

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 (less than 12 months)
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: SMALL CAP BLEND ACCOUNT II Y
1b Three-digit plan number (PN): 025
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): SENTRY LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-6040276
2c Plan Sponsor's telephone number: 715-346-6000
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>SMALL CAP BLEND ACCOUNT II Y</u>	B Three-digit plan number (PN)	<u>025</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SENTRY LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-6040276</u>	

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	ACCURATE TECHNOLOGY MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor	ACCURATE TECHNOLOGY MFG INC	c EIN-PN 26-3954413-001
a	Plan name	A & C FARM SERVICE, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	A & C FARM SERVICE INC	c EIN-PN 41-1299862-001
a	Plan name	ADDISON ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor	ADDISON ELECTRIC INC	c EIN-PN 36-3846350-001
a	Plan name	ADTEC COLORANT CORP. 401(K) PLAN	
b	Name of plan sponsor	ADTEC COLORANT CORP	c EIN-PN 75-2846077-001
a	Plan name	ADVANCED METALCRAFT, INC. 401(K) PLAN	
b	Name of plan sponsor	ADVANCED METALCRAFT INC	c EIN-PN 36-3885578-001
a	Plan name	AEROSPACE TESTING LABORATORY, INC. 401(K) PLAN	
b	Name of plan sponsor	AEROSPACE TESTING LAB INC	c EIN-PN 06-0947808-001
a	Plan name	AGI-VR/WESSON INC. 401(K) PLAN	
b	Name of plan sponsor	AGI VR WESSON INC	c EIN-PN 65-1003659-001
a	Plan name	ALLEE REES COMPANY, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	ALLEE REES COMPANY INC	c EIN-PN 95-3428542-001
a	Plan name	ALLOYWELD INSPECTION CO., INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	ALLOYWELD INSPECTION CO INC	c EIN-PN 36-3122971-001
a	Plan name	ALTA DESIGN AND MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor	ALTA DESIGN AND MANUFACTURING IN	c EIN-PN 04-3792230-001
a	Plan name	AMERICAN DEBURRING, INC. 401(K) PLAN	
b	Name of plan sponsor	AMERICAN DEBURRING INC	c EIN-PN 95-3474939-001
a	Plan name	AMI PRECISION 401(K) PLAN	
b	Name of plan sponsor	ANDYS MACHINE INC	c EIN-PN 04-3271130-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name AUTOMOTIVE ENGINE REBUILDERS ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor AUTOMOTIVE ENGINE REBUILDERS ASS	c EIN-PN 36-2658928-001
a	Plan name AWFD SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor ARIZONA WESTERN FIXTURE AND DISP	c EIN-PN 86-0669680-001
a	Plan name BAY DIGITAL, INC. 401(K) PLAN	
b	Name of plan sponsor BAY DIGITAL INC	c EIN-PN 94-3352239-001
a	Plan name B & B MACHINING, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor B & B MACHINING INC	c EIN-PN 36-3639561-001
a	Plan name BEARING SERVICE COMPANY, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor BEARING SERVICE COMPANY INC	c EIN-PN 93-0728394-001
a	Plan name BERNARDINO'S BAKERY, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor BERNARDINOS BAKERY INC	c EIN-PN 04-2774661-001
a	Plan name BEST LAWNS, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor BEST LAWNS INC	c EIN-PN 36-3576840-001
a	Plan name B & G EQUIPMENT SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor B & G EQUIPMENT INC	c EIN-PN 62-1037968-001
a	Plan name BLUE MOUNTAIN MACHINE, INC. 401(K) PLAN	
b	Name of plan sponsor BLUE MOUNTAIN MACHINE INC	c EIN-PN 23-2088420-001
a	Plan name BOBBY WOOD CHEVROLET-PONTIAC, INC. 401(K) PLAN	
b	Name of plan sponsor BOBBY WOOD CHEVROLET PONTIAC INC	c EIN-PN 57-0650681-001
a	Plan name BRODIE, INC. SALARY SAVINGS PLAN	
b	Name of plan sponsor BRODIE INC	c EIN-PN 04-2188432-001
a	Plan name BURTON INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor BURTON INDUSTRIES INC	c EIN-PN 34-1394835-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name CAPITAL CITY EQUIPMENT CO. 401(K) PLAN	
b	Name of plan sponsor CAPITAL CITY EQUIPMENT CO	c EIN-PN 42-1061858-001
a	Plan name CAR-LIFE ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor CAR LIFE ENTERPRISES INC	c EIN-PN 52-1792740-001
a	Plan name CAROLINA SUPPLYHOUSE, INC. 401(K) PLAN	
b	Name of plan sponsor CAROLINA SUPPLYHOUSE INC	c EIN-PN 57-0781670-001
a	Plan name CASCADE ENGINE CENTER LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CASCADE ENGINE CENTER LLC	c EIN-PN 91-1674236-001
a	Plan name CAVALLA, INC. 401(K) PLAN	
b	Name of plan sponsor CAVALLA INC	c EIN-PN 13-4988040-001
a	Plan name CENTURY MOTORS OF COLUMBUS, INC. 401(K) PROFIT SHARING TRUST	
b	Name of plan sponsor CENTURY MOTORS OF COLUMBUS INC	c EIN-PN 31-1160573-001
a	Plan name COMMERCIAL FABRICATORS, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor COMMERCIAL FABRICATORS INC	c EIN-PN 36-2655685-001
a	Plan name COMMUNITY MOTORS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMUNITY MOTORS LLC	c EIN-PN 72-0681427-001
a	Plan name CONWAY PRECISION PRODUCTS, INC 401(K) PLAN	
b	Name of plan sponsor CONWAY PRECISION PRODUCTS INC	c EIN-PN 71-0853682-001
a	Plan name COYLE STRAPPING & SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor COYLE STRAPPING & SUPPLY INC	c EIN-PN 22-2577563-001
a	Plan name D & B CONSTRUCTION EQUIPMENT, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor D & B CONSTRUCTION EQUIPMENT INC	c EIN-PN 39-1645114-001
a	Plan name DIE-TECH, INC. 401(K) PLAN	
b	Name of plan sponsor DIE TECH INC	c EIN-PN 56-0940212-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	DRAEVING MACHINE & TOOL, INC. 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor	DRAEVING MACHINE & TOOL INC	c EIN-PN 39-1230544-001
a	Plan name	D.R. JOSEPH, INC. 401(K) PLAN	
b	Name of plan sponsor	D R JOSEPH INC	c EIN-PN 75-2214732-001
a	Plan name	DYNAMEX CORPORATION 401(K) SALARY REDUCTION PLAN AND TRUST	
b	Name of plan sponsor	DYNAMEX CORPORATION	c EIN-PN 95-2962032-001
a	Plan name	E.C. MACHINING, INC. 401(K) PLAN	
b	Name of plan sponsor	EC MACHINING INC	c EIN-PN 36-3520939-001
a	Plan name	EVERBRITE, LLC/SHEET METALWORKERS LOCAL 565 401(K) EMPLOYEE RETIREMENT	
b	Name of plan sponsor	EVERBRITE LLC	c EIN-PN 65-1164066-001
a	Plan name	FENTRESS MACHINE, INC. 401(K) PLAN	
b	Name of plan sponsor	FENTRESS MACHINE INC	c EIN-PN 61-1401258-001
a	Plan name	FISHACAR, LTD. 401(K) PLAN	
b	Name of plan sponsor	FISHACAR LTD	c EIN-PN 36-4349082-001
a	Plan name	FLORIDA ALIGNBORING, INC. 401(K) PLAN	
b	Name of plan sponsor	FLORIDA ALIGNBORING INC	c EIN-PN 59-3476439-001
a	Plan name	GERI LYNN, LLC 401(K) PLAN	
b	Name of plan sponsor	GERI LYNN LLC DBA GERI LYNN NISS	c EIN-PN 72-1038068-001
a	Plan name	GHA TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	GHA TECHNOLOGIES	c EIN-PN 86-0971967-001
a	Plan name	HELM TOOL COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	HELM TOOL COMPANY INC	c EIN-PN 36-2932915-001
a	Plan name	HENDRICK DIESEL POWER, INC DBA DIESEL EXCHANGE 401(K) PLAN	
b	Name of plan sponsor	HENDRICK DIESEL POWER INC	c 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.)	
a	Plan name HENWIL CORPORATION 401(K) PLAN	
b	Name of plan sponsor HENWIL CORPORATION	c EIN-PN 25-1898531-001
a	Plan name HERKO INTERNATIONAL, INC. 401(K) PLAN	
b	Name of plan sponsor HERKO INTERNATIONAL INC	c EIN-PN 65-0047253-001
a	Plan name H. GALOW 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor H GALOW COMPANY INC	c EIN-PN 22-2384511-001
a	Plan name HYDRAULIC SALES & SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor HYDRAULIC SALES & SERVICE INC	c EIN-PN 59-1692614-001
a	Plan name HY-TEK MFG CO, INC. EMPLOYEES' 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HY TEK MANUFACTURING COMPANY INC	c EIN-PN 36-3254486-001
a	Plan name J5 TRACTORS, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor J5 TRACTORS INC	c EIN-PN 74-2937125-001
a	Plan name JC CONTROLS, INC. 401(K) PLAN	
b	Name of plan sponsor JC CONTROLS INC	c EIN-PN 39-1677937-001
a	Plan name JED 401(K) PLAN	
b	Name of plan sponsor JED INDUSTRIES INC	c EIN-PN 34-1811433-001
a	Plan name JL, LLC 401(K) PLAN	
b	Name of plan sponsor JL LLC	c EIN-PN 87-0887053-001
a	Plan name JOE HEIDT MOTORS CORP. 401(K) PLAN	
b	Name of plan sponsor JOE HEIDT MOTORS CORP	c EIN-PN 22-2665319-001
a	Plan name JOHNSON LITHO GRAPHICS OF EAU CLAIRE, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOHNSON LITHO GRAPHICS OF EAU CL	c EIN-PN 39-1311394-001
a	Plan name JP GRAPHICS, INC. 401(K) PLAN	
b	Name of plan sponsor JP GRAPHICS INC	c EIN-PN 77-0537289-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	JURA INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	JURA INC	c EIN-PN 22-3298554-001
a	Plan name	KEMPSMITH MACHINE CO. PROFIT SHARING PLAN	
b	Name of plan sponsor	KEMPSMITH MACHINE CO INC	c EIN-PN 39-1487774-001
a	Plan name	KEYES-DAVIS COMPANY EMPLOYEES' 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KEYES DAVIS COMPANY	c EIN-PN 38-0715730-001
a	Plan name	K G SMITH CO., INC. 401(K) PLAN	
b	Name of plan sponsor	K G SMITH CO INC	c EIN-PN 57-0519880-001
a	Plan name	KIA ATLANTA SOUTH 401(K) PLAN	
b	Name of plan sponsor	KIA ATLANTA SOUTH	c EIN-PN 20-0768094-001
a	Plan name	KRSTIC ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	KRSTIC ENTERPRISES INC	c EIN-PN 36-3928139-001
a	Plan name	KUSTOM MACHINE, INC. 401(K) PLAN	
b	Name of plan sponsor	KUSTOM MACHINE INC	c EIN-PN 45-0389756-001
a	Plan name	LAKES BRICK & BLOCK LLC 401(K) PLAN	
b	Name of plan sponsor	LAKES BRICK & BLOCK LLC	c EIN-PN 39-1928070-001
a	Plan name	LEN'S ACE HARDWARE, INC. 401(K) PLAN	
b	Name of plan sponsor	LENS ACE HARDWARE INC	c EIN-PN 36-2666890-001
a	Plan name	LIBERTY COACH, INC. 401(K) PLAN	
b	Name of plan sponsor	LIBERTY COACH INC	c EIN-PN 36-2786476-001
a	Plan name	LUCIANO PACKAGING TECHNOLOGIES, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	LUCIANO PACKAGING TECHNOLOGIES I	c EIN-PN 22-3082368-001
a	Plan name	MARK'S TRACTOR & IMPLEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	MARKS TRACTOR & IMPLEMENT INC	c EIN-PN 39-1871347-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name MATT CASTRUCCI, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MATT CASTRUCCI INC	c EIN-PN 31-0871089-001
a	Plan name METAL DETAIL, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor METAL DETAIL INC	c EIN-PN 75-1178336-001
a	Plan name METRO OPTICS OF AUSTIN, INC. 401(K) PLAN	
b	Name of plan sponsor METRO OPTICS OF AUSTIN INC	c EIN-PN 74-2552109-001
a	Plan name MID SOUTH INDUSTRIAL AUTOMATION, INC. 401(K) PLAN	
b	Name of plan sponsor MID SOUTH INDUSTRIAL AUTOMATION	c EIN-PN 74-3098565-001
a	Plan name MIKEL MACHINE, INC. 401(K) PLAN	
b	Name of plan sponsor MIKEL MACHINE INC	c EIN-PN 76-0309503-001
a	Plan name MISTER LABEL, INC. 401(K) PLAN	
b	Name of plan sponsor MISTER LABEL INC	c EIN-PN 27-3425650-001
a	Plan name MOYE HANDLING SYSTEMS, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor OVERHEAD HOIST & CRANE INC	c EIN-PN 22-3136568-001
a	Plan name NEO SOLUTIONS, INC. 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor NEO SOLUTIONS INC	c EIN-PN 23-2046149-001
a	Plan name NISSAN OF SOUTH HOLLAND 401(K) PLAN	
b	Name of plan sponsor VAN DAM MOTORS INC	c EIN-PN 20-2661429-001
a	Plan name NORTH TEXAS INGREDIENTS, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor NORTH TEXAS INGREDIENTS INC	c EIN-PN 75-2800656-001
a	Plan name NORTHWEST MACHINE RETIREMENT PLAN	
b	Name of plan sponsor NORTHWEST MACHINE INC	c EIN-PN 74-1859208-001
a	Plan name NUMERIC MACHINING, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor NUMERIC MACHINING INC	c EIN-PN 04-2801588-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	OFFSHORE MOLDS, INC. 401(K) PLAN	
b	Name of plan sponsor	OFFSHORE MOLDS INC	c EIN-PN 84-1605402-001
a	Plan name	OROCHEM TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	OROCHEM TECHNOLOGIES INC	c EIN-PN 36-4114983-001
a	Plan name	PELICAN WORLDWIDE, INC. 401(K) PLAN	
b	Name of plan sponsor	PELICAN WORLDWIDE INC	c EIN-PN 76-0613885-001
a	Plan name	PHOENIX PRECISION, INC. 401(K) PLAN	
b	Name of plan sponsor	PHOENIX PRECISION INC	c EIN-PN 22-3203466-001
a	Plan name	PICTURE MASTER/VAN GOGH/COLOR PORTRAITS, INC. 401(K) PLAN	
b	Name of plan sponsor	PICTURE MASTER COLOR LAB INC VAN	c EIN-PN 36-2393414-001
a	Plan name	PLASTEK WERKS, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	PLASTEK WERKS INC	c EIN-PN 58-2005631-001
a	Plan name	POSI-PACK CORPORATION SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	POSI PACK CORPORATION	c EIN-PN 41-1353138-001
a	Plan name	POWERCO, INC. 401(K) PLAN	
b	Name of plan sponsor	POWERCO INC	c EIN-PN 23-2794596-001
a	Plan name	POWERSCREEN TEXAS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	POWERSCREEN TEXAS INC	c EIN-PN 74-2601559-001
a	Plan name	PRECISE FOOD INGREDIENTS, INC. 401(K) PLAN	
b	Name of plan sponsor	PRECISE FOOD INGREDIENTS INC	c EIN-PN 75-2699528-001
a	Plan name	PROCESS AND CONTROL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PROCESS AND CONTROL SYSTEMS INC	c EIN-PN 36-4152495-001
a	Plan name	PRODUCTION ASSEMBLY SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	PRODUCTION ASSEMBLY SYSTEMS INC	c EIN-PN 33-0523898-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name PTL EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor SAVAGE WRIGHT GROUP INC DBA PTL	c EIN-PN 88-0589049-001
a	Plan name Q3-CNC, INC. 401(K) PLAN	
b	Name of plan sponsor Q3-CNC INC	c EIN-PN 33-0970256-001
a	Plan name QUESTECH UNLIMITED, INC. 401(K) PLAN	
b	Name of plan sponsor QUESTECH UNLIMITED INC	c EIN-PN 91-2170425-001
a	Plan name RAS PROCESS EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor RAS PROCESS EQUIPMENT	c EIN-PN 22-3723860-001
a	Plan name REBCO MACHINE SPECIALTIES, INC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor REBCO MACHINE SPECIALTIES INC	c EIN-PN 36-2995599-001
a	Plan name RIDE AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor RIDE AUTO GROUP LLC	c EIN-PN 20-5664635-001
a	Plan name ROBERT C. WEISHEIT CO., INC. 401(K) PLAN	
b	Name of plan sponsor ROBERT C WEISHEIT CO INC	c EIN-PN 36-3556931-001
a	Plan name ROBERT HUTSON FORD LINCOLN, INC. 401(K) PLAN	
b	Name of plan sponsor ROBERT HUTSON FORD LINCOLN INC	c EIN-PN 58-1955337-001
a	Plan name ROLL MACHINING TECHNOLOGIES & SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor ROLL MACHINING TECHNOLOGIES & SO	c EIN-PN 36-4416577-001
a	Plan name ROSEDALE PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor ROSEDALE PRODUCTS INC	c EIN-PN 38-1993765-001
a	Plan name RUSSARD, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor RUSSARD INC	c EIN-PN 04-2226233-001
a	Plan name SHAREWAY INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHAREWAY INDUSTRIES INC	c EIN-PN 91-0858209-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name SHEP CHEVROLET, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor SHEP CHEVROLET INC	c EIN-PN 48-0799099-001
a	Plan name SILVER CREEK MACHINE, LTD SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor SILVER CREEK MACHINE LTD	c EIN-PN 20-3070668-001
a	Plan name SLIP SERVICE COMPANY SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor SLIP SERVICE COMPANY	c EIN-PN 75-2675174-001
a	Plan name SMITHS MILL IMPLEMENT, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor SMITHS MILL IMPLEMENT INC	c EIN-PN 41-0911260-001
a	Plan name SMITH VALLEY GARAGE, INC. 401(K) PLAN	
b	Name of plan sponsor SMITH VALLEY GARAGE INC	c EIN-PN 88-0264992-001
a	Plan name SOLID SURFACE DESIGNS, INC. RETIREMENT PLAN	
b	Name of plan sponsor SOLID SURFACE DESIGNS INC	c EIN-PN 43-1662889-001
a	Plan name SP AUTO PARTS, INC. 401(K) PLAN	
b	Name of plan sponsor SP AUTO PARTS INC AKA PAUL MACHE	c EIN-PN 52-1451204-001
a	Plan name SQUARE ONE, INC. 401(K) PLAN	
b	Name of plan sponsor SQUARE ONE INC	c EIN-PN 22-3519119-001
a	Plan name STATE 8 MOTORCYCLES 401(K) PLAN	
b	Name of plan sponsor WHOLECYCLE INC	c EIN-PN 34-1692312-001
a	Plan name STEVEN ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor GENESIS HEALTH CLUBS MANAGEMENT	c EIN-PN 88-0413082-001
a	Plan name STEVENSON TRACTOR, INC. 401(K) PLAN	
b	Name of plan sponsor STEVENSON TRACTOR INC	c EIN-PN 54-0841175-001
a	Plan name SUBURBAN GLASS & MIRROR CO., INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor SUBURBAN GLASS & MIRROR CO INC	c EIN-PN 04-2840076-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name SUMMIT TECHNOLOGY AFFILIATES, LLC 401(K) PLAN	
b	Name of plan sponsor SUMMIT TECHNOLOGY AFFILIATES LLC	c EIN-PN 81-1069246-001
a	Plan name SURROZ MOTORS, INC. 401(K) PLAN	
b	Name of plan sponsor SURROZ MOTORS INC	c EIN-PN 93-0608381-001
a	Plan name SWARTZROCK IMPLEMENT CO., INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor SWARTZROCK IMPLEMENT CO INC	c EIN-PN 42-0896719-001
a	Plan name TAYLOR PRESS PRODUCTS COMPANY 401(K) PLAN	
b	Name of plan sponsor TAYLOR PRESS PRODUCTS COMPANY	c EIN-PN 34-4449691-001
a	Plan name TBF HOLDINGS CORP. 401(K) PLAN	
b	Name of plan sponsor TBF HOLDINGS CORP	c EIN-PN 75-1174654-001
a	Plan name TEJAS PMF LLC 401(K) PLAN	
b	Name of plan sponsor TEJAS PMF LLC	c EIN-PN 83-2673787-001
a	Plan name TFE COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor TFE COMPANY INC	c EIN-PN 74-1554224-001
a	Plan name THE KNABE TOOL WORKS, INC. 401(K) PLAN	
b	Name of plan sponsor KNABE TOOL WORKS INC	c EIN-PN 39-1036166-001
a	Plan name THOMASON TRACTOR COMPANY 401(K) PLAN	
b	Name of plan sponsor THOMASON TRACTOR COMPANY	c EIN-PN 94-1712147-001
a	Plan name TOM BOLAND FORD, INC. 401(K) PLAN	
b	Name of plan sponsor TOM BOLAND FORD INC	c EIN-PN 43-0905961-001
a	Plan name TRU-TEX INTERNATIONAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor TRU TEX INTERNATIONAL CORPORATIO	c EIN-PN 31-0725589-001
a	Plan name USM, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor USM INC	c EIN-PN 76-0455540-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	VACHON AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor	VACHON CHEVROLET INC	c EIN-PN 82-5133288-001
a	Plan name	WALT'S LIVE OAK FORD 401(K) PLAN	
b	Name of plan sponsor	WALTS LIVE OAK FORD	c EIN-PN 59-3208047-001
a	Plan name	WAVES, INC. 401(K) PLAN	
b	Name of plan sponsor	WAVES INC	c EIN-PN 62-1465460-001
a	Plan name	WESTBORO MOTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	WESTBORO TOYOTA INC	c EIN-PN 04-2505717-001
a	Plan name	WISCONSIN PAPER COUNCIL SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	WISCONSIN PAPER COUNCIL	c EIN-PN 39-0823750-001
a	Plan name	WISSLER MOTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	WISSLER MOTORS INC	c EIN-PN 23-1944926-001
a	Plan name	WISS & WISS EQUIPMENT, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	WISS & WISS EQUIPMENT INC	c EIN-PN 43-1486626-001
a	Plan name	WOODY BPG, INC. 401(K) PLAN	
b	Name of plan sponsor	WOODY BPG INC	c EIN-PN 33-1138771-001
a	Plan name	YOUNG FURNITURE MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor	YOUNG FURNITURE MANUFACTURING IN	c EIN-PN 02-0365297-001
a	Plan name	Z & Z MACHINE PRODUCTS, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	Z & Z MACHINE PRODUCTS INC	c EIN-PN 39-1352814-001
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SMALL CAP BLEND ACCOUNT II Y	B Three-digit plan number (PN) ▶ 025
C Plan sponsor's name as shown on line 2a of Form 5500 SENTRY LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-6040276

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6509546
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	5833834
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	6509546	5833834
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6509546	5833834

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	779323	
(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)		779323
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	18765	
(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)		18765
(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)	880005	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-780706
c Other income	2c		547645
d Total income. Add all income amounts in column (b) and enter total	2d		1445032

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2070893	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2070893
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	49851	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		49851
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2120744

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-675712
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.