

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- 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 [X] a DFE (specify) C
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan ASSOCIATED GROWTH BALANCED LIFESTAGE FUND
1b Three-digit plan number (PN) 001
1c Effective date of plan
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) ASSOCIATED TRUST COMPANY, N.A. 100 W. WISCONSIN AVENUE NEENAH, WI 54956
2b Employer Identification Number (EIN) 39-6771934
2c Plan Sponsor's telephone number 920-727-3321
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

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

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

<b>A</b> Name of plan <u>ASSOCIATED GROWTH BALANCED LIFESTAGE FUND</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ASSOCIATED TRUST COMPANY, N.A.</u>	<b>D</b> Employer Identification Number (EIN) <u>39-6771934</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ASSOCIATED EQUITY INCOME FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>ASSOCIATED TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>39-6476047-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>10889758</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ASSOCIATED CORE BOND FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>ASSOCIATED TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>90-0186734-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>30480897</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ASSOCIATED SHORT TERM BOND FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>ASSOCIATED TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>39-6204063-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>21447005</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	



Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">ACP CREATIVIT, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ACP CREATIVIT LLC</a>	<b>c</b> EIN-PN <a href="#">36-3423921-001</a>
<b>a</b>	Plan name <a href="#">ACTION FLOOR SYSTEMS, LLC 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ACTION FLOOR SYSTEMS LLC</a>	<b>c</b> EIN-PN <a href="#">39-1871957-001</a>
<b>a</b>	Plan name <a href="#">ADMINISTRATIVE RESOURCE OPTIONS 401(K) PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">ADMINISTRATIVE RESOURCE OPTIONS INC</a>	<b>c</b> EIN-PN <a href="#">36-3730340-001</a>
<b>a</b>	Plan name <a href="#">AFRY USA LLC RETIREMENT PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">AFRY USA LLC</a>	<b>c</b> EIN-PN <a href="#">39-1909415-001</a>
<b>a</b>	Plan name <a href="#">AL BENZSCHAWEL PLUMBING, INC. 401(K) RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AL BENZSCHAWEL PLUMBING INC</a>	<b>c</b> EIN-PN <a href="#">39-1159925-003</a>
<b>a</b>	Plan name <a href="#">ALPHA-PRIME, INC. 401(K) PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALPHAPRIME INC</a>	<b>c</b> EIN-PN <a href="#">39-1351985-001</a>
<b>a</b>	Plan name <a href="#">AMERICAN CUSTOM METAL FABRICATING, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMERICAN CUSTOM METAL FABRICATING INC</a>	<b>c</b> EIN-PN <a href="#">26-2582648-001</a>
<b>a</b>	Plan name <a href="#">AMERICAN NATIONAL BANK - FOX CITIES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMERICAN NATIONAL BANK FOX CITIES</a>	<b>c</b> EIN-PN <a href="#">39-1739126-001</a>
<b>a</b>	Plan name <a href="#">ARNTZEN CORPORATION 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ARNTZEN CORPORATION</a>	<b>c</b> EIN-PN <a href="#">36-2372648-002</a>
<b>a</b>	Plan name <a href="#">ARNTZEN CORPORATION COLLECTIVELY BARGAINED 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ARNTZEN CORPORATION</a>	<b>c</b> EIN-PN <a href="#">36-2372648-001</a>
<b>a</b>	Plan name <a href="#">ASSOCIATED BANC-CORP 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ASSOCIATED BANC-CORP</a>	<b>c</b> EIN-PN <a href="#">39-1098068-002</a>
<b>a</b>	Plan name <a href="#">ATLANTISVALLEY FOODS, LLC RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ATLANTISVALLEY FOODS LLC</a>	<b>c</b> EIN-PN <a href="#">46-0722464-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BAB, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BAB INC	<b>c</b> EIN-PN 36-4389547-001
<b>a</b>	Plan name	BADGER UTILITY HOLDINGS, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BADGER UTILITY HOLDINGS LLC	<b>c</b> EIN-PN 47-3239666-001
<b>a</b>	Plan name	BADGER WHOLESALE CO., INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BADGER WHOLESALE CO INC	<b>c</b> EIN-PN 39-0889606-001
<b>a</b>	Plan name	BAY AREA SERVICES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BAY AREA SERVICES INC	<b>c</b> EIN-PN 39-1469380-001
<b>a</b>	Plan name	BAY FAMILY OF COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AWSGB CORPORATION	<b>c</b> EIN-PN 39-1568809-001
<b>a</b>	Plan name	BAYCARE CLINIC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BAYCARE CLINIC LLP	<b>c</b> EIN-PN 39-1943214-001
<b>a</b>	Plan name	BECHER-HOPPE ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BECHERHOPPE ASSOCIATES INC	<b>c</b> EIN-PN 39-0875123-001
<b>a</b>	Plan name	BECKART ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BECKART ENVIRONMENTAL INC	<b>c</b> EIN-PN 39-1743883-001
<b>a</b>	Plan name	BERGSTROM CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BERGSTROM CORPORATION INC	<b>c</b> EIN-PN 39-1202572-001
<b>a</b>	Plan name	BERGSTROM-MAHLER MUSEUM RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BERGSTROMMAHLER MUSEUM INC	<b>c</b> EIN-PN 39-0958257-001
<b>a</b>	Plan name	BERNERS-SCHOBER ASSOCIATES, INC. RETIREMENT SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BERNERS SCHOBER ASSOCIATES INC	<b>c</b> EIN-PN 39-1423429-001
<b>a</b>	Plan name	BOEHM-MADISEN LUMBER COMPANY CASH OR DEFERRED PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BOEHM-MADISEN LUMBER COMPANY	<b>c</b> EIN-PN 39-0173200-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <b>CEREBRAL PALSY, INC. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CEREBRAL PALSY INC</b>	<b>c</b> EIN-PN <b>39-0901265-001</b>
<b>a</b>	Plan name <b>COIN LAUNDRY ASSOCIATION 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COIN LAUNDRY ASSOCIATION</b>	<b>c</b> EIN-PN <b>36-2439458-001</b>
<b>a</b>	Plan name <b>CONSTRUCTION SUPPLY &amp; ERECTION, INC. CASH OR DEFERRED PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CONSTRUCTION SUPPLY &amp; ERECTION INC</b>	<b>c</b> EIN-PN <b>39-1344194-001</b>
<b>a</b>	Plan name <b>COYLE CARPET ONE, LLC 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>COYLE CARPET ONE LLC</b>	<b>c</b> EIN-PN <b>39-1978009-001</b>
<b>a</b>	Plan name <b>CRAFTS, INC. EMPLOYEES' SAVINGS AND RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CRAFTS INC</b>	<b>c</b> EIN-PN <b>39-0752484-011</b>
<b>a</b>	Plan name <b>D&amp;S MANUFACTURING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>D&amp;S MFG INC</b>	<b>c</b> EIN-PN <b>39-1088864-005</b>
<b>a</b>	Plan name <b>DAVID &amp; GOLIATH BUILDERS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DAVID &amp; GOLIATH BUILDERS INC</b>	<b>c</b> EIN-PN <b>39-1646336-001</b>
<b>a</b>	Plan name <b>DENTAL HEALTH PRODUCTS, INC. 401(K) P/S PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DENTAL HEALTH PRODUCTS INC</b>	<b>c</b> EIN-PN <b>39-1685954-001</b>
<b>a</b>	Plan name <b>D-LUX SCREEN PRINTING, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DLUX SCREEN PRINTING INC</b>	<b>c</b> EIN-PN <b>39-1164689-001</b>
<b>a</b>	Plan name <b>DOINE EXCAVATING, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DOINE EXCAVATING INC</b>	<b>c</b> EIN-PN <b>39-1159186-001</b>
<b>a</b>	Plan name <b>DON HIETPAS &amp; SONS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DON HIETPAS &amp; SONS INC</b>	<b>c</b> EIN-PN <b>39-1210982-001</b>
<b>a</b>	Plan name <b>DRAMM CORPORATION EMPLOYEES' 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DRAMM CORPORATION</b>	<b>c</b> EIN-PN <b>39-1292721-001</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <b>EAGLE CREEK SOFTWARE SERVICES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EAGLE CREEK SOFTWARE SERVICES INC</b>	<b>c</b> EIN-PN <b>41-1940017-001</b>
<b>a</b>	Plan name <b>EAGLE MECHANICAL, INC. 401(K) RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EAGLE MECHANICAL INC</b>	<b>c</b> EIN-PN <b>39-1822163-001</b>
<b>a</b>	Plan name <b>ECK INDUSTRIES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ECK INDUSTRIES INC</b>	<b>c</b> EIN-PN <b>39-0779670-001</b>
<b>a</b>	Plan name <b>ECK INDUSTRIES, INC. UNION EMPLOYEES' CASH OR DEFERRED RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ECK INDUSTRIES INC</b>	<b>c</b> EIN-PN <b>39-0779670-010</b>
<b>a</b>	Plan name <b>EDEN PET PRODUCTS RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EDEN PET PRODUCTS LLC</b>	<b>c</b> EIN-PN <b>47-2485046-001</b>
<b>a</b>	Plan name <b>ELIZABETH RESIDENCE &amp; CO 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ELIZABETH RESIDENCE INC</b>	<b>c</b> EIN-PN <b>39-2024850-001</b>
<b>a</b>	Plan name <b>FEECO INTERNATIONAL INC. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FEECO INTERNATIONAL INC</b>	<b>c</b> EIN-PN <b>39-0887893-004</b>
<b>a</b>	Plan name <b>FILTRATION SERVICES RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FILTRATION SERVICES LLC</b>	<b>c</b> EIN-PN <b>39-2028729-001</b>
<b>a</b>	Plan name <b>FLASH 4, INC. 401(K) PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>FLASH 4 INC</b>	<b>c</b> EIN-PN <b>39-1918587-001</b>
<b>a</b>	Plan name <b>FOREST VIEW DENTAL, S.C. 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>FOREST VIEW DENTAL SC</b>	<b>c</b> EIN-PN <b>39-1813112-002</b>
<b>a</b>	Plan name <b>FOX VALLEY TECHNICAL COLLEGE DEFERRED COMPENSATION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FOX VALLEY TECHNICAL COLLEGE</b>	<b>c</b> EIN-PN <b>39-1087276-001</b>
<b>a</b>	Plan name <b>FRANCIS MELVIN, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FRANCIS MELVIN INC</b>	<b>c</b> EIN-PN <b>39-1081855-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	FZE MANUFACTURING SOLUTIONS, LLC 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	FZE MANUFACTURING SOLUTIONS LLC	<b>c</b> EIN-PN 81-3961214-001
<b>a</b>	Plan name	GATOR TRANSIT, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GATOR TRANSIT INC	<b>c</b> EIN-PN 26-1891877-001
<b>a</b>	Plan name	GOGEBIC COUNTY MENTAL HEALTH AUTHORITY MONEY PURCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY MENTAL HEALTH AUTHORITY	<b>c</b> EIN-PN 38-3021204-002
<b>a</b>	Plan name	GRADUATE SCHOOL OF BANKING, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GRADUATE SCHOOL OF BANKING INC	<b>c</b> EIN-PN 39-1467668-002
<b>a</b>	Plan name	GRANNIS & HAUGE, P.A. LAW FIRM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRANNIS & HAUGE PA LAW FIRM	<b>c</b> EIN-PN 41-1227361-001
<b>a</b>	Plan name	GREATER GREEN BAY CHAMBER OF COMMERCE, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GREATER GREEN BAY CHAMBER OF COMMERCE INC	<b>c</b> EIN-PN 39-0318170-002
<b>a</b>	Plan name	GREENLEAF BANK EMPLOYEES' 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GREENLEAF BANK	<b>c</b> EIN-PN 39-0634210-002
<b>a</b>	Plan name	HAMANN CONSTRUCTION COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAMANN CONSTRUCTION COMPANY	<b>c</b> EIN-PN 39-0329330-002
<b>a</b>	Plan name	HANAWAY ROSS LAW FIRM 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HANAWAY ROSS SC	<b>c</b> EIN-PN 39-1454602-001
<b>a</b>	Plan name	HAPI HOLDINGS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HAPI HOLDINGS INC	<b>c</b> EIN-PN 47-3279783-002
<b>a</b>	Plan name	HELLENBRAND GLASS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HELLENBRAND GLASS, LLC	<b>c</b> EIN-PN 39-1759474-001
<b>a</b>	Plan name	HURCKMAN MECHANICAL INDUSTRIES, INC. OPEN SHOP EMPLOYEES' SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HURCKMAN MECHANICAL INDUSTRIES INC	<b>c</b> EIN-PN 39-1092906-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	INDUSTRIAL PACKAGING CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INDUSTRIAL PACKAGING CORPORATION	<b>c</b> EIN-PN 39-1652142-001
<b>a</b>	Plan name	INTEGRATED COMMUNITY SOLUTIONS, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATED COMMUNITY SOLUTIONS INC	<b>c</b> EIN-PN 23-7346463-004
<b>a</b>	Plan name	INTERTAPE POLYMER CORP. MENASHA UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERTAPE POLYMER CORP	<b>c</b> EIN-PN 57-1088158-005
<b>a</b>	Plan name	J.K. HACKL TRANSPORTATION SERVICES, INC. EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	J K HACKL TRANSPORTATION SERVICES INC	<b>c</b> EIN-PN 39-1691451-001
<b>a</b>	Plan name	JACKS MAINTENANCE SERVICE INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	JACKS MAINTENANCE SERVICE INC	<b>c</b> EIN-PN 39-1132894-001
<b>a</b>	Plan name	JAMESON REAL ESTATE BROKERAGE, LLC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	JAMESON REAL ESTATE BROKERAGE LLC	<b>c</b> EIN-PN 84-4587294-001
<b>a</b>	Plan name	JARP EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JARP INDUSTRIES INC	<b>c</b> EIN-PN 39-0833575-009
<b>a</b>	Plan name	KAHLENBERG INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KAHLENBERG INDUSTRIES INC	<b>c</b> EIN-PN 39-0384290-001
<b>a</b>	Plan name	KAHLENBERG INDUSTRIES, INC. BARGAINING EMPLOYEES PLAN	
<b>b</b>	Name of plan sponsor	KAHLENBERG INDUSTRIES INC	<b>c</b> EIN-PN 39-0384290-003
<b>a</b>	Plan name	KAMINSKI & POZORSKI 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KAMINSKI & POZORSKI LLC	<b>c</b> EIN-PN 46-4483727-001
<b>a</b>	Plan name	KAUFMAN MFG. CO., INC. DEFERRED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KAUFMAN MFG CO INC	<b>c</b> EIN-PN 39-0387540-003
<b>a</b>	Plan name	KETTLE MORAIN VETERINARY CLINIC, S.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KETTLE MORAIN VETERINARY CLINIC SC	<b>c</b> EIN-PN 39-1337159-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	KINGS HEAD 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KINGS HEAD	<b>c</b> EIN-PN 39-1154677-001
<b>a</b>	Plan name	KLINNER KRAMER SHULL, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KLINNER KRAMER SHULL LLP	<b>c</b> EIN-PN 39-1930368-001
<b>a</b>	Plan name	KMI CONSTRUCTION LLC UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KMI CONSTRUCTION LLC	<b>c</b> EIN-PN 45-2201133-001
<b>a</b>	Plan name	KNAPP MFG., INC. 401(K) AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KNAPP MFG INC	<b>c</b> EIN-PN 39-0924236-002
<b>a</b>	Plan name	LAKELAND CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAKELAND CONSTRUCTION INC	<b>c</b> EIN-PN 39-1823786-001
<b>a</b>	Plan name	LAKESIDE ENGINEERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAKESIDE ENGINEERS LLC	<b>c</b> EIN-PN 27-1419393-001
<b>a</b>	Plan name	LAKESIDE FOODS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LAKESIDE FOODS INC	<b>c</b> EIN-PN 39-0417640-001
<b>a</b>	Plan name	LEMKE INDUSTRIAL MACHINE LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	LEMKE INDUSTRIAL MACHINE LLC	<b>c</b> EIN-PN 45-5388649-001
<b>a</b>	Plan name	MANITOWOC GREY IRON FOUNDRY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MANITOWOC GREY IRON FOUNDRY INC	<b>c</b> EIN-PN 39-0762606-001
<b>a</b>	Plan name	MANITOWOC GREY IRON FOUNDRY, INC. UNION EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MANITOWOC GREY IRON FOUNDRY INC	<b>c</b> EIN-PN 39-0762606-005
<b>a</b>	Plan name	MANITOWOC TOOL & MACHINING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MANITOWOC TOOL & MACHINING LLC	<b>c</b> EIN-PN 39-1825777-001
<b>a</b>	Plan name	MANITOWOC TOOL & MANUFACTURING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MANITOWOC TOOL & MANUFACTURING LLC	<b>c</b> EIN-PN 26-2249970-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">MARATHON MAIL SERVICE, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARATHON MAIL SERVICE INC</a>	<b>c</b> EIN-PN <a href="#">39-1255196-001</a>
<b>a</b>	Plan name <a href="#">MARLING LUMBER COMPANY EMPLOYEES 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARLING LUMBER COMPANY INC</a>	<b>c</b> EIN-PN <a href="#">39-0452030-001</a>
<b>a</b>	Plan name <a href="#">MARLO, INCORPORATED OF RACINE, WISCONSIN 401(K) PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARLO INCORPORATED OF RACINE WISCONSIN</a>	<b>c</b> EIN-PN <a href="#">39-1193385-002</a>
<b>a</b>	Plan name <a href="#">MARSHFIELD INSURANCE AGENCY, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARSHFIELD INSURANCE AGENCY INC</a>	<b>c</b> EIN-PN <a href="#">39-1516445-001</a>
<b>a</b>	Plan name <a href="#">MASTER APPLIANCE CORPORATION 401(K) RETIREMENT PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">MASTER APPLIANCE CORPORATION</a>	<b>c</b> EIN-PN <a href="#">39-0957902-004</a>
<b>a</b>	Plan name <a href="#">MAYER, GRAFF &amp; WALLACE, LLP RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MAYER GRAFF &amp; WALLACE LLP</a>	<b>c</b> EIN-PN <a href="#">85-0726044-001</a>
<b>a</b>	Plan name <a href="#">M-B COMPANIES, INC. DEFERRED SAVINGS PLAN - UNION</a>	
<b>b</b>	Name of plan sponsor <a href="#">MB COMPANIES INC</a>	<b>c</b> EIN-PN <a href="#">39-1208304-005</a>
<b>a</b>	Plan name <a href="#">M-B COMPANIES, INC. DEFERRED SAVINGS PLAN NON-UNION</a>	
<b>b</b>	Name of plan sponsor <a href="#">MB COMPANIES INC</a>	<b>c</b> EIN-PN <a href="#">39-1208304-002</a>
<b>a</b>	Plan name <a href="#">MCMILLAN-WARNER MUTUAL INSURANCE COMPANY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MCMILLANWARNER MUTUAL INSURANCE COMPANY</a>	<b>c</b> EIN-PN <a href="#">39-0461800-002</a>
<b>a</b>	Plan name <a href="#">MEGAL DEVELOPMENT CORPORATION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MEGAL DEVELOPMENT CORPORATION</a>	<b>c</b> EIN-PN <a href="#">39-0942148-001</a>
<b>a</b>	Plan name <a href="#">MERRILL DISTRIBUTING, INC. 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MERRILL DISTRIBUTING INC</a>	<b>c</b> EIN-PN <a href="#">39-0466060-001</a>
<b>a</b>	Plan name <a href="#">MERRILL STEEL 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MERRILL IRON &amp; STEEL INC</a>	<b>c</b> EIN-PN <a href="#">39-0989700-002</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>MIDWEST CARRIERS 401(K) PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>V&amp;S MIDWEST CARRIERS CORP DBA MIDWEST CARRIERS</b>	<b>c</b> EIN-PN <b>01-0552460-001</b>
<b>a</b>	Plan name <b>MIDWEST WELL SERVICES, INC. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MIDWEST WELL SERVICES INC</b>	<b>c</b> EIN-PN <b>39-2005278-001</b>
<b>a</b>	Plan name <b>MIDWESTERN WHEELS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MIDWESTERN WHEELS INC</b>	<b>c</b> EIN-PN <b>39-0944066-001</b>
<b>a</b>	Plan name <b>MIFAB INC. RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MIFAB INC</b>	<b>c</b> EIN-PN <b>98-0179518-001</b>
<b>a</b>	Plan name <b>MILLER-BRADFORD &amp; RISBERG, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MILLER-BRADFORD &amp; RISBERG INC</b>	<b>c</b> EIN-PN <b>39-1127878-002</b>
<b>a</b>	Plan name <b>MITTEN'S HOME APPLIANCES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MITTENS HOME APPLIANCES INC</b>	<b>c</b> EIN-PN <b>39-1045859-002</b>
<b>a</b>	Plan name <b>MORTON DRUG COMPANY EMPLOYEES PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MORTON DRUG COMPANY</b>	<b>c</b> EIN-PN <b>39-0486552-001</b>
<b>a</b>	Plan name <b>MOUNT HOREB TELEPHONE COMPANY 401(K) P/S PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MOUNT HOREB TELEPHONE COMPANY</b>	<b>c</b> EIN-PN <b>39-0487730-002</b>
<b>a</b>	Plan name <b>MULTI-CONVEYOR, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MULTI-CONVEYOR LLC</b>	<b>c</b> EIN-PN <b>39-1809000-001</b>
<b>a</b>	Plan name <b>NASH, SPINDLER, GRIMSTAD &amp; MCCrackEN RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NASH SPINDLER GRIMSTAD &amp; MCCrackEN</b>	<b>c</b> EIN-PN <b>39-0803893-001</b>
<b>a</b>	Plan name <b>NELSON'S OF EAGLE RIVER, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NELSONS OF EAGLE RIVER INC</b>	<b>c</b> EIN-PN <b>39-0850630-001</b>
<b>a</b>	Plan name <b>NEWTON ELECTRIC CORP. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEWTON ELECTRIC CORP</b>	<b>c</b> EIN-PN <b>39-1264118-001</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name NIEBLER, PYZYK, CARRIG, JELENCHICK & HANLEY LLP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NIEBLER PYZYK CARRIG JELENCHICK & HANLEY LLP	<b>c</b> EIN-PN 39-1502627-001
<b>a</b>	Plan name NON TYPICAL, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NON TYPICAL INC	<b>c</b> EIN-PN 39-1937577-001
<b>a</b>	Plan name NORTHERN VALLEY INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NORTHERN VALLEY INDUSTRIES INC	<b>c</b> EIN-PN 39-1045865-001
<b>a</b>	Plan name NORTHWAY COMMUNICATIONS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NORTHWAY COMMUNICATIONS INC	<b>c</b> EIN-PN 39-1081242-001
<b>a</b>	Plan name NUESKE MEATS RETIREMENT SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor NUESKE MEAT PRODUCTS INC	<b>c</b> EIN-PN 39-1173838-002
<b>a</b>	Plan name OMEGA ENTERPRISES, INC. AND SUBSIDIARIES 401(K) SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor OMEGA ENTERPRISES INC AND SUBSIDIARIES	<b>c</b> EIN-PN 39-1285453-001
<b>a</b>	Plan name ONE LAW GROUP, S.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ONE LAW GROUP SC	<b>c</b> EIN-PN 39-1741330-001
<b>a</b>	Plan name OPTIMUS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor OPTIMUS INC	<b>c</b> EIN-PN 36-4089979-001
<b>a</b>	Plan name PACUR 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor PACUR LLC	<b>c</b> EIN-PN 39-1914714-001
<b>a</b>	Plan name PALMEN MOTORS, INC. PROFIT SHARING 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor PALMEN MOTORS INC	<b>c</b> EIN-PN 39-1156658-001
<b>a</b>	Plan name PARTNERS BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor PARTNERS BANK OF WISCONSIN	<b>c</b> EIN-PN 39-0626650-002
<b>a</b>	Plan name PATHOLOGY CONSULTANTS OF GREEN BAY, S.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PATHOLOGY CONSULTANTS OF GREEN BAY SC	<b>c</b> EIN-PN 39-1320805-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PDI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARTS DISTRIBUTING INC	<b>c</b> EIN-PN 39-1319955-001
<b>a</b>	Plan name	PEAK FOODS, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PEAK FOODS LLC	<b>c</b> EIN-PN 82-0515535-001
<b>a</b>	Plan name	PESHTIGO NATIONAL BANK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PESHTIGO NATIONAL BANK	<b>c</b> EIN-PN 39-0534160-001
<b>a</b>	Plan name	PORT CITY BAKERY, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PORT CITY BAKERY INC	<b>c</b> EIN-PN 39-1648648-001
<b>a</b>	Plan name	POWER TEST, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	POWER TEST LLC	<b>c</b> EIN-PN 39-1562231-001
<b>a</b>	Plan name	R&J TRANSPORT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	R&J TRANSPORT INC	<b>c</b> EIN-PN 39-1299254-001
<b>a</b>	Plan name	RACINE COUNTY ECONOMIC DEVELOPMENT CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	RACINE COUNTY ECONOMIC DEVELOPMENT CORPORATION	<b>c</b> EIN-PN 93-0846583-002
<b>a</b>	Plan name	REI RETIREMENT SAVINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REI ENGINEERING INC	<b>c</b> EIN-PN 39-1369244-001
<b>a</b>	Plan name	REMLEY LAW, S.C. PROFIT SHARING RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	REMLEY LAW SC	<b>c</b> EIN-PN 39-1101571-001
<b>a</b>	Plan name	ROCKFORD SPECIALTIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROCKFORD ACQUISITION COMPANY, LLC	<b>c</b> EIN-PN 93-2046523-001
<b>a</b>	Plan name	ROGGE'S SAUSAGE, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ROGGES SAUSAGE INC	<b>c</b> EIN-PN 39-1373459-001
<b>a</b>	Plan name	ROOF SPEC, INC. RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	ROOF SPEC INC	<b>c</b> EIN-PN 41-1554322-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RUNKEL ABSTRACT & TITLE COMPANY SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RUNKEL ABSTRACT & TITLE COMPANY	<b>c</b> EIN-PN 39-0582320-002
<b>a</b>	Plan name	SCHMITZ READY MIX, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SCHMITZ READY MIX INC	<b>c</b> EIN-PN 39-1615888-001
<b>a</b>	Plan name	SENTRY EQUIPMENT CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SENTRY EQUIPMENT CORP	<b>c</b> EIN-PN 39-0343280-003
<b>a</b>	Plan name	SHADY LANE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHADY LANE INC	<b>c</b> EIN-PN 39-0829541-002
<b>a</b>	Plan name	SOUND DEVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUND DEVICES LLC	<b>c</b> EIN-PN 39-1936137-001
<b>a</b>	Plan name	SPEEDWAY AUTO MALL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SPEEDWAY AUTO MALL INC	<b>c</b> EIN-PN 36-4161898-001
<b>a</b>	Plan name	ST. CROIX RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ST CROIX OF PARK FALLS LTD	<b>c</b> EIN-PN 39-1287923-001
<b>a</b>	Plan name	STATE MACHINE TOOL CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STATE MACHINE TOOL CO INC	<b>c</b> EIN-PN 39-1021041-001
<b>a</b>	Plan name	SUPERIOR GAS SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUPERIOR GAS SERVICE INC	<b>c</b> EIN-PN 39-0910368-002
<b>a</b>	Plan name	SYNERGY ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SYNERGY ASSOCIATES LLC	<b>c</b> EIN-PN 41-1926526-001
<b>a</b>	Plan name	TAYLOR TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TAYLOR TRUCKING INC	<b>c</b> EIN-PN 39-1103491-001
<b>a</b>	Plan name	THE LEEDE RESEARCH GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE LEEDE RESEARCH GROUP INC	<b>c</b> EIN-PN 39-1555206-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name THE MAIL HAUS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE MAIL HAUS INC	<b>c</b> EIN-PN 39-1925573-001
<b>a</b>	Plan name THE SNELLING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE SNELLING CO INC	<b>c</b> EIN-PN 41-0844864-001
<b>a</b>	Plan name TOLERANCE MASTERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TOLERANCE MASTERS INC	<b>c</b> EIN-PN 41-0836249-001
<b>a</b>	Plan name TRIANGLE MANUFACTURING COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRIANGLE MANUFACTURING COMPANY	<b>c</b> EIN-PN 39-0664000-001
<b>a</b>	Plan name V&L TOOL, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor V & L TOOL LLC	<b>c</b> EIN-PN 47-1734688-001
<b>a</b>	Plan name VALLEY GRINDING & MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor VALLEY GRINDING & MANUFACTURING INC	<b>c</b> EIN-PN 39-1582518-001
<b>a</b>	Plan name VINTON CONSTRUCTION COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor VINTON CONSTRUCTION COMPANY	<b>c</b> EIN-PN 39-0940674-002
<b>a</b>	Plan name VISIT SHEBOYGAN 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor VISIT SHEBOYGAN	<b>c</b> EIN-PN 81-4995896-001
<b>a</b>	Plan name W D FLOORING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor W D FLOORING LLC	<b>c</b> EIN-PN 39-1960145-001
<b>a</b>	Plan name WAGNER EXCAVATING, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WAGNER EXCAVATING INC	<b>c</b> EIN-PN 39-1227210-001
<b>a</b>	Plan name WATDA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WISCONSIN AUTOMOBILE AND TRUCK DEALERS ASSOCIATION INC	<b>c</b> EIN-PN 39-0711650-001
<b>a</b>	Plan name WATT PUBLISHING CO. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WATT PUBLISHING CO	<b>c</b> EIN-PN 36-1641220-003

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	WDI LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WDI LLC	<b>c</b> EIN-PN 20-4213074-001
<b>a</b>	Plan name	WILD IMPACT MARKETING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILD IMPACT MARKETING	<b>c</b> EIN-PN 39-1689569-001
<b>a</b>	Plan name	WILLIAMSMCCARTHY LLP CASH OR DEFERRED PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WILLIAMSMCCARTHY LLP	<b>c</b> EIN-PN 20-5568874-002
<b>a</b>	Plan name	WILLIAMSMCCARTHY LLP PENSION PLAN	
<b>b</b>	Name of plan sponsor	WILLIAMSMCCARTHY LLP	<b>c</b> EIN-PN 20-5568874-006
<b>a</b>	Plan name	WISCONSIN ASSOCIATION OF HEALTH PLANS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WISCONSIN ASSOCIATION OF HEALTH PLANS INC	<b>c</b> EIN-PN 39-1499957-001
<b>a</b>	Plan name	WISCONSIN BANKERS ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WISCONSIN BANKERS ASSOCIATION	<b>c</b> EIN-PN 39-0711690-002
<b>a</b>	Plan name	WISCONSIN KNIFE WORKS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WISCONSIN KNIFE WORKS INC	<b>c</b> EIN-PN 41-1781887-001
<b>a</b>	Plan name	WOMEN'S CARE OF WISCONSIN, S.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WOMENS CARE OF WISCONSIN SC	<b>c</b> EIN-PN 39-1994216-001
<b>a</b>	Plan name	WOODGENIX 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHILLING SCHU INDUSTRIES LLC DBA WOODGENIX LLC	<b>c</b> EIN-PN 83-1849856-001
<b>a</b>	Plan name	ZIMMERMANN PRINTING COMPANY, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ZIMMERMANN PRINTING CO INC	<b>c</b> EIN-PN 39-0728490-001
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>10/01/2023</b> and ending <b>09/30/2024</b>	
<b>A</b> Name of plan <b>ASSOCIATED GROWTH BALANCED LIFESTAGE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ASSOCIATED TRUST COMPANY, N.A.</b>	<b>D</b> Employer Identification Number (EIN) <b>39-6771934</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	91076 197675
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	4624246 6490476
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	54991946 62817660
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	90489625 116061755
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	150196893	185567566
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	88678	2691082
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	88678	2691082
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	150108215	182876484

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	281587	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		281587
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	1239587	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1239587
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		6794635
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		26943808
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		35259617

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	5234	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		5234
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		5234

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		35254383
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		30549213
(2) From this plan .....	<b>2l(2)</b>		33035327

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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