

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: LARGE CAP GROWTH ACCOUNT III TA; 1b Three-digit plan number (PN): 045; 1c Effective date of plan; 2a Plan sponsor's name: SENTRY LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-6040276; 2c Plan Sponsor's telephone number: 715-346-6000; 2d Business code

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

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

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

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <u>LARGE CAP GROWTH ACCOUNT III TA</u>	<b>B</b> Three-digit plan number (PN)	<u>045</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):		
<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)
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<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	ADVANCED FLUID SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED FLUID SYSTEMS INC	<b>c</b> EIN-PN 23-2349085-001
<b>a</b>	Plan name	ADVOTECH COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADVOTECH COMPANY INC	<b>c</b> EIN-PN 86-0707264-001
<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	AG VANTAGE SOFTWARE, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AG VANTAGE SOFTWARE INC	<b>c</b> EIN-PN 41-1370132-001
<b>a</b>	Plan name	A-JAX COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AJAX COMPANY INC	<b>c</b> EIN-PN 59-1492287-001
<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
<b>a</b>	Plan name	ALL-TECH MACHINE & ENGINEERING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALL TECH MACHINE & ENGINEERING I	<b>c</b> EIN-PN 77-0158946-001
<b>a</b>	Plan name	AMBER ENGINEERING & MFG. CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMBER ENGINEERING & MFG CO	<b>c</b> EIN-PN 36-2515083-001
<b>a</b>	Plan name	ARIZONA PNEUMATIC SYSTEMS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARIZONA PNEUMATIC SYSTEMS INC	<b>c</b> EIN-PN 86-0378452-001
<b>a</b>	Plan name	ATLAS TOOL & DIE WORKS, INC. PROFIT SHARING/401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATLAS TOOL & DIE WORKS INC	<b>c</b> EIN-PN 36-2698515-001
<b>a</b>	Plan name	AURELIUS MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AURELIUS MANUFACTURING INC	<b>c</b> EIN-PN 92-0405935-001
<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>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	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	BEM CNC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEM MOLD INC	<b>c</b> EIN-PN 36-3969557-001
<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	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	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	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	CATALDO AMBULANCE SERVICE, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CATALDO AMBULANCE SERVICE INC	<b>c</b> EIN-PN 04-2621862-001
<b>a</b>	Plan name	CATES MACHINE SHOP, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CATES MACHINE SHOP INC	<b>c</b> EIN-PN 75-1913943-001
<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	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

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 DE KALB IMPLEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DE KALB IMPLEMENT INC	<b>c</b> EIN-PN 36-3402856-001
<b>a</b>	Plan name DRAEVING MACHINE & TOOL, INC. 401(K) SAFE HARBOR PLAN	
<b>b</b>	Name of plan sponsor DRAEVING MACHINE & TOOL INC	<b>c</b> EIN-PN 39-1230544-001
<b>a</b>	Plan name DYNAMEX CORPORATION 401(K) SALARY REDUCTION PLAN AND TRUST	
<b>b</b>	Name of plan sponsor DYNAMEX CORPORATION	<b>c</b> EIN-PN 95-2962032-001
<b>a</b>	Plan name E.A.S. MANUFACTURING COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor EAS MANUFACTURING COMPANY INC	<b>c</b> EIN-PN 77-0444809-001
<b>a</b>	Plan name E.C. MACHINING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor EC MACHINING INC	<b>c</b> EIN-PN 36-3520939-001
<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 ELLIS COMPUTERIZED MACHINING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ELLIS COMPUTERIZED MACHINING LLC	<b>c</b> EIN-PN 62-1517821-001
<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 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 FLETCHER CHRYSLER 401(K) PLAN	
<b>b</b>	Name of plan sponsor FLETCHER CHRYSLER PRODUCTS INC	<b>c</b> EIN-PN 35-1594232-001
<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 GENESIS AUTOMATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GENESIS AUTOMATION INC	<b>c</b> EIN-PN 36-4286420-001

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 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 GME, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GME INC	<b>c</b> EIN-PN 75-1625949-001
<b>a</b>	Plan name GREGG ORR AUTO GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor ORR MOTORS OF LOUISIANA INC	<b>c</b> EIN-PN 75-2551859-001
<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 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 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 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

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 HENSHAW, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HENSHAW INC	<b>c</b> EIN-PN 38-2432998-001
<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
<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 HYDRAULIC SALES & SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HYDRAULIC SALES & SERVICE INC	<b>c</b> EIN-PN 59-1692614-001
<b>a</b>	Plan name JACK KISSEE FORD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JACK KISSEE FORD INC	<b>c</b> EIN-PN 73-0620535-001
<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 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 JOHN LYNCH & COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOHN LYNCH & COMPANY INC	<b>c</b> EIN-PN 59-2396438-001
<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 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 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 KING FORD 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRI-STATE FORD INC	<b>c</b> EIN-PN 56-2007143-001

<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	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	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>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	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	LUXEBURG CASCO DISTRICT SCHOOLS MONEY PURCHASE PLAN	
<b>b</b>	Name of plan sponsor	LUXEBURG CASCO DISTRICT SCHOOLS	<b>c</b> EIN-PN 39-1057534-001
<b>a</b>	Plan name	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	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	MED-DIET LABORATORIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MED DIET LABORATORIES INC	<b>c</b> EIN-PN 41-1377792-001
<b>a</b>	Plan name	MID SOUTH INDUSTRIAL AUTOMATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MID SOUTH INDUSTRIAL AUTOMATION	<b>c</b> EIN-PN 74-3098565-001
<b>a</b>	Plan name	MID-SOUTH MACHINE & SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MID SOUTH MACHINE & SUPPLY INC	<b>c</b> EIN-PN 62-1367214-001
<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>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

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 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 MOYE HANDLING SYSTEMS, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor OVERHEAD HOIST & CRANE INC	<b>c</b> EIN-PN 22-3136568-001
<b>a</b>	Plan name NEW ENGLAND CNC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEW ENGLAND CNC INC	<b>c</b> EIN-PN 06-1247015-001
<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 OKRAY FAMILY FARMS, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor OKRAY FAMILY FARMS INC	<b>c</b> EIN-PN 83-2694115-001
<b>a</b>	Plan name O'MALLEY AUTOMOTIVE, INC. 401(K) EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor O'MALLEY AUTOMOTIVE INC	<b>c</b> EIN-PN 39-1089292-001
<b>a</b>	Plan name OMICRON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor OMICRON INC	<b>c</b> EIN-PN 38-2776798-001
<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 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
<b>a</b>	Plan name PINNACLE INDUSTRIES, LTD 401(K) PLAN	
<b>b</b>	Name of plan sponsor PINNACLE INDUSTRIES LTD	<b>c</b> EIN-PN 74-2115525-001
<b>a</b>	Plan name PLASTEK WERKS, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor PLASTEK WERKS INC	<b>c</b> EIN-PN 58-2005631-001

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      PRECISION FLUOROCARBON, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor      PRECISION FLUOROCARBON LLC	<b>c</b> EIN-PN      76-0279426-001
<b>a</b>	Plan name      PRECISION MACHINE SERVICE, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor      PRECISION MACHINE SERVICE INC	<b>c</b> EIN-PN      59-1429824-001
<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      PRODUCTION ASSEMBLY SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor      PRODUCTION ASSEMBLY SYSTEMS INC	<b>c</b> EIN-PN      33-0523898-001
<b>a</b>	Plan name      PRO REPS WEST 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor      STEVE MCKAY CO INC	<b>c</b> EIN-PN      33-0666015-001
<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      RAABE MOTOR SALES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor      RAABE MOTOR SALES INC	<b>c</b> EIN-PN      34-4445263-001
<b>a</b>	Plan name      RAS PROCESS EQUIPMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor      RAS PROCESS EQUIPMENT	<b>c</b> EIN-PN      22-3723860-001
<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      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
<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

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 ROMAR MACHINE & TOOL CO. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROMAR MACHINE & TOOL CO	<b>c</b> EIN-PN 22-2107779-001
<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 SAN JOAQUIN TRACTOR CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SAN JOAQUIN TRACTOR CO	<b>c</b> EIN-PN 95-1538781-001
<b>a</b>	Plan name SENTRY 401K PLAN	
<b>b</b>	Name of plan sponsor SENTRY INSURANCE COMPANY	<b>c</b> EIN-PN 39-0333950-001
<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 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 SMITHCO WEST, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SMITHCO WEST INC	<b>c</b> EIN-PN 39-1219550-001
<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 SPECTRUM PRINTING COMPANY, L.L.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPECTRUM PRINTING COMPANY LLC	<b>c</b> EIN-PN 86-0730665-001
<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 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 SUBURBAN GLASS & MIRROR CO., INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUBURBAN GLASS & MIRROR CO INC	<b>c</b> EIN-PN 04-2840076-001

<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	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	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	TFE COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TFE COMPANY INC	<b>c</b> EIN-PN 74-1554224-001
<b>a</b>	Plan name	THE CBS MANUFACTURING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE CBS MANUFACTURING COMPANY	<b>c</b> EIN-PN 06-0888318-001
<b>a</b>	Plan name	THE ELLIS STONE CONSTRUCTION COMPANY, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ELLIS STONE CONSTRUCTION COMPANY	<b>c</b> EIN-PN 39-0766554-001
<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	THOR SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THOR SOLUTIONS INC	<b>c</b> EIN-PN 33-0642791-001
<b>a</b>	Plan name	TRIAD FABRICATIONS & MACHINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRIAD FABRICATIONS & MACHINE	<b>c</b> EIN-PN 56-1627015-001
<b>a</b>	Plan name	TRU-TEX INTERNATIONAL CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRU TEX INTERNATIONAL CORPORATIO	<b>c</b> EIN-PN 31-0725589-001
<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	WANNEMAKER'S, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WANNEMAKERS INC	<b>c</b> EIN-PN 36-2720681-001

**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	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	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	WIT MANUFACTURING, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	WIT MANUFACTURING INC	<b>c</b> EIN-PN 39-1890454-001
<b>a</b> Plan name	WOODLAND TRACTOR & EQUIPMENT CO, INC. EMPLOYEES' 401(K) PLAN	
<b>b</b> Name of plan sponsor	WOODLAND TRACTOR & EQUIPMENT CO	<b>c</b> EIN-PN 94-1549622-001
<b>a</b> Plan name	ZABATT ENGINE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	ZABATT ENGINE SERVICES INC	<b>c</b> EIN-PN 59-1889271-001
<b>a</b> Plan name	ZENGER'S, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	ZENGER'S INC	<b>c</b> EIN-PN 36-2443085-001
<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>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>
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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>LARGE CAP GROWTH ACCOUNT III TA</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>045</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SENTRY LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-6040276</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	186753888	199903062
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	186753888	199903062
<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>	186753888	199903062

**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>	19211844	
<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>		19211844
<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>	1956112	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	6040113	
<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>		6380486
<b>c</b> Other income .....	<b>2c</b>		10612423
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		44200978

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	30942104	
(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>		30942104
<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>	109700	
(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>		109700
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		31051804

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		13149174
<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 \_\_\_\_\_.