

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 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. P.O. BOX 1007 NEENAH, WI 54956-1007
2b Employer Identification Number (EIN) 39-6771933
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.

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>ASSOCIATED BALANCED LIFESTAGE FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ASSOCIATED TRUST COMPANY, N.A.</u>	D Employer Identification Number (EIN) <u>39-6771933</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASSOCIATED EQUITY INCOME FUND</u>		
b Name of sponsor of entity listed in (a): <u>ASSOCIATED TRUST COMPANY, N.A.</u>		
c EIN-PN <u>39-6476047-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7867733</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASSOCIATED CORE BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>ASSOCIATED TRUST COMPANY, N.A.</u>		
c EIN-PN <u>90-0186734-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>44651599</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASSOCIATED SHORT TERM BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>ASSOCIATED TRUST COMPANY, N.A.</u>		
c EIN-PN <u>39-6204063-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29715138</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ACP CREATIVIT, LLC 401(K) PLAN	
b	Name of plan sponsor	ACP CREATIVIT LLC	c EIN-PN 36-3423921-001
a	Plan name	ACTION FLOOR SYSTEMS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ACTION FLOOR SYSTEMS LLC	c EIN-PN 39-1871957-001
a	Plan name	AFRY USA LLC RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	AFRY USA LLC	c EIN-PN 39-1909415-001
a	Plan name	ALTA RESOURCES CORP 401(K) SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	ALTA RESOURCES CORP	c EIN-PN 39-1830026-001
a	Plan name	AMERICAN CUSTOM METAL FABRICATING, INC. 401(K) PLAN	
b	Name of plan sponsor	AMERICAN CUSTOM METAL FABRICATING INC	c EIN-PN 26-2582648-001
a	Plan name	AMERICAN NATIONAL BANK - FOX CITIES 401(K) PLAN	
b	Name of plan sponsor	AMERICAN NATIONAL BANK FOX CITIES	c EIN-PN 39-1739126-001
a	Plan name	ARNTZEN CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARNTZEN CORPORATION	c EIN-PN 36-2372648-002
a	Plan name	ARNTZEN CORPORATION COLLECTIVELY BARGAINED 401(K) PLAN	
b	Name of plan sponsor	ARNTZEN CORPORATION	c EIN-PN 36-2372648-001
a	Plan name	ASSOCIATED BANC-CORP 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	ASSOCIATED BANC-CORP	c EIN-PN 39-1098068-002
a	Plan name	ATLANTISVALLEY FOODS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	ATLANTISVALLEY FOODS LLC	c EIN-PN 46-0722464-001
a	Plan name	BAB, INC. 401(K) PLAN	
b	Name of plan sponsor	BAB INC	c EIN-PN 36-4389547-001
a	Plan name	BADGER UTILITY HOLDINGS, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BADGER UTILITY HOLDINGS LLC	c EIN-PN 47-3239666-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BADGER WHOLESALE CO., INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BADGER WHOLESALE CO INC	c EIN-PN 39-0889606-001
a	Plan name BALLWEG IMPLEMENT COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BALLWEG IMPLEMENT COMPANY INC	c EIN-PN 39-1253423-001
a	Plan name BAY AREA SERVICES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BAY AREA SERVICES INC	c EIN-PN 39-1469380-001
a	Plan name BAY BANK 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BAY BANK	c EIN-PN 39-1806371-001
a	Plan name BAY FAMILY OF COMPANIES 401(K) PLAN	
b	Name of plan sponsor AWSGB CORPORATION	c EIN-PN 39-1568809-001
a	Plan name BAYCARE CLINIC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BAYCARE CLINIC LLP	c EIN-PN 39-1943214-001
a	Plan name BAYLAND VENEER, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BAYLAND VENEER INC	c EIN-PN 39-1709479-001
a	Plan name BECHER-HOPPE ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor BECHERHOPPE ASSOCIATES INC	c EIN-PN 39-0875123-001
a	Plan name BECKART ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BECKART ENVIRONMENTAL INC	c EIN-PN 39-1743883-001
a	Plan name BERGSTROM CORPORATION 401(K) PLAN	
b	Name of plan sponsor BERGSTROM CORPORATION INC	c EIN-PN 39-1202572-001
a	Plan name BERNERS-SCHOBER ASSOCIATES, INC. RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor BERNERS SCHOBER ASSOCIATES INC	c EIN-PN 39-1423429-001
a	Plan name BLENDED WAXES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BLENDED WAXES INC	c EIN-PN 39-1239939-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BOEHM-MADISEN LUMBER COMPANY CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor BOEHM-MADISEN LUMBER COMPANY	c EIN-PN 39-0173200-002
a	Plan name CAGES BY DESIGN RETIREMENT PLAN	
b	Name of plan sponsor ADAMS SPECIALTY PRODUCTS LLC	c EIN-PN 39-1924580-001
a	Plan name CEREBRAL PALSY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CEREBRAL PALSY INC	c EIN-PN 39-0901265-001
a	Plan name CONSTRUCTION SUPPLY & ERECTION, INC. CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor CONSTRUCTION SUPPLY & ERECTION INC	c EIN-PN 39-1344194-001
a	Plan name COYLE CARPET ONE, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor COYLE CARPET ONE LLC	c EIN-PN 39-1978009-001
a	Plan name D&S MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor D&S MFG INC	c EIN-PN 39-1088864-005
a	Plan name DAVID & GOLIATH BUILDERS, INC. 401(K) PLAN	
b	Name of plan sponsor DAVID & GOLIATH BUILDERS INC	c EIN-PN 39-1646336-001
a	Plan name DENTAL HEALTH PRODUCTS, INC. 401(K) P/S PLAN	
b	Name of plan sponsor DENTAL HEALTH PRODUCTS INC	c EIN-PN 39-1685954-001
a	Plan name D-LUX SCREEN PRINTING, INC. 401(K) PLAN	
b	Name of plan sponsor DLUX SCREEN PRINTING INC	c EIN-PN 39-1164689-001
a	Plan name EAGLE CREEK SOFTWARE SERVICES 401(K) PLAN	
b	Name of plan sponsor EAGLE CREEK SOFTWARE SERVICES INC	c EIN-PN 41-1940017-001
a	Plan name EAGLE MECHANICAL, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor EAGLE MECHANICAL INC	c EIN-PN 39-1822163-001
a	Plan name ECM 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ECM HOLDING GROUP INC	c EIN-PN 45-1664910-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name EDEN PET PRODUCTS RETIREMENT PLAN	
b	Name of plan sponsor EDEN PET PRODUCTS LLC	c EIN-PN 47-2485046-001
a	Plan name ELIZABETH RESIDENCE & CO 401(K) PLAN	
b	Name of plan sponsor ELIZABETH RESIDENCE INC	c EIN-PN 39-2024850-001
a	Plan name ELKHART LAKE'S ROAD AMERICA, INC. EMPLOYEES' 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELKHART LAKES ROAD AMERICA INC	c EIN-PN 39-0883364-001
a	Plan name ENGELHART, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ENGELHART INC	c EIN-PN 39-1173475-001
a	Plan name FEECO INTERNATIONAL INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FEECO INTERNATIONAL INC	c EIN-PN 39-0887893-004
a	Plan name FILTRATION SERVICES RETIREMENT PLAN	
b	Name of plan sponsor FILTRATION SERVICES LLC	c EIN-PN 39-2028729-001
a	Plan name FLASH 4, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor FLASH 4 INC	c EIN-PN 39-1918587-001
a	Plan name FOLEY COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor FOLEY COMPANY LLC	c EIN-PN 81-4588445-001
a	Plan name FOREST VIEW DENTAL, S.C. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor FOREST VIEW DENTAL SC	c EIN-PN 39-1813112-002
a	Plan name FRANCIS MELVIN, INC. 401(K) PLAN	
b	Name of plan sponsor FRANCIS MELVIN INC	c EIN-PN 39-1081855-001
a	Plan name FROM THE FOREST, LLC 401(K) PLAN	
b	Name of plan sponsor FROM THE FOREST LLC	c EIN-PN 20-8996791-001
a	Plan name FZE MANUFACTURING SOLUTIONS, LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor FZE MANUFACTURING SOLUTIONS LLC	c EIN-PN 81-3961214-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name GOGEBIC COUNTY MENTAL HEALTH AUTHORITY MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor COMMUNITY MENTAL HEALTH AUTHORITY	c EIN-PN 38-3021204-002
a	Plan name GOGEBIC COUNTY MENTAL HEALTH SERVICES DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor COMMUNITY MENTAL HEALTH AUTHORITY	c EIN-PN 38-3021204-001
a	Plan name GRADUATE SCHOOL OF BANKING, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GRADUATE SCHOOL OF BANKING INC	c EIN-PN 39-1467668-002
a	Plan name GRANNIS & HAUGE, P.A. LAW FIRM 401(K) PLAN	
b	Name of plan sponsor GRANNIS & HAUGE PA LAW FIRM	c EIN-PN 41-1227361-001
a	Plan name GREATER GREEN BAY CHAMBER OF COMMERCE, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GREATER GREEN BAY CHAMBER OF COMMERCE INC	c EIN-PN 39-0318170-002
a	Plan name GREENLEAF BANK EMPLOYEES' 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor GREENLEAF BANK	c EIN-PN 39-0634210-002
a	Plan name HAMANN CONSTRUCTION COMPANY 401(K) PLAN	
b	Name of plan sponsor HAMANN CONSTRUCTION COMPANY	c EIN-PN 39-0329330-002
a	Plan name HANAWAY ROSS LAW FIRM 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HANAWAY ROSS SC	c EIN-PN 39-1454602-001
a	Plan name HANSEN REYNOLDS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor HANSEN REYNOLDS LLC	c EIN-PN 27-3626078-001
a	Plan name HAPI HOLDINGS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HAPI HOLDINGS INC	c EIN-PN 47-3279783-002
a	Plan name HELLENBRAND GLASS, LLC 401(K) PLAN	
b	Name of plan sponsor HELLENBRAND GLASS, LLC	c EIN-PN 39-1759474-001
a	Plan name ICP, INC. EMPLOYEE'S RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ICP INC	c EIN-PN 39-1769904-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name IMPERIAL INDUSTRIES/INDUSTRIAL TANK RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor IMPERIAL INDUSTRIES INC	c EIN-PN 39-1369073-001
a	Plan name INDUSTRIAL PACKAGING CORPORATION 401(K) PLAN	
b	Name of plan sponsor INDUSTRIAL PACKAGING CORPORATION	c EIN-PN 39-1652142-001
a	Plan name INTEGRATED COMMUNITY SOLUTIONS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor INTEGRATED COMMUNITY SOLUTIONS INC	c EIN-PN 23-7346463-004
a	Plan name J.K. HACKL TRANSPORTATION SERVICES, INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor J K HACKL TRANSPORTATION SERVICES INC	c EIN-PN 39-1691451-001
a	Plan name JACKS MAINTENANCE SERVICE INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor JACKS MAINTENANCE SERVICE INC	c EIN-PN 39-1132894-001
a	Plan name JAMESON REAL ESTATE BROKERAGE, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor JAMESON REAL ESTATE BROKERAGE LLC	c EIN-PN 84-4587294-001
a	Plan name JARP EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor JARP INDUSTRIES INC	c EIN-PN 39-0833575-009
a	Plan name KAHLENBERG INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KAHLENBERG INDUSTRIES INC	c EIN-PN 39-0384290-001
a	Plan name KAUFMAN MFG. CO., INC. DEFERRED SAVINGS PLAN	
b	Name of plan sponsor KAUFMAN MFG CO INC	c EIN-PN 39-0387540-003
a	Plan name KAYSUN CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KAYSUN CORPORATION	c EIN-PN 39-1223795-002
a	Plan name KELLY & BRAND, ATTORNEYS AT LAW, LLC RETIREMENT PLAN	
b	Name of plan sponsor KELLY & BRAND ATTORNEYS AT LAW LLC	c EIN-PN 45-2459804-001
a	Plan name KETTLE MORAIN VETERINARY CLINIC, S.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KETTLE MORAIN VETERINARY CLINIC SC	c EIN-PN 39-1337159-002

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.)			
a	Plan name	KI 401(K) SAVINGS PLAN	
b	Name of plan sponsor	KRUEGER INTERNATIONAL INC	c EIN-PN 39-1375589-006
a	Plan name	KLINNER KRAMER SHULL, LLP 401(K) PLAN	
b	Name of plan sponsor	KLINNER KRAMER SHULL LLP	c EIN-PN 39-1930368-001
a	Plan name	KMI CONSTRUCTION LLC NON-UNION 401(K) PLAN	
b	Name of plan sponsor	KMI CONSTRUCTION LLC	c EIN-PN 45-2201133-002
a	Plan name	KMI CONSTRUCTION LLC UNION 401(K) PLAN	
b	Name of plan sponsor	KMI CONSTRUCTION LLC	c EIN-PN 45-2201133-001
a	Plan name	KNAPP MFG., INC. 401(K) AND RETIREMENT PLAN	
b	Name of plan sponsor	KNAPP MFG INC	c EIN-PN 39-0924236-002
a	Plan name	KOMELON USA DIVISION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KOMELON USA DIVISION	c EIN-PN 39-1907165-001
a	Plan name	LABRIE U.S. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	LABRIE ENVIRONMENTAL GROUP USA INC	c EIN-PN 98-0512364-001
a	Plan name	LAKELAND CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	LAKELAND CONSTRUCTION INC	c EIN-PN 39-1823786-001
a	Plan name	LAKESIDE ENGINEERS, LLC 401(K) PLAN	
b	Name of plan sponsor	LAKESIDE ENGINEERS LLC	c EIN-PN 27-1419393-001
a	Plan name	LAKESIDE FOODS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	LAKESIDE FOODS INC	c EIN-PN 39-0417640-001
a	Plan name	LAW OFFICE OF JOHN MAVILLE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LAW OFFICES OF JOHN H MAVILLE	c EIN-PN 36-2666029-001
a	Plan name	LEMKE INDUSTRIAL MACHINE LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	LEMKE INDUSTRIAL MACHINE LLC	c EIN-PN 45-5388649-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name MARATHON MAIL SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARATHON MAIL SERVICE INC	c EIN-PN 39-1255196-001
a	Plan name MARLING LUMBER COMPANY EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARLING LUMBER COMPANY INC	c EIN-PN 39-0452030-001
a	Plan name MARLO, INCORPORATED OF RACINE, WISCONSIN 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MARLO INCORPORATED OF RACINE WISCONSIN	c EIN-PN 39-1193385-002
a	Plan name MARSHFIELD BOOK & STATIONERY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MARSHFIELD BOOK & STATIONERY INC	c EIN-PN 39-0884648-001
a	Plan name MAURER ROOFING, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor MAURER ROOFING INC	c EIN-PN 39-1048872-002
a	Plan name M-B COMPANIES, INC. DEFERRED SAVINGS PLAN - UNION	
b	Name of plan sponsor MB COMPANIES INC	c EIN-PN 39-1208304-005
a	Plan name M-B COMPANIES, INC. DEFERRED SAVINGS PLAN NON-UNION	
b	Name of plan sponsor MB COMPANIES INC	c EIN-PN 39-1208304-002
a	Plan name MCMILLAN-WARNER MUTUAL INSURANCE COMPANY 401(K) PLAN	
b	Name of plan sponsor MCMILLANWARNER MUTUAL INSURANCE COMPANY	c EIN-PN 39-0461800-002
a	Plan name MEGAL DEVELOPMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor MEGAL DEVELOPMENT CORPORATION	c EIN-PN 39-0942148-001
a	Plan name MERRILL DISTRIBUTING, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor MERRILL DISTRIBUTING INC	c EIN-PN 39-0466060-001
a	Plan name MERRILL STEEL 401(K) PLAN	
b	Name of plan sponsor MERRILL IRON & STEEL INC	c EIN-PN 39-0989700-002
a	Plan name MIDWEST CARRIERS 401(K) PLAN & TRUST	
b	Name of plan sponsor V&S MIDWEST CARRIERS CORP DBA MIDWEST CARRIERS	c EIN-PN 01-0552460-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MIDWEST WELL SERVICES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MIDWEST WELL SERVICES INC	c EIN-PN 39-2005278-001
a	Plan name	MIDWESTERN WHEELS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MIDWESTERN WHEELS INC	c EIN-PN 39-0944066-001
a	Plan name	MIFAB INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MIFAB INC	c EIN-PN 98-0179518-001
a	Plan name	MILLER-BRADFORD & RISBERG, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MILLER-BRADFORD & RISBERG INC	c EIN-PN 39-1127878-002
a	Plan name	MITTEN'S HOME APPLIANCES, INC. 401(K) PLAN	
b	Name of plan sponsor	MITTENS HOME APPLIANCES INC	c EIN-PN 39-1045859-002
a	Plan name	MORTON DRUG COMPANY EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	MORTON DRUG COMPANY	c EIN-PN 39-0486552-001
a	Plan name	MOUNT HOREB TELEPHONE COMPANY 401(K) P/S PLAN	
b	Name of plan sponsor	MOUNT HOREB TELEPHONE COMPANY	c EIN-PN 39-0487730-002
a	Plan name	MULLINS CHEESE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MULLINS CHEESE INC	c EIN-PN 39-1140270-001
a	Plan name	MULTI-CONVEYOR, LLC 401(K) PLAN	
b	Name of plan sponsor	MULTI-CONVEYOR LLC	c EIN-PN 39-1809000-001
a	Plan name	NEW NORTH, INC. 401(K) PLAN	
b	Name of plan sponsor	NEW NORTH INC	c EIN-PN 26-0114487-001
a	Plan name	NEWTON ELECTRIC CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEWTON ELECTRIC CORP	c EIN-PN 39-1264118-001
a	Plan name	NIEBLER, PYZYK, CARRIG, JELENCHICK & HANLEY LLP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NIEBLER PYZYK CARRIG JELENCHICK & HANLEY LLP	c EIN-PN 39-1502627-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name NORTHERN VALLEY INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHERN VALLEY INDUSTRIES INC	c EIN-PN 39-1045865-001
a	Plan name NUESKE MEATS RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor NUESKE MEAT PRODUCTS INC	c EIN-PN 39-1173838-002
a	Plan name OMEGA ENTERPRISES, INC. AND SUBSIDIARIES 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor OMEGA ENTERPRISES INC AND SUBSIDIARIES	c EIN-PN 39-1285453-001
a	Plan name ONE LAW GROUP, S.C. 401(K) PLAN	
b	Name of plan sponsor ONE LAW GROUP SC	c EIN-PN 39-1741330-001
a	Plan name ORTHOPEDIC AND SPINE THERAPY PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor ORTHOPEDIC & SPINE THERAPY	c EIN-PN 39-1691000-001
a	Plan name PACUR 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor PACUR LLC	c EIN-PN 39-1914714-001
a	Plan name PALMEN MOTORS, INC. PROFIT SHARING 401(K) PLAN AND TRUST	
b	Name of plan sponsor PALMEN MOTORS INC	c EIN-PN 39-1156658-001
a	Plan name PARKER COATINGS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PARKER COATINGS INC	c EIN-PN 39-0991244-001
a	Plan name PARTNERS BANK 401(K) PLAN	
b	Name of plan sponsor PARTNERS BANK OF WISCONSIN	c EIN-PN 39-0626650-002
a	Plan name PDI 401(K) PLAN	
b	Name of plan sponsor PARTS DISTRIBUTING INC	c EIN-PN 39-1319955-001
a	Plan name PEAK FOODS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PEAK FOODS LLC	c EIN-PN 82-0515535-001
a	Plan name PESHTIGO NATIONAL BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PESHTIGO NATIONAL BANK	c EIN-PN 39-0534160-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PORT CITY BAKERY, INC. RETIREMENT PLAN	
b	Name of plan sponsor PORT CITY BAKERY INC	c EIN-PN 39-1648648-001
a	Plan name POWER TEST, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor POWER TEST LLC	c EIN-PN 39-1562231-001
a	Plan name RACINE COUNTY ECONOMIC DEVELOPMENT CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor RACINE COUNTY ECONOMIC DEVELOPMENT CORPORATION	c EIN-PN 93-0846583-002
a	Plan name REI RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor REI ENGINEERING INC	c EIN-PN 39-1369244-001
a	Plan name REMLEY LAW, S.C. PROFIT SHARING RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor REMLEY LAW SC	c EIN-PN 39-1101571-001
a	Plan name RESCH MANAGEMENT AND CONSULTING 401(K) PLAN	
b	Name of plan sponsor RESCH MANAGEMENT AND CONSULTING LLC	c EIN-PN 92-1307245-001
a	Plan name RJ HEATING & AIR CONDITIONING LLC PROFIT SHARING PLAN	
b	Name of plan sponsor RJ HEATING & AIR CONDITIONING LLC	c EIN-PN 39-1784662-001
a	Plan name ROCKFORD SPECIALTIES 401(K) PLAN	
b	Name of plan sponsor ROCKFORD ACQUISITION COMPANY, LLC	c EIN-PN 93-2046523-001
a	Plan name ROGGE'S SAUSAGE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ROGGES SAUSAGE INC	c EIN-PN 39-1373459-001
a	Plan name ROOF SPEC, INC. RETIREMENT TRUST	
b	Name of plan sponsor ROOF SPEC INC	c EIN-PN 41-1554322-001
a	Plan name RUNKEL ABSTRACT & TITLE COMPANY SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor RUNKEL ABSTRACT & TITLE COMPANY	c EIN-PN 39-0582320-002
a	Plan name RURAL WISCONSIN HEALTH COOPERATIVE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor RURAL WISCONSIN HEALTH COOPERATIVE	c 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.)			
a	Plan name	SENTRY EQUIPMENT CORP. 401(K) PLAN	
b	Name of plan sponsor	SENTRY EQUIPMENT CORP	c EIN-PN 39-0343280-003
a	Plan name	SMARTBURN, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SMARTBURN LLC	c EIN-PN 27-4030507-001
a	Plan name	SONEX, LLC RETIREMENT PLAN	
b	Name of plan sponsor	SONEX LLC	c EIN-PN 05-0630300-001
a	Plan name	SOUND DEVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	SOUND DEVICES LLC	c EIN-PN 39-1936137-001
a	Plan name	ST. CROIX RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ST CROIX OF PARK FALLS LTD	c EIN-PN 39-1287923-001
a	Plan name	STATE MACHINE TOOL CO., INC. 401(K) PLAN	
b	Name of plan sponsor	STATE MACHINE TOOL CO INC	c EIN-PN 39-1021041-001
a	Plan name	TABLE MATE PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor	TABLE MATE PRODUCTS INC	c EIN-PN 36-3035034-001
a	Plan name	TARTAN SUPPLY COMPANY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TARTAN SUPPLY COMPANY LLC	c EIN-PN 86-2049312-001
a	Plan name	TAYLOR TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TAYLOR TRUCKING INC	c EIN-PN 39-1103491-001
a	Plan name	THE BOSON COMPANY, INC. RETIREMENT PLANS	
b	Name of plan sponsor	THE BOSON COMPANY INC	c EIN-PN 39-0968228-002
a	Plan name	THE ENERGY SHOP INC. 401(K) PLAN	
b	Name of plan sponsor	THE ENERGY SHOP INC	c EIN-PN 39-1745358-001
a	Plan name	THE MAIL HAUS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THE MAIL HAUS INC	c EIN-PN 39-1925573-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE SNELLING COMPANY 401(K) PLAN	
b	Name of plan sponsor	THE SNELLING CO INC	c EIN-PN 41-0844864-001
a	Plan name	TOLERANCE MASTERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TOLERANCE MASTERS INC	c EIN-PN 41-0836249-001
a	Plan name	VALLEY GRINDING & MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor	VALLEY GRINDING & MANUFACTURING INC	c EIN-PN 39-1582518-001
a	Plan name	VINTON CONSTRUCTION COMPANY 401(K) PLAN	
b	Name of plan sponsor	VINTON CONSTRUCTION COMPANY	c EIN-PN 39-0940674-002
a	Plan name	W D FLOORING, LLC 401(K) PLAN	
b	Name of plan sponsor	W D FLOORING LLC	c EIN-PN 39-1960145-001
a	Plan name	WAGNER EXCAVATING, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	WAGNER EXCAVATING INC	c EIN-PN 39-1227210-001
a	Plan name	WATDA RETIREMENT PLAN	
b	Name of plan sponsor	WISCONSIN AUTOMOBILE AND TRUCK DEALERS ASSOCIATION INC	c EIN-PN 39-0711650-001
a	Plan name	WATT PUBLISHING CO. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	WATT PUBLISHING CO	c EIN-PN 36-1641220-003
a	Plan name	WAUSAU CHILD CARE, INC. 401(K) PLAN	
b	Name of plan sponsor	WAUSAU CHILD CARE INC	c EIN-PN 39-1178554-001
a	Plan name	WAUSAU TILE RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor	WAUSAU TILE INC	c EIN-PN 39-0957472-001
a	Plan name	WDI LLC 401(K) PLAN	
b	Name of plan sponsor	WDI LLC	c EIN-PN 20-4213074-001
a	Plan name	WILD IMPACT MARKETING 401(K) PLAN	
b	Name of plan sponsor	WILD IMPACT MARKETING	c EIN-PN 39-1689569-001

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan ASSOCIATED BALANCED LIFESTAGE FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATED TRUST COMPANY, N.A.	D Employer Identification Number (EIN) 39-6771933

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	176278 536830
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7479511 7133757
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	81729603 82234471
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	79891696 85723215
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	169277088	175628273
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	601978	2490131
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	601978	2490131
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	168675110	173138142

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	411695	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		411695
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1101039	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1101039
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		8760464
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		21687800
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		31960998

Expenses

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		31955764
l Transfers of assets:			
(1) To this plan	2l(1)		24307986
(2) From this plan	2l(2)		51800718

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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