

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: 2070 TARGET RETIREMENT ACCOUNT III YN
1b Three-digit plan number (PN): 131
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.

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>2070 TARGET RETIREMENT ACCOUNT III YN</u>	B Three-digit plan number (PN)	<u>▶</u> <u>131</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)
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d Entity code

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d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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b Name of sponsor of entity listed in (a):

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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 ADVENTURE MOTOR HOMES 401(K) PLAN	
b	Name of plan sponsor BOB LEDFORD'S RV & MARINE INC	c EIN-PN 57-0767295-001
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 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 ASPEN PRESS COMPANY LC 401(K) PLAN	
b	Name of plan sponsor ASPEN PRESS COMPANY LC	c EIN-PN 72-1535760-001
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 AVANS MACHINE, INC. 401(K) PLAN	
b	Name of plan sponsor AVANS MACHINE INC	c EIN-PN 45-1295496-001
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 BARR, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor BARR INC	c EIN-PN 39-1497901-001
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 BELDEN TOOLS, INC. 401(K) PLAN	
b	Name of plan sponsor BELDEN TOOLS INC	c EIN-PN 36-2700700-001

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 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 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 BRILL METAL WORKS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BRILL METAL WORKS II INC	c EIN-PN 93-0963924-001
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 BURNS CHEVROLET, INC. 401(K) PLAN - GAFFNEY, SC	
b	Name of plan sponsor BURNS CHEVROLET INC	c EIN-PN 57-0765386-001
a	Plan name BUSHNELL ILLINOIS TANK CO. 401(K) PLAN	
b	Name of plan sponsor BUSHNELL ILLINOIS TANK CO	c EIN-PN 37-0802666-001
a	Plan name CAPITAL CANDY 401(K) PLAN	
b	Name of plan sponsor CAPITAL CANDY COMPANY INC	c EIN-PN 03-0175096-001
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 CAYCE MILL SUPPLY RETIREMENT PLAN	
b	Name of plan sponsor CAYCE MILL SUPPLY CO INC	c EIN-PN 61-0526092-001
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 CHAPPELL TRACTOR RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CHAPPELL TRACTOR SALES LLC	c EIN-PN 02-0240297-001
a	Plan name C.L. BOYD COMPANY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor C L BOYD COMPANY INC	c EIN-PN 73-0156230-001

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	CLEARWATER ENGINEERING 401(K) PLAN	
b Name of plan sponsor	CLEARWATER ENGINEERING	c EIN-PN 74-2845584-001
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	COMMUNITY MOTOR CO., INC. SAVINGS PLAN	
b Name of plan sponsor	COMMUNITY MOTOR CO INC	c EIN-PN 42-1017416-001
a Plan name	CONCOURS MOTORS, INC. 401(K) PLAN	
b Name of plan sponsor	CONCOURS MOTORS INC	c EIN-PN 20-8060698-001
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	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	DICKEY-BUB, INC. 401(K) PLAN	
b Name of plan sponsor	DICKEY BUB INC	c EIN-PN 43-1014237-001
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	DRAWING TECHNOLOGY, INC. 401(K) PLAN	
b Name of plan sponsor	DRAWING TECHNOLOGY INC	c EIN-PN 36-4347125-001

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	EAGLE CARRIAGE & MACHINE RETIREMENT PLAN	
b	Name of plan sponsor	EAGLE CARRIAGE & MACHINE INC	c EIN-PN 93-1230728-001
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	F.H. PETERSON MACHINE CORP. 401(K) PLAN	
b	Name of plan sponsor	F H PETERSON MACHINE CORP	c EIN-PN 04-2243284-001
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	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	GRANDMA HOERNER'S FOODS, INC. 401(K) PLAN	
b	Name of plan sponsor	GRANDMA HOERNERS FOODS INC	c EIN-PN 48-1237310-001
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	HAGBROS PRECISION 401(K) PLAN	
b	Name of plan sponsor	HAGBROS PRECISION LLC	c EIN-PN 45-3533300-001
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

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 HEBERLE FORD, INC. 401(K) PLAN	
b	Name of plan sponsor HEBERLE FORD INC	c EIN-PN 81-0283581-001
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 HIWIN CORPORATION 401(K) PLAN	
b	Name of plan sponsor HIWIN CORPORATION	c EIN-PN 36-3843536-001
a	Plan name ILLINOIS PLUMBING & HEATING SUPPLY CO, INC. 401(K) PLAN	
b	Name of plan sponsor ILLINOIS PLUMBING & HEATING SUPP	c EIN-PN 37-0681002-001
a	Plan name IMAGE ACCESS CORP. 401(K) PLAN	
b	Name of plan sponsor IMAGE ACCESS CORP	c EIN-PN 22-2762602-001
a	Plan name INDEXX, INC. 401(K) PLAN	
b	Name of plan sponsor INDEXX INC	c EIN-PN 57-0965700-001
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 W. SMITH PRINTING COMPANY RETIREMENT PLAN	
b	Name of plan sponsor JAMES W SMITH PRINTING COMPANY	c EIN-PN 36-3383339-001
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 JK MASONRY, INC. 401(K) PLAN	
b	Name of plan sponsor JK MASONRY INC	c EIN-PN 38-2712302-001
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 KIESLER MACHINE, INC. 401(K) PLAN	
b	Name of plan sponsor KIESLER MACHINE INC	c EIN-PN 35-1971522-001

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 K SOURCE, INC. 401(K) PLAN	
b	Name of plan sponsor K SOURCE INC	c EIN-PN 33-0528665-001
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 LINDALE MACHINE & TOOL, INC. 401(K) PLAN	
b	Name of plan sponsor LINDALE MACHINE & TOOL INC	c EIN-PN 58-2000646-001
a	Plan name MERCER MACHINE COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor MERCER MACHINE COMPANY INC	c EIN-PN 35-1451605-001
a	Plan name MILLER ENGINEERING & MANUFACTURING CO. 401(K) PLAN	
b	Name of plan sponsor SAULSBURY INDUSTRIES INC	c EIN-PN 93-1141825-001
a	Plan name MJF INDUSTRIES, INC. DBA KANKAKEE VALLEY STEEL 401(K) PLAN	
b	Name of plan sponsor MJK INDUSTRIES INC DBA KANKAKEE	c EIN-PN 46-0617492-001
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
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 PETERBILT OF ATLANTA 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PETERBILT OF ATLANTA LLC	c EIN-PN 27-4878358-001

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	PETERSEN CHRYSLER DODGE JEEP, LLC 401(K) PLAN	
b	Name of plan sponsor	PETERSEN AUTOMOTIVE LLC	c EIN-PN 26-0839802-001
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	PRESTON FABRICATION ID 401(K) PLAN	
b	Name of plan sponsor	PRESTON FABRICATION ID LLC	c EIN-PN 87-2556769-001
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	PULSE INSTRUMENTS, INC. 401(K) PLAN	
b	Name of plan sponsor	PULSE INSTRUMENTS INC	c EIN-PN 95-3701037-001
a	Plan name	RAPA ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor	RAPA ELECTRIC INC	c EIN-PN 38-2050284-001
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	RED ROCKS COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor	RED ROCKS COUNTRY CLUB	c EIN-PN 84-1224150-001
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	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	ROSEDALE PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor	ROSEDALE PRODUCTS INC	c EIN-PN 38-1993765-001
a	Plan name	SEEHAFER REFRIGERATION, INC. 401(K) PLAN	
b	Name of plan sponsor	SEEHAFER 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 SHEETS CHRYSLER DODGE, LLC 401(K) PLAN	
b	Name of plan sponsor SHEETS CHRYSLER DODGE LLC	c EIN-PN 01-0828613-001
a	Plan name SHORELINE METALS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SHORELINE METALS LLC	c EIN-PN 87-2875622-001
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 SPARROW & KENNEDY TRACTOR CO., INC. RETIREMENT PLAN	
b	Name of plan sponsor SPARROW & KENNEDY TRACTOR CO INC	c EIN-PN 20-1376173-001
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
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 WHITE MOTORS GROUP 401(K) PLAN	
b	Name of plan sponsor STEVE WHITE MOTORS OF SOUTH CARO	c EIN-PN 56-2112912-001

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	SUN, INC. 401(K) PLAN	
b Name of plan sponsor	SUN INC	c EIN-PN 57-0937273-001
a Plan name	SWISS AMERICAN SCREW PRODUCTS 401(K) PLAN	
b Name of plan sponsor	SWISS AMERICAN SCREW PRODUCTS LL	c EIN-PN 38-6060590-001
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 PRESS PRODUCTS COMPANY 401(K) PLAN	
b Name of plan sponsor	TAYLOR PRESS PRODUCTS COMPANY	c EIN-PN 34-4449691-001
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	TIDEWATER MACK 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	TIDEWATER MACK INC	c EIN-PN 54-0885312-001
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	TUBBS BROTHERS, INC. 401(K) PLAN	
b Name of plan sponsor	TUBBS BROTHERS INC	c EIN-PN 38-1618257-001
a Plan name	UINTAH FASTENERS & SUPPLY, LLC 401(K) PLAN	
b Name of plan sponsor	UINTAH FASTENERS & SUPPLY LLC	c EIN-PN 87-0568732-001
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
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	VECTOR TECHNOLOGIES, INC. 401(K) PLAN	
b Name of plan sponsor	VECTOR TECHNOLOGIES INC	c EIN-PN 46-3245445-001

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	WARREN CONTROLS, INC. 401(K) PLAN	c	EIN-PN	54-2079753-001
b	Name of plan sponsor	WARREN CONTROLS INC	c	EIN-PN	54-2079753-001
a	Plan name	WEBER & SCHER MFG. 401(K) PLAN	c	EIN-PN	22-1371130-001
b	Name of plan sponsor	WEBER AND SCHER MFG CO INC	c	EIN-PN	22-1371130-001
a	Plan name	WEBER SPECIALTIES COMPANY 401(K) PROFIT SHARING PLAN	c	EIN-PN	38-1465129-001
b	Name of plan sponsor	WEBER SPECIALTIES COMPANY	c	EIN-PN	38-1465129-001
a	Plan name	WINGARD & CO., INC. 401(K) PLAN	c	EIN-PN	52-0804910-001
b	Name of plan sponsor	WINGARD & CO INC	c	EIN-PN	52-0804910-001
a	Plan name	WISS & WISS EQUIPMENT, INC. SAFE HARBOR 401(K) PLAN	c	EIN-PN	43-1486626-001
b	Name of plan sponsor	WISS & WISS EQUIPMENT INC	c	EIN-PN	43-1486626-001
a	Plan name	WOODS CONSTRUCTION, INC. AND WOODS MGT, INC. 401(K) PLAN	c	EIN-PN	38-2891257-001
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	c	EIN-PN	59-2597829-001
b	Name of plan sponsor	WORLDWIDE DOOR COMPONENTS INC	c	EIN-PN	59-2597829-001
a	Plan name	YORK MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN	c	EIN-PN	01-0363631-001
b	Name of plan sponsor	YORK MANUFACTURING INC	c	EIN-PN	01-0363631-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
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 2070 TARGET RETIREMENT ACCOUNT III YN	B Three-digit plan number (PN) ▶ 131
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)	121857
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3872736
(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	121857	3872736
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	121857	3872736

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)	3968517	
(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)		3968517
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)	68133	
(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)		
(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)	-65761	
(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)		33617
c Other income	2c		99
d Total income. Add all income amounts in column (b) and enter total	2d		4004605

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	248432	
(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)		248432
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)	5294	
(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)		5294
j Total expenses. Add all expense amounts in column (b) and enter total	2j		253726

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3750879
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 _____.