

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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**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  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>BALANCED INCOME ACCOUNT G</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>007</u></p>
<p><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></p> <p><u>1800 NORTH POINT DRIVE</u> <u>STEVENS POINT, WI 54481</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>39-6040276</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>715-346-6000</u></p> <p><b>2d</b> Business code (see instructions)</p>

**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>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		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>
	Signature of DFE	Date	Enter name of individual signing as DFE

<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> <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>BALANCED INCOME ACCOUNT G</u>	<b>B</b> Three-digit plan number (PN)	<u>007</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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**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

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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 A & C FARM SERVICE, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor A & C FARM SERVICE INC	<b>c</b> EIN-PN 41-1299862-001
<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 ADDISON FABRICATORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADDISON FABRICATORS INC	<b>c</b> EIN-PN 63-0796407-001
<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 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 AGI-VR/WESSON INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AGI VR WESSON INC	<b>c</b> EIN-PN 65-1003659-001
<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
<b>a</b>	Plan name ALLOYWELD INSPECTION CO., INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor ALLOYWELD INSPECTION CO INC	<b>c</b> EIN-PN 36-3122971-001
<b>a</b>	Plan name ALLOYWELD INSPECTION CO., INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALLOYWELD INSPECTION CO INC	<b>c</b> EIN-PN 36-3122971-001

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 ALUMASTEEL MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALUMASTEEL MANUFACTURING INC	<b>c</b> EIN-PN 87-0307248-001
<b>a</b>	Plan name AMERICAN DEBURRING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICAN DEBURRING INC	<b>c</b> EIN-PN 95-3474939-001
<b>a</b>	Plan name AMERICAN MACHINE SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor AMERICAN MACHINE TOOL REPAIR & R	<b>c</b> EIN-PN 22-1843665-001
<b>a</b>	Plan name AMPTECH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMPTECH INC	<b>c</b> EIN-PN 38-2934861-001
<b>a</b>	Plan name ARTISAN CONTROLS CORP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ARTISAN CONTROLS CORPORATION	<b>c</b> EIN-PN 22-2821776-001
<b>a</b>	Plan name ART'S LAWN MOWER SHOP, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor ART'S LAWN MOWER SHOP INC	<b>c</b> EIN-PN 43-1097595-001
<b>a</b>	Plan name ASPEN ELECTRONICS MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASPEN ELECTRONICS MANUFACTURING	<b>c</b> EIN-PN 84-1261423-001
<b>a</b>	Plan name ASSEMBLY TECH INT'L DBA AMERICAN BEAUTY TOOLS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASSEMBLY TECHNOLOGIES INTERNATIO	<b>c</b> EIN-PN 38-3220853-001
<b>a</b>	Plan name ATHENS TRACTOR & EQUIPMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ATHENS TRACTOR & EQUIPMENT LLC	<b>c</b> EIN-PN 35-2187447-001
<b>a</b>	Plan name AUTOMOTIVE COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AUTOMOTIVE COMPANY INC	<b>c</b> EIN-PN 46-0369082-001
<b>a</b>	Plan name AUTOMOTIVE ENGINE REBUILDERS ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor AUTOMOTIVE ENGINE REBUILDERS ASS	<b>c</b> EIN-PN 36-2658928-001
<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>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	AVON GEAR & ENGINEERING CO. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AVON GEAR & ENGINEERING CO	<b>c</b> EIN-PN 36-2366024-001
<b>a</b>	Plan name	AWFD SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARIZONA WESTERN FIXTURE AND DISP	<b>c</b> EIN-PN 86-0669680-001
<b>a</b>	Plan name	AY MACHINE COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AY MACHINE COMPANY INC	<b>c</b> EIN-PN 23-1570068-001
<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	BAY STATE BUSINESS PRODUCTS, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BAY STATE BUSINESS PRODUCTS INC	<b>c</b> EIN-PN 04-2495921-001
<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	BERNARDINO'S BAKERY, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BERNARDINOS BAKERY INC	<b>c</b> EIN-PN 04-2774661-001
<b>a</b>	Plan name	BEST LAWNS, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEST LAWNS INC	<b>c</b> EIN-PN 36-3576840-001
<b>a</b>	Plan name	B & G EQUIPMENT SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	B & G EQUIPMENT INC	<b>c</b> EIN-PN 62-1037968-001
<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>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	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	BRODIE, INC. SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BRODIE INC	<b>c</b> EIN-PN 04-2188432-001
<b>a</b>	Plan name	BROWNS OF TWO RIVERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BROWNS OF TWO RIVERS INC	<b>c</b> EIN-PN 02-0703294-001
<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 WHOLESALE CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAMPBELL WHOLESALE CO INC	<b>c</b> EIN-PN 73-0981205-001
<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	CAR-LIFE ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAR LIFE ENTERPRISES INC	<b>c</b> EIN-PN 52-1792740-001
<b>a</b>	Plan name	CAROLINA SUPPLYHOUSE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAROLINA SUPPLYHOUSE INC	<b>c</b> EIN-PN 57-0781670-001
<b>a</b>	Plan name	CASCADE ENGINE CENTER LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CASCADE ENGINE CENTER LLC	<b>c</b> EIN-PN 91-1674236-001
<b>a</b>	Plan name	CASTLE-PRINTECH INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CASTLE-PRINTECH INC	<b>c</b> EIN-PN 36-2549742-001

<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	CENTRAL IOWA MACHINE SHOP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL IOWA MACHINE SHOP INC	<b>c</b> EIN-PN 42-1231030-001
<b>a</b>	Plan name	CENTURY MOTORS OF COLUMBUS, INC. 401(K) PROFIT SHARING TRUST	
<b>b</b>	Name of plan sponsor	CENTURY MOTORS OF COLUMBUS INC	<b>c</b> EIN-PN 31-1160573-001
<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	COLUMBIA/CRAFT METAL SPINNING CO EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COLUMBIA METAL SPINNING COMPANY	<b>c</b> EIN-PN 36-3085331-001
<b>a</b>	Plan name	COMMERCIAL FABRICATORS, INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COMMERCIAL FABRICATORS INC	<b>c</b> EIN-PN 36-2655685-001
<b>a</b>	Plan name	COMMUNITY MOTORS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY MOTORS LLC	<b>c</b> EIN-PN 72-0681427-001
<b>a</b>	Plan name	CONEQTEC CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONEQTEC CORPORATION	<b>c</b> EIN-PN 35-1811727-001
<b>a</b>	Plan name	CONTOUR SCREW PRODUCTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONTOUR SCREW PRODUCTS INC	<b>c</b> EIN-PN 36-2986482-001
<b>a</b>	Plan name	CONWAY MANUFACTURING GROUP INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONWAY MANUFACTURING GROUP INC	<b>c</b> EIN-PN 71-0789708-001
<b>a</b>	Plan name	CONWAY PRECISION PRODUCTS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONWAY PRECISION PRODUCTS INC	<b>c</b> EIN-PN 71-0853682-001

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 COURTESY AUTO GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COURTESY AUTO GROUP INC	<b>c</b> EIN-PN 20-5124910-001
<b>a</b>	Plan name COURTESY FORD LINCOLN 401(K) PLAN	
<b>b</b>	Name of plan sponsor COURTESY FORD LINCOLN INC	<b>c</b> EIN-PN 37-1212903-001
<b>a</b>	Plan name COYLE STRAPPING & SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COYLE STRAPPING & SUPPLY INC	<b>c</b> EIN-PN 22-2577563-001
<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 CZECH TOOL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CZECH TOOL INC	<b>c</b> EIN-PN 27-3032034-001
<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 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 D & B CONSTRUCTION EQUIPMENT, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor D & B CONSTRUCTION EQUIPMENT INC	<b>c</b> EIN-PN 39-1645114-001
<b>a</b>	Plan name DEL PACKAGING, LTD. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor DEL PACKAGING LTD	<b>c</b> EIN-PN 74-1962624-001
<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="#">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="#">DORRANCE FORD, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DORRANCE FORD INC</a>	<b>c</b> EIN-PN <a href="#">38-3585145-001</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="#">D.R. JOSEPH, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">D R JOSEPH INC</a>	<b>c</b> EIN-PN <a href="#">75-2214732-001</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="#">DYNAMEX CORPORATION 401(K) SALARY REDUCTION PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">DYNAMEX CORPORATION</a>	<b>c</b> EIN-PN <a href="#">95-2962032-001</a>
<b>a</b>	Plan name <a href="#">DYNAMIC FLUID COMPONENTS, INC. EMPLOYEE RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DYNAMIC FLUID COMPONENTS INC</a>	<b>c</b> EIN-PN <a href="#">58-2329868-001</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="#">E.A.S. MANUFACTURING COMPANY, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EAS MANUFACTURING COMPANY INC</a>	<b>c</b> EIN-PN <a href="#">77-0444809-001</a>
<b>a</b>	Plan name <a href="#">E.C. MACHINING, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EC MACHINING INC</a>	<b>c</b> EIN-PN <a href="#">36-3520939-001</a>

<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	ED CORLEY FORD SALES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ED CORLEY FORD SALES INC	<b>c</b> EIN-PN 85-0476386-001
<b>a</b>	Plan name	ELDRIDGE SUPPLY COMPANY INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELDRIDGE SUPPLY COMPANY INC	<b>c</b> EIN-PN 84-2345245-001
<b>a</b>	Plan name	ELECTRICO, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELECTRICO INC	<b>c</b> EIN-PN 75-2403801-001
<b>a</b>	Plan name	ELITE TOOL & DESIGN, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELITE TOOL & DESIGN INC	<b>c</b> EIN-PN 57-1038774-001
<b>a</b>	Plan name	E.M. GLABUS COMPANY SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EM GLABUS COMPANY	<b>c</b> EIN-PN 36-2801243-001
<b>a</b>	Plan name	EMPLOYEE RETIREMENT PLAN OF HPI MANUFACTURING, INC.	
<b>b</b>	Name of plan sponsor	HPI MANUFACTURING INC	<b>c</b> EIN-PN 61-1763654-001
<b>a</b>	Plan name	EVANSVILLE TOOL & DIE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EVANSVILLE TOOL & DIE INC	<b>c</b> EIN-PN 35-1045170-001
<b>a</b>	Plan name	EVERBRITE, LLC/SHEET METALWORKERS LOCAL 565 401(K) EMPLOYEE RETIREMENT	
<b>b</b>	Name of plan sponsor	EVERBRITE LLC	<b>c</b> EIN-PN 65-1164066-001
<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	FACTORY PAINT STORES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FACTORY PAINT STORES INC	<b>c</b> EIN-PN 04-2922234-001
<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>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	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	FLEET DISTRIBUTORS, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	FLEET DISTRIBUTORS INC	<b>c</b> EIN-PN 36-3884396-001
<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	GALLAGHER LAW, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GALLAGHER LAW LLC	<b>c</b> EIN-PN 93-1423399-001
<b>a</b>	Plan name	GATEWAY DIESEL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GATEWAY DIESEL INC	<b>c</b> EIN-PN 25-1353252-001
<b>a</b>	Plan name	GERHARD DESIGNING & MANUFACTURING, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GERHARD DESIGNING & MANUFACTURIN	<b>c</b> EIN-PN 36-2940166-001
<b>a</b>	Plan name	GERI LYNN, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GERI LYNN LLC DBA GERI LYNN NISS	<b>c</b> EIN-PN 72-1038068-001
<b>a</b>	Plan name	GHA TECHNOLOGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GHA TECHNOLOGIES	<b>c</b> EIN-PN 86-0971967-001
<b>a</b>	Plan name	GIBSON BUILDING & SUPPLY CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GIBSON BUILDING & SUPPLY CORP	<b>c</b> EIN-PN 37-0705096-001
<b>a</b>	Plan name	GLENBROOK TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GLENBROOK TECHNOLOGIES INC	<b>c</b> EIN-PN 22-2471508-001
<b>a</b>	Plan name	GLENDALE NISSAN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLENDALE NISSAN INC	<b>c</b> EIN-PN 36-3718713-001
<b>a</b>	Plan name	GRANDMA HOERNER'S FOODS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRANDMA HOERNERS FOODS INC	<b>c</b> EIN-PN 48-1237310-001

<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	GREG LEBLANC HOLDINGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREG LEBLANC HOLDINGS LLC	<b>c</b> EIN-PN 81-3354895-001
<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>a</b>	Plan name	HANES CHEVROLET COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HANES CHEVROLET COMPANY	<b>c</b> EIN-PN 34-1402849-001
<b>a</b>	Plan name	HARRY IMPLEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARRY IMPLEMENT INC	<b>c</b> EIN-PN 46-0363659-001
<b>a</b>	Plan name	HEBERLE FORD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HEBERLE FORD INC	<b>c</b> EIN-PN 81-0283581-001
<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	HELM TOOL COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HELM TOOL COMPANY INC	<b>c</b> EIN-PN 36-2932915-001
<b>a</b>	Plan name	HENDRICK DIESEL POWER, INC DBA DIESEL EXCHANGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HENDRICK DIESEL POWER INC	<b>c</b> EIN-PN 43-1610891-001
<b>a</b>	Plan name	HENEK MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HENEK MANUFACTURING INC	<b>c</b> EIN-PN 76-0660962-001
<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	HERKO INTERNATIONAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HERKO INTERNATIONAL INC	<b>c</b> EIN-PN 65-0047253-001
<b>a</b>	Plan name	H. GALOW 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	H GALOW COMPANY INC	<b>c</b> EIN-PN 22-2384511-001

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 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 HIWIN CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor HIWIN CORPORATION	<b>c</b> EIN-PN 36-3843536-001
<b>a</b>	Plan name HMC INSTRUMENT & MACHINE WORKS, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HMC INSTRUMENT & MACHINE WORKS L	<b>c</b> EIN-PN 76-0488403-001
<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 HOWARD'S TIRE & REPAIR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOWARDS TIRE & REPAIR	<b>c</b> EIN-PN 84-4121669-001
<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 INNOVATIVE MFG SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INNOVATIVE MANUFACTURING SERVICE	<b>c</b> EIN-PN 61-1330288-001
<b>a</b>	Plan name IN-PHASE TECHNOLOGIES, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor IN PHASE TECHNOLOGIES INC	<b>c</b> EIN-PN 22-3373452-001
<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 JANESVILLE BRICK & TILE CO INC 401(K) EMPLOYEE RET PLAN	
<b>b</b>	Name of plan sponsor JANESVILLE BRICK & TILE CO INC/L	<b>c</b> EIN-PN 39-1033793-001
<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>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	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	J. J. STEEL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J J STEEL INC	<b>c</b> EIN-PN 38-2952091-001
<b>a</b>	Plan name	JL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JL LLC	<b>c</b> EIN-PN 87-0887053-001
<b>a</b>	Plan name	JOE HEIDT MOTORS CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOE HEIDT MOTORS CORP	<b>c</b> EIN-PN 22-2665319-001
<b>a</b>	Plan name	JOHNSON LITHO GRAPHICS OF EAU CLAIRE, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JOHNSON LITHO GRAPHICS OF EAU CL	<b>c</b> EIN-PN 39-1311394-001
<b>a</b>	Plan name	JP GRAPHICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JP GRAPHICS INC	<b>c</b> EIN-PN 77-0537289-001
<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	JTF BUSINESS SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JTF BUSINESS SYSTEMS INC	<b>c</b> EIN-PN 54-1764634-001
<b>a</b>	Plan name	JURA INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JURA INC	<b>c</b> EIN-PN 22-3298554-001
<b>a</b>	Plan name	KAAS INDUSTRIES 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KAAS INDUSTRIES INC	<b>c</b> EIN-PN 36-4096327-001
<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

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 KECK & SCHMIDT TOOL & DIE INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KECK & SCHMIDT TOOL & DIE INC	<b>c</b> EIN-PN 95-2833957-001
<b>a</b>	Plan name KEMPSMITH MACHINE CO. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KEMPSMITH MACHINE CO INC	<b>c</b> EIN-PN 39-1487774-001
<b>a</b>	Plan name KIA ATLANTA SOUTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor KIA ATLANTA SOUTH	<b>c</b> EIN-PN 20-0768094-001
<b>a</b>	Plan name KOPRI, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KOPRI INC	<b>c</b> EIN-PN 20-5323935-001
<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 KROESEN TOOL COMPANY, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KROESEN TOOL COMPANY INC	<b>c</b> EIN-PN 23-2279311-001
<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>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 KUSTOM MACHINE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KUSTOM MACHINE INC	<b>c</b> EIN-PN 45-0389756-001
<b>a</b>	Plan name LAKES BRICK & BLOCK LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAKES BRICK & BLOCK LLC	<b>c</b> EIN-PN 39-1928070-001
<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 LEN'S ACE HARDWARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LENS ACE HARDWARE INC	<b>c</b> EIN-PN 36-2666890-001

<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	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	LIBERTY COACH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIBERTY COACH INC	<b>c</b> EIN-PN 36-2786476-001
<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	LINDALE MACHINE & TOOL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LINDALE MACHINE & TOOL INC	<b>c</b> EIN-PN 58-2000646-001
<b>a</b>	Plan name	LUCIANO PACKAGING TECHNOLOGIES, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUCIANO PACKAGING TECHNOLOGIES I	<b>c</b> EIN-PN 22-3082368-001
<b>a</b>	Plan name	LUXEMBURG CASCO DISTRICT SCHOOLS MONEY PURCHASE PLAN	
<b>b</b>	Name of plan sponsor	LUXEMBURG CASCO DISTRICT SCHOOLS	<b>c</b> EIN-PN 39-1057534-001
<b>a</b>	Plan name	LYONS MANUFACTURING, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LYONS MANUFACTURING INC	<b>c</b> EIN-PN 33-1077316-001
<b>a</b>	Plan name	MATT CASTRUCCI, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MATT CASTRUCCI INC	<b>c</b> EIN-PN 31-0871089-001
<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
<b>a</b>	Plan name	MELLOTT MANUFACTURING CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MELLOTT MANUFACTURING CO INC	<b>c</b> EIN-PN 25-1157064-001
<b>a</b>	Plan name	METAL DETAIL, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	METAL DETAIL INC	<b>c</b> EIN-PN 75-1178336-001
<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>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	MIDWAY MACHINE, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MIDWAY MACHINE INC	<b>c</b> EIN-PN 63-0898775-001
<b>a</b>	Plan name	MIKEL MACHINE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIKEL MACHINE INC	<b>c</b> EIN-PN 76-0309503-001
<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	MISSISSIPPI VALLEY EQUIPMENT CO AND SUBSIDIARIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MISSISSIPPI VALLEY EQUIPMENT COM	<b>c</b> EIN-PN 43-0724604-001
<b>a</b>	Plan name	MISTER LABEL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MISTER LABEL INC	<b>c</b> EIN-PN 27-3425650-001
<b>a</b>	Plan name	MOON CUTTER CO., INC. SAFE HARBOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MOON CUTTER CO INC	<b>c</b> EIN-PN 06-0846655-001
<b>a</b>	Plan name	MORRISTOWN FORD EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MORRISTOWN FORD INC	<b>c</b> EIN-PN 62-1336183-001
<b>a</b>	Plan name	MOTOR IMPORTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOTOR IMPORTS LTD	<b>c</b> EIN-PN 74-2937534-001
<b>a</b>	Plan name	MOUNTAIN CITY AUTO PARTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOUNTAIN CITY AUTO PARTS II INC	<b>c</b> EIN-PN 20-3995892-001
<b>a</b>	Plan name	M&R POWER EQUIPMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	M&R POWER EQUIPMENT GROUP HERMIT	<b>c</b> EIN-PN 26-0036155-001
<b>a</b>	Plan name	NEFTIN WESTLAKE CARS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONEJO AUTO IMPORTS INC	<b>c</b> EIN-PN 95-2990906-001
<b>a</b>	Plan name	NEO SOLUTIONS, INC. 401(K) SAFE HARBOR PLAN	
<b>b</b>	Name of plan sponsor	NEO SOLUTIONS INC	<b>c</b> EIN-PN 23-2046149-001

<b>Part II 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	NITECH, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	NITECH INC	<b>c</b> EIN-PN 22-2897762-001
<b>a</b> Plan name	NOMBACH COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	NOMBACH COMPANY INC	<b>c</b> EIN-PN 36-3488051-001
<b>a</b> Plan name	NORTHWEST MACHINE RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	NORTHWEST MACHINE INC	<b>c</b> EIN-PN 74-1859208-001
<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>a</b> Plan name	PALM SPRINGS NISSAN 401(K) PLAN	
<b>b</b> Name of plan sponsor	SLEVIN AUTOMOTIVE GROUP LLC	<b>c</b> EIN-PN 27-0559410-001
<b>a</b> Plan name	PARKWAY METAL PRODUCTS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	PARKWAY METAL PRODUCTS INC	<b>c</b> EIN-PN 36-2601860-001
<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	PETERSON AND KUMOSZ INDUSTRIES, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b> Name of plan sponsor	PETERSON AND KUMOSZ INDUSTRIES I	<b>c</b> EIN-PN 39-1733238-001
<b>a</b> Plan name	PHOENIX PRECISION, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	PHOENIX PRECISION INC	<b>c</b> EIN-PN 22-3203466-001
<b>a</b> Plan name	PICTURE MASTER/VAN GOGH/COLOR PORTRAITS, INC. 401(K)PLAN	
<b>b</b> Name of plan sponsor	PICTURE MASTER COLOR LAB INC VAN	<b>c</b> EIN-PN 36-2393414-001

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 <b>PIKEVILLE EQUIPMENT, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PIKEVILLE EQUIPMENT INC</b>	<b>c</b> EIN-PN <b>23-1938960-001</b>
<b>a</b>	Plan name <b>PLASTEK WERKS, INC. 401(K) PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>PLASTEK WERKS INC</b>	<b>c</b> EIN-PN <b>58-2005631-001</b>
<b>a</b>	Plan name <b>POAGE CHEVROLET OF WENTZVILLE, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>POAGE CHEVROLET OF WENTZVILLE IN</b>	<b>c</b> EIN-PN <b>46-1095439-001</b>
<b>a</b>	Plan name <b>POLYCONN 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>POLYCONN A DIVISION OF WM P NUGE</b>	<b>c</b> EIN-PN <b>41-1709388-001</b>
<b>a</b>	Plan name <b>POWERCO, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>POWERCO INC</b>	<b>c</b> EIN-PN <b>23-2794596-001</b>
<b>a</b>	Plan name <b>POWERSCREEN TEXAS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>POWERSCREEN TEXAS INC</b>	<b>c</b> EIN-PN <b>74-2601559-001</b>
<b>a</b>	Plan name <b>PRECISE FOOD INGREDIENTS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRECISE FOOD INGREDIENTS INC</b>	<b>c</b> EIN-PN <b>75-2699528-001</b>
<b>a</b>	Plan name <b>PRECISION MACHINE SERVICE, INC. PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>PRECISION MACHINE SERVICE INC</b>	<b>c</b> EIN-PN <b>59-1429824-001</b>
<b>a</b>	Plan name <b>PRECISION MANUFACTURING SERVICES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRECISION MANUFACTURING SERVICES</b>	<b>c</b> EIN-PN <b>38-2241954-001</b>
<b>a</b>	Plan name <b>PROCESS AND CONTROL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROCESS AND CONTROL SYSTEMS INC</b>	<b>c</b> EIN-PN <b>36-4152495-001</b>
<b>a</b>	Plan name <b>PRODUCTION SYSTEMS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRODUCTION SYSTEMS INC</b>	<b>c</b> EIN-PN <b>41-1231826-001</b>
<b>a</b>	Plan name <b>PRO SALES GROUP, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRO SALES GROUP INC</b>	<b>c</b> EIN-PN <b>27-2099068-001</b>

<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	PTL EQUIPMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAVAGE WRIGHT GROUP INC DBA PTL	<b>c</b> EIN-PN 88-0589049-001
<b>a</b>	Plan name	Q3-CNC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	Q3-CNC INC	<b>c</b> EIN-PN 33-0970256-001
<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	RAMCO LAUNDRY MACHINERY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAMCO LAUNDRY MACHINERY	<b>c</b> EIN-PN 75-2343421-001
<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
<b>a</b>	Plan name	REBCO MACHINE SPECIALTIES, INC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REBCO MACHINE SPECIALTIES INC	<b>c</b> EIN-PN 36-2995599-001
<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	REGITAR U.S.A., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REGITAR USA INC	<b>c</b> EIN-PN 63-0958819-001
<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	RGI RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RGI INC	<b>c</b> EIN-PN 22-2279265-001
<b>a</b>	Plan name	ROBERT C. WEISHEIT CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROBERT C WEISHEIT CO INC	<b>c</b> EIN-PN 36-3556931-001
<b>a</b>	Plan name	ROBERT D. YOUNG CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROBERT D YOUNG CONSTRUCTION INC	<b>c</b> EIN-PN 35-1580136-001

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 ROBERT HUTSON FORD LINCOLN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROBERT HUTSON FORD LINCOLN INC	<b>c</b> EIN-PN 58-1955337-001
<b>a</b>	Plan name ROCKY MOUNTAIN HANGER MFG. CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROCKY MOUNTAIN HANGER MFG CO	<b>c</b> EIN-PN 84-1198091-001
<b>a</b>	Plan name ROSEDALE PRODUCTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROSEDALE PRODUCTS INC	<b>c</b> EIN-PN 38-1993765-001
<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 S. A. GEAR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor S A GEAR INC	<b>c</b> EIN-PN 36-3817757-001
<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 SENTRY SERVICES, L.L.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SENTRY SERVICES LLC	<b>c</b> EIN-PN 39-1269745-001
<b>a</b>	Plan name SHEP CHEVROLET, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor SHEP CHEVROLET INC	<b>c</b> EIN-PN 48-0799099-001
<b>a</b>	Plan name SHORELINE METALS, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SHORELINE METALS LLC	<b>c</b> EIN-PN 87-2875622-001

<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	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	SINCLAIR MINERAL & CHEMICAL CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SINCLAIR MINERAL & CHEMICAL CO	<b>c</b> EIN-PN 36-2270520-001
<b>a</b>	Plan name	SJM INDUSTRIAL RADIO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SJM INDUSTRIAL RADIO	<b>c</b> EIN-PN 95-4521069-001
<b>a</b>	Plan name	SMITH VALLEY GARAGE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMITH VALLEY GARAGE INC	<b>c</b> EIN-PN 88-0264992-001
<b>a</b>	Plan name	SOBOT TOOL & MFG. CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOBOT TOOL & MFG CO INC	<b>c</b> EIN-PN 36-2981263-001
<b>a</b>	Plan name	SOILMOISTURE EQUIPMENT CORP. EMPLOYEES 401(K) SAVINGS & INVESTMENT PLA	
<b>b</b>	Name of plan sponsor	SOILMOISTURE EQUIPMENT CORP	<b>c</b> EIN-PN 95-2454953-001
<b>a</b>	Plan name	SOUTH FULTON MACHINE WORKS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTH FULTON MACHINE WORKS INC	<b>c</b> EIN-PN 58-1457900-001
<b>a</b>	Plan name	SPARTAN PRINTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPARTAN PRINTING INC	<b>c</b> EIN-PN 75-1155218-001
<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	SPELLMAN TRAILERS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SPELLMAN TRAILERS INC	<b>c</b> EIN-PN 39-1095514-001
<b>a</b>	Plan name	SQUARE ONE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SQUARE ONE INC	<b>c</b> EIN-PN 22-3519119-001
<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

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 STEF'S PERFORMANCE PRODUCTS, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor STEFS PERFORMANCE PRODUCTS INC	<b>c</b> EIN-PN 22-3076310-001
<b>a</b>	Plan name STELLO FOODS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor STELLO FOODS INC	<b>c</b> EIN-PN 25-1696718-001
<b>a</b>	Plan name STEVENSON TRACTOR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor STEVENSON TRACTOR INC	<b>c</b> EIN-PN 54-0841175-001
<b>a</b>	Plan name STONE INNOVATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor STONE INNOVATIONS INC	<b>c</b> EIN-PN 39-1921241-001
<b>a</b>	Plan name STRUCTURAL MACHINERY SOLUTIONS, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor STRUCTURAL MACHINERY SOLUTIONS I	<b>c</b> EIN-PN 38-2178502-001
<b>a</b>	Plan name SUPERIOR FORD, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SUPERIOR FORD INC	<b>c</b> EIN-PN 72-1073507-001
<b>a</b>	Plan name SURROZ MOTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SURROZ MOTORS INC	<b>c</b> EIN-PN 93-0608381-001
<b>a</b>	Plan name SWARTZROCK IMPLEMENT CO., INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor SWARTZROCK IMPLEMENT CO INC	<b>c</b> EIN-PN 42-0896719-001
<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 SYSCOM TECH LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SYSCOM TECH LLC	<b>c</b> EIN-PN 20-0892470-001
<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 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>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	TECH INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TECH INDUSTRIES INC	<b>c</b> EIN-PN 34-1630580-001
<b>a</b>	Plan name	TEJAS PMF LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEJAS PMF LLC	<b>c</b> EIN-PN 83-2673787-001
<b>a</b>	Plan name	THE KNABE TOOL WORKS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KNABE TOOL WORKS INC	<b>c</b> EIN-PN 39-1036166-001
<b>a</b>	Plan name	THE SOUSA CORPORATION SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE SOUSA CORPORATION	<b>c</b> EIN-PN 06-0790216-001
<b>a</b>	Plan name	THOMASON TRACTOR COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THOMASON TRACTOR COMPANY	<b>c</b> EIN-PN 94-1712147-001
<b>a</b>	Plan name	TRACER SPECIALTIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRACER SPECIALTIES INC	<b>c</b> EIN-PN 34-1042616-001
<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	TRIAD PACKAGING, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TRIAD PACKAGING INC	<b>c</b> EIN-PN 63-1077563-001
<b>a</b>	Plan name	TRIMQUICK COMPANY SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VINYL VISIONS LLC	<b>c</b> EIN-PN 33-0989650-001
<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

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 T&S PRECISION MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor T&S PRECISION MANUFACTURING INC	<b>c</b> EIN-PN 64-0752950-001
<b>a</b>	Plan name TUCKER VALVE SEAT CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE TUCKER COMPANY INC	<b>c</b> EIN-PN 75-1325833-001
<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 USM, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor USM INC	<b>c</b> EIN-PN 76-0455540-001
<b>a</b>	Plan name VACHON AUTO GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor VACHON CHEVROLET INC	<b>c</b> EIN-PN 82-5133288-001
<b>a</b>	Plan name WALT'S LIVE OAK FORD 401(K) PLAN	
<b>b</b>	Name of plan sponsor WALTS LIVE OAK FORD	<b>c</b> EIN-PN 59-3208047-001
<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 WAYNE AUTOMOTIVE GROUP, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor WAYNE AUTOMOTIVE GROUP LLC	<b>c</b> EIN-PN 27-5060686-001
<b>a</b>	Plan name WEAVER MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor WEAVER MANUFACTURING INC	<b>c</b> EIN-PN 43-1298406-001
<b>a</b>	Plan name WEBTECH, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor WEBTECH INC	<b>c</b> EIN-PN 22-2392776-001
<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 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>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	WILL & FAULKNER AUTOMOTIVE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILL & FAULKNER AUTOMOTIVE LLC	<b>c</b> EIN-PN 26-2437730-001
<b>a</b>	Plan name	WISCONSIN INSURANCE ALLIANCE EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WISCONSIN INSURANCE ALLIANCE	<b>c</b> EIN-PN 39-0714210-001
<b>a</b>	Plan name	WISCONSIN PAPER COUNCIL SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WISCONSIN PAPER COUNCIL	<b>c</b> EIN-PN 39-0823750-001
<b>a</b>	Plan name	WISSLER MOTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WISSLER MOTORS INC	<b>c</b> EIN-PN 23-1944926-001
<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
<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	YOUNG FURNITURE MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YOUNG FURNITURE MANUFACTURING IN	<b>c</b> EIN-PN 02-0365297-001
<b>a</b>	Plan name	ZIERDEN COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ZIERDEN COMPANY	<b>c</b> EIN-PN 39-0733439-001
<b>a</b>	Plan name	Z & Z MACHINE PRODUCTS, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	Z & Z MACHINE PRODUCTS INC	<b>c</b> EIN-PN 39-1352814-001
<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>	<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 <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>BALANCED INCOME ACCOUNT G</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>007</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.

Assets	(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>	20296078
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	18661876
<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>	20296078	18661876
<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>	20296078	18661876

**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>	3026308	
<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>		3026308
<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>	717071	
<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>		717071
<b>(3)</b> 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>	298938	
<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 .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		-414084
<b>c</b> Other income .....	<b>2c</b>		518056
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		4146289

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	5637560	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		5637560
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	142931	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		142931
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		5780491

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-1634202
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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 \_\_\_\_\_.