

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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

<p>1a Name of plan <u>THE DETERS COMPANY INC. PROFIT SHARING PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE DETERS COMPANY INC.</u></p> <p><u>6111 A BURGUNDY HILL DRIVE</u> <u>BURLINGTON, KY 41005</u></p>	<p>1c Effective date of plan <u>01/01/1997</u></p> <p>2b Employer Identification Number (EIN) <u>61-1158359</u></p> <p>2c Plan Sponsor's telephone number <u>859-283-2770</u></p> <p>2d Business code (see instructions) <u>445299</u></p>

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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	TODD COVEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
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	1287
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.....	6a(1)	1249
	6a(2)	1247
	6b	0
	6c	35
	6d	1282
	6e	0
	6f	1282
	6g(1)	104
6g(2)	107	
6h	1	
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:
 2E 2F 2G 2J 2K 2T 3D 3H

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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan THE DETERS COMPANY INC. PROFIT SHARING PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE DETERS COMPANY INC.</p>	<p>D Employer Identification Number (EIN) 61-1158359</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	G99306	107	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">1192</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CHARLES BILZ AGENCY INC **PO BOX 12666**
COVINGTON, KY 41012

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1192	0	N/A	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	146227
5	Current value of plan's interest under this contract in separate accounts at year end.....	1888068
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP ANNUITY CONTRACT	
b	Balance at the end of the previous year	7b 102364
c	Additions: (1) Contributions deposited during the year	7c(1) 41522
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 2726
	(4) Transferred from separate account	7c(4) 0
	(5) Other (specify below)..... ▶	7c(5) 0
	(6) Total additions	7c(6) 44248
d	Total of balance and additions (add lines 7b and 7c(6))	7d 146612
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 385
	(2) Administration charge made by carrier.....	7e(2) 0
	(3) Transferred to separate account	7e(3) 0
	(4) Other (specify below)..... ▶	7e(4) 0
(5) Total deductions	7e(5) 385	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 146227

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (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>	Service Provider 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 THE DETERS COMPANY INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE DETERS COMPANY INC.	D Employer Identification Number (EIN) 61-1158359	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 38 52 59 60 63 64 66 67	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	21049	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	66 67	21049
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN UNITED LIFE INSURANCE CO 35-0145825	ASSET CHARGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AB 13-4064930	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALGER 13-2510833	REVENUE SHARING FORMULA - SEE ATTACHED	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY 20-2036524	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS 95-1411037	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CALVERT 52-6228948	REVENUE SHARING FORMULA - SEE ATTACHED	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation FIDELITY 04-2270522	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2 AMERICAN UNITED LIFE INSURANCE CO	(b) Service Codes (see instructions) 52 59 60 63	(c) Enter amount of indirect compensation 0
(d) Enter name and EIN (address) of source of indirect compensation JANUS HENDERSON 75-3019319	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2 AMERICAN UNITED LIFE INSURANCE CO	(b) Service Codes (see instructions) 52 59 60 63	(c) Enter amount of indirect compensation 0
(d) Enter name and EIN (address) of source of indirect compensation PIONEER 13-1961193	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation RUSSELL 91-1175092	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2 AMERICAN UNITED LIFE INSURANCE CO	(b) Service Codes (see instructions) 52 59 60 63	(c) Enter amount of indirect compensation 0
(d) Enter name and EIN (address) of source of indirect compensation STATE STREET GLOBAL 04-1867445	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2 AMERICAN UNITED LIFE INSURANCE CO	(b) Service Codes (see instructions) 52 59 60 63	(c) Enter amount of indirect compensation 0
(d) Enter name and EIN (address) of source of indirect compensation THORNBURG 85-0301299	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation VIRTUS 58-1604573	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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.	OMB No. 1210-0110 <hr/> 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>THE DETERS COMPANY INC. PROFIT SHARING PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE DETERS COMPANY INC.</u>	D Employer Identification Number (EIN) <u>61-1158359</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT II</u>		
b Name of sponsor of entity listed in (a): <u>AMERICAN UNITED LIFE INSURANCE CO</u>		
c EIN-PN <u>35-0145825-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1888068</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

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)

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 THE DETERS COMPANY INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE DETERS COMPANY INC.	D Employer Identification Number (EIN) 61-1158359

Part I	Asset and Liability Statement
---------------	--------------------------------------

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	746	0
(2) Participant contributions	1b(2)	3444	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1592583	1888068
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	102364	146227
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	1699137	2034295
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
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	1699137	2034295

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)	22004	
(B) Participants.....	2a(1)(B)	93028	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		115032
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	2726	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2726
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	
(B) Other.....	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		246385
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		364143

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	28985	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		28985
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	0	
(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)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		28985

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		335158
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: **RUDLER, PSC**

(2) EIN: **31-1048275**

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.)		X	
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.)		X	
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.)		X	
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.)		X	
e Was this plan covered by a fidelity bond?	X		175000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
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.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 _____.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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 <u>THE DETERS COMPANY INC. PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE DETERS COMPANY INC.</u>	D Employer Identification Number (EIN) <u>61-1158359</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 35-0145825

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	
--	---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 19 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704137A.

**THE DETERS COMPANY, INC.
PROFIT SHARING PLAN
FINANCIAL STATEMENTS
For the year ended December 31, 2011**

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INDEPENDENT AUDITORS' REPORT

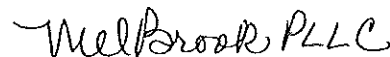
The Trustee
The Deters Company, Inc.
Profit Sharing Plan

We were engaged to audit the accompanying statements of net assets available for benefits of The Deters Company, Inc. Profit Sharing Plan as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental schedule of assets held for investment purposes as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information referred to in Note 6, which was certified by American United Life Insurance Company, except for comparing such information with the related information included in the financial statements and supplemental schedules. The Plan Administrator informed us that the insurance company holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the insurance company as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan Administrator by the insurance company is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to and do not express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employment Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule other than that derived from the information certified by the insurance company, have been audited by us in accordance with U.S. generally accepted auditing standards and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

September 12, 2012



Certified Public Accountants

THE DETERS COMPANY, INC.
PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

At December 31, 2011 and 2010

- ASSETS -	2011	2010
Investments at current market value:		
Guaranteed investment fund	\$ 148,814	120,332
Pooled separate accounts	<u>329,426</u>	<u>320,334</u>
TOTAL INVESTMENTS	<u>478,240</u>	<u>440,666</u>
Receivables:		
Employer contributions	169	208
Employee contributions	<u>935</u>	<u>1,096</u>
	<u>1,104</u>	<u>1,304</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 \$ <u>479,344</u>	 <u>441,970</u>

The accompanying notes to financial statements are an integral part of these statements.

**THE DETERS COMPANY, INC.
PROFIT SHARING PLAN**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2011

CONTRIBUTIONS AND INVESTMENT INCOME:	
Interest	\$ 4,523
Net investment loss from pooled separate accounts	<u>(10,535)</u>
Total investment income	<u>(6,012)</u>
Contributions:	
Employer	10,070
Employee	<u>53,372</u>
Total contributions	<u>63,442</u>
 TOTAL CONTRIBUTIONS AND INVESTMENT INCOME	 <u>57,430</u>
BENEFITS AND EXPENSES:	
Benefits paid to participants	14,095
Corrective distribution	4,190
Other	<u>1,771</u>
TOTAL BENEFITS AND EXPENSES	<u>20,056</u>
 CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	 37,374
 NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	 <u>441,970</u>
 NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	 \$ <u>479,344</u>

The accompanying notes to financial statements are an integral part of these statements.

THE DETERS COMPANY, INC.
PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

December 31, 2011

NOTE 1 - SUMMARY OF ACCOUNTING POLICIES

The financial statements of The Deters Company, Inc. Profit Sharing Plan have been prepared in accordance with U.S. generally accepted accounting principles as applied to savings plans, and in accordance with the terms of the Plan agreement.

A summary of the Plan's significant accounting policies consistently applied in the preparation of the accompanying financial statements follows.

BASIS OF ACCOUNTING-

The statements are prepared on the accrual basis of accounting.

USE OF ESTIMATES-

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

INVESTMENT VALUATION-

The Plan's investments are stated at fair value. Quoted market prices are used to value investments, except the guaranteed investment fund for which the fair value is determined by American United Life Insurance Company (AUL). Interest rates are established and declared for new contributions that will be received in a calendar quarter. All contributions received during the quarter will earn that declared interest rate until the end of the calendar year next following the current year. The rate will always equal or exceed the contractually guaranteed rate. Pursuant to AICPA SOP 94-4, AUL believes that contract value is an appropriate determination of fair value for the Fixed Option; therefore, no adjustment was necessary. Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. The interest rate established and declared for new contributions that were received at December 31, 2011 and 2010 was 3.0%. The Average Earnings Yield of the Fixed Option and the Average Yield Credited to Participants was 3.22% as of December 31, 2011 and 3.0% as of December 31, 2010. The Average Yield is calculated by dividing the earnings credited to the plan on the last day of the plan year by the end of plan year fair value and then annualizing the result. The Average Crediting Rate Yield is calculated by dividing the earnings credited to the participants on the last day of the plan year by the end of plan year fair value and then annualizing the result.

On January 1, 2008, the Plan elected to adopt ASC Topic 820- "Fair Value Measurement and Disclosures". The guidance establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under this guidance are as follows:

THE DETERS COMPANY, INC.
PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

December 31, 2011
(Continued)

NOTE 1 - SUMMARY OF ACCOUNTING POLICIES (Continued)

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not active, or inputs that are observable either directly or indirectly, for substantially the full term of the asset or liability
Level 3	Prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable (i.e. supported by little or no market activity)

A financial instrument's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. Following is a description of the valuation methodologies used for assets measured at fair value:

- Variable investment options through the AUL's pooled separate account are categorized as Level 2 inputs with the observable inputs for the portion of the contract held in the AUL separate account being the accumulation units in the investment account.
- The fixed interest investment option (the Fixed Option) are categorized as Level 2 inputs with the observable inputs being the amounts contributed or transferred to the Fixed Option less any withdrawals or transfers out, plus all accrued interest.

ADMINISTRATIVE EXPENSES-

The Plan sponsor has paid substantially all of the Plan's administrative expenses. A portion of administrative expenses were paid with forfeiture funds.

PAYMENT OF BENEFITS-

Benefits are recorded when paid.

INCOME TAXES-

In 2006, the Financial Accounting Standards Board (FASB) released FASB Interpretation No. 48, "*Accounting for Uncertainty in Income Taxes*" that was later codified into ASC Topic 740, "*Income Taxes*". The topic provides guidance for how uncertain tax positions should be recognized, measured, presented and disclosed in the financial statements. The guidance requires the evaluation of tax position taken or expected to be taken to determine whether the tax positions are "more-likely-than-not" of being sustained by the applicable tax authority. Tax positions not deemed to meet the more-likely-than-not threshold would be recorded as a tax benefit or expense in the current year. Adoption of this guidance is required for fiscal years beginning after December 15, 2007 and is to be applied to all open tax years as of the effective date. The Plan adopted the guidance as of January 1, 2008. The adoption of the guidance did not have a significant impact on the Plan's financial statements. The Plan's federal income tax returns for 2008, 2009 and 2010 remain open to examination by the Internal Revenue Service.

**THE DETERS COMPANY, INC.
PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2011
(Continued)

NOTE 2 - PLAN DESCRIPTION

The following description of the Plan provides only general information. Participants should refer to the Plan agreement or the summary plan description for a more complete description of the Plan's provisions.

GENERAL-

The Plan provides retirement benefits and savings opportunities to employees of The Deters Company, Inc and its subsidiaries. It was adopted by the Company on January 1, 1997 and amended April 28, 2003, effective January 1, 2003, to comply with the Employee's Retirement Income Security Act of 1974 (ERISA) and the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA). The Plan's assets are held in trust and are administered by the Plan's trustees. The Company maintains required employment and payroll records for all participants and appoints trustees to administer the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

ELIGIBILITY AND BENEFITS-

Upon termination of service due to termination of employment, retirement, death, disability, reasons of proven financial hardship, or termination of the Plan, the participant's account is distributed under several options. If the participant's vested interest is greater than \$5,000, the participant may choose to receive his benefit in the form of cash, an annuity, or a combination of these. If the vested interest is less than \$5,000 but greater than \$1,000, the participant may elect to have the distribution be paid directly to an eligible retirement plan or receive the distribution directly in the form of cash. Should such an election not be made by the participant, the distribution will be in the form of a direct rollover to an individual retirement plan designated by the Plan. If the vested interest is \$1,000 or less, the payment will be in the form of a lump sum payment, payable at termination.

In conditions of "financial hardship," a participant may apply to the plan administrator for approval to withdraw that portion of their 401(k) retirement account balance necessary to meet the financial hardship, subject to the limitations of the Plan and the Internal Revenue Code (IRC).

The Plan covers all employees of the Company who have completed one year of service and attained age 18.

CONTRIBUTIONS-

Each participant may make voluntary contributions to the Plan by an employee salary reduction election of not less than one percent or more than fifteen percent of compensation for each Plan year. The Company makes matching contributions equal to 30% of the participant's contribution, up to a maximum of 6% of compensation for each plan year for participants employed on the last day of the Plan year. The Company can also elect to make additional discretionary contributions.

THE DETERS COMPANY, INC.
PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2011
(Continued)

NOTE 2 - PLAN DESCRIPTION (Continued)

PARTICIPANTS ACCOUNTS-

Each participant's account is credited with (a) the participant's contribution, (b) the Company's matching contribution, (c) the Company's discretionary contribution, and (d) Plan earnings. Allocations are based on participant earnings on account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

VESTING-

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary portions of their accounts plus actual earnings thereon is based on years of continuous service. Participants are fully vested in the Plan upon completion of six years of service.

FORFEITURES-

The Plan was amended on January 1, 2011 to allow forfeitures to be used to pay administrative expenses of the Plan. Prior to that amendment, forfeitures of the Plan were accumulated in a suspense account and reallocated to other participants' accounts. Amounts forfeited that were used to pay plan expenses in 2011 were \$1,771. The forfeiture suspense account balance was \$0 and \$8 at December 31, 2011 and 2010, respectively.

PLAN TERMINATION-

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100 percent vested in their accounts.

NOTE 3 - INVESTMENTS

The Plan's investments are held by American United Life Insurance Company. The following table presents the fair value of investments at December 31. Investments that represent five percent or more of the Plan's net assets are separately identified.

	FAIR VALUE OF INVESTMENTS	
	<u>2011</u>	<u>2010</u>
American United Life Insurance Company Fixed Income Fund	\$ 148,814	120,332
American United Life Insurance Company Pooled Separate Investment Account; Alger Lrgcap Growth Fund	93,853	80,247
American United Life Insurance Company Pooled Separate Investment Account; SSgA S&P 500 Index Fund	30,445	25,693

THE DETERS COMPANY, INC.
PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

December 31, 2011
(Continued)

NOTE 3 - INVESTMENTS (Continued)

	<u>FAIR VALUE OF INVESTMENTS</u>	
	<u>2011</u>	<u>2010</u>
American United Life Insurance Company Pooled Separate Investment Account; Janus Aspen Series Flexible Bond Fund	32,496	43,215
American United Life Insurance Company Pooled Separate Investment Account; Fidelity Advisor Small Cap Fund	44,859	44,771
American United Life Insurance Company Pooled Separate Investment Account; American Funds Capital World Growth & Income Fund	25,073	24,606
Other	<u>102,700</u>	<u>101,802</u>
	<u>\$ 478,240</u>	<u>440,666</u>

The Plan is funded with a group annuity contract issued by American United Life Insurance Life Insurance Company (AUL). The major credit ratings of AUL are as follows: A.M. Best rated them as "A+ (Superior)", according to the release dated May 10, 2012 and Standard & Poor's rated them as "AA- (Very Strong)", according to the report dated August 16, 2012.

NOTE 4 - FAIR VALUE OF FINANCIAL INSTRUMENTS

The following table shows by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	Level 1	Level 2	Level 3	Total
AUL Fixed Account	\$ -	148,814	-	\$ 148,814
Pooled Separate Accounts	\$ -	329,426	-	\$ 329,426
Total assets at fair value	\$ -	<u>478,240</u>	-	<u>\$ 478,240</u>

THE DETERS COMPANY, INC.
PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

December 31, 2011
(Continued)

NOTE 4 - FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

The following table shows by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	Level 1	Level 2	Level 3	Total
AUL Fixed Account	\$ -	120,332	-	\$ 120,332
Pooled Separate Accounts	\$ -	<u>320,334</u>	-	\$ <u>320,334</u>
Total assets at fair value	\$ -	<u>440,666</u>	-	\$ <u>440,666</u>

During 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in fair value as follows:

	For the year ended <u>December 31, 2011</u>
Pooled Separate Accounts	\$(10,535)

NOTE 5 - INCOME TAX STATUS

The Internal Revenue Service has determined by a letter dated May 8, 2000, that the Plan was qualified and the trust established under the Plan was tax-exempt, under the appropriate sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. The Company amended and restated the Plan on April 28, 2003. In connection with this amendment and restatement, the Plan adopted a prototype plan that received a favorable opinion letter dated April 17, 2002 stating that the prototype plan is designed in accordance with applicable sections of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 6 - CERTIFIED FINANCIAL INFORMATION

American United Life Insurance Company (AUL) holds the Plan's investment assets, executes investment transactions and pays Plan benefits to participants and beneficiaries. The insurance company has provided the Plan Administrator a certification as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan Administrator by the insurance company is complete and accurate.

THE DETERS COMPANY, INC.
PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

December 31, 2011
(Continued)

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments include pooled separate accounts managed by AUL. AUL is the trustee of the Plan and, therefore, these transactions qualify as party-in-interest.

NOTE 8 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 9 - SUBSEQUENT EVENT REVIEW

The Plan Administrator has evaluated the impact of events that have occurred subsequent to December 31, 2011 through September 12, 2012, the date the financial statements were available to be issued, for purposes of recognition and disclosure in the financial statements.

**THE DETERS COMPANY, INC.
PROFIT SHARING PLAN**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

At December 31, 2011

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 61-1158359
Plan Number 001

(a)	(b) Identity of issue, borrower, lessor, or <u>similar party</u>	(c) Description of investment including maturity date, rate of interest, collateral, <u>par or maturity value</u>	(e) Current <u>value</u>
*	American United Life Insurance Company	Guaranteed Investment Fund; Fixed Income Fund 3.22% interest	\$ 148,814
*	American United Life Insurance Company	Pooled Separate Investment Account; Janus Aspen Series Flexible Bond Fund	32,496
*	American United Life Insurance Company	Pooled Separate Investment Account; Fidelity VIP Asset ManagerSM Fund	18,661
*	American United Life Insurance Company	Pooled Separate Investment Account; Russell LifePoints Growth Strategy Fund	6,818
*	American United Life Insurance Company	Pooled Separate Investment Account; American Century Equity Income Fund	17,949
*	American United Life Insurance Company	Pooled Separate Investment Account; Pioneer Fund VCT	8,645
*	American United Life Insurance Company	Pooled Separate Investment Account; SSgA S&P 500 Index Fund	30,445
*	American United Life Insurance Company	Pooled Separate Investment Account; Alger Lrgcap Growth Fund	93,853

**THE DETERS COMPANY, INC.
PROFIT SHARING PLAN**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

At December 31, 2011

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - continued
 EIN 61-1158359
 Plan Number 001

(a)	(b) Identity of issue, borrower, lessor, or <u>similar party</u>	(c) Description of investment including maturity date, rate of interest, collateral, <u>par or maturity value</u>	(e) <u>Current value</u>
*	American United Life Insurance Company	Pooled Separate Investment Account; Fidelity VIP Contrafund	8,454
*	American United Life Insurance Company	Pooled Separate Investment Account; Fidelity Adv Freedom 2035	7,943
*	American United Life Insurance Company	Pooled Separate Investment Account; Allianz Nfj Small Cap Value	258
*	American United Life Insurance Company	Pooled Separate Investment Account; SSgA S&P Midcap 400 Index Stra	2,047
*	American United Life Insurance Company	Pooled Separate Investment Account; American Funds Growth Fund of America	15,152
*	American United Life Insurance Company	Pooled Separate Investment Account; Thornburg Core Growth Fund	8,438
*	American United Life Insurance Company	Pooled Separate Investment Account; Fidelity Advisor Small Cap Fund	44,859
*	American United Life Insurance Company	Pooled Separate Investment Account; AllianceBernstein International Value Fund	4,048

**THE DETERS COMPANY, INC.
PROFIT SHARING PLAN**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

At December 31, 2011

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - continued
 EIN 61-1158359
 Plan Number 001

(a)	(b) Identity of issue, borrower, lessor, or <u>similar party</u>	(c) Description of investment including maturity date, rate of interest, collateral, <u>par or maturity value</u>	(e) Current <u>value</u>
*	American United Life Insurance Company	Pooled Separate Investment Account; Fidelity Adv Freedom 2015	28
*	American United Life Insurance Company	Pooled Separate Investment Account; Thornburg International Value Fund	4,259
*	American United Life Insurance Company	Pooled Separate Investment Account; American Funds Capital World Growth & Income Fund	<u>25,073</u>
TOTAL			\$ <u>478,240</u>

* Denotes party-in-interest

Schedule C Attachment for Line Item 3(e)

THE DETERS COMPANY, INC. PROFIT SHARING PLAN

001

61-1158359

01/01/2024-12/31/2024

The investment options of the Plan include various portfolios within an AUL separate account. The separate account in turn invests in investment portfolios of certain open-end management investment companies. AUL receives indirect compensation from these investment companies for the services provided by AUL.

The compensation received by AUL is computed by each investment company by multiplying the daily account balance of the AUL separate account's interest in a particular portfolio by a predetermined percentage rate negotiated with the investment company. This indirect compensation is not charged to the plan or participants accounts but is paid directly by the investment company.

The investment company, the underlying investment portfolio, and the annual compensation percentages are shown below.

Investment Company	Investment Portfolio	Annual Percentage
AB	AB INTL VAL R	0.60
ALGER	ALGER LGCAP GRTH PORT I-2	0.20
AMERICAN CENTURY	AMERCENT EQTY INC INV	0.35
AMERICAN FUNDS	AMERFDS CAP WORLD GRTH&INC R4	0.35
AMERICAN FUNDS	AMERFDS GRTH FD OF AMERICA R4	0.35
CALVERT	CALVERT INC A	0.50
FIDELITY	FIDELITY ADV FREEDOM 2015 I	0.25
FIDELITY	FIDELITY ADV FREEDOM 2025 I	0.25
FIDELITY	FIDELITY ADV FREEDOM 2035 I	0.25
FIDELITY	FIDELITY ADV SMCAP M	0.75
FIDELITY	FIDELITY VIP ASSET MNGR INIT	0.10
FIDELITY	FIDELITY VIP CONTRAFD INIT	0.10
JANUS HENDERSON	JAN HEN FLEX BOND PORT INSTL	0.15
PIONEER	PIONEER EQUITY INCOME Y	0.35
PIONEER	PIONEER VCT INST	0.25
RUSSELL	RUSSELL LP GRTH STRAT R1	0.20
STATE STREET GLOBAL	STATE ST RUSSELL SMCAP IDX CL I	0.62
STATE STREET GLOBAL	STATE ST S&P 500 INDX CL F	0.22
STATE STREET GLOBAL	STATE ST S&P MIDCAP IDX CL A	0.62
THORNBURG	THORNBURG INTL EQ R5	0.25
THORNBURG	THORNBURG SMID GRTH R5	0.25
VIRTUS	VIRTUS NFJ SMALL CAP VAL INST	0.25
VIRTUS	VIRTUS NFJ SMALL CAP VALUE ADM	0.28

**THE DETERS COMPANY, INC.
PROFIT SHARING PLAN
FINANCIAL STATEMENTS
For the year ended December 31, 2011**

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INDEPENDENT AUDITORS' REPORT

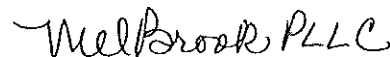
The Trustee
The Deters Company, Inc.
Profit Sharing Plan

We were engaged to audit the accompanying statements of net assets available for benefits of The Deters Company, Inc. Profit Sharing Plan as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental schedule of assets held for investment purposes as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information referred to in Note 6, which was certified by American United Life Insurance Company, except for comparing such information with the related information included in the financial statements and supplemental schedules. The Plan Administrator informed us that the insurance company holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the insurance company as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan Administrator by the insurance company is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to and do not express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employment Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule other than that derived from the information certified by the insurance company, have been audited by us in accordance with U.S. generally accepted auditing standards and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

September 12, 2012



Certified Public Accountants

THE DETERS COMPANY, INC.
PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

At December 31, 2011 and 2010

- ASSETS -	2011	2010
Investments at current market value:		
Guaranteed investment fund	\$ 148,814	120,332
Pooled separate accounts	<u>329,426</u>	<u>320,334</u>
TOTAL INVESTMENTS	<u>478,240</u>	<u>440,666</u>
Receivables:		
Employer contributions	169	208
Employee contributions	<u>935</u>	<u>1,096</u>
	<u>1,104</u>	<u>1,304</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 \$ <u>479,344</u>	 <u>441,970</u>

The accompanying notes to financial statements are an integral part of these statements.

THE DETERS COMPANY, INC.
PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2011

CONTRIBUTIONS AND INVESTMENT INCOME:	
Interest	\$ 4,523
Net investment loss from pooled separate accounts	<u>(10,535)</u>
Total investment income	<u>(6,012)</u>
Contributions:	
Employer	10,070
Employee	<u>53,372</u>
Total contributions	<u>63,442</u>
TOTAL CONTRIBUTIONS AND INVESTMENT INCOME	<u>57,430</u>
BENEFITS AND EXPENSES:	
Benefits paid to participants	14,095
Corrective distribution	4,190
Other	<u>1,771</u>
TOTAL BENEFITS AND EXPENSES	<u>20,056</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	37,374
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	<u>441,970</u>
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	\$ <u>479,344</u>

The accompanying notes to financial statements are an integral part of these statements.

THE DETERS COMPANY, INC.
PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

December 31, 2011

NOTE 1 - SUMMARY OF ACCOUNTING POLICIES

The financial statements of The Deters Company, Inc. Profit Sharing Plan have been prepared in accordance with U.S. generally accepted accounting principles as applied to savings plans, and in accordance with the terms of the Plan agreement.

A summary of the Plan's significant accounting policies consistently applied in the preparation of the accompanying financial statements follows.

BASIS OF ACCOUNTING-

The statements are prepared on the accrual basis of accounting.

USE OF ESTIMATES-

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

INVESTMENT VALUATION-

The Plan's investments are stated at fair value. Quoted market prices are used to value investments, except the guaranteed investment fund for which the fair value is determined by American United Life Insurance Company (AUL). Interest rates are established and declared for new contributions that will be received in a calendar quarter. All contributions received during the quarter will earn that declared interest rate until the end of the calendar year next following the current year. The rate will always equal or exceed the contractually guaranteed rate. Pursuant to AICPA SOP 94-4, AUL believes that contract value is an appropriate determination of fair value for the Fixed Option; therefore, no adjustment was necessary. Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. The interest rate established and declared for new contributions that were received at December 31, 2011 and 2010 was 3.0%. The Average Earnings Yield of the Fixed Option and the Average Yield Credited to Participants was 3.22% as of December 31, 2011 and 3.0% as of December 31, 2010. The Average Yield is calculated by dividing the earnings credited to the plan on the last day of the plan year by the end of plan year fair value and then annualizing the result. The Average Crediting Rate Yield is calculated by dividing the earnings credited to the participants on the last day of the plan year by the end of plan year fair value and then annualizing the result.

On January 1, 2008, the Plan elected to adopt ASC Topic 820- "Fair Value Measurement and Disclosures". The guidance establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under this guidance are as follows:

THE DETERS COMPANY, INC.
PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

December 31, 2011
(Continued)

NOTE 1 - SUMMARY OF ACCOUNTING POLICIES (Continued)

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not active, or inputs that are observable either directly or indirectly, for substantially the full term of the asset or liability
Level 3	Prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable (i.e. supported by little or no market activity)

A financial instrument's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. Following is a description of the valuation methodologies used for assets measured at fair value:

- Variable investment options through the AUL's pooled separate account are categorized as Level 2 inputs with the observable inputs for the portion of the contract held in the AUL separate account being the accumulation units in the investment account.
- The fixed interest investment option (the Fixed Option) are categorized as Level 2 inputs with the observable inputs being the amounts contributed or transferred to the Fixed Option less any withdrawals or transfers out, plus all accrued interest.

ADMINISTRATIVE EXPENSES-

The Plan sponsor has paid substantially all of the Plan's administrative expenses. A portion of administrative expenses were paid with forfeiture funds.

PAYMENT OF BENEFITS-

Benefits are recorded when paid.

INCOME TAXES-

In 2006, the Financial Accounting Standards Board (FASB) released FASB Interpretation No. 48, "*Accounting for Uncertainty in Income Taxes*" that was later codified into ASC Topic 740, "*Income Taxes*". The topic provides guidance for how uncertain tax positions should be recognized, measured, presented and disclosed in the financial statements. The guidance requires the evaluation of tax position taken or expected to be taken to determine whether the tax positions are "more-likely-than-not" of being sustained by the applicable tax authority. Tax positions not deemed to meet the more-likely-than-not threshold would be recorded as a tax benefit or expense in the current year. Adoption of this guidance is required for fiscal years beginning after December 15, 2007 and is to be applied to all open tax years as of the effective date. The Plan adopted the guidance as of January 1, 2008. The adoption of the guidance did not have a significant impact on the Plan's financial statements. The Plan's federal income tax returns for 2008, 2009 and 2010 remain open to examination by the Internal Revenue Service.

**THE DETERS COMPANY, INC.
PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2011
(Continued)

NOTE 2 - PLAN DESCRIPTION

The following description of the Plan provides only general information. Participants should refer to the Plan agreement or the summary plan description for a more complete description of the Plan's provisions.

GENERAL-

The Plan provides retirement benefits and savings opportunities to employees of The Deters Company, Inc and its subsidiaries. It was adopted by the Company on January 1, 1997 and amended April 28, 2003, effective January 1, 2003, to comply with the Employee's Retirement Income Security Act of 1974 (ERISA) and the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA). The Plan's assets are held in trust and are administered by the Plan's trustees. The Company maintains required employment and payroll records for all participants and appoints trustees to administer the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

ELIGIBILITY AND BENEFITS-

Upon termination of service due to termination of employment, retirement, death, disability, reasons of proven financial hardship, or termination of the Plan, the participant's account is distributed under several options. If the participant's vested interest is greater than \$5,000, the participant may choose to receive his benefit in the form of cash, an annuity, or a combination of these. If the vested interest is less than \$5,000 but greater than \$1,000, the participant may elect to have the distribution be paid directly to an eligible retirement plan or receive the distribution directly in the form of cash. Should such an election not be made by the participant, the distribution will be in the form of a direct rollover to an individual retirement plan designated by the Plan. If the vested interest is \$1,000 or less, the payment will be in the form of a lump sum payment, payable at termination.

In conditions of "financial hardship," a participant may apply to the plan administrator for approval to withdraw that portion of their 401(k) retirement account balance necessary to meet the financial hardship, subject to the limitations of the Plan and the Internal Revenue Code (IRC).

The Plan covers all employees of the Company who have completed one year of service and attained age 18.

CONTRIBUTIONS-

Each participant may make voluntary contributions to the Plan by an employee salary reduction election of not less than one percent or more than fifteen percent of compensation for each Plan year. The Company makes matching contributions equal to 30% of the participant's contribution, up to a maximum of 6% of compensation for each plan year for participants employed on the last day of the Plan year. The Company can also elect to make additional discretionary contributions.

THE DETERS COMPANY, INC.
PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2011
(Continued)

NOTE 2 - PLAN DESCRIPTION (Continued)

PARTICIPANTS ACCOUNTS-

Each participant's account is credited with (a) the participant's contribution, (b) the Company's matching contribution, (c) the Company's discretionary contribution, and (d) Plan earnings. Allocations are based on participant earnings on account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

VESTING-

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary portions of their accounts plus actual earnings thereon is based on years of continuous service. Participants are fully vested in the Plan upon completion of six years of service.

FORFEITURES-

The Plan was amended on January 1, 2011 to allow forfeitures to be used to pay administrative expenses of the Plan. Prior to that amendment, forfeitures of the Plan were accumulated in a suspense account and reallocated to other participants' accounts. Amounts forfeited that were used to pay plan expenses in 2011 were \$1,771. The forfeiture suspense account balance was \$0 and \$8 at December 31, 2011 and 2010, respectively.

PLAN TERMINATION-

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100 percent vested in their accounts.

NOTE 3 - INVESTMENTS

The Plan's investments are held by American United Life Insurance Company. The following table presents the fair value of investments at December 31. Investments that represent five percent or more of the Plan's net assets are separately identified.

	FAIR VALUE OF INVESTMENTS	
	<u>2011</u>	<u>2010</u>
American United Life Insurance Company Fixed Income Fund	\$ 148,814	120,332
American United Life Insurance Company Pooled Separate Investment Account; Alger Lrgcap Growth Fund	93,853	80,247
American United Life Insurance Company Pooled Separate Investment Account; SSgA S&P 500 Index Fund	30,445	25,693

THE DETERS COMPANY, INC.
PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

December 31, 2011
(Continued)

NOTE 3 - INVESTMENTS (Continued)

	<u>FAIR VALUE OF INVESTMENTS</u>	
	<u>2011</u>	<u>2010</u>
American United Life Insurance Company Pooled Separate Investment Account; Janus Aspen Series Flexible Bond Fund	32,496	43,215
American United Life Insurance Company Pooled Separate Investment Account; Fidelity Advisor Small Cap Fund	44,859	44,771
American United Life Insurance Company Pooled Separate Investment Account; American Funds Capital World Growth & Income Fund	25,073	24,606
Other	<u>102,700</u>	<u>101,802</u>
	<u>\$ 478,240</u>	<u>440,666</u>

The Plan is funded with a group annuity contract issued by American United Life Insurance Life Insurance Company (AUL). The major credit ratings of AUL are as follows: A.M. Best rated them as "A+ (Superior)", according to the release dated May 10, 2012 and Standard & Poor's rated them as "AA- (Very Strong)", according to the report dated August 16, 2012.

NOTE 4 - FAIR VALUE OF FINANCIAL INSTRUMENTS

The following table shows by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	Level 1	Level 2	Level 3	Total
AUL Fixed Account	\$ -	148,814	-	\$ 148,814
Pooled Separate Accounts	\$ -	329,426	-	\$ 329,426
Total assets at fair value	\$ -	<u>478,240</u>	-	<u>\$ 478,240</u>

THE DETERS COMPANY, INC.
PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

December 31, 2011
(Continued)

NOTE 4 - FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

The following table shows by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	Level 1	Level 2	Level 3	Total
AUL Fixed Account	\$ -	120,332	-	\$ 120,332
Pooled Separate Accounts	\$ -	<u>320,334</u>	-	<u>\$ 320,334</u>
Total assets at fair value	<u>\$ -</u>	<u>440,666</u>	<u>-</u>	<u>\$ 440,666</u>

During 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in fair value as follows:

	For the year ended <u>December 31, 2011</u>
Pooled Separate Accounts	\$(10,535)

NOTE 5 - INCOME TAX STATUS

The Internal Revenue Service has determined by a letter dated May 8, 2000, that the Plan was qualified and the trust established under the Plan was tax-exempt, under the appropriate sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. The Company amended and restated the Plan on April 28, 2003. In connection with this amendment and restatement, the Plan adopted a prototype plan that received a favorable opinion letter dated April 17, 2002 stating that the prototype plan is designed in accordance with applicable sections of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 6 - CERTIFIED FINANCIAL INFORMATION

American United Life Insurance Company (AUL) holds the Plan's investment assets, executes investment transactions and pays Plan benefits to participants and beneficiaries. The insurance company has provided the Plan Administrator a certification as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan Administrator by the insurance company is complete and accurate.

THE DETERS COMPANY, INC.
PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

December 31, 2011
(Continued)

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments include pooled separate accounts managed by AUL. AUL is the trustee of the Plan and, therefore, these transactions qualify as party-in-interest.

NOTE 8 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 9 - SUBSEQUENT EVENT REVIEW

The Plan Administrator has evaluated the impact of events that have occurred subsequent to December 31, 2011 through September 12, 2012, the date the financial statements were available to be issued, for purposes of recognition and disclosure in the financial statements.

**THE DETERS COMPANY, INC.
PROFIT SHARING PLAN**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

At December 31, 2011

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN 61-1158359

Plan Number 001

(a)	(b) Identity of issue, borrower, lessor, or <u>similar party</u>	(c) Description of investment including maturity date, rate of interest, collateral, <u>par or maturity value</u>	(e) Current <u>value</u>
*	American United Life Insurance Company	Guaranteed Investment Fund; Fixed Income Fund 3.22% interest	\$ 148,814
*	American United Life Insurance Company	Pooled Separate Investment Account; Janus Aspen Series Flexible Bond Fund	32,496
*	American United Life Insurance Company	Pooled Separate Investment Account; Fidelity VIP Asset ManagerSM Fund	18,661
*	American United Life Insurance Company	Pooled Separate Investment Account; Russell LifePoints Growth Strategy Fund	6,818
*	American United Life Insurance Company	Pooled Separate Investment Account; American Century Equity Income Fund	17,949
*	American United Life Insurance Company	Pooled Separate Investment Account; Pioneer Fund VCT	8,645
*	American United Life Insurance Company	Pooled Separate Investment Account; SSgA S&P 500 Index Fund	30,445
*	American United Life Insurance Company	Pooled Separate Investment Account; Alger Lrgcap Growth Fund	93,853

**THE DETERS COMPANY, INC.
PROFIT SHARING PLAN**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

At December 31, 2011

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - continued
 EIN 61-1158359
 Plan Number 001

(a)	(b) Identity of issue, borrower, lessor, or <u>similar party</u>	(c) Description of investment including maturity date, rate of interest, collateral, <u>par or maturity value</u>	(e) Current <u>value</u>
*	American United Life Insurance Company	Pooled Separate Investment Account; Fidelity VIP Contrafund	8,454
*	American United Life Insurance Company	Pooled Separate Investment Account; Fidelity Adv Freedom 2035	7,943
*	American United Life Insurance Company	Pooled Separate Investment Account; Allianz Nfj Small Cap Value	258
*	American United Life Insurance Company	Pooled Separate Investment Account; SSgA S&P Midcap 400 Index Stra	2,047
*	American United Life Insurance Company	Pooled Separate Investment Account; American Funds Growth Fund of America	15,152
*	American United Life Insurance Company	Pooled Separate Investment Account; Thornburg Core Growth Fund	8,438
*	American United Life Insurance Company	Pooled Separate Investment Account; Fidelity Advisor Small Cap Fund	44,859
*	American United Life Insurance Company	Pooled Separate Investment Account; AllianceBernstein International Value Fund	4,048

**THE DETERS COMPANY, INC.
PROFIT SHARING PLAN**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

At December 31, 2011

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - continued
 EIN 61-1158359
 Plan Number 001

(a)	(b) Identity of issue, borrower, lessor, or <u>similar party</u>	(c) Description of investment including maturity date, rate of interest, collateral, <u>par or maturity value</u>	(e) Current <u>value</u>
*	American United Life Insurance Company	Pooled Separate Investment Account; Fidelity Adv Freedom 2015	28
*	American United Life Insurance Company	Pooled Separate Investment Account; Thornburg International Value Fund	4,259
*	American United Life Insurance Company	Pooled Separate Investment Account; American Funds Capital World Growth & Income Fund	<u>25,073</u>
TOTAL			\$ <u>478,240</u>

* Denotes party-in-interest

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan: THE DETERS COMPANY INC. PROFIT SHARING PLAN
Employer Identification Number: 61-1158359
For plan year (beginning/ending): 01-01-2024 TO 12-31-2024 Plan number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	ALGER	ALGER LGCAP GRTH PORT I-2 MUTUAL FUND SHARES	0	107,462
	AMERICAN CENTURY	AMERCENT EQTY INC INV MUTUAL FUND SHARES	0	123,182
	AMERICAN FUNDS	AMERFDS CAP WORLD GRTH&INC R4 MUTUAL FUND SHARES	0	121,592
	AMERICAN FUNDS	AMERFDS GRTH FD OF AMERICA R4 MUTUAL FUND SHARES	0	160,190
*	AMERICAN UNITED LIFE INS CO	AUL FIXED ACCOUNT	0	60,269
*	AMERICAN UNITED LIFE INS CO	AUL STABLE VALUE ACCOUNT	0	85,958
	FIDELITY	FIDELITY ADV FREEDOM 2035 I MUTUAL FUND SHARES	0	22,897
	FIDELITY	FIDELITY ADV FREEDOM 2015 I MUTUAL FUND SHARES	0	44
	FIDELITY	FIDELITY ADV SMCAP M MUTUAL FUND SHARES	0	106,267
	FIDELITY	FIDELITY VIP ASSET MNGR INIT MUTUAL FUND SHARES	0	469,925
	FIDELITY	FIDELITY VIP CONTRAFD INIT MUTUAL FUND SHARES	0	67,110
	JANUS HENDERSON	JAN HEN FLEX BOND PORT INSTL MUTUAL FUND SHARES	0	71,001
	RUSSELL	RUSSELL LP AGGR STRAT R1 MUTUAL FUND SHARES	0	20,510
	STATE STREET GLOBAL	STATE ST RUSSL SMCAP IDX CL I MUTUAL FUND SHARES	0	28,321
	STATE STREET GLOBAL	STATE ST S&P 500 INDX CL F MUTUAL FUND SHARES	0	319,462
	STATE STREET GLOBAL	STATE ST S&P MIDCAP IDX CL A MUTUAL FUND SHARES	0	43,492
	THORNBURG	THORNBURG INTL EQ R5 MUTUAL FUND SHARES	0	73,026
	THORNBURG	THORNBURG SMID GRTH R5 MUTUAL FUND SHARES	0	75,667
	PIONEER	VIC PIONEER EQUITY INCOME Y MUTUAL FUND SHARES	0	474
	PIONEER	VICTORY PIONEER FUND VCT MUTUAL FUND SHARES	0	63,961
	VIRTUS	VIRTUS NFJ SMALL CAP VAL INST MUTUAL FUND SHARES	0	13,485