

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 01/01/2024 and ending 12/31/2024

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) 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

1a Name of plan <u>ASSOCIATED TRUST COMPANY MONEY MARKET COLLECTIVE TRUST FUND</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 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) <u>ASSOCIATED TRUST COMPANY, N.A.</u> <u>100 W. WISCONSIN AVENUE</u> <u>NEENAH, WI 54956</u>	2b Employer Identification Number (EIN) <u>52-7241044</u> 2c Plan Sponsor's telephone number <u>920-722-3321</u> 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.

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>06/27/2025</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.

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ASSOCIATED TRUST COMPANY MONEY MARKET COLLECTIVE TRUST 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>52-7241044</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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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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)	
<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	401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF LUTHERAN SERVICES IN IOWA, INC.	
b	Name of plan sponsor	LUTHERAN SERVICES IN IOWA, INC.	c EIN-PN 42-0698267-002
a	Plan name	ACCESS COMMUNITY HEALTH CENTERS RETIREMENT PLAN	
b	Name of plan sponsor	ACCESS COMMUNITY HEALTH CENTERS	c EIN-PN 39-1391134-001
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	ADMINISTRATIVE RESOURCE OPTIONS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ADMINISTRATIVE RESOURCE OPTIONS INC	c EIN-PN 36-3730340-001
a	Plan name	AFRY MANAGEMENT CONSULTING, INC. 401(K) PLAN	
b	Name of plan sponsor	AFRY MANAGEMENT CONSULTING INC	c EIN-PN 98-0442806-001
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	ALPHA-PRIME, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ALPHAPRIME INC	c EIN-PN 39-1351985-001
a	Plan name	ALSUM FARMS & PRODUCE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALSUM FARMS & PRODUCE INC	c EIN-PN 39-1291655-001
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	AMEREQUIP CORPORATION UNION EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	AMEREQUIP CORPORATION	c EIN-PN 36-3271934-003
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

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 AMERICAN GREEN, INC. 401(K) PLAN	
b	Name of plan sponsor AMERICAN GREEN INC	c EIN-PN 36-3413664-001
a	Plan name AMERICAN METAL FINISHING 401(K) PLAN	
b	Name of plan sponsor AMERICAN METAL FINISHING	c EIN-PN 27-3565264-001
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 AMERICAN TRANSPORTATION OF WISCONSIN, INC. 401(K) PLAN	
b	Name of plan sponsor AMERICAN TRANSPORTATION OF WISCONSIN INC	c EIN-PN 39-1585080-001
a	Plan name APPLE VALLEY NATURAL FOODS 401(K) PLAN	
b	Name of plan sponsor APPLE VALLEY NATURAL FOODS INC	c EIN-PN 38-3059038-001
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 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
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 BARREL PLATING SERVICE INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BARREL PLATING SERVICE INC	c EIN-PN 39-0939311-001
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

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 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 BELGIOIOSO CHEESE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BELGIOIOSO CHEESE INC	c EIN-PN 39-1324847-001
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 BERGSTROM-MAHLER MUSEUM RETIREMENT PLAN	
b	Name of plan sponsor BERGSTROMMAHLER MUSEUM INC	c EIN-PN 39-0958257-001
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 BLACKHAWK COUNTRY CLUB, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BLACKHAWK COUNTRY CLUB INC	c EIN-PN 39-0168535-001
a	Plan name BLC COMMUNITY BANK 401(K) SALARY SAVINGS PLAN	
b	Name of plan sponsor BLC COMMUNITY BANK	c EIN-PN 39-0147835-002

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 BLENDDED WAXES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BLENDDED WAXES INC	c EIN-PN 39-1239939-001
a	Plan name BLOCK IRON & SUPPLY COMPANY, INC RETIREMENT PLAN	
b	Name of plan sponsor BLOCK IRON & SUPPLY CO INC	c EIN-PN 20-8098038-001
a	Plan name BOEHM-MADISEN LUMBER COMPANY CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor BOEHMMADISEN LUMBER COMPANY	c EIN-PN 39-0173200-002
a	Plan name BOYS & GIRLS CLUB OF PORTAGE COUNTY, INC. 401(K) PLAN	
b	Name of plan sponsor BOYS & GIRLS CLUB OF PORTAGE COUNTY INC	c EIN-PN 73-1630506-001
a	Plan name BRICKCRAFT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BRICKCRAFT INC	c EIN-PN 84-3212914-001
a	Plan name BURKE AMERICA 401(K) PLAN	
b	Name of plan sponsor BURKE AMERICA PARTS GROUP LLC	c EIN-PN 47-3872191-001
a	Plan name BUTLER CORING, INC. 401(K) PLAN	
b	Name of plan sponsor BUTLER CORING INC	c EIN-PN 26-4124609-001
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 CALWIS 401(K) RETIREMENT, SAVINGS AND CONTRIBUTION PLAN	
b	Name of plan sponsor CALWIS COMPANY INC	c EIN-PN 39-1471844-001
a	Plan name CARE PARTNERS ASSISTED LIVING RETIREMENT PLAN	
b	Name of plan sponsor CARE PARTNERS ASSISTED LIVING LLC	c EIN-PN 39-1980255-001
a	Plan name CARPETLAND USA MILWAUKEE 401(K) PLAN	
b	Name of plan sponsor CARPETLAND USA MILWAUKEE INC	c EIN-PN 39-1998347-001
a	Plan name CATHOLIC FINANCIAL LIFE 401(K) PLAN	
b	Name of plan sponsor CATHOLIC FINANCIAL LIFE	c EIN-PN 39-0201015-003

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 CBC COATING, INC. EMPLOYEES' THRIFT AND SAVINGS PLAN	
b	Name of plan sponsor CBC COATING INC	c EIN-PN 39-0572820-003
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 CHET'S PLUMBING & HEATING, INC. 401(K) PLAN	
b	Name of plan sponsor CHETS PLUMBING & HEATING INC	c EIN-PN 39-1614960-001
a	Plan name COIN LAUNDRY ASSOCIATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COIN LAUNDRY ASSOCIATION	c EIN-PN 36-2439458-001
a	Plan name COLOR CRAFT GRAPHIC ARTS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COLOR CRAFT GRAPHIC ARTS LLC	c EIN-PN 81-3585598-002
a	Plan name COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION, INC. 401(K) PLAN	
b	Name of plan sponsor COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION INC	c EIN-PN 39-1548450-001
a	Plan name COMPANION LINC 401(K) PLAN	
b	Name of plan sponsor COMPANION LINC	c EIN-PN 27-3194913-001
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 COUNTRY CLASSIC CARS, LLC 401(K) PLAN	
b	Name of plan sponsor COUNTRY CLASSIC CARS LLC	c EIN-PN 36-4171179-001
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 CRIVELLO, NICHOLS & HALL, S.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CRIVELLO NICHOLS & HALL SC	c EIN-PN 39-1656203-001
a	Plan name CURATIVE CONNECTIONS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CURATIVE CONNECTIONS INC	c EIN-PN 39-0806435-002

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 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 DERSE, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DERSE INC	c EIN-PN 39-1630582-001
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 DRAMM CORPORATION EMPLOYEES' 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DRAMM CORPORATION	c EIN-PN 39-1292721-001
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 EAGLE SUPPLY & PLASTICS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor EAGLE SUPPLY & PLASTICS INC	c EIN-PN 39-1143009-007
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 EUROPHARMA, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor EUROPHARMA INC	c EIN-PN 04-3706703-001

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	FEECO INTERNATIONAL INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FEECO INTERNATIONAL INC	c EIN-PN 39-0887893-004
a	Plan name	FEY PRINTING 401(K) SAVINGS PLAN	
b	Name of plan sponsor	FEY PRINTING	c EIN-PN 39-0278220-001
a	Plan name	FILTRATION SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	FILTRATION SERVICES LLC	c EIN-PN 39-2028729-001
a	Plan name	FINCANTIERI MARINE GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FINCANTIERI MARINE GROUP LLC	c EIN-PN 39-1947771-001
a	Plan name	FINCANTIERI MARINE GROUP BARGAINING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FINCANTIERI MARINE GROUP LLC	c EIN-PN 39-1947771-002
a	Plan name	FIRST STATE BANK 401(K) SAVINGS PLAN	
b	Name of plan sponsor	FIRST STATE BANK	c EIN-PN 39-0281110-002
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	FOR A BETTER TOMORROW 401(K) PLAN	
b	Name of plan sponsor	PRINCETON CLUB NEW BERLIN LLC	c EIN-PN 20-5771243-002
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	FOTH & VAN DYKE, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FOTH & VAN DYKE LLC	c EIN-PN 20-5814203-001
a	Plan name	FOX VALLEY TECHNICAL COLLEGE EMPLOYEES DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	FOX VALLEY TECHNICAL COLLEGE	c EIN-PN 39-1087276-001

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	FRE/ACE 401(K)	
b	Name of plan sponsor	FREIGHT RUNNERS EXPRESS INC	c EIN-PN 39-1515181-001
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
a	Plan name	GARLOCK-FRENCH CORP. 401(K) PLAN	
b	Name of plan sponsor	GARLOCKFRENCH CORPORATION	c EIN-PN 41-1488920-001
a	Plan name	GATOR TRANSIT, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	GATOR TRANSIT INC	c EIN-PN 26-1891877-001
a	Plan name	GOGEBIC COUNTY COMMUNITY MENTAL HEALTH SERVICES DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	COMMUNITY MENTAL HEALTH SERVICES	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	GREEN BAY PACKAGING, INC. BALTIMORE EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	GREEN BAY PACKAGING INC	c EIN-PN 39-0783183-020
a	Plan name	GREEN BAY PACKAGING, INC. SAVINGS AND PROTECTION PLAN	
b	Name of plan sponsor	GREEN BAY PACKAGING INC	c EIN-PN 39-0783183-015
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	HAGER, DEWICK & ZUENGLER, S.C. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HAGER DEWICK & ZUENGLER SC	c EIN-PN 20-3403801-001

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 HALQUIST STONE COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HALQUIST STONE COMPANY INC	c EIN-PN 39-1139607-001
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 HEISER AUTOMOBILE DEALERSHIPS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HEISER FORD INC	c EIN-PN 39-1181428-001
a	Plan name HME HOME MEDICAL SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor LASANTE WISCONSIN INC DBA HME HOME MEDICAL	c EIN-PN 39-1572196-001
a	Plan name HRNAK'S FLOWERLAND INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HRNAKS FLOWERLAND INC	c EIN-PN 39-0969858-003
a	Plan name HS PRESS HOLDINGS LLC 401K PLAN	
b	Name of plan sponsor HS PRESS HOLDINGS LLC	c EIN-PN 39-1980647-002
a	Plan name ICP, INC. EMPLOYEE'S RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ICP INC	c EIN-PN 39-1769904-001
a	Plan name IEI GENERAL CONTRACTORS 401(K) PLAN	
b	Name of plan sponsor IEI GENERAL CONTRACTORS INC	c EIN-PN 39-1637211-001
a	Plan name IMAGINASIUM 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor IMAGINASIUM INC	c EIN-PN 39-1851921-001
a	Plan name IMPERIAL INDUSTRIES/INDUSTRIAL TANK RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor IMPERIAL INDUSTRIES INC	c EIN-PN 39-1369073-001

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 INNOVATIVE MACHINING LLC 401(K) PLAN	
b	Name of plan sponsor INNOVATIVE MACHINING LLC	c EIN-PN 46-1582929-001
a	Plan name INNOVATIVE SERVICES RETIREMENT PLAN	
b	Name of plan sponsor INNOVATIVE SERVICES INC	c EIN-PN 39-1969834-001
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 INTEGRATED HEALTH 401(K) RETIREMENT PLAN	
b	Name of plan sponsor INTEGRATED HOMECARE SERVICES CHICAGO CORPORATION	c EIN-PN 20-0642311-001
a	Plan name INTERNATIONAL THERMAL SYSTEMS LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor INTERNATIONAL THERMAL SYSTEMS LLC	c EIN-PN 80-0606050-001
a	Plan name INTERTAPE POLYMER CORP. MENASHA UNION 401(K) PLAN	
b	Name of plan sponsor INTERTAPE POLYMER CORP	c EIN-PN 57-1088158-005
a	Plan name IVERSON FOODS, LLC 401(K)	
b	Name of plan sponsor IVERSON FOODS LLC	c EIN-PN 86-3229980-001
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 JACK WALTERS & SONS CORP. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor JACK WALTERS & SONS CORP	c EIN-PN 39-1093704-001
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

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 JEFFERSON PARTNERS 401(K) PLAN	
b	Name of plan sponsor JEFFERSON PARTNERS LP	c EIN-PN 41-1724174-001
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 KELLER, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor KELLER INC	c EIN-PN 39-0971348-001
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 MORAINÉ VETERINARY CLINIC, S.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KETTLE MORAINÉ VETERINARY CLINIC SC	c EIN-PN 39-1337159-002
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 KINETICS NOISE CONTROL EMPLOYEE INVESTMENT PLAN AND TRUST	
b	Name of plan sponsor KINETICS NOISE CONTROL INC	c EIN-PN 31-1288024-001
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 KOBUSSEN BUSES, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KOBUSSEN BUSES LTD	c EIN-PN 39-1047033-001

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	KRIETE GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KRIETE TRUCK CENTER MILWAUKEE INC	c EIN-PN 39-0821100-001
a	Plan name	KURZ INDUSTRIAL SOLUTIONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	KURZ INDUSTRIAL SOLUTIONS INC	c EIN-PN 39-2007423-001
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	LAD LAKE 401(K) PLAN	
b	Name of plan sponsor	LAD LAKE INC	c EIN-PN 39-0806398-002
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	LAKESIDE INTERNATIONAL TRUCKS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	LAKESIDE INTERNATIONAL TRUCKS INC	c EIN-PN 39-1487198-001
a	Plan name	LEE BEVERAGE OF WISCONSIN, LLC 401(K) PLAN	
b	Name of plan sponsor	LEE BEVERAGE OF WISCONSIN LLC	c EIN-PN 39-1998988-002
a	Plan name	LEGACY HOSPICE CARES LLC 401(K) PLAN	
b	Name of plan sponsor	LEGACY HOSPICE CARES LLC	c EIN-PN 82-3286960-001
a	Plan name	MANITOWOC GREY IRON FOUNDRY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MANITOWOC GREY IRON FOUNDRY INC	c EIN-PN 39-0762606-001
a	Plan name	MANITOWOC GREY IRON FOUNDRY, INC. UNION EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	MANITOWOC GREY IRON FOUNDRY INC	c EIN-PN 39-0762606-005

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 MANITOWOC TOOL & MACHINING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MANITOWOC TOOL & MACHINING LLC	c EIN-PN 39-1825777-001
a	Plan name MANITOWOC TOOL & MANUFACTURING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MANITOWOC TOOL & MANUFACTURING LLC	c EIN-PN 26-2249970-001
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 INSURANCE AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor MARSHFIELD INSURANCE AGENCY INC	c EIN-PN 39-1516445-001
a	Plan name MASTER APPLIANCE CORPORATION 401(K) RETIREMENT PLAN & TRUST	
b	Name of plan sponsor MASTER APPLIANCE CORPORATION	c EIN-PN 39-0957902-004
a	Plan name MASTER FLEET, LLC SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor MASTER FLEET LLC	c EIN-PN 20-0111813-001
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 MCKEEFRY & SONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MCKEEFRY & SONS INC	c EIN-PN 39-1553522-001
a	Plan name MERRILL DISTRIBUTING, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor MERRILL DISTRIBUTING INC	c EIN-PN 39-0466060-001

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	MERRILL STEEL 401(K) PLAN	
b	Name of plan sponsor	MERRILL IRON & STEEL INC	c EIN-PN 39-0989700-002
a	Plan name	METALCRAFT OF MAYVILLE INDIVIDUALS BARGAINING 401(K) PLAN	
b	Name of plan sponsor	METALCRAFT OF MAYVILLE INC	c EIN-PN 39-1383583-002
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
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	MILLERBRADFORD & RISBERG INC	c EIN-PN 39-1127878-002
a	Plan name	MILWAUKEE PUBLIC MUSEUM, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MILWAUKEE PUBLIC MUSEUM INC	c EIN-PN 39-1723105-001
a	Plan name	MONROE RUBBER & PLASTIC, INC. 401(K) PLAN	
b	Name of plan sponsor	MONROE RUBBER & PLASTIC INC	c EIN-PN 38-1253617-001
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	MOTIS BRANDS, INC. 401(K) PLAN	
b	Name of plan sponsor	MOTIS BRANDS INC	c EIN-PN 46-4269888-001
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

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 MSP REAL ESTATE 401(K)	
b	Name of plan sponsor MSP REAL ESTATE INC	c EIN-PN 41-1630478-001
a	Plan name MUELLER GRAPHIC SUPPLY, INC. INCENTIVE SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor MUELLER GRAPHIC SUPPLY INC	c EIN-PN 39-1575011-001
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 MULTICONVEYOR LLC	c EIN-PN 39-1809000-001
a	Plan name MUTUAL OF WAUSAU INSURANCE CORPORATION 401(K) P/S PLAN	
b	Name of plan sponsor MUTUAL OF WAUSAU INSURANCE CORP	c EIN-PN 39-1913832-001
a	Plan name MY 401(K) PLAN	
b	Name of plan sponsor STAR SERVICES INC STAFFING TRAINING & ALTERNATIVE RESOURCES	c EIN-PN 41-1895490-001
a	Plan name N.E.W. PLASTICS CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEW PLASTICS CORP	c EIN-PN 39-1097483-002
a	Plan name NAPUCK SALVAGE OF WAUPACA, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor NAPUCK SALVAGE OF WAUPACA LLC	c EIN-PN 01-0583800-001
a	Plan name NCSRCC SUPPLEMENTAL RETIREMENT PLAN	
b	Name of plan sponsor TRUSTEES OF NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS	c EIN-PN 80-0234499-001
a	Plan name NELSON'S OF EAGLE RIVER, INC. 401(K) PLAN	
b	Name of plan sponsor NELSONS OF EAGLE RIVER INC	c EIN-PN 39-0850630-001
a	Plan name NEXSTAR 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor NEXSTAR INC	c EIN-PN 41-1733745-001
a	Plan name NIAGARA HEALTH CENTER 401(K) PLAN	
b	Name of plan sponsor NIAGARA HEALTH CENTER	c EIN-PN 39-1847009-001

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 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
a	Plan name NON TYPICAL, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor NON TYPICAL INC	c EIN-PN 39-1937577-001
a	Plan name NORDON INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORDON INC	c EIN-PN 39-1132994-002
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 OPTIMUS, INC. 401(K) PLAN	
b	Name of plan sponsor OPTIMUS INC	c EIN-PN 36-4089979-001
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 OSCAR RENNEBOHM FOUNDATION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor OSCAR RENNEBOHM FOUNDATION INC	c EIN-PN 39-6039252-001
a	Plan name PACK AIR, INC. 401(K) PLAN	
b	Name of plan sponsor PACK AIR INC	c EIN-PN 39-1606533-001
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

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	PATHOLOGY CONSULTANTS OF GREEN BAY, S.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PATHOLOGY CONSULTANTS OF GREEN BAY SC	c EIN-PN 39-1320805-001
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
a	Plan name	PHILLIPS & CYMERMAN, S.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	PHILLIPS & CYMERMAN SC	c EIN-PN 39-1310164-006
a	Plan name	POLYFAB, LLC EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor	POLYFAB LLC	c EIN-PN 39-1151695-003
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	PROGRESSIVE COMMUNITY HEALTH CENTERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PROGRESSIVE COMMUNITY HEALTH CENTERS	c EIN-PN 39-1958810-001
a	Plan name	PROGRESSIVE CONVERTING INC 401(K) PLAN	
b	Name of plan sponsor	PROGRESSIVE CONVERTING INC	c EIN-PN 39-1747757-001
a	Plan name	QUALITY PACKAGING, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	QUALITY PACKAGING INC	c EIN-PN 39-1733616-001
a	Plan name	QUALITY PAINT AND COATINGS RETIREMENT PLAN	
b	Name of plan sponsor	QUALITY PAINT AND COATINGS	c EIN-PN 39-1840258-001

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 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 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 RENNES GROUP, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor RENNES GROUP INC	c EIN-PN 39-1834420-001
a	Plan name RESERVE MANAGEMENT GROUP 401(K) PLAN	
b	Name of plan sponsor RMG INVESTMENT GROUP LLC	c EIN-PN 45-2588798-001
a	Plan name RESERVE MARINE TERMINALS UNION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RESERVE FTL LLC DBA RESERVE MARINE TERMINALS	c EIN-PN 45-3853204-001
a	Plan name RINKA INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor RINKA INC	c EIN-PN 20-4364050-001
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 ROLOFF MANUFACTURING CORPORATION SALARIED EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor ROLOFF MANUFACTURING CORPORATION	c EIN-PN 39-0756765-002
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
a	Plan name SALUTZ LAW LLP PROFIT SHARING PLAN	
b	Name of plan sponsor SALUTZ LAW LLP	c EIN-PN 39-1637263-001
a	Plan name SANDERFOOT WIND & EXCAVATING INC. 401(K) PLAN	
b	Name of plan sponsor SANDERFOOT WIND & EXCAVATING INC	c EIN-PN 20-3982209-001

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	SAVINGS & PROTECTION PLAN FOR PLANT EMPLOYEES OF GREEN BAY PACKAGING INC.	
b	Name of plan sponsor	GREEN BAY PACKAGING INC	c EIN-PN 39-0783183-016
a	Plan name	SAVINGS & PROTECTION PLAN FOR SHIPPING CONTAINER DIVISION PLANT HOURLY EMPLOYEES OF GREEN BAY PACKAGING INC.	
b	Name of plan sponsor	GREEN BAY PACKAGING INC	c EIN-PN 39-0783183-017
a	Plan name	SCHILLING SUPPLY COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SCHILLING SUPPLY COMPANY	c EIN-PN 39-1205241-001
a	Plan name	SCHMITZ READY MIX, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SCHMITZ READY MIX INC	c EIN-PN 39-1615888-001
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	SERIGRAPH, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SERIGRAPH INC	c EIN-PN 39-1591367-001
a	Plan name	SHADY LANE, INC. 401(K) PLAN	
b	Name of plan sponsor	SHADY LANE INC	c EIN-PN 39-0829541-002
a	Plan name	SHARE IN OUR GROWTH 401(K) PLAN	
b	Name of plan sponsor	GUY & ONEILL INC	c EIN-PN 39-1234372-001
a	Plan name	SILVERMAN CHIROPRACTIC HEALTH CENTER, S.C. 401(K) PLAN	
b	Name of plan sponsor	SILVERMAN CHIROPRACTIC HEALTH CENTER SC	c EIN-PN 47-5132877-001
a	Plan name	SKYWARD, INC. 401(K) PLAN	
b	Name of plan sponsor	SKYWARD INC	c EIN-PN 39-1471992-001
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	SOMMERS CONSTRUCTION CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SOMMERS CONSTRUCTION CO INC	c EIN-PN 39-0973415-001

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 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 SOUND SEAL, INC. 401(K) PLAN	
b	Name of plan sponsor SOUND SEAL INC	c EIN-PN 46-4283000-001
a	Plan name SPECIALIZED ELECTRIC OF WISCONSIN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPECIALIZED ELECTRIC OF WISCONSIN INC	c EIN-PN 39-1580057-001
a	Plan name SPEEDWAY AUTO MALL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor SPEEDWAY AUTO MALL INC	c EIN-PN 36-4161898-001
a	Plan name STONECASTERS, L.L.C. 401(K) PLAN	
b	Name of plan sponsor STONECASTERS LLC	c EIN-PN 45-4553134-001
a	Plan name STRANG, INC. PROFIT SHARING AND 401(K) SAVINGS PLAN	
b	Name of plan sponsor STRANG INC	c EIN-PN 39-1096294-001
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 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 LEEDE RESEARCH GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE LEEDE RESEARCH GROUP INC	c EIN-PN 39-1555206-001
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
a	Plan name THE RETROFIT COMPANIES, INC. PROFIT SHARING & TRUST	
b	Name of plan sponsor THE RETROFIT COMPANIES INC	c EIN-PN 41-1716621-001

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 THE STIEGLER CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE STIEGLER CO INC	c EIN-PN 45-4028473-001
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 TRIANGLE DISTRIBUTING CO., INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor TRIANGLE DISTRIBUTING CO INC	c EIN-PN 39-0889548-001
a	Plan name TRIANGLE MANUFACTURING COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor TRIANGLE MANUFACTURING COMPANY	c EIN-PN 39-0664000-001
a	Plan name TWEET-GAROT MECHANICAL, INC. 401(K) PLAN	
b	Name of plan sponsor TWEETGAROT MECHANICAL INC	c EIN-PN 39-1194275-002
a	Plan name TWEET-GAROT MECHANICAL, INC. SELECT UNION 401(K) PLAN	
b	Name of plan sponsor TWEETGAROT MECHANICAL INC	c EIN-PN 39-1194275-003
a	Plan name UNITED STATES DRUG TESTING 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor UNITED STATES DRUG TESTING LABORATORIES INC	c EIN-PN 42-1612910-001
a	Plan name VALLEY BAKERS COOPERATIVE ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor VALLEY BAKERS COOPERATIVE ASSOCIATION	c EIN-PN 39-0791280-001
a	Plan name VALLEY COMMUNITY FOOD CO-OP 401(K) PLAN	
b	Name of plan sponsor VALLEY COMMUNITY FOOD COOP INC	c EIN-PN 41-1307351-001
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 VALLEY VNA HEALTH SYSTEMS, INC. RETIREMENT PLAN	
b	Name of plan sponsor VALLEY VNA HEALTH SYSTEMS INC	c EIN-PN 39-1624803-001

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	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	WATDA RETIREMENT PLAN	
b	Name of plan sponsor	WISCONSIN AUTOMOBILE AND TRUCK DEALERS ASSOCIATION INC	c EIN-PN 39-0711650-001
a	Plan name	WATER STREET BREWERY, INC. 401(K) PLAN	
b	Name of plan sponsor	WATER STREET BREWERY INC	c EIN-PN 39-1588334-001
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	WENTHE-DAVIDSON ENGINEERING CO. EMPLOYEES' PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	WENTHEDAVIDSON ENGINEERING CO	c EIN-PN 39-0696715-001
a	Plan name	WESTERN STATES EMPLOYEE 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WESTERN STATES ENVELOPE COMPANY	c EIN-PN 39-0700440-003
a	Plan name	WESTWOOD LUTHERAN CHURCH 401(K) PLAN	
b	Name of plan sponsor	WESTWOOD LUTHERAN CHURCH	c EIN-PN 41-0734779-001
a	Plan name	WG&R EMPLOYEES' SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	WG&R FURNITURE CO INC	c EIN-PN 39-0751860-001

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	WI2WI, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WI2WI LLC	c EIN-PN 20-3432701-002
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	WILLMAN INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	WILLMAN INDUSTRIES INC	c EIN-PN 39-1589780-003
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 CONVERTING, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	WISCONSIN CONVERTING INC	c EIN-PN 39-1574242-001
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	WIZMO INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	WIZMO INC	c EIN-PN 41-1744949-001
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	WORLDWIDE PACKAGING USA, LLC AND GARMISCH INN 401(K) SAVINGS PLAN	
b	Name of plan sponsor	WORLDWIDE PACKAGING USA LLC	c EIN-PN 76-0784512-002
a	Plan name	ZILBER LTD. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	ZILBER LTD	c EIN-PN 39-1472959-001

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	MILWAUKEE JEWISH FEDERATION INC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MILWAUKEE JEWISH FEDERATION, INC.	c EIN-PN 39-0806312-004
a	Plan name	BECKEMEIER LEMOINE LAW 401(K) PLAN	
b	Name of plan sponsor	BL-STL, LLC	c EIN-PN 85-4165371-001
a	Plan name	MAXUS OPERATIONS LLC AND AFFILIATES 401(K) PLAN	
b	Name of plan sponsor	MAXUS OPERATIONS, LLC	c EIN-PN 46-2715562-001
a	Plan name	ON BROADWAY, INC 401(K) PLAN	
b	Name of plan sponsor	ON BROADWAY, INC	c EIN-PN 39-1825541-001
a	Plan name	HOT WATER 911 CORPORATION 401(K) PLAN	
b	Name of plan sponsor	HOT WATER 911 CORPORATION	c EIN-PN 36-3132782-001
a	Plan name	D & M INTERIORS SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	D & M INTERIORS, INC.	c EIN-PN 39-1664230-001
a	Plan name	COENEN MECHANICAL, LLC 40(K) P/S PLAN	
b	Name of plan sponsor	COENEN MECHANICAL, LLC	c EIN-PN 82-1179473-001
a	Plan name	WISCONSIN HEALTH CARE ASSOCIATION, INC. 401(K) PLAN	
b	Name of plan sponsor	WISCONSIN HEALTH CARE ASSOCIATION, INC.	c EIN-PN 39-6125841-002
a	Plan name	ROHDE - GWSM 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ROHDE BROTHERS, INC.	c EIN-PN 39-1019243-002
a	Plan name	APRICITY 401(K) P/S PLAN	
b	Name of plan sponsor	APRICITY, INC.	c EIN-PN 39-1229161-002
a	Plan name	WISCONSIN PAPER GROUP, INC 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	WISCONSIN PAPER GROUP, INC	c EIN-PN 39-1212840-002
a	Plan name	WISCONSIN INSTITUTE OF UROLOGY SC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WISCONSIN INSTITUTE OF UROLOGY, SC	c EIN-PN 27-2606014-001

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	STAGE EMPLOYEES LOCAL NO 18 RETIREMENT PLAN	
b Name of plan sponsor	BOARD OF TRUSTEES OF THE STAGE EMPLOYEES LOCAL NO 18 RETIRE PLAN	c EIN-PN 39-6224262-001

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

a Plan name		
b Name of plan sponsor		c EIN-PN

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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)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan <u>ASSOCIATED TRUST COMPANY MONEY MARKET COLLECTIVE TRUST FUND</u>		B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ASSOCIATED TRUST COMPANY, N.A.</u>		D Employer Identification Number (EIN) <u>52-7241044</u>	

Part I Asset and Liability Statement

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

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)	<u>836475</u>
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>193111653</u>
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(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	199092279	193948128
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	658411	728816
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	658411	728816
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	198433868	193219312

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)	9947869	
(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)		9947869
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		9947869

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)	5150	
(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)		5150
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5150

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		9942719
l Transfers of assets:			
(1) To this plan.....	2l(1)		84304885
(2) From this plan	2l(2)		99462160

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 _____.