	WOODY BPG, INC. 401(K) PLAN	c	EIN-PN	33-1138771-001
b	Name of plan sponsor	WOODY BPG INC	c	EIN-PN	33-1138771-001
a	Plan name	WREN 401(K) RETIREMENT PLAN	c	EIN-PN	43-1306642-001
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	c	EIN-PN	01-0363631-001
b	Name of plan sponsor	YORK MANUFACTURING INC	c	EIN-PN	01-0363631-001
a	Plan name	ZIERDEN COMPANY 401(K) PROFIT SHARING PLAN	c	EIN-PN	39-0733439-001
b	Name of plan sponsor	ZIERDEN COMPANY	c	EIN-PN	39-0733439-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan REAL ESTATE INVESTMENT TRUST INDEX ACCOUNT AK	B Three-digit plan number (PN) ▶ 053
C Plan sponsor's name as shown on line 2a of Form 5500 SENTRY LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-6040276

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

Assets	(a) Beginning of Year	(b) End of Year
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)	3935512
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3735964
(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	3935512	3735964
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	3935512	3735964

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)	709176	
(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)		709176
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)	146803	
(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)		146803
(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)	107855	
(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)		-75432
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		888402

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1057533	
(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)		1057533
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)	30417	
(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)		30417
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1087950

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-199548
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 _____.