

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: 2020 TARGET RETIREMENT ACCOUNT III YG
1b Three-digit plan number (PN): 092
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): SENTRY LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-6040276
2c Plan Sponsor's telephone number: 715-346-6000
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>2020 TARGET RETIREMENT ACCOUNT III YG</u>	B Three-digit plan number (PN)	<u>092</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SENTRY LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-6040276</u>	

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ACC PRECISION 401(K) PLAN	
b	Name of plan sponsor	ACC PRECISION INC	c EIN-PN 47-0924701-001
a	Plan name	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	AETNA BEARING COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ABC ACQUISITION COMPANY LLC DBA	c EIN-PN 81-1336551-001
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	AIKENS GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	H & W CONSTRUCTION COMPANY INC	c EIN-PN 54-0928137-001
a	Plan name	AMERICAN MACHINE SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	AMERICAN MACHINE TOOL REPAIR & R	c EIN-PN 22-1843665-001
a	Plan name	AMPTECH, INC. 401(K) PLAN	
b	Name of plan sponsor	AMPTECH INC	c EIN-PN 38-2934861-001
a	Plan name	A & N CORPORATION 401(K) PLAN	
b	Name of plan sponsor	A & N CORPORATION	c EIN-PN 59-1170805-001
a	Plan name	ANDERSON STEEL SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	ANDERSON STEEL SUPPLY INC	c EIN-PN 81-0305713-001
a	Plan name	ARBOR MANAGEMENT, INC. EMPLOYEE'S RETIREMENT/SAVING PLAN	
b	Name of plan sponsor	ARBOR MANAGEMENT INC	c EIN-PN 36-3422789-001
a	Plan name	ASPEN PRESS COMPANY LC 401(K) PLAN	
b	Name of plan sponsor	ASPEN PRESS COMPANY LC	c EIN-PN 72-1535760-001

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 ATOS NORTH AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor ATOS NORTH AMERICA INC	c EIN-PN 38-3664975-001
a	Plan name ATRO LLC 401(K) PLAN	
b	Name of plan sponsor ATRO LLC	c EIN-PN 85-2373978-001
a	Plan name AUTOMATED DIRECT MAIL SERVICE CENTER 401(K) PLAN	
b	Name of plan sponsor AUTOMATED DIRECT MAIL SERVICE CE	c EIN-PN 65-0790819-001
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 BADGER LABORATORIES, INC. 401(K) PLAN	
b	Name of plan sponsor BADGER LABORATORIES INC	c EIN-PN 39-1573723-001
a	Plan name BANDD FOODS EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor LJD HOLDINGS INC	c EIN-PN 82-0471954-001
a	Plan name BARR, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor BARR INC	c EIN-PN 39-1497901-001
a	Plan name BARTON & COONEY 401(K) PLAN	
b	Name of plan sponsor BARTON & COONEY LLC	c EIN-PN 22-3489370-001
a	Plan name B & B TOOL CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor B & B TOOL CO INC	c EIN-PN 06-0791234-001
a	Plan name B. & D. THREAD ROLLING, INC. 401(K) PLAN	
b	Name of plan sponsor B & D THREAD ROLLING INC	c EIN-PN 38-2005362-001
a	Plan name BECKMANN'S BAKERY 401(K) PLAN	
b	Name of plan sponsor BECKMANN'S OLD WORLD BAKERY LTD	c EIN-PN 77-0176928-001
a	Plan name BELZONA VOLUNTARY 401(K) SAVINGS PLAN	
b	Name of plan sponsor BELZONA INC	c EIN-PN 11-2525267-001

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	BEST WASH, INC. EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor	BEST WASH INC	c EIN-PN 76-0227041-001
a	Plan name	BLUE RIBBON AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor	BLUE RIBBON CHEVROLET INC	c EIN-PN 73-1480425-001
a	Plan name	BM PROGRAMMING & MACHINING SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor	BM PROGRAMMING & MACHINING SERVI	c EIN-PN 26-2387370-001
a	Plan name	BORKGREN FARMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BORKGREN FARMS LLC	c EIN-PN 36-4419022-001
a	Plan name	BRAND LABEL, INC. 401(K) PLAN	
b	Name of plan sponsor	BRAND LABEL INC	c EIN-PN 59-1302658-001
a	Plan name	BUD'S AUTO & TRUCK 401(K) PLAN	
b	Name of plan sponsor	BUDS AUTO & TRUCK REPAIR	c EIN-PN 22-2897419-001
a	Plan name	BURNS CHEVROLET 401(K) P/S PLAN	
b	Name of plan sponsor	BURNS CHEVROLET CADILLAC INC	c EIN-PN 57-0368356-001
a	Plan name	CAMBRIA TOOL & MACHINE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	CAMBRIA TOOL & MACHINE INC	c EIN-PN 38-1842863-001
a	Plan name	CARGO DATA CORPORATION 401(K) PLAN	
b	Name of plan sponsor	CARGO DATA CORPORATION	c EIN-PN 20-5478252-001
a	Plan name	CAROLINA LAWN & TRACTOR, INC. 401(K) PLAN	
b	Name of plan sponsor	CAROLINA LAWN & TRACTOR INC	c EIN-PN 57-0811213-001
a	Plan name	CARVER MACHINE WORKS, INC. 401(K) PLAN	
b	Name of plan sponsor	CARVER MACHINE WORKS INC	c EIN-PN 56-1250308-001
a	Plan name	CAYCE MILL SUPPLY RETIREMENT PLAN	
b	Name of plan sponsor	CAYCE MILL SUPPLY CO INC	c EIN-PN 61-0526092-001

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	CENTRAL VALLEY BUSINESS FORMS 401(K) PLAN	
b	Name of plan sponsor	CENTRAL VALLEY BUSINESS FORMS IN	c EIN-PN 94-2832118-001
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	CERTIFIED LABELING SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	CERTIFIED LABELING SOLUTIONS INC	c EIN-PN 22-3256692-001
a	Plan name	CESCO SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	CESCO SOLUTIONS INC	c EIN-PN 91-1552044-001
a	Plan name	CHAPPELL TRACTOR RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CHAPPELL TRACTOR SALES LLC	c EIN-PN 02-0240297-001
a	Plan name	CLEMENS MARINA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CLEMENS MARINA INC	c EIN-PN 93-1195294-001
a	Plan name	CMT 401(K) PLAN	
b	Name of plan sponsor	CUSTOM MOLD & TINT INC	c EIN-PN 71-0594558-001
a	Plan name	COASTAL NISSAN, INC. 401(K) PLAN	
b	Name of plan sponsor	COASTAL NISSAN INC	c EIN-PN 57-0699766-001
a	Plan name	COBALT ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	COBALT ENTERPRISES LLC	c EIN-PN 20-1376830-001
a	Plan name	COLE AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor	COLE AUTOMOTIVE GROUP LLC	c EIN-PN 55-0776824-001
a	Plan name	COLE EUROPEAN 401(K) PLAN	
b	Name of plan sponsor	PRESS ON REGARDLESS INC DBA COLE	c EIN-PN 94-3050999-001
a	Plan name	COMMUNITY MOTOR CO., INC. SAVINGS PLAN	
b	Name of plan sponsor	COMMUNITY MOTOR CO INC	c EIN-PN 42-1017416-001

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	COURTESY FORD LINCOLN 401(K) PLAN	
b	Name of plan sponsor	COURTESY FORD LINCOLN INC	c EIN-PN 37-1212903-001
a	Plan name	COURT STREET FORD 401(K) PLAN	
b	Name of plan sponsor	THE MINLEY AUTO GROUP LLC DBA CO	c EIN-PN 93-2435376-001
a	Plan name	COX TOYOTA 401(K) PLAN	
b	Name of plan sponsor	COX MOTORS NC INC	c EIN-PN 56-0987551-001
a	Plan name	C.P.R. MACHINING, LLC 401(K) PLAN	
b	Name of plan sponsor	C.P.R. MACHINING LLC	c EIN-PN 84-3918202-001
a	Plan name	CRUSTBUSTER/SPEED KING, INC. 401(K) PLAN	
b	Name of plan sponsor	CRUSTBUSTER/SPEED KING INC	c EIN-PN 48-0849305-001
a	Plan name	CUTTY INDUSTRIES INC. DBA MAC INDUSTRIES PROFIT SHARING PLAN	
b	Name of plan sponsor	CUTTY INDUSTRIES INC	c EIN-PN 95-4682777-001
a	Plan name	DALMEC, INC. 401(K) PLAN	
b	Name of plan sponsor	DALMEC INC	c EIN-PN 36-3635883-001
a	Plan name	DARREN BIDEAUX RV 401(K) PLAN	
b	Name of plan sponsor	RV TRUCK SALES LLC DBA DARREN BI	c EIN-PN 27-0295083-001
a	Plan name	DECATUR PLASTIC PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor	DECATUR PLASTIC PRODUCTS INC	c EIN-PN 35-1796715-001
a	Plan name	DELTA CIRCUITS, INC. 401(K) PLAN	
b	Name of plan sponsor	DELTA CIRCUITS INC	c EIN-PN 36-4010219-001
a	Plan name	DETROIT FOREST PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor	DETROIT FOREST PRODUCTS INC	c EIN-PN 38-2237297-001
a	Plan name	DEWITT PRODUCTS CO RETIREMENT PLAN	
b	Name of plan sponsor	DEWITT PRODUCTS CO	c EIN-PN 38-1801806-001

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 DFW PLASTICS, INC./ DFW ROTEC, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor DFW PLASTICS INC/DFW ROTEC INC	c EIN-PN 75-1591651-001
a	Plan name DIP BRAZE INC. PROFIT SHARING PLAN	
b	Name of plan sponsor DIP BRAZE INC	c EIN-PN 95-1909548-001
a	Plan name DON BULLUCK CHEVROLET, INC. 401(K) PLAN	
b	Name of plan sponsor DON BULLUCK CHEVROLET INC	c EIN-PN 56-0155900-001
a	Plan name DORRANCE FORD, INC. 401(K) PLAN	
b	Name of plan sponsor DORRANCE FORD INC	c EIN-PN 38-3585145-001
a	Plan name DORSTENER WIRE TECH, INC. 401(K) PLAN	
b	Name of plan sponsor DORSTENER WIRE TECH INC	c EIN-PN 76-0510999-001
a	Plan name DOUGLAS PRESS, INC. 401(K) PLAN	
b	Name of plan sponsor DOUGLAS PRESS INC	c EIN-PN 36-2597389-001
a	Plan name DULUTH DODGE, INC. RETIREMENT PLAN	
b	Name of plan sponsor DULUTH DODGE INC	c EIN-PN 41-1737462-001
a	Plan name DYNAMIC METAL TREATING, INC. 401(K) PLAN	
b	Name of plan sponsor DYNAMIC METAL TREATING INC	c EIN-PN 38-2533822-001
a	Plan name DYNAMP, LLC 401(K) PLAN	
b	Name of plan sponsor DYNAMP LLC	c EIN-PN 72-1563732-001
a	Plan name EAGLE CARRIAGE & MACHINE RETIREMENT PLAN	
b	Name of plan sponsor EAGLE CARRIAGE & MACHINE INC	c EIN-PN 93-1230728-001
a	Plan name EDGEWATER MFG CO INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor EDGEWATER MFG CO INC	c EIN-PN 22-1432096-001
a	Plan name EMITTED ENERGY 401(K) PLAN	
b	Name of plan sponsor EMITTED ENERGY INC	c EIN-PN 27-2997869-001

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 EVANSTON GOLF CLUB 401(K) PLAN	
b	Name of plan sponsor EVANSTON GOLF CLUB INC	c EIN-PN 36-1051590-001
a	Plan name EVERGREEN TRACTOR RETIREMENT PLAN	
b	Name of plan sponsor EVERGREEN TRACTOR LLC	c EIN-PN 91-1994242-001
a	Plan name FACTORY PAINT STORES, INC. 401(K) PLAN	
b	Name of plan sponsor FACTORY PAINT STORES INC	c EIN-PN 04-2922234-001
a	Plan name FIBER PAD, INC. 401(K) PLAN	
b	Name of plan sponsor FIBER PAD INC	c EIN-PN 73-1017363-001
a	Plan name FILLER SPECIALTIES, INC. 401(K) PLAN	
b	Name of plan sponsor FILLER SPECIALTIES INC	c EIN-PN 38-2232323-001
a	Plan name FIRST IMPRESSIONS PRINTING, INC. 401(K) PLAN	
b	Name of plan sponsor FIRST IMPRESSIONS PRINTING INC	c EIN-PN 94-3297117-001
a	Plan name FJ MANUFACTURING CO., INC. 401(K) PLAN	
b	Name of plan sponsor FJ MANUFACTURING CO INC	c EIN-PN 38-1846881-001
a	Plan name FRANKLIN WEB PRINTING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor FRANKLIN WEB PRINTING COMPANY IN	c EIN-PN 62-1038868-001
a	Plan name FROUDE, INC. 401(K) PLAN	
b	Name of plan sponsor FROUDE INC	c EIN-PN 38-2325812-001
a	Plan name GAGE BILT 401(K) PLAN	
b	Name of plan sponsor GAGE BILT INC	c EIN-PN 38-1777501-001
a	Plan name GARY MATHEWS MOTORS, INC. 401(K) PLAN	
b	Name of plan sponsor GARY MATHEWS MOTORS INC	c EIN-PN 62-1366801-001
a	Plan name GARY SMITH FORD 401(K) PLAN	
b	Name of plan sponsor GARY SMITH FORD INC	c EIN-PN 59-1155466-001

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	GEMINI PLASTIC FILMS CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GEMINI PLASTIC FILMS CORP	c EIN-PN 22-1930782-001
a	Plan name	GENERAL 401(K) PLAN	
b	Name of plan sponsor	GENERAL TRUCK EQUIPMENT & TRAILER	c EIN-PN 59-1395260-001
a	Plan name	GEORGIA MACHINE WORKS, INC. 401(K) PLAN	
b	Name of plan sponsor	GEORGIA MACHINE WORKS INC	c EIN-PN 20-2939677-001
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	G.F. FRANK AND SONS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	G F FRANK AND SONS INC	c EIN-PN 31-0525000-001
a	Plan name	GHA TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	GHA TECHNOLOGIES	c EIN-PN 86-0971967-001
a	Plan name	GLADES PARTS COMPANY 401(K) PLAN	
b	Name of plan sponsor	GLADES PARTS COMPANY INC	c EIN-PN 59-1511962-001
a	Plan name	GRAND RAPIDS LIGHTING 401(K) PLAN	
b	Name of plan sponsor	GRAND RAPIDS LIGHTING CENTER INC	c EIN-PN 38-1894440-001
a	Plan name	GREG LEBLANC HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	GREG LEBLANC HOLDINGS LLC	c EIN-PN 81-3354895-001
a	Plan name	GRUETT'S, INC. 401(K) PLAN	
b	Name of plan sponsor	GRUETTS INC	c EIN-PN 39-1029896-001
a	Plan name	HAGBROS PRECISION 401(K) PLAN	
b	Name of plan sponsor	HAGBROS PRECISION LLC	c EIN-PN 45-3533300-001
a	Plan name	HAIDLEN FORD, INC. 401(K) PLAN	
b	Name of plan sponsor	HAIDLEN FORD INC	c EIN-PN 94-1595607-001

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	H A INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	H A INDUSTRIES INC	c EIN-PN 38-2941404-001
a	Plan name	H & D DISTRIBUTORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	H & D DISTRIBUTORS INC	c EIN-PN 75-2379031-001
a	Plan name	HELLMAN AUTOMOTIVE GROUP 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THUNDER MOUNTAIN MOTOR CO INC	c EIN-PN 20-3687724-001
a	Plan name	HIGH TECH SOLUTIONS LLC 401(K) PLAN	
b	Name of plan sponsor	HIGH TECH SOLUTIONS LLC	c EIN-PN 27-1106189-001
a	Plan name	HIWIN CORPORATION 401(K) PLAN	
b	Name of plan sponsor	HIWIN CORPORATION	c EIN-PN 36-3843536-001
a	Plan name	HOOSIER MOLDED PRODUCTS 401(K) PLAN	
b	Name of plan sponsor	HOOSIER MOLDED PRODUCTS INC	c EIN-PN 35-1976239-001
a	Plan name	H & P TOOL COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	H & P TOOL COMPANY INC	c EIN-PN 35-1725784-001
a	Plan name	HY-SPEED MACHINING INC 401(K) PLAN	
b	Name of plan sponsor	HY SPEED MACHINING INC	c EIN-PN 93-1326375-001
a	Plan name	IMPERIAL BROWN, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	IMPERIAL BROWN INC	c EIN-PN 93-0692209-001
a	Plan name	IMPERIAL MACHINING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	IMPERIAL MACHINING COMPANY INC	c EIN-PN 84-1126037-001
a	Plan name	INDEPENDENT'S SERVICE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INDEPENDENTS SERVICE COMPANY	c EIN-PN 43-0336658-001
a	Plan name	INDEXX, INC. 401(K) PLAN	
b	Name of plan sponsor	INDEXX INC	c EIN-PN 57-0965700-001

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 INDUSTRIAL PIPE & STEEL, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MELO INVESTMENTS LLC	c EIN-PN 20-1326924-001
a	Plan name INNO TECH MANUFACTURING INC. 401(K) PLAN	
b	Name of plan sponsor INNO TECH MANUFACTURING INC	c EIN-PN 20-8112207-001
a	Plan name INO-TEK 401(K) PLAN	
b	Name of plan sponsor INO TEK	c EIN-PN 38-3307768-001
a	Plan name INTERNATIONAL CRUISE FOOD & HOTEL SUPPLIERS, INC. 401(K) PLAN	
b	Name of plan sponsor INTERNATIONAL CRUISE FOOD & HOTE	c EIN-PN 65-0822593-001
a	Plan name INTERNATIONAL DOOR, INC. 401(K) PLAN	
b	Name of plan sponsor INTERNATIONAL DOOR INC	c EIN-PN 38-2038529-001
a	Plan name IVC-USA, INC. 401(K) PLAN	
b	Name of plan sponsor IVC USA INC	c EIN-PN 38-2206972-001
a	Plan name JAMES CORLEW CHEVROLET, INC. 401(K) PLAN	
b	Name of plan sponsor JAMES CORLEW CHEVROLET INC	c EIN-PN 62-0813540-001
a	Plan name JAMES TOOL MACHINE & ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor JAMES TOOL MACHINE & ENGINEERING	c EIN-PN 56-1544762-001
a	Plan name JANZEN, INC. 401(K) PLAN	
b	Name of plan sponsor JANZEN INC	c EIN-PN 73-0762626-001
a	Plan name JARVIS CUTTING TOOLS, INC. 401(K) PLAN	
b	Name of plan sponsor JARVIS COMPANY INC	c EIN-PN 02-0272185-001
a	Plan name JENNINGS IMPLEMENT COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JENNINGS IMPLEMENT CO	c EIN-PN 37-0920690-001
a	Plan name JOHN MILES CHEVROLET, INC. 401(K) PLAN	
b	Name of plan sponsor JOHN MILES CHEVROLET INC	c EIN-PN 58-2225605-001

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 JOHNSON BROTHERS FORD 401(K) PLAN	
b	Name of plan sponsor JOHNSON BROTHERS FORD II LTD	c EIN-PN 74-2919144-001
a	Plan name JOSEPH MACHINE COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor JOSEPH MACHINE COMPANY INC	c EIN-PN 25-1605514-001
a	Plan name JP GRAPHICS, INC. 401(K) PLAN	
b	Name of plan sponsor JP GRAPHICS INC	c EIN-PN 77-0537289-001
a	Plan name KALCO MACHINE & MANUFACTURING CO. 401(K) PLAN	
b	Name of plan sponsor KALCO MACHINE & MANUFACTURING CO	c EIN-PN 75-2773725-001
a	Plan name KBMK SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor KBMK SERVICES LLC	c EIN-PN 46-4404801-001
a	Plan name KEENE CO., INC. 401(K) PLAN	
b	Name of plan sponsor KEENE CO INC	c EIN-PN 52-1171919-001
a	Plan name KENTUCKY MACHINE & ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor KENTUCKY MACHINE & ENGINEERING	c EIN-PN 61-0671534-001
a	Plan name KESON LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KESON LLC	c EIN-PN 82-3834416-001
a	Plan name KINGSON MOLD AND MACHINE, INC. 401(K) PLAN	
b	Name of plan sponsor KINGSON MOLD AND MACHINE INC	c EIN-PN 33-0597782-001
a	Plan name KORTICK 401(K) PLAN	
b	Name of plan sponsor KORTICK MANUFACTURING LLC	c EIN-PN 84-5050477-001
a	Plan name K SOURCE, INC. 401(K) PLAN	
b	Name of plan sponsor K SOURCE INC	c EIN-PN 33-0528665-001
a	Plan name K-TECH MACHINE, INC. 401(K) PLAN	
b	Name of plan sponsor K TECH MACHINE INC	c EIN-PN 33-0821122-001

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	KUSTOM MACHINE, INC. 401(K) PLAN	
b	Name of plan sponsor	KUSTOM MACHINE INC	c EIN-PN 45-0389756-001
a	Plan name	LAKE PAINTING, INC. 401(K) PLAN	
b	Name of plan sponsor	LAKE PAINTING INC	c EIN-PN 38-2284718-001
a	Plan name	LEXUS OF WESTMINSTER 401(K) PLAN	
b	Name of plan sponsor	R R L CORPORATION	c EIN-PN 33-0344181-001
a	Plan name	LIBERTY COACH, INC. 401(K) PLAN	
b	Name of plan sponsor	LIBERTY COACH INC	c EIN-PN 36-2786476-001
a	Plan name	LINDSAY FOREST PRODUCTS 401(K) PLAN	
b	Name of plan sponsor	LINDSAY FOREST PRODUCTS	c EIN-PN 93-0725327-001
a	Plan name	L & S MOTORS OF BECKLEY, INC. 401(K) PLAN	
b	Name of plan sponsor	L & S MOTORS OF BECKLEY INC	c EIN-PN 55-0712773-001
a	Plan name	MAG-TEC CASTING CORPORATION 401(K) PLAN	
b	Name of plan sponsor	MAG TEC CASTING CORPORATION	c EIN-PN 38-2939430-001
a	Plan name	MANNER POLYMERS, INC. 401(K) PLAN	
b	Name of plan sponsor	MANNER POLYMERS INC	c EIN-PN 75-2905787-001
a	Plan name	MASON MACHININGS, INC. 401(K) PLAN	
b	Name of plan sponsor	MASON MACHININGS INC	c EIN-PN 62-1079950-001
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	MAZZA AUTOPARTS, INC. 401(K) PLAN	
b	Name of plan sponsor	MAZZA AUTO PARTS INC	c EIN-PN 38-2129196-001
a	Plan name	MCFARLAND FORD STORES 401(K) PLAN	
b	Name of plan sponsor	MCFARLAND FORD SALES INC	c EIN-PN 02-0244831-001

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 MCGILL HOSE & COUPLING INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor MCGILL HOSE & COUPLING INC	c EIN-PN 04-2323986-001
a	Plan name M. CURRY CORPORATION EMPLOYEE BENEFIT PLAN	
b	Name of plan sponsor M CURRY CORPORATION	c EIN-PN 38-1671202-001
a	Plan name MEMPHIS POOL SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor MEMPHIS POOL SUPPLY INC	c EIN-PN 62-0844667-001
a	Plan name MERCURY MACHINING COMPANY 401(K) PLAN	
b	Name of plan sponsor NORWOOD ENTERPRISES INC DBA	c EIN-PN 38-4136893-001
a	Plan name METAL SURFACES INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor METAL SURFACES INTERNATIONAL LLC	c EIN-PN 95-3867836-001
a	Plan name METRO MACHINE WORKS, INC. 401(K) PLAN	
b	Name of plan sponsor METRO MACHINE WORKS INC	c EIN-PN 73-1325821-001
a	Plan name MID-SOUTH AG EQUIPMENT RETIREMENT PLAN	
b	Name of plan sponsor MID SOUTH AG EQUIPMENT INC	c EIN-PN 62-1284435-001
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 MK ENTERPRISES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MK ENTERPRISES INC	c EIN-PN 34-1760526-001
a	Plan name MOLDING SOLUTIONS RETIREMENT PLAN	
b	Name of plan sponsor MOLDING SOLUTIONS INC	c EIN-PN 30-0891530-001
a	Plan name MONROE'S FRAME AND COLLISION, INC. 401(K) PLAN	
b	Name of plan sponsor MONROES FRAME AND COLLISION INC	c EIN-PN 82-0550537-001
a	Plan name MOREHART MURPHY 401(K) PLAN	
b	Name of plan sponsor MOREHART CHEVROLET CO DBA MOREHA	c EIN-PN 84-0479467-001

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	MORRISON TEXTILE MACHINERY COMPANY 401(K) PLAN
b	Name of plan sponsor	MORRISON TEXTILE MACHINERY COMPA
c	EIN-PN	57-0399356-001
a	Plan name	MY PAINT STOP LLC 401(K) PLAN
b	Name of plan sponsor	MY PAINT STOP LLC
c	EIN-PN	74-3186954-001
a	Plan name	MYRON'S DENTAL LABORATORIES, INC. 401(K) PLAN
b	Name of plan sponsor	MYRONS DENTAL LABORATORIES INC
c	EIN-PN	48-0697318-001
a	Plan name	NASHVILLE APPLIANCE CENTER, INC. 401(K) PLAN
b	Name of plan sponsor	NASHVILLE APPLIANCE CENTER INC
c	EIN-PN	62-0916638-001
a	Plan name	NAVTRONIX LLC 401(K) PLAN
b	Name of plan sponsor	NAVTRONIX LLC DBA SOUTHERN ELECT
c	EIN-PN	54-1956971-001
a	Plan name	NDI CONSTRUCTION, INC. RETIREMENT PLAN
b	Name of plan sponsor	NDI CONSTRUCTION INC
c	EIN-PN	20-2195537-001
a	Plan name	NELGO INDUSTRIES, INC. 401(K) PLAN
b	Name of plan sponsor	NELGO INDUSTRIES INC
c	EIN-PN	95-2787100-001
a	Plan name	NETHER INDUSTRIES, INC. 401(K) PLAN
b	Name of plan sponsor	NETHER INDUSTRIES INC
c	EIN-PN	91-1732158-001
a	Plan name	NEW CORE, INC. 401(K) PLAN
b	Name of plan sponsor	NEW CORE INC
c	EIN-PN	74-2576939-001
a	Plan name	NEWMAN 401(K) PLAN
b	Name of plan sponsor	TITAN NEWMAN INC
c	EIN-PN	84-4887291-001
a	Plan name	NORTHCUTT CHEVROLET-BUICK, LLC 401(K) PLAN
b	Name of plan sponsor	NORTHCUTT CHEVROLET BUICK LLC
c	EIN-PN	26-0456512-001
a	Plan name	NORTHWEST HARDWARE CO., INC. RETIREMENT PLAN
b	Name of plan sponsor	NORTHWEST HARDWARE COMPANY INC
c	EIN-PN	54-0554374-001

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 NW CALIBER, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor NW CALIBER INC	c EIN-PN 27-2067146-001
a	Plan name OLSEN MANUFACTURING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor OLSEN MANUFACTURING COMPANY INC	c EIN-PN 38-1573880-001
a	Plan name OLSON POWER AND EQUIPMENT, INC. RETIREMENT PLAN	
b	Name of plan sponsor OLSON POWER AND EQUIPMENT INC	c EIN-PN 41-0902736-001
a	Plan name OWEN EQUIPMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BEN KO MATIC CO	c EIN-PN 93-0666853-001
a	Plan name PACIFIC METALLURGICAL, INC. 401(K) PLAN	
b	Name of plan sponsor PACIFIC METALLURGICAL INC	c EIN-PN 91-0828756-001
a	Plan name PANELTRONICS, INC. 401(K) PLAN	
b	Name of plan sponsor PANELTRONICS INCORPORATED	c EIN-PN 59-1961582-001
a	Plan name PARKWAY METAL PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor PARKWAY METAL PRODUCTS INC	c EIN-PN 36-2601860-001
a	Plan name PATTERSON & COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor PATTERSON & COMPANY INC	c EIN-PN 64-0780755-001
a	Plan name PETERBILT OF ATLANTA 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PETERBILT OF ATLANTA LLC	c EIN-PN 27-4878358-001
a	Plan name PHIL WINSLOW MOTORS, INC. 401(K) PLAN	
b	Name of plan sponsor PHIL WINSLOW MOTORS INC	c EIN-PN 84-0512117-001
a	Plan name PHOENIX HEAT TREATING, INC. 401(K) PLAN	
b	Name of plan sponsor PHOENIX HEAT TREATING INC	c EIN-PN 86-0186540-001
a	Plan name PRECISE METAL PRODUCTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor PRECISE METAL PRODUCTS INC	c EIN-PN 38-2999839-001

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	PRECISION METAL WORKS 401(K) PLAN	
b Name of plan sponsor	MKC INC DBA PRECISION METAL WORK	c EIN-PN 42-1194225-001
a Plan name	PREMIER INDUSTRIES 401(K) RETIREMENT PLAN	
b Name of plan sponsor	IACONO ENTERPRISES LLC DBA PREMI	c EIN-PN 87-2490829-001
a Plan name	PRICE PRODUCTS, INC. 401(K) PLAN	
b Name of plan sponsor	PRICE PRODUCTS INC	c EIN-PN 95-3508022-001
a Plan name	PRINTWEST, INC. 401(K) PLAN	
b Name of plan sponsor	PRINTWEST INC	c EIN-PN 20-0244299-001
a Plan name	PROFESSIONAL PRINTING CENTER, INC. 401(K) PLAN	
b Name of plan sponsor	PROFESSIONAL PRINTING CENTER INC	c EIN-PN 54-1056578-001
a Plan name	RAMKO MFG., INC. 401(K) PLAN	
b Name of plan sponsor	RAMKO MFG INC	c EIN-PN 33-0784219-001
a Plan name	RAM MANUFACTURING 401(K) PLAN	
b Name of plan sponsor	RAMSEY AIR MANAGEMENT INC	c EIN-PN 52-2364688-001
a Plan name	RASMUSSEN EQUIPMENT COMPANY 401(K) PLAN	
b Name of plan sponsor	RASMUSSEN EQUIPMENT COMPANY	c EIN-PN 87-0293845-001
a Plan name	RAWHIDE 401(K) PLAN	
b Name of plan sponsor	RAWHIDE INC	c EIN-PN 39-1052471-001
a Plan name	REYNOLDS MOTOR CORP. 401(K) PLAN	
b Name of plan sponsor	REYNOLDS BUICK INC	c EIN-PN 95-1996095-001
a Plan name	RFR METAL FABRICATION 401(K) PLAN	
b Name of plan sponsor	RFR METAL FABRICATION INC	c EIN-PN 56-2171575-001
a Plan name	RICH'S MACHINERY COMPANY, INC. SAVINGS PLAN	
b Name of plan sponsor	RICHS MACHINERY COMPANY INC	c EIN-PN 75-1513984-001

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 RIDE AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor RIDE AUTO GROUP LLC	c EIN-PN 20-5664635-001
a	Plan name RIO VISTA CHEVROLET 401(K) PLAN	
b	Name of plan sponsor RIO VISTA CHEVROLET	c EIN-PN 77-0271801-001
a	Plan name RLS, INC. DBA STEVENS FORD 401(K) PLAN	
b	Name of plan sponsor RLS INC DBA STEVENS FORD	c EIN-PN 73-1366564-001
a	Plan name ROWAN CORNIL, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor ROWAN CORNIL INC	c EIN-PN 75-2194496-001
a	Plan name ROYAL BEARING, INC. 401(K) PLAN	
b	Name of plan sponsor ROYAL BEARING INC	c EIN-PN 93-1141595-001
a	Plan name RUSLER IMPLEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor RUSLER IMPLEMENT COMPANY	c EIN-PN 84-0503548-001
a	Plan name SAFETY SHOE DISTRIBUTORS, LLP 401(K) PLAN	
b	Name of plan sponsor SAFETY SHOE DISTRIBUTORS LLP	c EIN-PN 36-4342920-001
a	Plan name SCHENCK FOODS COMPANY 401(K) PLAN	
b	Name of plan sponsor SCHENCK FOODS COMPANY, INC	c EIN-PN 54-0552450-001
a	Plan name SCHREY & SONS MOLD CO., INC. 401(K) PLAN	
b	Name of plan sponsor SCHREY & SONS MOLD CO INC	c EIN-PN 95-3061152-001
a	Plan name SEATTLE SAFETY, LLC 401(K) PLAN	
b	Name of plan sponsor SEATTLE SAFETY LLC	c EIN-PN 91-1716927-001
a	Plan name SEE ALL INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SEE ALL INDUSTRIES INC	c EIN-PN 36-3030755-001
a	Plan name SEEHAFFER REFRIGERATION, INC. 401(K) PLAN	
b	Name of plan sponsor SEEHAFFER REFRIGERATION INC	c EIN-PN 39-1371680-001

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 S&E GOURMET CUTS, INC. DBA COUNTRY ARCHER 401(K) PLAN	
b	Name of plan sponsor S&E GOURMET CUTS INC DBA COUNTRY	c EIN-PN 45-2303224-001
a	Plan name SENTRY SERVICES, L.L.C. 401(K) PLAN	
b	Name of plan sponsor SENTRY SERVICES LLC	c EIN-PN 39-1269745-001
a	Plan name SIIS, LLC 401(K) PLAN	
b	Name of plan sponsor SIIS LLC	c EIN-PN 57-1086021-001
a	Plan name SILVI CONCRETE PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor CONSTRUCTURAL DYNAMICS INC	c EIN-PN 23-2286881-001
a	Plan name SILVI CONCRETE PRODUCTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor CONSTRUCTURAL DYNAMICS INC	c EIN-PN 23-2286881-001
a	Plan name SIMI RV SALES, INC. 401(K) PLAN	
b	Name of plan sponsor SIMI RECREATIONAL VEHICLE SALES	c EIN-PN 56-2312068-001
a	Plan name SIMPSON NORTON CORPORATION 401(K) PLAN	
b	Name of plan sponsor SIMPSON NORTON CORPORATION	c EIN-PN 36-4444716-001
a	Plan name SMOCK MATERIAL HANDLING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor SMOCK MATERIAL HANDLING COMPANY	c EIN-PN 35-1268052-001
a	Plan name SPEC-BUILT SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor SPEC BUILT SYSTEMS INC	c EIN-PN 33-0461059-001
a	Plan name SPENCER INDUSTRIES, INC. EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SPENCER INDUSTRIES INC	c EIN-PN 35-1504846-001
a	Plan name SRM HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor SRM HOLDINGS LLC	c EIN-PN 86-3133595-001
a	Plan name STARKE MACHINE COMPANY 401(K) PLAN	
b	Name of plan sponsor STARKE MACHINE COMPANY INC	c EIN-PN 75-1710418-001

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 STENGL MARINE, INC. RETIREMENT PLAN	
b	Name of plan sponsor STENGL MARINE INC	c EIN-PN 39-1653718-001
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 STEVE S. OBEREMOK, M.D., INC. 401(K) PLAN	
b	Name of plan sponsor STEVE S OBERMOK MD INC	c EIN-PN 20-3961218-001
a	Plan name STEVE WHITE MOTORS GROUP 401(K) PLAN	
b	Name of plan sponsor STEVE WHITE MOTORS OF SOUTH CARO	c EIN-PN 56-2112912-001
a	Plan name STREICH BROTHERS, INC. 401(K) PLAN	
b	Name of plan sponsor STREICH BROTHERS INC	c EIN-PN 91-0832206-001
a	Plan name STRUCTURAL MACHINERY SOLUTIONS, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor STRUCTURAL MACHINERY SOLUTIONS I	c EIN-PN 38-2178502-001
a	Plan name STUART NISSAN 401(K) PLAN	
b	Name of plan sponsor STUART PONTIAC CADILLAC INC DBA	c EIN-PN 73-1312347-001
a	Plan name SULLY & SON HYDRAULICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SULLY & SON HYDRAULICS INC	c EIN-PN 95-3171075-001
a	Plan name SUN, INC. 401(K) PLAN	
b	Name of plan sponsor SUN INC	c EIN-PN 57-0937273-001
a	Plan name SUN RENTAL 401(K) PLAN	
b	Name of plan sponsor TJH ENTERPRISES INC	c EIN-PN 20-0962136-001
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 SWAIN MOTORS, INC. 401(K) PLAN	
b	Name of plan sponsor SWAIN MOTORS INC	c EIN-PN 93-0756570-001

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	SYMETRIX EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	SYMETRIX INC	c EIN-PN 91-1006550-001
a	Plan name	TAMERON GULF COAST 401(K) PLAN	
b	Name of plan sponsor	TAMERON AUTOMOTIVE EASTERN SHORE	c EIN-PN 83-0354245-001
a	Plan name	TAYLOR KIA 401(K) PLAN	
b	Name of plan sponsor	TAYLOR CADILLAC INC	c EIN-PN 34-1573212-001
a	Plan name	T-DRILL INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	T DRILL INDUSTRIES INC	c EIN-PN 58-1793105-001
a	Plan name	TETON MOTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	TETON MOTORS INC	c EIN-PN 83-0215428-001
a	Plan name	THE JOURNEYMAN PRESS 401(K) PLAN	
b	Name of plan sponsor	IAN MARIE INC DBA THE JOURNEYMAN	c EIN-PN 46-5227450-001
a	Plan name	THERMALLY ENGINEERED MANUFACTURED PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor	THERMALLY ENGINEERED MANUFACTURE	c EIN-PN 95-4571697-001
a	Plan name	THIELENHAUS MICROFINISH CORPORATION 401(K) PLAN	
b	Name of plan sponsor	THIELENHAUS MICROFINISH CORPORAT	c EIN-PN 38-2372528-001
a	Plan name	THOR SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	THOR SOLUTIONS INC	c EIN-PN 33-0642791-001
a	Plan name	THREE COUNTY VOLKSWAGEN 401(K) PLAN	
b	Name of plan sponsor	THREE COUNTY VOLKSWAGEN CORP	c EIN-PN 22-1768755-001
a	Plan name	TIN-MAR, INC. 401(K) PLAN	
b	Name of plan sponsor	TIN MAR INC	c EIN-PN 63-1057696-001
a	Plan name	TIRES, WHEELS, ETC., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TIRES WHEELS ETC INC	c EIN-PN 95-3673675-001

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	TITAN 401(K) PLAN	
b Name of plan sponsor	TITAN METAL FABRICATORS INC	c EIN-PN 77-0485212-001
a Plan name	TOROID CORPORATION 401(K) PLAN	
b Name of plan sponsor	TOROID CORPORATION	c EIN-PN 52-1264266-001
a Plan name	TOYOTA OF GOLDSBORO 401(K) PLAN	
b Name of plan sponsor	WAYNE COUNTY MOTOR SALES INC DBA	c EIN-PN 84-1662509-001
a Plan name	TRACER SPECIALTIES, INC. 401(K) PLAN	
b Name of plan sponsor	TRACER SPECIALTIES INC	c EIN-PN 34-1042616-001
a Plan name	TRIAD PACKAGING, INC. RETIREMENT PLAN	
b Name of plan sponsor	TRIAD PACKAGING INC	c EIN-PN 63-1077563-001
a Plan name	TRIAD PLASTICS, INC. 401(K) PLAN	
b Name of plan sponsor	TRIAD PLASTICS INC	c EIN-PN 39-1510545-001
a Plan name	TRI-WAY MANUFACTURING, INC. 401(K) PLAN	
b Name of plan sponsor	TRI WAY MANUFACTURING INC DBA TR	c EIN-PN 38-2127670-001
a Plan name	TRUCKSMART 401(K) P/S PLAN	
b Name of plan sponsor	TRUCKSMART INC	c EIN-PN 75-3121601-001
a Plan name	TUBBS BROTHERS, INC. 401(K) PLAN	
b Name of plan sponsor	TUBBS BROTHERS INC	c EIN-PN 38-1618257-001
a Plan name	TWO RIVERS AUTOMOTIVE, INC. 401(K) PLAN	
b Name of plan sponsor	TWO RIVERS AUTOMOTIVE INC	c EIN-PN 62-1188683-001
a Plan name	TYNAN'S 401(K) PLAN	
b Name of plan sponsor	TYNANS VOLKSWAGEN INC	c EIN-PN 84-0522675-001
a Plan name	UNITED BRASS MANUFACTURERS, INC. 401(K) PLAN	
b Name of plan sponsor	UNITED BRASS MANUFACTURERS INC	c EIN-PN 38-1349518-001

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 UNITED DURALUME PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor UNITED DURALUME PRODUCTS INC	c EIN-PN 95-2698887-001
a	Plan name UNIVERSITY LITHOPRINTERS, INC. 401(K) PLAN	
b	Name of plan sponsor UNIVERSITY LITHOPRINTERS INC	c EIN-PN 38-2052650-001
a	Plan name UTSSC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UTILITY TRAILER SALES OF SOUTHER	c EIN-PN 35-2312911-001
a	Plan name VALENCIA ACURA 401(K) PLAN	
b	Name of plan sponsor TONKIN AND FLEMING ENTERPRISES I	c EIN-PN 77-0451548-001
a	Plan name VANDERHULST ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor VANDERHULST ASSOCIATES INC	c EIN-PN 94-2284048-001
a	Plan name VIRTUAL INDUSTRIES INC. 401(K) PLAN	
b	Name of plan sponsor VIRTUAL INDUSTRIES INC	c EIN-PN 84-1074408-001
a	Plan name WARREN CONTROLS, INC. 401(K) PLAN	
b	Name of plan sponsor WARREN CONTROLS INC	c EIN-PN 54-2079753-001
a	Plan name WAUPUN EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor WAUPUN EQUIPMENT COMPANY INC	c EIN-PN 39-1101581-001
a	Plan name WAVES, INC. 401(K) PLAN	
b	Name of plan sponsor WAVES INC	c EIN-PN 62-1465460-001
a	Plan name WCIS, LLC 401(K) PLAN	
b	Name of plan sponsor WCIS LLC	c EIN-PN 87-2243947-001
a	Plan name WEBER SPECIALTIES COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WEBER SPECIALTIES COMPANY	c EIN-PN 38-1465129-001
a	Plan name WESCON PLASTICS 401(K) PLAN	
b	Name of plan sponsor WESCON PLASTICS LLC	c EIN-PN 46-0812314-001

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	WESTBORO MOTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	WESTBORO TOYOTA INC	c EIN-PN 04-2505717-001
a	Plan name	WESTERN SAW, INC. PROFIT SHARING PLAN - 401(K)	
b	Name of plan sponsor	WESTERN SAW INC	c EIN-PN 77-0073942-001
a	Plan name	WESTSIDE EQUIPMENT CO. 401(K) PLAN	
b	Name of plan sponsor	WESTSIDE EQUIPMENT CO	c EIN-PN 77-0128803-001
a	Plan name	WHITE MOUNTAIN COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor	WHITE MOUNTAIN COUNTRY CLUB	c EIN-PN 86-0120524-001
a	Plan name	WIDE WEST GROUP 401(K) PLAN	
b	Name of plan sponsor	WIDE WEST GROUP DBA PREFERRED MA	c EIN-PN 85-3396065-001
a	Plan name	WILSON CAR SALES 401(K) PLAN	
b	Name of plan sponsor	WILSON CHEVROLET INC	c EIN-PN 57-0870429-001
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	WOODFIELD NISSAN, INC. 401(K) PLAN	
b	Name of plan sponsor	WOODFIELD NISSAN INC	c EIN-PN 36-3912294-001
a	Plan name	WOODS CONSTRUCTION, INC. AND WOODS MGT, INC. 401(K) PLAN	
b	Name of plan sponsor	WOODS CONSTRUCTION INC AND WOODS	c EIN-PN 38-2891257-001
a	Plan name	WORLDWIDE DOOR COMPONENTS INC 401(K) PLAN	
b	Name of plan sponsor	WORLDWIDE DOOR COMPONENTS INC	c EIN-PN 59-2597829-001
a	Plan name	WYGEN FOODS 401(K) PLAN	
b	Name of plan sponsor	WYGEN FOODS INC	c EIN-PN 94-3008000-001
a	Plan name	ZIAJA MACHINING CORPORATION 401(K) PLAN	
b	Name of plan sponsor	ZIAJA MACHINING CORPORATION	c EIN-PN 39-1829423-001

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 2020 TARGET RETIREMENT ACCOUNT III YG	B Three-digit plan number (PN) ▶ 092
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.

	(a) Beginning of Year	(b) End of Year
Assets		
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)	24036794
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	29233272
(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	24036794	29233272
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	24036794	29233272

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)	15223597	
(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)		15223597
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)	851750	
(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)		851750
(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)	-216136	
(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)		-628394
c Other income	2c		1646794
d Total income. Add all income amounts in column (b) and enter total	2d		16877611

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11532073	
(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)		11532073
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)	149060	
(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)		149060
j Total expenses. Add all expense amounts in column (b) and enter total	2j		11681133

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5196478
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 _____.