

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <h1 style="text-align: center;">2024</h1>  <b>This Form is Open to Public Inspection</b>
---	--	---

<b>Part I</b>	<b>Annual Report Identification Information</b>
---------------	---

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. . . . .

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
----------------	---

<b>1a</b> Name of plan <u>INTERNATIONAL LARGE GROWTH ACCOUNT II NG</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>119</u>  <b>1c</b> Effective date of plan
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SENTRY LIFE INSURANCE COMPANY</u>  <u>1800 NORTH POINT DRIVE</u> <u>STEVENS POINT, WI 54481</u>	<b>2b</b> Employer Identification Number (EIN) <u>39-6040276</u>  <b>2c</b> Plan Sponsor's telephone number <u>715-346-6000</u>  <b>2d</b> Business code (see instructions)

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

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

<b>SIGN HERE</b>			
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>09/29/2025</u>	<u>JOHN HYLAND</u>
	<b>Signature of DFE</b>	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> <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
--	--

**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)
---	---

---

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

---

<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>
---	--	---

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>INTERNATIONAL LARGE GROWTH ACCOUNT II NG</u>	<b>B</b> Three-digit plan number (PN)	<u>119</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)
---------------	--

<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):		
<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):		
<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):		
<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):		
<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):		
<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):		
<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)

**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)

**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)

<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	A & B MACHINE AND HYDRAULICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A & B MACHINE AND HYDRAULICS INC	<b>c</b> EIN-PN 91-1356412-001
<b>a</b>	Plan name	ADVANCED POWER TECHNOLOGIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED POWER TECHNOLOGIES LLC	<b>c</b> EIN-PN 22-3680425-001
<b>a</b>	Plan name	AEROSPACE FABRICATIONS OF GEORGIA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AEROSPACE FABRICATIONS OF GEORGI	<b>c</b> EIN-PN 58-2030586-001
<b>a</b>	Plan name	AIKENS GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	H & W CONSTRUCTION COMPANY INC	<b>c</b> EIN-PN 54-0928137-001
<b>a</b>	Plan name	A & J MANUFACTURING COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	A & J MANUFACTURING COMPANY	<b>c</b> EIN-PN 95-2289973-001
<b>a</b>	Plan name	ALL STAR 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	G & J AUTOMOTIVE INC DBA ALL	<b>c</b> EIN-PN 43-1157799-001
<b>a</b>	Plan name	AMES INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMES INDUSTRIES, INC.	<b>c</b> EIN-PN 23-2283120-001
<b>a</b>	Plan name	AMGLO KEMLITE LABORATORIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMGLO KEMLITE LABORATORIES INC	<b>c</b> EIN-PN 36-2981045-001
<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	AMT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACCURATE MACHINE & TOOL CORP	<b>c</b> EIN-PN 63-0923082-001
<b>a</b>	Plan name	ANDERSON RADIO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANDERSON RADIO INC	<b>c</b> EIN-PN 38-1841354-001
<b>a</b>	Plan name	ANDERSONS' SALES & SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANDERSONS SALES & SERVICE INC	<b>c</b> EIN-PN 35-2123440-001

<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	ARBOR MANAGEMENT, INC. EMPLOYEE'S RETIREMENT/SAVING PLAN	
<b>b</b>	Name of plan sponsor	ARBOR MANAGEMENT INC	<b>c</b> EIN-PN 36-3422789-001
<b>a</b>	Plan name	ARIZONA MACHINERY GROUP EMP PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ARIZONA MACHINERY GROUP INC	<b>c</b> EIN-PN 86-0422015-001
<b>a</b>	Plan name	ARQ ELECTRONICS MFG SERVICES, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARQ ELECTRONICS MANUFACTURING SE	<b>c</b> EIN-PN 74-2922168-001
<b>a</b>	Plan name	A&S MOLD AND DIE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A&S MOLD AND DIE CORP	<b>c</b> EIN-PN 95-2914098-001
<b>a</b>	Plan name	AUTO BODY XPERTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUDSONVILLE BODY SHOP INC	<b>c</b> EIN-PN 38-3010955-001
<b>a</b>	Plan name	AUTOMATED DIRECT MAIL SERVICE CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AUTOMATED DIRECT MAIL SERVICE CE	<b>c</b> EIN-PN 65-0790819-001
<b>a</b>	Plan name	A.W.T. WORLD TRADE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A W T WORLD TRADE INC	<b>c</b> EIN-PN 36-3218349-001
<b>a</b>	Plan name	BADGER LABORATORIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BADGER LABORATORIES INC	<b>c</b> EIN-PN 39-1573723-001
<b>a</b>	Plan name	BASICS ETC. CORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BASICS ETC CORP	<b>c</b> EIN-PN 95-3858004-001
<b>a</b>	Plan name	BAYSEK MACHINES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BAYSEK MACHINES INC	<b>c</b> EIN-PN 39-1814804-001
<b>a</b>	Plan name	B. & D. THREAD ROLLING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	B & D THREAD ROLLING INC	<b>c</b> EIN-PN 38-2005362-001
<b>a</b>	Plan name	BELZONA VOLUNTARY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BELZONA INC	<b>c</b> EIN-PN 11-2525267-001

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>BOB PENKHUS VOLVO MAZDA 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PENKHUS MOTOR COMPANY</b>	<b>c</b> EIN-PN <b>84-0519000-001</b>
<b>a</b>	Plan name <b>BRAVO SYSTEMS, INC. 401(K) P/S PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BRAVO SYSTEMS INC</b>	<b>c</b> EIN-PN <b>37-1457626-001</b>
<b>a</b>	Plan name <b>BUCKALEW CHEVROLET, L.P. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUCKALEW CHEVEROLET LP</b>	<b>c</b> EIN-PN <b>74-1503091-001</b>
<b>a</b>	Plan name <b>BUCKEYE MACHINE FABRICATORS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUCKEYE MACHINE FABRICATORS INC</b>	<b>c</b> EIN-PN <b>34-1177967-001</b>
<b>a</b>	Plan name <b>BURNS FORD OF YORK 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BURNS FORD OF YORK INC</b>	<b>c</b> EIN-PN <b>81-3664491-001</b>
<b>a</b>	Plan name <b>BUSHNELL ILLINOIS TANK CO. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUSHNELL ILLINOIS TANK CO</b>	<b>c</b> EIN-PN <b>37-0802666-001</b>
<b>a</b>	Plan name <b>C.A.E., INC. RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CAE INC</b>	<b>c</b> EIN-PN <b>38-2281444-001</b>
<b>a</b>	Plan name <b>CAL-MESA STEEL SUPPLY, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CAL MESA STEEL SUPPLY INC</b>	<b>c</b> EIN-PN <b>95-3135147-001</b>
<b>a</b>	Plan name <b>CAMBRIA TOOL &amp; MACHINE, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CAMBRIA TOOL &amp; MACHINE INC</b>	<b>c</b> EIN-PN <b>38-1842863-001</b>
<b>a</b>	Plan name <b>CANNON MACHINE PRODUCTS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CANNON MACHINE PRODUCTS INC</b>	<b>c</b> EIN-PN <b>91-1355954-001</b>
<b>a</b>	Plan name <b>CAPITAL CANDY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CAPITAL CANDY COMPANY INC</b>	<b>c</b> EIN-PN <b>03-0175096-001</b>
<b>a</b>	Plan name <b>CARTEL INDUSTRIES LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CARTEL INDUSTRIES LLC</b>	<b>c</b> EIN-PN <b>33-0783037-001</b>

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="#">CARVER MACHINE WORKS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CARVER MACHINE WORKS INC</a>	<b>c</b> EIN-PN <a href="#">56-1250308-001</a>
<b>a</b>	Plan name <a href="#">CEC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COOPER ELECTRICAL CONTROLS INC</a>	<b>c</b> EIN-PN <a href="#">72-1360599-001</a>
<b>a</b>	Plan name <a href="#">CENTRAL STATES HOSE, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CENTRAL STATES HOSE INC</a>	<b>c</b> EIN-PN <a href="#">84-0684737-001</a>
<b>a</b>	Plan name <a href="#">CENTRAL VALLEY TRAILER REPAIR INC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CENTRAL VALLEY TRAILER REPAIR IN</a>	<b>c</b> EIN-PN <a href="#">77-0093966-001</a>
<b>a</b>	Plan name <a href="#">CERTIFIED LABELING SOLUTIONS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CERTIFIED LABELING SOLUTIONS INC</a>	<b>c</b> EIN-PN <a href="#">22-3256692-001</a>
<b>a</b>	Plan name <a href="#">CESCO SOLUTIONS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CESCO SOLUTIONS INC</a>	<b>c</b> EIN-PN <a href="#">91-1552044-001</a>
<b>a</b>	Plan name <a href="#">CHANDLER CHEVROLET RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CHANDLER CHEVROLET LLC</a>	<b>c</b> EIN-PN <a href="#">20-4572815-001</a>
<b>a</b>	Plan name <a href="#">C.H.E. PRECISION, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CHE PRECISION INC</a>	<b>c</b> EIN-PN <a href="#">77-0535202-001</a>
<b>a</b>	Plan name <a href="#">CHUCK NASH 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CHUCK NASH CHEVROLET BUICK INC</a>	<b>c</b> EIN-PN <a href="#">74-1892604-001</a>
<b>a</b>	Plan name <a href="#">COLE EUROPEAN 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PRESS ON REGARDLESS INC DBA COLE</a>	<b>c</b> EIN-PN <a href="#">94-3050999-001</a>
<b>a</b>	Plan name <a href="#">CONCORDIA 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CONCORDIA MANUFACTURING LLC</a>	<b>c</b> EIN-PN <a href="#">81-0626237-001</a>
<b>a</b>	Plan name <a href="#">CONTINENTAL INDUSTRIES, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CONTINENTAL INDUSTRIES INC.</a>	<b>c</b> EIN-PN <a href="#">35-1075679-001</a>

<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	COORDINATE MACHINE CO. EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COORDINATE MACHINE CO	<b>c</b> EIN-PN 36-3619354-001
<b>a</b>	Plan name	COUNTRYSIDE VOLKSWAGEN, INC. UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COUNTRYSIDE VOLKSWAGEN INC	<b>c</b> EIN-PN 41-0902128-001
<b>a</b>	Plan name	CREATIVE EXTRUSION & TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CREATIVE EXTRUSION & TECHNOLOGIE	<b>c</b> EIN-PN 04-2155902-001
<b>a</b>	Plan name	CRS DATA SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CRS DATA SOLUTIONS INC	<b>c</b> EIN-PN 93-0457141-001
<b>a</b>	Plan name	CUMBERLAND ACADEMY OF GEORGIA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CUMBERLAND ACADEMY OF GEORGIA	<b>c</b> EIN-PN 71-1043712-001
<b>a</b>	Plan name	CUSTOM TOOL, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CUSTOM TOOL INC	<b>c</b> EIN-PN 37-1254897-001
<b>a</b>	Plan name	DAI & TAI COMBINED 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DYNAMO AVIATION INC	<b>c</b> EIN-PN 95-4387746-001
<b>a</b>	Plan name	DEALER PART SOURCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARION FORD TRACTOR INC DBA LASH	<b>c</b> EIN-PN 38-1943050-001
<b>a</b>	Plan name	DEWEY BARBER CHEVROLET 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DEWEY BARBER CHEVROLET INC	<b>c</b> EIN-PN 63-0796601-001
<b>a</b>	Plan name	D F ELECTRONICS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	D F ELECTRONICS INC	<b>c</b> EIN-PN 31-0867926-001
<b>a</b>	Plan name	DIGITRACE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DIGITRACE MACHINE WORKS LTD	<b>c</b> EIN-PN 38-3307085-001
<b>a</b>	Plan name	DITCH WITCH OF SOUTH LOUISIANA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J&B UNDERGROUND LLC DBA DITCH	<b>c</b> EIN-PN 75-2973479-001

<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	DOLEN TOOL SALES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DOLEN TOOL SALES INC	<b>c</b> EIN-PN 35-1594872-001
<b>a</b>	Plan name	DORSTENER WIRE TECH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DORSTENER WIRE TECH INC	<b>c</b> EIN-PN 76-0510999-001
<b>a</b>	Plan name	DOUGLAS DODGE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOUGLAS DODGE INC	<b>c</b> EIN-PN 37-0905870-001
<b>a</b>	Plan name	DOUGLAS PRESS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOUGLAS PRESS INC	<b>c</b> EIN-PN 36-2597389-001
<b>a</b>	Plan name	DOWNEY IMPORT CARS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOWNEY IMPORT CARS INC	<b>c</b> EIN-PN 26-1458269-001
<b>a</b>	Plan name	DULUTH DODGE, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DULUTH DODGE INC	<b>c</b> EIN-PN 41-1737462-001
<b>a</b>	Plan name	DUPRATT FORD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RON DUPRATT FORD INC	<b>c</b> EIN-PN 94-1485050-001
<b>a</b>	Plan name	DU QUOIN CHEVROLET BUICK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CH3OC LLC DBA DU QUOIN CHEVROLET	<b>c</b> EIN-PN 88-1142297-001
<b>a</b>	Plan name	DYNAMIC METAL TREATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DYNAMIC METAL TREATING INC	<b>c</b> EIN-PN 38-2533822-001
<b>a</b>	Plan name	EVERGREEN TRACTOR RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EVERGREEN TRACTOR LLC	<b>c</b> EIN-PN 91-1994242-001
<b>a</b>	Plan name	EVERWEAR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EVERWEAR INC	<b>c</b> EIN-PN 43-1306401-001
<b>a</b>	Plan name	FARRIMOND CASTILLO & BRESNAHAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FARRIMOND CASTILLO & BRESNAHAN	<b>c</b> EIN-PN 27-2288265-001

<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	FIBER PAD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIBER PAD INC	<b>c</b> EIN-PN 73-1017363-001
<b>a</b>	Plan name	FORMPAK, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FORMPAK INC	<b>c</b> EIN-PN 43-1297642-001
<b>a</b>	Plan name	FRIENDLY CHEVROLET CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FRIENDLY CHEVROLET CO LTD	<b>c</b> EIN-PN 75-0970320-001
<b>a</b>	Plan name	GARY MATHEWS MOTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GARY MATHEWS MOTORS INC	<b>c</b> EIN-PN 62-1366801-001
<b>a</b>	Plan name	GATEWAY DEALER NETWORK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GATEWAY DEALER NETWORK LLC	<b>c</b> EIN-PN 84-2017338-001
<b>a</b>	Plan name	GENESIS AUTOMATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GENESIS AUTOMATION INC	<b>c</b> EIN-PN 36-4286420-001
<b>a</b>	Plan name	GLADE & GROVE SUPPLY CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLADE & GROVE SUPPLY CO INC	<b>c</b> EIN-PN 59-1863231-001
<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	GLUE MACHINERY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GLUE MACHINERY CORPORATION	<b>c</b> EIN-PN 52-0903866-001
<b>a</b>	Plan name	GREAT SOUTHERN EQUIPMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREAT SOUTHERN EQUIPMENT LLC	<b>c</b> EIN-PN 87-4067006-001
<b>a</b>	Plan name	GROSS AUTO RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GROSS MOTORS INC	<b>c</b> EIN-PN 39-0912575-001
<b>a</b>	Plan name	G-WAY SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	G WAY SOLUTIONS LLC	<b>c</b> EIN-PN 84-1740572-001

<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	HANNER CHEVROLET PONTIAC GMC TRUCK, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HANNER CHEVROLET GMC INC DBA HAN	<b>c</b> EIN-PN 75-1447357-001
<b>a</b>	Plan name	HARLEY-DAVIDSON OF BERGEN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARLEY-DAVIDSON OF BERGEN INC	<b>c</b> EIN-PN 22-2089856-001
<b>a</b>	Plan name	HARLEY-DAVIDSON OF CAMDEN COUNTY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARLEY-DAVIDSON OF CAMDEN COUNTY	<b>c</b> EIN-PN 22-1921129-001
<b>a</b>	Plan name	HARTMANN BROS., INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARTMANN BROS INC	<b>c</b> EIN-PN 75-1914447-001
<b>a</b>	Plan name	HARTMANN'S, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARTMANN'S INC	<b>c</b> EIN-PN 75-1468078-001
<b>a</b>	Plan name	H & H MOLDS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	H & H MOLDS INC	<b>c</b> EIN-PN 91-1420123-001
<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	HYDE MEDIA GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HYDE MEDIA GROUP LLC DBA HOOD CO	<b>c</b> EIN-PN 85-1300776-001
<b>a</b>	Plan name	ILLINOIS PLUMBING & HEATING SUPPLY CO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ILLINOIS PLUMBING & HEATING SUPP	<b>c</b> EIN-PN 37-0681002-001
<b>a</b>	Plan name	IMADA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IMADA INC	<b>c</b> EIN-PN 36-4133518-001
<b>a</b>	Plan name	IMPERIAL BROWN, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	IMPERIAL BROWN INC	<b>c</b> EIN-PN 93-0692209-001
<b>a</b>	Plan name	IMPERIAL LITHO RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	IMPERIAL LITHOGRAPHING CORP	<b>c</b> EIN-PN 39-1666735-001

<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	INDEXX, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	INDEXX INC
<b>c</b>	EIN-PN	57-0965700-001
<b>a</b>	Plan name	INSULATION TECHNOLOGY CORPORATION 401(K) PLAN
<b>b</b>	Name of plan sponsor	INSULATION TECHNOLOGY CORPORATIO
<b>c</b>	EIN-PN	84-0744895-001
<b>a</b>	Plan name	INTERNATIONAL CRUISE FOOD & HOTEL SUPPLIERS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	INTERNATIONAL CRUISE FOOD & HOTE
<b>c</b>	EIN-PN	65-0822593-001
<b>a</b>	Plan name	INTERTEST, INC. RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	INTERTEST INC
<b>c</b>	EIN-PN	22-2357588-001
<b>a</b>	Plan name	IVC-USA, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	IVC USA INC
<b>c</b>	EIN-PN	38-2206972-001
<b>a</b>	Plan name	JAMES TOOL MACHINE & ENGINEERING, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	JAMES TOOL MACHINE & ENGINEERING
<b>c</b>	EIN-PN	56-1544762-001
<b>a</b>	Plan name	JAMES W. SMITH PRINTING COMPANY RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	JAMES W SMITH PRINTING COMPANY
<b>c</b>	EIN-PN	36-3383339-001
<b>a</b>	Plan name	JARVIS CUTTING TOOLS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	JARVIS COMPANY INC
<b>c</b>	EIN-PN	02-0272185-001
<b>a</b>	Plan name	JEFF HAAS MAZDA 401(K) PLAN
<b>b</b>	Name of plan sponsor	JLH AUTOMOTIVE LTD
<b>c</b>	EIN-PN	76-0350006-001
<b>a</b>	Plan name	JENNINGS IMPLEMENT COMPANY 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	JENNINGS IMPLEMENT CO
<b>c</b>	EIN-PN	37-0920690-001
<b>a</b>	Plan name	JG PLASTICS 401(K) PLAN
<b>b</b>	Name of plan sponsor	JG PLASTICS GROUP LLC
<b>c</b>	EIN-PN	20-5618638-001
<b>a</b>	Plan name	JK MASONRY, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	JK MASONRY INC
<b>c</b>	EIN-PN	38-2712302-001

<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	J & M AUTO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J & M AUTO INC DBA TAYLOR'S AUTO	<b>c</b> EIN-PN 81-0392546-001
<b>a</b>	Plan name	JMC INSTRUMENTS, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JMC INSTRUMENTS INC	<b>c</b> EIN-PN 84-0610165-001
<b>a</b>	Plan name	J & N METAL PRODUCTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J & N METAL PRODUCTS LLC	<b>c</b> EIN-PN 20-4900629-001
<b>a</b>	Plan name	JOHN J. STEUBY CO., 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOHN J STEUBY COMPANY	<b>c</b> EIN-PN 43-0787604-001
<b>a</b>	Plan name	JOHN MILES CHEVROLET, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOHN MILES CHEVROLET INC	<b>c</b> EIN-PN 58-2225605-001
<b>a</b>	Plan name	JOHNSON BROTHERS FORD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOHNSON BROTHERS FORD II LTD	<b>c</b> EIN-PN 74-2919144-001
<b>a</b>	Plan name	JOSEPH MACHINE COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOSEPH MACHINE COMPANY INC	<b>c</b> EIN-PN 25-1605514-001
<b>a</b>	Plan name	JTI COLFAX, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JTI COLFAX LLC	<b>c</b> EIN-PN 41-1300210-001
<b>a</b>	Plan name	KENTUCKY MACHINE & ENGINEERING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KENTUCKY MACHINE & ENGINEERING	<b>c</b> EIN-PN 61-0671534-001
<b>a</b>	Plan name	KEYSTONE HARLEY-DAVIDSON 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PEQUA ENTERPRISES INC DBA KEYSTO	<b>c</b> EIN-PN 27-5084663-001
<b>a</b>	Plan name	KOENIG BODY & EQUIPMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KOENIG BODY & EQUIPMENT INC	<b>c</b> EIN-PN 37-1105302-001
<b>a</b>	Plan name	KOKOMO AUTO WORLD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KOKOMO AUTO WORLD INC	<b>c</b> EIN-PN 35-1383619-001

<b>Part II 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	LATERAL INDUSTRIES 401(K) PLAN	
<b>b</b> Name of plan sponsor	LATERAL INDUSTRIES LLC DBA MIDWE	<b>c</b> EIN-PN 87-2675362-001
<b>a</b> Plan name	LEXUS OF WESTMINSTER 401(K) PLAN	
<b>b</b> Name of plan sponsor	R R L CORPORATION	<b>c</b> EIN-PN 33-0344181-001
<b>a</b> Plan name	LH DOTTIE CO. 401(K) PLAN	
<b>b</b> Name of plan sponsor	KOBERT & CO INC DBA LH DOTTIE CO	<b>c</b> EIN-PN 95-2095840-001
<b>a</b> Plan name	LOCHEN EQUIPMENT RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	JOHN P LOCHEN COMPANY INC	<b>c</b> EIN-PN 39-0918471-001
<b>a</b> Plan name	LONG STANTON MFG CO 401(K) PLAN	
<b>b</b> Name of plan sponsor	LONG STANTON MFG CO	<b>c</b> EIN-PN 31-0579150-001
<b>a</b> Plan name	L & S MOTORS OF BECKLEY, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	L & S MOTORS OF BECKLEY INC	<b>c</b> EIN-PN 55-0712773-001
<b>a</b> Plan name	MAGNUM EQUIPMENT CO., INC. SAFE HARBOR 401(K) PLAN	
<b>b</b> Name of plan sponsor	MAGNUM EQUIPMENT CO INC	<b>c</b> EIN-PN 30-0026992-001
<b>a</b> Plan name	MAG-TEC CASTING CORPORATION 401(K) PLAN	
<b>b</b> Name of plan sponsor	MAG TEC CASTING CORPORATION	<b>c</b> EIN-PN 38-2939430-001
<b>a</b> Plan name	MAHX F. LINSTER, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	MAHX F LINSTER INC	<b>c</b> EIN-PN 58-1264599-001
<b>a</b> Plan name	MANNER POLYMERS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	MANNER POLYMERS INC	<b>c</b> EIN-PN 75-2905787-001
<b>a</b> Plan name	MARSHALL CHEVROLET 401(K) PLAN	
<b>b</b> Name of plan sponsor	ATC AUTOMOTIVE LLC	<b>c</b> EIN-PN 88-4299301-001
<b>a</b> Plan name	MARVIN K. BROWN AUTO CENTER, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	MARVIN K BROWN AUTO CENTER INC	<b>c</b> EIN-PN 95-1634385-001

<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	MASTER CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MASTER CORPORATION	<b>c</b> EIN-PN 75-2770887-001
<b>a</b>	Plan name	MATTHEWS FORD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JAMES MATTHEWS FORD L.L.C.	<b>c</b> EIN-PN 13-4304231-001
<b>a</b>	Plan name	MAVERICK BUSINESS FORMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAVERICK BUSINESS FORMS INC	<b>c</b> EIN-PN 75-2128303-001
<b>a</b>	Plan name	MAZZA AUTOPARTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAZZA AUTO PARTS INC	<b>c</b> EIN-PN 38-2129196-001
<b>a</b>	Plan name	MCCARTHY PRINT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCCARTHY PRINT INC	<b>c</b> EIN-PN 74-2870588-001
<b>a</b>	Plan name	MCCOMB DIESEL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MCCOMB DIESEL INC	<b>c</b> EIN-PN 64-0501801-001
<b>a</b>	Plan name	MCCULLOUGH IMPLEMENT CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCCULLOUGH IMPLEMENT CO	<b>c</b> EIN-PN 36-3619058-001
<b>a</b>	Plan name	MCFARLAND FORD STORES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCFARLAND FORD SALES INC	<b>c</b> EIN-PN 02-0244831-001
<b>a</b>	Plan name	MERCEDES-BENZ OF BUCKHEAD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE BARRAN COMPANY LLC	<b>c</b> EIN-PN 65-1179820-001
<b>a</b>	Plan name	MERCEDES-BENZ OF COVINGTON 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE BARAN NORTHSORE COMPANY	<b>c</b> EIN-PN 81-4160442-001
<b>a</b>	Plan name	MERCEDES-BENZ OF MEMPHIS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AUTORAMA INC DBA MERCEDES BENZ O	<b>c</b> EIN-PN 62-1111559-001
<b>a</b>	Plan name	MIDWEST HARDWARE ASSOCIATION 401(K) EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MIDWEST HARDWARE ASSOCIATION	<b>c</b> EIN-PN 39-0715730-001

<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	MIKE CALVERT TOYOTA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIKE CALVERT TOYOTA LLC	<b>c</b> EIN-PN 86-1229724-001
<b>a</b>	Plan name	MMP OF MERRILL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MMP OF MERRILL INC	<b>c</b> EIN-PN 26-3057358-001
<b>a</b>	Plan name	MOLDING SOLUTIONS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MOLDING SOLUTIONS INC	<b>c</b> EIN-PN 30-0891530-001
<b>a</b>	Plan name	MURRAY'S COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AG MURRAY ENTERPRISES LLC	<b>c</b> EIN-PN 06-0056933-001
<b>a</b>	Plan name	MURRPLASTIK SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MURRPLASTIK SYSTEMS INC	<b>c</b> EIN-PN 23-2927075-001
<b>a</b>	Plan name	NAPCO BAG & FILM, LP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NAPCO BAG & FILM LP	<b>c</b> EIN-PN 20-5175044-001
<b>a</b>	Plan name	NAVIGANT MOTOR GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NAVIGANT HOLDINGS LLC DBA	<b>c</b> EIN-PN 88-1688150-001
<b>a</b>	Plan name	NEWAY VALVE INTERNATIONAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEWAY VALVE INTERNATIONAL INC	<b>c</b> EIN-PN 27-1317465-001
<b>a</b>	Plan name	NGO AUTOMOTIVE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NGO AUTOMOTIVE INC	<b>c</b> EIN-PN 82-3285489-001
<b>a</b>	Plan name	NIMSGERN STEEL CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NIMSGERN STEEL CORP	<b>c</b> EIN-PN 39-1384695-001
<b>a</b>	Plan name	NISSAN OF BOERNE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLASSIC AUTOPLEX F LLC DBA NISSA	<b>c</b> EIN-PN 46-3178350-001
<b>a</b>	Plan name	NORMAN MACHINE TOOL, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORMAN MACHINE TOOL LTD	<b>c</b> EIN-PN 52-0803976-001

<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	NORTECH, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTECH LLC	<b>c</b> EIN-PN 38-3429773-001
<b>a</b>	Plan name	NORTH AMERICAN GRAPHICS SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTH AMERICAN GRAPHICS SERVICES	<b>c</b> EIN-PN 85-3477539-001
<b>a</b>	Plan name	NORTH CENTRAL FABRICATORS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTH CENTRAL FABRICATORS LLC	<b>c</b> EIN-PN 45-3032618-001
<b>a</b>	Plan name	NORTHWEST MACHINE TECHNOLOGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BAILUN ACQUISITIONS INC	<b>c</b> EIN-PN 26-2317008-001
<b>a</b>	Plan name	OLSON MACHINING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OLSON MACHINING INC	<b>c</b> EIN-PN 36-3201613-001
<b>a</b>	Plan name	OWEN EQUIPMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BEN KO MATIC CO	<b>c</b> EIN-PN 93-0666853-001
<b>a</b>	Plan name	PACIFIC GROVE HARDWARE, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC GROVE HARDWARE INC	<b>c</b> EIN-PN 77-0444323-001
<b>a</b>	Plan name	PACIFIC PRECISION, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC PRECISION INC	<b>c</b> EIN-PN 95-4498431-001
<b>a</b>	Plan name	PAL COMMERCIAL LIGHTING LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PAL COMMERCIAL LIGHTING LLC	<b>c</b> EIN-PN 88-1685891-001
<b>a</b>	Plan name	PARAGON MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARAGON MANUFACTURING INC	<b>c</b> EIN-PN 36-2257403-001
<b>a</b>	Plan name	PASO ROBLES FORD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EAGLE MOTORS DBA PASO ROBLES	<b>c</b> EIN-PN 77-0244782-001
<b>a</b>	Plan name	P.D. PETERKA & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	P D PETERKA & ASSOCIATES INC	<b>c</b> EIN-PN 39-1591870-001

<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	PETERBILT OF ATLANTA 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PETERBILT OF ATLANTA LLC	<b>c</b> EIN-PN 27-4878358-001
<b>a</b>	Plan name	PINNACLE INDUSTRIAL SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PINNACLE INDUSTRIAL SUPPLY INC	<b>c</b> EIN-PN 47-0892622-001
<b>a</b>	Plan name	POLLINGTON MACHINE TOOL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POLLINGTON MACHINE & TOOL INC	<b>c</b> EIN-PN 38-2145075-001
<b>a</b>	Plan name	PRAIRIE DIGITAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRAIRIE DIGITAL INC	<b>c</b> EIN-PN 39-1706521-001
<b>a</b>	Plan name	PRC COMPOSITES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRC COMPOSITES LLC	<b>c</b> EIN-PN 47-2650171-001
<b>a</b>	Plan name	PRECISION ADVANCED MACHINING CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISION ADVANCED MACHINING CO	<b>c</b> EIN-PN 38-3198627-001
<b>a</b>	Plan name	PRECISION CAMS, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISION CAMS INC	<b>c</b> EIN-PN 35-1135284-001
<b>a</b>	Plan name	PRECISION MANUFACTURING SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISION MANUFACTURING SERVICES	<b>c</b> EIN-PN 38-2241954-001
<b>a</b>	Plan name	PRECISION MEDICAL TECHNOLOGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISION MEDICAL TECHNOLOGIES	<b>c</b> EIN-PN 35-1902827-001
<b>a</b>	Plan name	PREMIER INDUSTRIES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	IACONO ENTERPRISES LLC DBA PREMI	<b>c</b> EIN-PN 87-2490829-001
<b>a</b>	Plan name	PRINCE CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRINCE CORPORATION	<b>c</b> EIN-PN 39-1882387-001
<b>a</b>	Plan name	PRINTWEST, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRINTWEST INC	<b>c</b> EIN-PN 20-0244299-001

<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	PROGRESSIVE PRODUCTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROGRESSIVE PRODUCTS INC	<b>c</b> EIN-PN 48-0912331-001
<b>a</b>	Plan name	PROTOMATIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROTOMATIC INC	<b>c</b> EIN-PN 38-2134429-001
<b>a</b>	Plan name	QUALITY GRINDING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	QUALITY GRINDING COMPANY INC	<b>c</b> EIN-PN 95-3272779-001
<b>a</b>	Plan name	QUALITY SUPPLY AND TOOL CO., 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QUALITY SUPPLY AND TOOL CO INC	<b>c</b> EIN-PN 35-1988796-001
<b>a</b>	Plan name	QUEST SPECIALTY PRODUCTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QUEST SPECIALTY PRODUCTS INC	<b>c</b> EIN-PN 45-3598707-001
<b>a</b>	Plan name	RAM AUTOMATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAM AUTOMATION INC	<b>c</b> EIN-PN 26-4370253-001
<b>a</b>	Plan name	RAMKO MFG., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAMKO MFG INC	<b>c</b> EIN-PN 33-0784219-001
<b>a</b>	Plan name	RASCOE & MAHS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RASCOE & MAHS INC	<b>c</b> EIN-PN 58-2000686-001
<b>a</b>	Plan name	RAWHIDE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAWHIDE INC	<b>c</b> EIN-PN 39-1052471-001
<b>a</b>	Plan name	RAYCO MANUFACTURING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAYCO MANUFACTURING	<b>c</b> EIN-PN 38-2209390-001
<b>a</b>	Plan name	REINFORCING STEEL SUPPLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REINFORCING STEEL SUPPLY	<b>c</b> EIN-PN 74-2609740-001
<b>a</b>	Plan name	RELIABLE MACHINE & MANUFACTURING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RELIABLE MACHINE & MANUFACTURING	<b>c</b> EIN-PN 42-0779114-001

<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	RETINA SYSTEMS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RETINA SYSTEMS INC	<b>c</b> EIN-PN 06-1209184-001
<b>a</b>	Plan name	RHS STAINLESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	METALCOM PRODUCTS INC DBA R	<b>c</b> EIN-PN 23-3021031-001
<b>a</b>	Plan name	RICK ROUSH HONDA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AUTOMOTIVE PARTNERS, INC	<b>c</b> EIN-PN 34-1579948-001
<b>a</b>	Plan name	RIO MOTOR COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RIO MOTOR COMPANY INC	<b>c</b> EIN-PN 74-2692050-001
<b>a</b>	Plan name	RLS, INC. DBA STEVENS FORD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RLS INC DBA STEVENS FORD	<b>c</b> EIN-PN 73-1366564-001
<b>a</b>	Plan name	ROMEO TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROMEO TECHNOLOGIES INC	<b>c</b> EIN-PN 38-3339685-001
<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	SANTA FE DISTRIBUTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SANTA FE DISTRIBUTING INC	<b>c</b> EIN-PN 36-2875464-001
<b>a</b>	Plan name	SCHENCK FOODS COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHENCK FOODS COMPANY, INC	<b>c</b> EIN-PN 54-0552450-001
<b>a</b>	Plan name	SCHREY & SONS MOLD CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHREY & SONS MOLD CO INC	<b>c</b> EIN-PN 95-3061152-001
<b>a</b>	Plan name	SEALING SPECIALISTS, INC. AND RAM CORPORATION, INC. 401(K) PROFIT SHAR	
<b>b</b>	Name of plan sponsor	SEALING SPECIALISTS INC	<b>c</b> EIN-PN 43-1228886-001
<b>a</b>	Plan name	SEE ALL INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SEE ALL INDUSTRIES INC	<b>c</b> EIN-PN 36-3030755-001

<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	S&E GOURMET CUTS, INC. DBA COUNTRY ARCHER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	S&E GOURMET CUTS INC DBA COUNTRY	<b>c</b> EIN-PN 45-2303224-001
<b>a</b>	Plan name	SHALLCROSS BOLT & SPECIALTIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHALLCROSS BOLT & SPECIALTIES CO	<b>c</b> EIN-PN 22-1972485-001
<b>a</b>	Plan name	SHARE MACHINE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHARE MACHINE INC	<b>c</b> EIN-PN 36-3987396-001
<b>a</b>	Plan name	SIIS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SIIS LLC	<b>c</b> EIN-PN 57-1086021-001
<b>a</b>	Plan name	SILVER CREEK MACHINE, LTD SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SILVER CREEK MACHINE LTD	<b>c</b> EIN-PN 20-3070668-001
<b>a</b>	Plan name	SISNEROS MANUFACTURING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SISNEROS MANUFACTURING LLC	<b>c</b> EIN-PN 99-4111496-001
<b>a</b>	Plan name	SIX & MANGO EQUIPMENT LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SIX & MANGO EQUIPMENT LLP	<b>c</b> EIN-PN 76-0713589-001
<b>a</b>	Plan name	SMITH AUTOMOTIVE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMITH AUTOMOTIVE GROUP LLC	<b>c</b> EIN-PN 83-1658487-001
<b>a</b>	Plan name	SMOCK MATERIAL HANDLING COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMOCK MATERIAL HANDLING COMPANY	<b>c</b> EIN-PN 35-1268052-001
<b>a</b>	Plan name	SOARES AUTOMOTIVE INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOARES AUTOMOTIVE INC DBA VICTOR	<b>c</b> EIN-PN 83-4059452-001
<b>a</b>	Plan name	SPARROW & KENNEDY TRACTOR CO., INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SPARROW & KENNEDY TRACTOR CO INC	<b>c</b> EIN-PN 20-1376173-001
<b>a</b>	Plan name	SPECIALTY FEEDS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SPECIALTY FEEDS INC	<b>c</b> EIN-PN 64-0412908-001

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 SPECTRUM DESIGN, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPECTRUM DESIGN LLC	<b>c</b> EIN-PN 22-3345640-001
<b>a</b>	Plan name SRM HOLDINGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SRM HOLDINGS LLC	<b>c</b> EIN-PN 86-3133595-001
<b>a</b>	Plan name S & S MACHINE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor S & S MACHINE INC	<b>c</b> EIN-PN 75-1566437-001
<b>a</b>	Plan name STANLEY WOOD CHEVROLET COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor STANLEY WOOD CHEVROLET CO	<b>c</b> EIN-PN 71-0418847-001
<b>a</b>	Plan name STEVE LAUER PAINTING & DECORATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor STEVE LAUER PAINTING & DECORATIN	<b>c</b> EIN-PN 39-1507679-001
<b>a</b>	Plan name STEVE'S EQUIPMENT SERVICE, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor STEVE'S EQUIPMENT SERVICE	<b>c</b> EIN-PN 36-2659185-001
<b>a</b>	Plan name ST. JOHN HARDWARE AND IMPLEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor ST JOHN HARDWARE & IMPLEMENT	<b>c</b> EIN-PN 91-0654213-001
<b>a</b>	Plan name SYMETRIX EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SYMETRIX INC	<b>c</b> EIN-PN 91-1006550-001
<b>a</b>	Plan name SYSTEMS ATLANTA, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SYSTEMS ATLANTA INC	<b>c</b> EIN-PN 58-1390175-001
<b>a</b>	Plan name TACITO DIRECT MARKETING 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor TACITO & ASSOCIATES LLC	<b>c</b> EIN-PN 75-1920510-001
<b>a</b>	Plan name TAMERON GULF COAST 401(K) PLAN	
<b>b</b>	Name of plan sponsor TAMERON AUTOMOTIVE EASTERN SHORE	<b>c</b> EIN-PN 83-0354245-001
<b>a</b>	Plan name TAYCAR ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TAYCAR ENTERPRISES INC	<b>c</b> EIN-PN 85-0357469-001

<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	THE BUTLER WELDMENTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE BUTLER WELDMENTS CORPORATION	<b>c</b> EIN-PN 74-1905806-001
<b>a</b>	Plan name	THE ENHANCERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE ENHANCERS INC	<b>c</b> EIN-PN 39-1600339-001
<b>a</b>	Plan name	THERMAL ELECTRONICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THERMAL ELECTRONICS INC	<b>c</b> EIN-PN 95-3569813-001
<b>a</b>	Plan name	THOMAS MAGNETE USA, LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THOMAS MAGNETE USA LLC	<b>c</b> EIN-PN 39-1923734-001
<b>a</b>	Plan name	THOMPSON TOOL & DIE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THOMPSON TOOL & DIE INC	<b>c</b> EIN-PN 41-1636977-001
<b>a</b>	Plan name	THOUSAND OAKS TOYOTA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	B & B MOTORS DBA THOUSAND OAKS T	<b>c</b> EIN-PN 95-2473540-001
<b>a</b>	Plan name	THWING ALBERT INSTRUMENT CO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THWING ALBERT INSTRUMENT CO	<b>c</b> EIN-PN 23-1154970-001
<b>a</b>	Plan name	TJ AEROSPACE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TJ AEROSPACE INC	<b>c</b> EIN-PN 20-8505084-001
<b>a</b>	Plan name	TRICE HUGHES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRICE HUGHES INC	<b>c</b> EIN-PN 61-0510919-001
<b>a</b>	Plan name	TUBBS BROTHERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TUBBS BROTHERS INC	<b>c</b> EIN-PN 38-1618257-001
<b>a</b>	Plan name	TYNAN'S 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TYNANS VOLKSWAGEN INC	<b>c</b> EIN-PN 84-0522675-001
<b>a</b>	Plan name	UNIVERSITY LITHOPRINTERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSITY LITHOPRINTERS INC	<b>c</b> EIN-PN 38-2052650-001

<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	VALENCIA ACURA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TONKIN AND FLEMING ENTERPRISES I	<b>c</b> EIN-PN 77-0451548-001
<b>a</b>	Plan name	VALLEY SALES CORPORATION DBA SPECTRA PRINT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VALLEY SALES CORPORATION	<b>c</b> EIN-PN 39-0983258-001
<b>a</b>	Plan name	VBM ACQUISITION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VBM ACQUISITION LLC	<b>c</b> EIN-PN 26-1466826-001
<b>a</b>	Plan name	VECTOR TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VECTOR TECHNOLOGIES INC	<b>c</b> EIN-PN 46-3245445-001
<b>a</b>	Plan name	VISUAL OPTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VISUAL OPTIONS INC	<b>c</b> EIN-PN 20-2755153-001
<b>a</b>	Plan name	WAREHOUSE RACK COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WAREHOUSE RACK COMPANY LP	<b>c</b> EIN-PN 76-0421577-001
<b>a</b>	Plan name	WARREN CONTROLS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WARREN CONTROLS INC	<b>c</b> EIN-PN 54-2079753-001
<b>a</b>	Plan name	W.D. MATTHEWS MACHINERY CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WD MATTHEWS MACHINERY CO	<b>c</b> EIN-PN 01-0232180-001
<b>a</b>	Plan name	WEBER & SCHER MFG. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEBER AND SCHER MFG CO INC	<b>c</b> EIN-PN 22-1371130-001
<b>a</b>	Plan name	WEST COAST GASKET, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WEST COAST GASKET INC	<b>c</b> EIN-PN 95-3656021-001
<b>a</b>	Plan name	WESTSIDE EQUIPMENT CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTSIDE EQUIPMENT CO	<b>c</b> EIN-PN 77-0128803-001
<b>a</b>	Plan name	WHITEWATER MANUFACTURING CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WHITEWATER MANUFACTURING COMPANY	<b>c</b> EIN-PN 39-0748950-001

**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	WIDE WEST GROUP 401(K) PLAN	
<b>b</b> Name of plan sponsor	WIDE WEST GROUP DBA PREFERRED MA	<b>c</b> EIN-PN 85-3396065-001
<b>a</b> Plan name	WILSON CAR SALES 401(K) PLAN	
<b>b</b> Name of plan sponsor	WILSON CHEVROLET INC	<b>c</b> EIN-PN 57-0870429-001
<b>a</b> Plan name	WIN-TECH, INC. 401(K) PS PLAN	
<b>b</b> Name of plan sponsor	WIN-TECH INC	<b>c</b> EIN-PN 58-1803121-001
<b>a</b> Plan name	WIRTZ WIRE EDM, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	WIRTZ WIRE EDM LLC	<b>c</b> EIN-PN 56-1859172-001
<b>a</b> Plan name	WOODS CONSTRUCTION, INC. AND WOODS MGT, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	WOODS CONSTRUCTION INC AND WOODS	<b>c</b> EIN-PN 38-2891257-001
<b>a</b> Plan name	WORLDWIDE DOOR COMPONENTS INC 401(K) PLAN	
<b>b</b> Name of plan sponsor	WORLDWIDE DOOR COMPONENTS INC	<b>c</b> EIN-PN 59-2597829-001
<b>a</b> Plan name	ZIMMER TRACTOR EMPLOYEE RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	ZIMMER TRACTOR INC	<b>c</b> EIN-PN 35-1045219-001
<b>a</b> Plan name	ZUND AMERICA, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	ZUND AMERICA INC	<b>c</b> EIN-PN 51-0506512-001
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>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>
--	--	--

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>INTERNATIONAL LARGE GROWTH ACCOUNT II NG</b>	<b>B</b> Three-digit plan number (PN) <b>▶</b> <b>119</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>
---------------	--------------------------------------

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<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>	<b>6214029</b>
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	<b>7755352</b>
<b>(15)</b> Other.....	<b>1c(15)</b>	

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	6214029	7755352
<b>Liabilities</b>			
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
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	6214029	7755352

**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
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	2883743	
(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)		2883743
<b>b Earnings on investments:</b>			
(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)	69527	
(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)		69527
(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)	-258764	
(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 .....	<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>		173967
<b>c</b> Other income .....	<b>2c</b>		645738
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		3514211

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	1926264	
(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>		1926264
<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>	46624	
(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>		46624
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1972888

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1541323
<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 \_\_\_\_\_.