

**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
  - 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
  - special extension (enter description)
  - the DFVC program
- 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**

<b>1a</b> Name of plan <u>ASSOCIATED CORE BOND FUND</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u> <b>1c</b> Effective date of plan
<b>2a</b> 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>ASSOCIATED TRUST COMPANY, N.A.</u>  <u>100 W. WISCONSIN AVENUE</u> <u>NEENAH, WI 54957-1007</u>	<b>2b</b> Employer Identification Number (EIN) <u>90-0186734</u> <b>2c</b> Plan Sponsor's telephone number <u>920-722-3321</u> <b>2d</b> 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.

<b>SIGN HERE</b>			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>04/04/2025</u>	<u>DIANA MODER</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

<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>	<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 10/01/2023 and ending 09/30/2024

<b>A</b> Name of plan <u>ASSOCIATED CORE BOND 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>90-0186734</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:		
<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):		
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<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	ACP CREATIVIT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACP CREATIVIT LLC	<b>c</b> EIN-PN 36-3423921-001
<b>a</b>	Plan name	AFRY MANAGEMENT CONSULTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AFRY MANAGEMENT CONSULTING INC	<b>c</b> EIN-PN 98-0442806-001
<b>a</b>	Plan name	AFRY USA LLC RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	AFRY USA LLC	<b>c</b> EIN-PN 39-1909415-001
<b>a</b>	Plan name	ALPHA-PRIME, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ALPHAPRIME INC	<b>c</b> EIN-PN 39-1351985-001
<b>a</b>	Plan name	ALTA RESOURCES CORP 401(K) SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ALTA RESOURCES CORP	<b>c</b> EIN-PN 39-1830026-001
<b>a</b>	Plan name	AMERICAN CUSTOM METAL FABRICATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN CUSTOM METAL FABRICATING INC	<b>c</b> EIN-PN 26-2582648-001
<b>a</b>	Plan name	AMERICAN NATIONAL BANK - FOX CITIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN NATIONAL BANK FOX CITIES	<b>c</b> EIN-PN 39-1739126-001
<b>a</b>	Plan name	AMERICAN OVERHEAD DOOR COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN OVERHEAD DOOR COMPANY INC	<b>c</b> EIN-PN 39-1443580-001
<b>a</b>	Plan name	AMERICAN TRANSPORTATION OF WISCONSIN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN TRANSPORTATION OF WISCONSIN INC	<b>c</b> EIN-PN 39-1585080-001
<b>a</b>	Plan name	ASSOCIATED BALANCED LIFESTAGE FUND	
<b>b</b>	Name of plan sponsor	ASSOCIATED TRUST COMPANY, N.A.	<b>c</b> EIN-PN 39-6771933-001
<b>a</b>	Plan name	ASSOCIATED BANC-CORP 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATED BANC-CORP	<b>c</b> EIN-PN 39-1098068-002
<b>a</b>	Plan name	ASSOCIATED BANC-CORP RETIREMENT ACCOUNT PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATED BANC-CORP	<b>c</b> EIN-PN 39-1098068-001

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 ASSOCIATED CONSERVATIVE BALANCED LIFESTAGE FUND	
<b>b</b>	Name of plan sponsor ASSOCIATED TRUST COMPANY, N.A.	<b>c</b> EIN-PN 39-6771932-001
<b>a</b>	Plan name ASSOCIATED CONSERVATIVE GROWTH LIFESTAGE FUND	
<b>b</b>	Name of plan sponsor ASSOCIATED TRUST COMPANY, N.A.	<b>c</b> EIN-PN 39-6771935-001
<b>a</b>	Plan name ASSOCIATED GROWTH BALANCED LIFESTAGE FUND	
<b>b</b>	Name of plan sponsor ASSOCIATED TRUST COMPANY, N.A.	<b>c</b> EIN-PN 39-6771934-001
<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 BALLWEG IMPLEMENT COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BALLWEG IMPLEMENT COMPANY INC	<b>c</b> EIN-PN 39-1253423-001
<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 BANK 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BAY BANK	<b>c</b> EIN-PN 39-1806371-001
<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 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 BELGIOIOSO CHEESE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BELGIOIOSO CHEESE INC	<b>c</b> EIN-PN 39-1324847-001

<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	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	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	BLC COMMUNITY BANK 401(K) SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BLC COMMUNITY BANK	<b>c</b> EIN-PN 39-0147835-002
<b>a</b>	Plan name	BLENDED WAXES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BLENDED WAXES INC	<b>c</b> EIN-PN 39-1239939-001
<b>a</b>	Plan name	BLOCK IRON & SUPPLY COMPANY, INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BLOCK IRON & SUPPLY CO INC	<b>c</b> EIN-PN 20-8098038-001
<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
<b>a</b>	Plan name	BOYS & GIRLS CLUB OF PORTAGE COUNTY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOYS & GIRLS CLUB OF PORTAGE COUNTY INC	<b>c</b> EIN-PN 73-1630506-001
<b>a</b>	Plan name	CAGES BY DESIGN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ADAMS SPECIALTY PRODUCTS LLC	<b>c</b> EIN-PN 39-1924580-001
<b>a</b>	Plan name	CARE PARTNERS ASSISTED LIVING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CARE PARTNERS ASSISTED LIVING LLC	<b>c</b> EIN-PN 39-1980255-001
<b>a</b>	Plan name	CARRON NET COMPANY INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CARRON NET COMPANY, INC.	<b>c</b> EIN-PN 39-1564826-107
<b>a</b>	Plan name	CBC COATING, INC. EMPLOYEES' THRIFT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CBC COATING INC	<b>c</b> EIN-PN 39-0572820-003
<b>a</b>	Plan name	CHET'S PLUMBING & HEATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHETS PLUMBING & HEATING INC	<b>c</b> EIN-PN 39-1614960-001

<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	COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION INC	<b>c</b> EIN-PN 39-1548450-001
<b>a</b>	Plan name	COYLE CARPET ONE, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	COYLE CARPET ONE LLC	<b>c</b> EIN-PN 39-1978009-001
<b>a</b>	Plan name	CRAFTS, INC. EMPLOYEES' SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CRAFTS INC	<b>c</b> EIN-PN 39-0752484-011
<b>a</b>	Plan name	CURATIVE CONNECTIONS, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CURATIVE CONNECTIONS INC	<b>c</b> EIN-PN 39-0806435-002
<b>a</b>	Plan name	D & M INTERIORS SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	D & M INTERIORS, INC.	<b>c</b> EIN-PN 39-1664230-001
<b>a</b>	Plan name	D&S MANUFACTURING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	D&S MFG INC	<b>c</b> EIN-PN 39-1088864-005
<b>a</b>	Plan name	DENTAL HEALTH PRODUCTS, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	DENTAL HEALTH PRODUCTS INC	<b>c</b> EIN-PN 39-1685954-001
<b>a</b>	Plan name	DERSE, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DERSE INC	<b>c</b> EIN-PN 39-1630582-001
<b>a</b>	Plan name	DOCTORS OXYGEN SERVICE, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DOCTORS OXYGEN SERVICE INC	<b>c</b> EIN-PN 39-0868491-003
<b>a</b>	Plan name	DON HIETPAS & SONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DON HIETPAS & SONS INC	<b>c</b> EIN-PN 39-1210982-001
<b>a</b>	Plan name	DRAMM CORPORATION EMPLOYEES' 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DRAMM CORPORATION	<b>c</b> EIN-PN 39-1292721-001
<b>a</b>	Plan name	EAGLE CREEK SOFTWARE SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EAGLE CREEK SOFTWARE SERVICES INC	<b>c</b> EIN-PN 41-1940017-001

<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	EAGLE MECHANICAL, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EAGLE MECHANICAL INC	<b>c</b> EIN-PN 39-1822163-001
<b>a</b>	Plan name	ECK INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ECK INDUSTRIES INC	<b>c</b> EIN-PN 39-0779670-001
<b>a</b>	Plan name	ECK INDUSTRIES, INC. UNION EMPLOYEES' CASH OR DEFERRED RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ECK INDUSTRIES INC	<b>c</b> EIN-PN 39-0779670-010
<b>a</b>	Plan name	ELKHART LAKE'S ROAD AMERICA, INC. EMPLOYEES' 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ELKHART LAKES ROAD AMERICA INC	<b>c</b> EIN-PN 39-0883364-001
<b>a</b>	Plan name	ENGELHART, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ENGELHART INC	<b>c</b> EIN-PN 39-1173475-001
<b>a</b>	Plan name	EUROPHARMA, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EUROPHARMA INC	<b>c</b> EIN-PN 04-3706703-001
<b>a</b>	Plan name	EVENTIUM, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EVENTIUM, LLC	<b>c</b> EIN-PN 45-3189813-001
<b>a</b>	Plan name	FEECO INTERNATIONAL INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FEECO INTERNATIONAL INC	<b>c</b> EIN-PN 39-0887893-004
<b>a</b>	Plan name	FEY PRINTING 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FEY PRINTING	<b>c</b> EIN-PN 39-0278220-001
<b>a</b>	Plan name	FLASH 4, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	FLASH 4 INC	<b>c</b> EIN-PN 39-1918587-001
<b>a</b>	Plan name	FOLEY COMPANY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FOLEY COMPANY LLC	<b>c</b> EIN-PN 81-4588445-001
<b>a</b>	Plan name	FOREST VIEW DENTAL, S.C. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	FOREST VIEW DENTAL SC	<b>c</b> EIN-PN 39-1813112-002

<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	FOX VALLEY TECHNICAL COLLEGE DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	FOX VALLEY TECHNICAL COLLEGE	<b>c</b> EIN-PN 39-1087276-001
<b>a</b>	Plan name	FROM THE FOREST, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FROM THE FOREST LLC	<b>c</b> EIN-PN 20-8996791-001
<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 SERVICES DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY MENTAL HEALTH AUTHORITY	<b>c</b> EIN-PN 38-3021204-001
<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	HANSEN REYNOLDS 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	HANSEN REYNOLDS LLC	<b>c</b> EIN-PN 27-3626078-001

<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	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	HRNAK'S FLOWERLAND INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HRNAKS FLOWERLAND INC	<b>c</b> EIN-PN 39-0969858-003
<b>a</b>	Plan name	HS PRESS HOLDINGS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	HS PRESS HOLDINGS LLC	<b>c</b> EIN-PN 39-1980647-002
<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>a</b>	Plan name	ICP, INC. EMPLOYEE'S RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ICP INC	<b>c</b> EIN-PN 39-1769904-001
<b>a</b>	Plan name	IEI GENERAL CONTRACTORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IEI GENERAL CONTRACTORS INC	<b>c</b> EIN-PN 39-1637211-001
<b>a</b>	Plan name	IMAGIASIUM 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	IMAGIASIUM INC	<b>c</b> EIN-PN 39-1851921-001
<b>a</b>	Plan name	IMPERIAL INDUSTRIES/INDUSTRIAL TANK RETIREMENT & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	IMPERIAL INDUSTRIES INC	<b>c</b> EIN-PN 39-1369073-001
<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	IVERSON FOODS, LLC 401(K)	
<b>b</b>	Name of plan sponsor	IVERSON FOODS LLC	<b>c</b> EIN-PN 86-3229980-001

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 J. J. KELLER & ASSOCIATES, INC. EMPLOYEES' PROFIT-SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor J J KELLER & ASSOCIATES INC	<b>c</b> EIN-PN 39-0957377-001
<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 JEFFERSON PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor JEFFERSON PARTNERS LP	<b>c</b> EIN-PN 41-1724174-001
<b>a</b>	Plan name JOURNEYMAN MACHINE & SUPPLY CO. INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOURNEYMAN MACHINE & SUPPLY CO INC	<b>c</b> EIN-PN 39-1251405-001
<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 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 KAYSUN CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KAYSUN CORPORATION	<b>c</b> EIN-PN 39-1223795-002
<b>a</b>	Plan name KI 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor KRUEGER INTERNATIONAL INC	<b>c</b> EIN-PN 39-1375589-006
<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 KMI CONSTRUCTION LLC NON-UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor KMI CONSTRUCTION LLC	<b>c</b> EIN-PN 45-2201133-002
<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 KOBUSSEN BUSES, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KOBUSSEN BUSES LTD	<b>c</b> EIN-PN 39-1047033-001

<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	LABRIE U.S. EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LABRIE ENVIRONMENTAL GROUP USA INC	<b>c</b> EIN-PN 98-0512364-001
<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	MARATHON MAIL SERVICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MARATHON MAIL SERVICE INC	<b>c</b> EIN-PN 39-1255196-001
<b>a</b>	Plan name	MARLO, INCORPORATED OF RACINE, WISCONSIN 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MARLO INCORPORATED OF RACINE WISCONSIN	<b>c</b> EIN-PN 39-1193385-002
<b>a</b>	Plan name	MARSHFIELD INSURANCE AGENCY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARSHFIELD INSURANCE AGENCY INC	<b>c</b> EIN-PN 39-1516445-001
<b>a</b>	Plan name	MASTER APPLIANCE CORPORATION 401(K) RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MASTER APPLIANCE CORPORATION	<b>c</b> EIN-PN 39-0957902-004
<b>a</b>	Plan name	MASTER FLEET, LLC SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MASTER FLEET LLC	<b>c</b> EIN-PN 20-0111813-001
<b>a</b>	Plan name	MAYER, GRAFF & WALLACE, LLP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MAYER GRAFF & WALLACE LLP	<b>c</b> EIN-PN 85-0726044-001
<b>a</b>	Plan name	MCMILLAN-WARNER MUTUAL INSURANCE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCMILLANWARNER MUTUAL INSURANCE COMPANY	<b>c</b> EIN-PN 39-0461800-002
<b>a</b>	Plan name	MERRILL DISTRIBUTING, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MERRILL DISTRIBUTING INC	<b>c</b> EIN-PN 39-0466060-001
<b>a</b>	Plan name	MERRILL STEEL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MERRILL IRON & STEEL INC	<b>c</b> EIN-PN 39-0989700-002
<b>a</b>	Plan name	MIDSTATE INDEPENDENT LIVING CHOICES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MIDSTATE INDEPENDENT LIVING CHOICES INC	<b>c</b> EIN-PN 39-1988524-001

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 <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>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>MILLTOWN PAPER, INC. RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MILLTOWN PAPER INC</b>	<b>c</b> EIN-PN <b>39-1806698-002</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>MULLINS CHEESE, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MULLINS CHEESE INC</b>	<b>c</b> EIN-PN <b>39-1140270-001</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>MUTUAL OF WAUSAU INSURANCE CORPORATION 401(K) P/S PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MUTUAL OF WAUSAU INSURANCE CORP</b>	<b>c</b> EIN-PN <b>39-1913832-001</b>
<b>a</b>	Plan name <b>NCSRCC SUPPLEMENTAL RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRUSTEES OF NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS</b>	<b>c</b> EIN-PN <b>80-0234499-001</b>
<b>a</b>	Plan name <b>NEW NORTH, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEW NORTH INC</b>	<b>c</b> EIN-PN <b>26-0114487-001</b>
<b>a</b>	Plan name <b>NEXSTAR 401(K) RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEXSTAR INC</b>	<b>c</b> EIN-PN <b>41-1733745-001</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	NIAGARA HEALTH CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NIAGARA HEALTH CENTER	<b>c</b> EIN-PN 39-1847009-001
<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	NORDON INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORDON INC	<b>c</b> EIN-PN 39-1132994-002
<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	ORTHOPEDIC AND SPINE THERAPY PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ORTHOPEDIC & SPINE THERAPY	<b>c</b> EIN-PN 39-1691000-001
<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	PARKER COATINGS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PARKER COATINGS INC	<b>c</b> EIN-PN 39-0991244-001

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 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 POLYFAB, LLC EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor POLYFAB LLC	<b>c</b> EIN-PN 39-1151695-003
<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 PROGRESSIVE CONVERTING INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROGRESSIVE CONVERTING INC	<b>c</b> EIN-PN 39-1747757-001
<b>a</b>	Plan name QUALITY PAINT AND COATINGS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor QUALITY PAINT AND COATINGS	<b>c</b> EIN-PN 39-1840258-001
<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 REEKE-MAROLD COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor REEKEMAROLD CO INC	<b>c</b> EIN-PN 39-0980719-001
<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 RESERVE MANAGEMENT GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor RMG INVESTMENT GROUP LLC	<b>c</b> EIN-PN 45-2588798-001
<b>a</b>	Plan name RESERVE MARINE TERMINALS UNION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RESERVE FTL LLC DBA RESERVE MARINE TERMINALS	<b>c</b> EIN-PN 45-3853204-001
<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>a</b>	Plan name RURAL WISCONSIN HEALTH COOPERATIVE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor RURAL WISCONSIN HEALTH COOPERATIVE	<b>c</b> EIN-PN 39-1336685-001

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 SANDERFOOT WIND & EXCAVATING INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SANDERFOOT WIND & EXCAVATING INC	<b>c</b> EIN-PN 20-3982209-001
<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 SHARE IN OUR GROWTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor GUY & ONEILL INC	<b>c</b> EIN-PN 39-1234372-001
<b>a</b>	Plan name SKYWARD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SKYWARD INC	<b>c</b> EIN-PN 39-1471992-001
<b>a</b>	Plan name SMARTBURN, LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SMARTBURN LLC	<b>c</b> EIN-PN 27-4030507-001
<b>a</b>	Plan name SOHN MANUFACTURING, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SOHN MANUFACTURING INC	<b>c</b> EIN-PN 39-0959245-001
<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 SPECIALIZED ELECTRIC OF WISCONSIN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SPECIALIZED ELECTRIC OF WISCONSIN INC	<b>c</b> EIN-PN 39-1580057-001
<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 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 TABLE MATE PRODUCTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TABLE MATE PRODUCTS INC	<b>c</b> EIN-PN 36-3035034-001

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 TARTAN SUPPLY COMPANY, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TARTAN SUPPLY COMPANY LLC	<b>c</b> EIN-PN 86-2049312-001
<b>a</b>	Plan name THE BOSON COMPANY, INC. RETIREMENT PLANS	
<b>b</b>	Name of plan sponsor THE BOSON COMPANY INC	<b>c</b> EIN-PN 39-0968228-002
<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 TMI RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TRANSIT MUTUAL INSURANCE CORPORATION OF WI	<b>c</b> EIN-PN 39-1558699-001
<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 COMMUNITY FOOD CO-OP 401(K) PLAN	
<b>b</b>	Name of plan sponsor VALLEY COMMUNITY FOOD COOP INC	<b>c</b> EIN-PN 41-1307351-001
<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 VAN DEN HEUVEL ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VAN DEN HEUVEL ELECTRIC INC	<b>c</b> EIN-PN 39-0978628-002
<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

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>WATDA RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WISCONSIN AUTOMOBILE AND TRUCK DEALERS ASSOCIATION INC</b>	<b>c</b> EIN-PN <b>39-0711650-001</b>
<b>a</b>	Plan name <b>WATT PUBLISHING CO. 401(K) AND PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WATT PUBLISHING CO</b>	<b>c</b> EIN-PN <b>36-1641220-003</b>
<b>a</b>	Plan name <b>WAUSAU CHILD CARE, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WAUSAU CHILD CARE INC</b>	<b>c</b> EIN-PN <b>39-1178554-001</b>
<b>a</b>	Plan name <b>WAUSAU TILE RETIREMENT &amp; SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WAUSAU TILE INC</b>	<b>c</b> EIN-PN <b>39-0957472-001</b>
<b>a</b>	Plan name <b>WDI LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WDI LLC</b>	<b>c</b> EIN-PN <b>20-4213074-001</b>
<b>a</b>	Plan name <b>WESTGOR FUNERAL HOME, INC. 401(K) P/S PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WESTGOR FUNERAL HOME, INC.</b>	<b>c</b> EIN-PN <b>39-1140393-002</b>
<b>a</b>	Plan name <b>WESTWOOD LUTHERAN CHURCH 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WESTWOOD LUTHERAN CHURCH</b>	<b>c</b> EIN-PN <b>41-0734779-001</b>
<b>a</b>	Plan name <b>WG&amp;R EMPLOYEES' SAVINGS AND RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WG&amp;R FURNITURE CO INC</b>	<b>c</b> EIN-PN <b>39-0751860-001</b>
<b>a</b>	Plan name <b>WILD IMPACT MARKETING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WILD IMPACT MARKETING</b>	<b>c</b> EIN-PN <b>39-1689569-001</b>
<b>a</b>	Plan name <b>WILLMAN INDUSTRIES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WILLMAN INDUSTRIES INC</b>	<b>c</b> EIN-PN <b>39-1589780-002</b>
<b>a</b>	Plan name <b>WILLMAN INDUSTRIES, INC. DEFINED BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WILLMAN INDUSTRIES INC</b>	<b>c</b> EIN-PN <b>39-1589780-001</b>
<b>a</b>	Plan name <b>WILLMAN INDUSTRIES, INC. UNION 401(K) PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>WILLMAN INDUSTRIES INC</b>	<b>c</b> EIN-PN <b>39-1589780-003</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	WISCONSIN ASSOCIATION OF HEALTH PLANS, INC. 401(K) PROFIT SHARING PLAN	<b>c</b>	EIN-PN	39-1499957-001
<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>c</b>	EIN-PN	39-0711690-002
<b>b</b>	Name of plan sponsor	WISCONSIN BANKERS ASSOCIATION	<b>c</b>	EIN-PN	39-0711690-002
<b>a</b>	Plan name	WISCONSIN CONVERTING, INC. 401(K) PROFIT SHARING PLAN & TRUST	<b>c</b>	EIN-PN	39-1574242-001
<b>b</b>	Name of plan sponsor	WISCONSIN CONVERTING INC	<b>c</b>	EIN-PN	39-1574242-001
<b>a</b>	Plan name	WISCONSIN KNIFE WORKS, INC. RETIREMENT SAVINGS PLAN	<b>c</b>	EIN-PN	41-1781887-001
<b>b</b>	Name of plan sponsor	WISCONSIN KNIFE WORKS INC	<b>c</b>	EIN-PN	41-1781887-001
<b>a</b>	Plan name	WISCONSIN PAPER GROUP, INC. 401(K) RETIREMENT PLAN AND TRUST	<b>c</b>	EIN-PN	39-1212840-002
<b>b</b>	Name of plan sponsor	WISCONSIN PAPER GROUP, INC.	<b>c</b>	EIN-PN	39-1212840-002
<b>a</b>	Plan name	WOMEN'S CARE OF WISCONSIN, S.C. 401(K) PROFIT SHARING PLAN	<b>c</b>	EIN-PN	39-1994216-001
<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	ZIMMERMANN PRINTING COMPANY, INC. 401(K) RETIREMENT SAVINGS PLAN	<b>c</b>	EIN-PN	39-0728490-001
<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>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<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>	OMB No. 1210-0110  <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 CORE BOND 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>90-0186734</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>	2458919
		3032950
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	10062562
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	66063681
<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>	177843462
<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>	
<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>	
<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>	5308831
		4430804

<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>	261737455	297940615
<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>	23785	354116
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	23785	354116
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	261713670	297586499

**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>	397059	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	3618548	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	5933223	
<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>		9948830
<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>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> 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>	85115066	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	85262086	
<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>	21444363	
<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>		
(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>		
<b>c</b> Other income .....	<b>2c</b>		218520
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		31464693

**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>		31459459
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		47919581
(2) From this plan .....	<b>2l(2)</b>		43506211

**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 \_\_\_\_\_.