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| 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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection |
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| Part I | Annual Report Identification Information |
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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 the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

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| Part II | Basic Plan Information—enter all requested information |
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| 1a Name of plan <u>ONEAMERICA STABLE VALUE 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>MIDWEST INSTITUTIONAL TRUST CO, TRUSTEE, ONEAMERICA STABLE VALUE FUND</u> <u>5901 COLLEGE BLVD</u> <u>SUITE 100</u> <u>OVERLAND PARK, KS 66211</u> | 2b Employer Identification Number (EIN) <u>39-6490536</u> 2c Plan Sponsor's telephone number <u>414-255-1979</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.

| | | | |
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| SIGN HERE | | | |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | <u>Filed with authorized/valid electronic signature.</u> | <u>09/09/2025</u> | <u>PETER MADSEN</u> |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------|--|--------------|--|-----------|--|-----------|--|-----------|----------|-----------|--|-----------|--|--------------|--|--------------|--|-----------|--|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN 3c Administrator's telephone number | | | | | | | | | | | | | | | | | | | | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name BMO BANK N.A., TRUSTEE FOR ONEAMERICA STABLE VALUE FUND c Plan Name ONEAMERICA STABLE VALUE FUND | 4b EIN 39-6490536 4d PN 001 | | | | | | | | | | | | | | | | | | | | |
| 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..... | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td style="text-align: right;">0</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table> | 6a(1) | | 6a(2) | | 6b | | 6c | | 6d | 0 | 6e | | 6f | | 6g(1) | | 6g(2) | | 6h | |
| 6a(1) | | | | | | | | | | | | | | | | | | | | | |
| 6a(2) | | | | | | | | | | | | | | | | | | | | | |
| 6b | | | | | | | | | | | | | | | | | | | | | |
| 6c | | | | | | | | | | | | | | | | | | | | | |
| 6d | 0 | | | | | | | | | | | | | | | | | | | | |
| 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:

| | |
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| 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 |
|--|--|

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

| | |
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| 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 <u> 0 </u> (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 _____

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| 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>ONEAMERICA STABLE VALUE 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>MIDWEST INSTITUTIONAL TRUST CO, TRUSTEE, ONEAMERICA STABLE VALUE FUND</u> | D Employer Identification Number (EIN) <u>39-6490536</u> | |

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| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

| | | |
|---|----------------------|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| 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: | | |
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| 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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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 11 EAST PARTNERS LLC SAVINGS AND RETIREMENT PLAN | |
| b | Name of plan sponsor 11 EAST PARTNERS LLC | c EIN-PN 36-4837027-001 |
| a | Plan name ACE PRECISION MACHINING, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor ACE PRECISION MACHINING, LLC | c EIN-PN 39-1419445-001 |
| a | Plan name AGMB, LLP 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor ABRAMS, GARFINKEL, MARGOLIS, BERGSON, LLP | c EIN-PN 03-0462076-001 |
| a | Plan name AMERICAN PAPER CONVERTERS, INC. RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor AMERICAN PAPER CONVERTERS, INC. | c EIN-PN 39-1346481-001 |
| a | Plan name AMSOIL INC. UNION RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor AMSOIL, INC. | c EIN-PN 39-0535090-004 |
| a | Plan name AMSOIL, INC. RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor AMSOIL, INC. | c EIN-PN 41-0965915-001 |
| a | Plan name APACHE INDUSTRIAL SERVICES 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor APACHE INDUSTRIAL HOLDINGS, INC. | c EIN-PN 46-3497180-001 |
| a | Plan name APOLLO TOOL, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor APOLLO TOOL, INC. | c EIN-PN 39-1282086-001 |
| a | Plan name ATLAS COMPANIES EMPLOYEES' RETIREMENT PLAN | |
| b | Name of plan sponsor ATLAS TOYOTA MATERIAL HANDLING, LLC | c EIN-PN 27-4350763-001 |
| a | Plan name AUGUST WINTER & SONS, INC. EMPLOYEE RETIREMENT PLAN | |
| b | Name of plan sponsor AUGUST WINTER & SONS, INC. | c EIN-PN 39-0855115-003 |
| a | Plan name BADGER PLUG COMPANY RETIREMENT & 401(K) PLAN | |
| b | Name of plan sponsor BADGER PLUG COMPANY | c EIN-PN 39-0144850-002 |
| a | Plan name BARD, RAO + ATHANAS CONSULTING ENGINEERS, LLC 401(K) PLAN | |
| b | Name of plan sponsor BARD, RAO + ATHANAS CONSULTING ENGINEERS, LLC | c EIN-PN 04-3519357-001 |

| 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 BELL LUMBER & POLE COMPANY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor BELL LUMBER & POLE COMPANY | c EIN-PN 41-0144340-004 |
| a | Plan name BERNSTEIN MANAGEMENT CORPORATION EMPLOYEE 401(K) PLAN | |
| b | Name of plan sponsor BERNSTEIN MANAGEMENT CORPORATION | c EIN-PN 52-1851812-001 |
| a | Plan name BETSY & ADAM LTD 401(K) PLAN | |
| b | Name of plan sponsor BETSY & ADAM LTD | c EIN-PN 13-3117811-001 |
| a | Plan name BIO-TECHNE CORPORATION AND AFFILIATES PROFIT SHARING AND SAVINGS PLAN | |
| b | Name of plan sponsor BIO-TECHNE CORPORATION | c EIN-PN 41-1427402-001 |
| a | Plan name BLAIN SUPPLY AND FARM & FLEET PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor BLAIN SUPPLY, INC. | c EIN-PN 39-1104710-001 |
| a | Plan name BLISTEX INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor BLISTEX INC. | c EIN-PN 36-2094164-001 |
| a | Plan name C.R. MEYER AND SONS COMPANY EMPLOYEES PROFIT SHARING AND RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor C.R. MEYER AND SONS COMPANY | c EIN-PN 39-0467980-001 |
| a | Plan name CANVAS HEALTH, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor CANVAS HEALTH, INC. | c EIN-PN 41-0955577-001 |
| a | Plan name CAPITOL MECHANICAL, INC. EMPLOYEES PROFIT SHARING PLAN | |
| b | Name of plan sponsor CAPITOL MECHANICAL, INC. | c EIN-PN 39-1145227-001 |
| a | Plan name CARPENTER BROTHERS, INC. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor CARPENTER BROTHERS, INC. | c EIN-PN 39-0198740-002 |
| a | Plan name CERTIFIED SUPPLY, INC. 401(K) PLAN | |
| b | Name of plan sponsor CERTIFIED SUPPLY, INC. | c EIN-PN 84-0508416-001 |
| a | Plan name CFR RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor CUSTOM FABRICATING & REPAIR, INC. | c EIN-PN 39-1557927-001 |

| 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 CHESTNUT HEALTH SYSTEMS, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor CHESTNUT HEALTH SYSTEMS, INC. | c EIN-PN 37-0964629-001 |
| a | Plan name COST OF WISCONSIN, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor COST OF WISCONSIN, INC. | c EIN-PN 39-1089478-001 |
| a | Plan name COURT PLACE PROFIT SHARING PLAN | |
| b | Name of plan sponsor REFF BAIVIER LIM MUZA SUNDET & DUNHAM, S.C. | c EIN-PN 39-0847186-001 |
| a | Plan name COUSINS SUBMARINES, INC. PROFIT SHARING & 401(K) PLAN | |
| b | Name of plan sponsor COUSINS SUBMARINES, INC. | c EIN-PN 39-1197154-001 |
| a | Plan name CURTIS MARUYASU AMERICA, INC. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor CURTIS MARUYASU AMERICA, INC. | c EIN-PN 35-1605596-001 |
| a | Plan name DANSKE MARKETS INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor DANSKE MARKETS INC. | c EIN-PN 52-2306015-001 |
| a | Plan name DCI, INC. 401(K) RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor DCI, INC. | c EIN-PN 41-0754368-003 |
| a | Plan name DENISON STATE BANK 401(K) PROFIT SHARIGN PLAN | |
| b | Name of plan sponsor DENISON STATE BANK | c EIN-PN 48-0193755-001 |
| a | Plan name DIAGNOSTIC RADIOLOGY ASSOCIATES OF WISCONSIN, S.C.. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor DIAGNOSTIC RADIOLOGY ASSOCIATES OF WISCONSIN,S.C. | c EIN-PN 39-1367186-002 |
| a | Plan name DIOCESE OF BROOKLYN 403(B) PLAN | |
| b | Name of plan sponsor ROMAN CATHOLIC DIOCESE OF BROOKLYN, NY | c EIN-PN 11-1631807-001 |
| a | Plan name DIRECT SUPPLY, INC. 401(K) RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor DIRECT SUPPLY, INC. | c EIN-PN 39-1519806-001 |
| a | Plan name DOUSMAN CLINIC SALARY SAVINGS PLAN | |
| b | Name of plan sponsor DOUSMAN CLINIC, S.C. | c EIN-PN 39-1742246-001 |

| 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 | DULUTH HOLDINGS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | DULUTH HOLDINGS, INC. | c EIN-PN 39-1564801-001 |
| a | Plan name | EILLIEN'S CANDIES, INC. PROFIT SHARING & SALARY SAVINGS PLAN & TRUST | |
| b | Name of plan sponsor | EILLIENS CANDIES, INC. | c EIN-PN 39-0961500-001 |
| a | Plan name | EMPLOYEES PROFIT SHARING PLAN OF GENERAL FINANCE INCORPORATED | |
| b | Name of plan sponsor | GENERAL FINANCE INCORPORATED | c EIN-PN 48-0508366-001 |
| a | Plan name | ENERCON INDUSTRIES, INC. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | ENERCON INDUSTRIES, INC. | c EIN-PN 39-1210023-005 |
| a | Plan name | FLANDERS INDUSTRIES, INC. 401(K) RETIREMENT SAVINGS PLAN & TRUST | |
| b | Name of plan sponsor | FLANDERS INDUSTRIES, INC. | c EIN-PN 71-0417619-001 |
| a | Plan name | FLEET FARM WHOLESALE SUPPLY COMPANY, LLC EMPLOYEES' PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor | FLEET FARM WHOLESALE SUPPLY COMPANY, LLC | c EIN-PN 41-0806238-002 |
| a | Plan name | FOREST CITY TECHNOLOGIES, INC. SAVINGS AND INVESTMENT PLAN | |
| b | Name of plan sponsor | FOREST CITY TECHNOLOGIES, INC. | c EIN-PN 34-1238251-001 |
| a | Plan name | FOX VALLEY TRUCK AND VALLEY TRUCK LEASING 401(K) PLAN | |
| b | Name of plan sponsor | FVTS ACQUISITION COMPANY, INC. | c EIN-PN 02-0585100-001 |
| a | Plan name | FRANK MAYER & ASSOCIATES, INC. EMPLOYEES' PROFIT SHARING TRUST | |
| b | Name of plan sponsor | FRANK MAYER & ASSOCIATES, INC. | c EIN-PN 39-0863345-001 |
| a | Plan name | FREE COUNTRY LTD 401(K) PLAN | |
| b | Name of plan sponsor | FREE COUNTRY LTD | c EIN-PN 13-3589761-001 |
| a | Plan name | GATEWAY CONCRETE FORMING SYSTEMS, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor | GATEWAY CONCRETE FORMING SYSTEMS, INC. | c EIN-PN 39-1316483-001 |
| a | Plan name | GENERAL BEVERAGE & GENERAL BEER PROFIT SHARING PLAN | |
| b | Name of plan sponsor | GENERAL BEVERAGE SALES CORP. | c EIN-PN 39-0789974-001 |

| 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 GO MORTGAGE, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor GO MORTGAGE, LLC | c EIN-PN 39-1813773-001 |
| a | Plan name GOLD, INC. AND SUBSIDIARIES RETIREMENT PLAN | |
| b | Name of plan sponsor GOLD, INC. | c EIN-PN 84-0580428-001 |
| a | Plan name GREEN BAY ONCOLOGY, LTD. EMPLOYEES' PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor GREEN BAY ONCOLOGY, LTD. | c EIN-PN 39-1314853-002 |
| a | Plan name GREER, HERZ & ADAMS L.L.P. RETIREMENT PLAN | |
| b | Name of plan sponsor GREER, HERZ & ADAMS, L.L.P. | c EIN-PN 74-1076878-005 |
| a | Plan name GREGORY POOLE EQUIPMENT COMPANY RETIREMENT SAVINGS AND PROFIT SHARING PLAN | |
| b | Name of plan sponsor GREGORY POOLE EQUIPMENT COMPANY | c EIN-PN 56-0487311-001 |
| a | Plan name H.E. WILLIAMS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor H.E. WILLIAMS, INC. | c EIN-PN 44-0491260-002 |
| a | Plan name H.G. WEBER COMPANY EMPLOYEES' TRUST | |
| b | Name of plan sponsor H.G. WEBER & CO., INC. | c EIN-PN 39-0692430-001 |
| a | Plan name HAL LEONARD LLC DEFERRED COMPENSATION PROFIT SHARING PLAN | |
| b | Name of plan sponsor HAL LEONARD LLC | c EIN-PN 39-1776304-001 |
| a | Plan name HEYRMAN CONSTRUCTION COMPANY, INC. EMPLOYEES' PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor HEYRMAN CONSTRUCTION COMPANY, INC. | c EIN-PN 39-1085420-001 |
| a | Plan name HOFFMAN PLANNING, DESIGN & CONSTRUCTION, INC. 401(K) AND PROFIT SHARING PLAN | |
| b | Name of plan sponsor HOFFMAN PLANNING, DESIGN & CONSTRUCTION, INC. | c EIN-PN 46-0724293-002 |
| a | Plan name HOUSE OF HEATING RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor HOUSE OF HEATING, INC. | c EIN-PN 39-1030226-001 |
| a | Plan name I.B.E.W. LOCAL NO. 704 401(K) PLAN | |
| b | Name of plan sponsor BOARD OF TRUSTEES IBEW LOCAL 704 | c EIN-PN 42-0328998-002 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name IMPERIAL CLINICAL RESEARCH SERVICES, INC. RETIREMENT PROGRAM | |
| b | Name of plan sponsor IMPERIAL CLINICAL RESEARCH SERVICES, LLC | c EIN-PN 38-1795049-003 |
| a | Plan name INDEPENDENCE HOLDING COMPANY RETIREMENT PLAN | |
| b | Name of plan sponsor INDEPENDENCE HOLDING COMPANY | c EIN-PN 58-1407235-001 |
| a | Plan name INDEPENDENCE PET GROUP 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor INDEPENDENCE PET GROUP, INC. | c EIN-PN 13-4211703-001 |
| a | Plan name INSTEEL INDUSTRIES, INC. RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor INSTEEL INDUSTRIES, INC. | c EIN-PN 56-0674867-002 |
| a | Plan name INTERNATIONAL ASSOCIATION OF HEAT & FROST INSULATORS & ALLIED WORKERS LOCAL 81 RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor BOARD OF TRUSTEES LOCAL 81 INTERNATIONAL ASSOCIATION OF HEAT & FROST | c EIN-PN 36-4318955-002 |
| a | Plan name J. F. AHERN CO. PROFIT SHARING AND 401(K) PLAN | |
| b | Name of plan sponsor J. F. AHERN CO. | c EIN-PN 39-0123200-006 |
| a | Plan name J.J. KELLER & ASSOCIATES, INC. EMPLOYEES' 401(K) SAVINGS AND RETIREMENT PLAN | |
| b | Name of plan sponsor J.J. KELLER & ASSOCIATES, INC. | c EIN-PN 39-0957377-002 |
| a | Plan name JACOBUS ENERGY RETIREMENT PLAN | |
| b | Name of plan sponsor JACOBUS ENERGY, LLC | c EIN-PN 39-1957778-001 |
| a | Plan name JANESVILLE MEDICAL CENTER, INC. 401(K) PLAN | |
| b | Name of plan sponsor JANESVILLE MEDICAL CENTER, INC. | c EIN-PN 39-1520130-004 |
| a | Plan name JOE DANIELS CONSTRUCTION COMPANY, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor JOE DANIELS CONSTRUCTION COMPANY, INC. | c EIN-PN 39-1187059-002 |
| a | Plan name JOHN I. HAAS, INC. 401(K) RETIREMENT PLANS | |
| b | Name of plan sponsor JOHN I. HAAS, INC. | c EIN-PN 13-2904255-001 |
| a | Plan name JORGENSEN CONVEYORS, INC. EMPLOYEES' PROFIT SHARING PLAN | |
| b | Name of plan sponsor JORGENSEN CONVEYORS, INC. | c EIN-PN 39-0800925-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name KANSAS CITY AVIATION CENTER, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor KANSAS CITY AVIATION CENTER, INC | c EIN-PN 48-0762029-001 |
| a | Plan name KAPLAN KIRSCH & ROCKWELL, LLP 401(K) AND PROFIT SHARING PLAN | |
| b | Name of plan sponsor KAPLAN KIRSCH & ROCKWELL LLP | c EIN-PN 05-0573472-001 |
| a | Plan name KENOSHA BEEF INTERNATIONAL, LTD 401(K) & PROFIT SHARING PLAN | |
| b | Name of plan sponsor KENOSHA BEEF INTERNATIONAL, LTD | c EIN-PN 39-0994777-002 |
| a | Plan name KEYSTONE-BARTONVILLE 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor KEYSTONE CONSOLIDATED INDUSTRIES | c EIN-PN 37-0364250-010 |
| a | Plan name KLONDIKE CHEESE CO. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor KLONDIKE CHEESE CO. | c EIN-PN 39-1185892-001 |
| a | Plan name KMW GROUP, INC. PROFIT SHARING AND RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor KMW GROUP, INC. | c EIN-PN 38-2639221-001 |
| a | Plan name KOSTNER, KOSLO & BROVOLD MONEY PURCHASE PLAN | |
| b | Name of plan sponsor KOSTNER, KOSLO & BROVOLD, LLC | c EIN-PN 20-1290320-002 |
| a | Plan name KTG GROUP, INC. 401(K) AND PROFIT SHARING PLAN | |
| b | Name of plan sponsor KTG GROUP, INC. | c EIN-PN 33-0488819-001 |
| a | Plan name KUHN NORTH AMERICA RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor KUHN NORTH AMERICA, INC. | c EIN-PN 82-0566728-001 |
| a | Plan name KUSEL EQUIPMENT COMPANY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor KUSEL EQUIPMENT COMPANY | c EIN-PN 39-1193044-001 |
| a | Plan name LDI INDUSTRIES, INC. RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor LDI INDUSTRIES, INC. | c EIN-PN 39-0992916-002 |
| a | Plan name LINCOLN CONTRACTORS SUPPLY, INC. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor LINCOLN CONTRACTORS SUPPLY, INC. | c EIN-PN 39-0916068-003 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name LIPHATECH, INC. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor LIPHATECH, INC. | c EIN-PN 74-3062184-001 |
| a | Plan name MACKAY MITCHELL ENVELOPE COMPANY, LLC RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor MACKAY MITCHELL ENVELOPE COMPANY, LLC | c EIN-PN 01-0893495-002 |
| a | Plan name MADISON MEDICAL AFFILIATES, INC. EMPLOYEES' BALANCED PROFIT SHARING PLAN | |
| b | Name of plan sponsor MADISON MEDICAL AFFILIATES, INC. | c EIN-PN 39-1855720-001 |
| a | Plan name MALTON ELECTRIC COMPANY 401(K) PLAN FOR NON-UNION EMPLOYEES | |
| b | Name of plan sponsor MALTON ELECTRIC COMPANY | c EIN-PN 41-0797203-001 |
| a | Plan name MAPLE ISLAND, INC./F.H. STOLTZE 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor MAPLE ISLAND, INC. /F.H. STOLTZE LAND AND LUMBER CO. | c EIN-PN 41-0643923-003 |
| a | Plan name MARTIN AUTOMATIC, INC. 401(K) PLAN | |
| b | Name of plan sponsor MARTIN AUTOMATIC, INC. | c EIN-PN 36-2649881-001 |
| a | Plan name MASSEY SERVICES, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor MASSEY SERVICES, INC. | c EIN-PN 59-2557150-001 |
| a | Plan name MASTERGRAPHICS INCORPORATED 401(K) AND PROFIT SHARING PLAN | |
| b | Name of plan sponsor MASTERGRAPHICS INCORPORATED | c EIN-PN 39-0975795-002 |
| a | Plan name MASTERS GALLERY FOODS, INC. RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor MASTERS GALLERY FOODS, INC. | c EIN-PN 39-1036619-001 |
| a | Plan name MENARD, INC. 401(K) PLAN | |
| b | Name of plan sponsor MENARD, INC. | c EIN-PN 39-0989248-002 |
| a | Plan name METALEX MANUFACTURING, INC. EMPLOYEE PROFIT SHARING AND 401K PLAN | |
| b | Name of plan sponsor METALEX MANUFACTURING, INC. | c EIN-PN 31-1122107-001 |
| a | Plan name METRO MILWAUKEE ASSOCIATION OF COMMERCE 401(K) PLAN | |
| b | Name of plan sponsor METRO MILWAUKEE ASSOCIATION OF COMMERCE | c EIN-PN 39-0475230-003 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | |
| a | Plan name MIDWEST DIAGNOSTIC PATHOLOGY, S.C. PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor MIDWEST DIAGNOSTIC PATHOLOGY, S.C. | c EIN-PN 36-4386543-002 |
| a | Plan name MILLEN, WHITE, ZELANO & BRANIGAN, PC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor MILLEN, WHITE, ZELANO & BRANIGAN, PC | c EIN-PN 54-1177340-002 |
| a | Plan name MILLER ADVERTISING AGENCY, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor MILLER ADVERTISING AGENCY, INC. | c EIN-PN 13-1936588-001 |
| a | Plan name MILLER AND SMITH, INC. 401(K) PLAN | |
| b | Name of plan sponsor MILLER AND SMITH, INC. | c EIN-PN 54-0802372-001 |
| a | Plan name MILSCO MANUFACTURING COMPANY HOURLY 401(K) PLAN | |
| b | Name of plan sponsor JASON GROUP, INCORPORATED | c EIN-PN 85-2358740-008 |
| a | Plan name MILWAUKEE BUCKS RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor MILWAUKEE BUCKS, LLC | c EIN-PN 39-1513690-001 |
| a | Plan name MILWAUKEE VALVE COMPANY, LLC EMPLOYEES' SAVINGS PLAN AND TRUST | |
| b | Name of plan sponsor MILWAUKEE VALVE COMPANY, LLC | c EIN-PN 39-0965299-002 |
| a | Plan name MILWAUKEE WORLD FESTIVAL, INC. INDIVIDUAL RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor MILWAUKEE WORLD FESTIVAL, INC. | c EIN-PN 39-1049688-001 |
| a | Plan name MINER ENTERPRISES PROFIT SHARING PLAN | |
| b | Name of plan sponsor MINER ENTERPRISES, INC. | c EIN-PN 36-2694314-001 |
| a | Plan name MITEK EMPLOYEES' RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor MITEK CORPORATION | c EIN-PN 36-3167203-001 |
| a | Plan name NATIONAL BUSINESS FURNITURE PERFORMANCE RETIREMENT PLAN | |
| b | Name of plan sponsor NATIONAL BUSINESS FURNITURE, LLC | c EIN-PN 20-3851320-001 |
| a | Plan name NATIONAL EXPRESS SAFE HARBOR 401(K) PLAN | |
| b | Name of plan sponsor DURHAM SCHOOL SERVICES, L.P. | c EIN-PN 95-3320487-003 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name NATIONAL PRODUCTION WORKERS UNION 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor THE BOARD OF TRUSTEES OF THE NATIONAL PRODUCTION WORKERS SEVERANCE TRU | c EIN-PN 36-2872107-002 |
| a | Plan name NATIONAL RIVET EMPLOYEES' 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor NATIONAL RIVET & MANUFACTURING CO. | c EIN-PN 39-0494280-004 |
| a | Plan name NELSON MACHINE & WELDING CORP. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor NELSON MACHINE & WELDING CORP. | c EIN-PN 39-1389547-001 |
| a | Plan name NELSON YOUNG LUMBER COMPANY AND NELSON TRUSS RETIREMENT PLAN | |
| b | Name of plan sponsor NELSON YOUNG LUMBER COMPANY, INC. | c EIN-PN 39-0590240-001 |
| a | Plan name NEW YORK MEDICAL ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor NEW YORK MEDICAL ASSOCIATES, P.C. | c EIN-PN 13-3751082-001 |
| a | Plan name NICHOLS PAPER PRODUCTS COMPANY, INC. RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor NICHOLS PAPER PRODUCTS COMPANY, INC. | c EIN-PN 39-1420877-001 |
| a | Plan name NOG, INC. 401(K) PLAN | |
| b | Name of plan sponsor NOG, INC. | c EIN-PN 39-1962319-001 |
| a | Plan name NORSTAR ALUMINUM MOLDS, INC. 401(K) PLAN | |
| b | Name of plan sponsor NORSTAR ALUMINUM MOLDS, INC. | c EIN-PN 39-1939621-001 |
| a | Plan name NORTH CENTRAL GROUP RETIREMENT PLAN | |
| b | Name of plan sponsor NORTH CENTRAL STAFFING, INC. | c EIN-PN 39-1390577-001 |
| a | Plan name OLDENBURG GROUP INC. SAVINGS PLAN | |
| b | Name of plan sponsor OLDENBURG GROUP INCORPORATED | c EIN-PN 39-0943085-001 |
| a | Plan name OPHTHALMOLOGY, LTD PROFIT SHARING PLAN | |
| b | Name of plan sponsor OPHTHALMOLOGY, LTD | c EIN-PN 46-0311856-002 |
| a | Plan name OSBORN LLC 401K PLAN | |
| b | Name of plan sponsor OSBORN LLC | c EIN-PN 39-1756840-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | OSI ASHLAND PMU EMPLOYEES' SAVINGS PLAN | |
| b | Name of plan sponsor | OSI INDUSTRIES, LLC | c EIN-PN 52-2399960-004 |
| a | Plan name | OUTFORM GROUP, INC. SAVINGS AND PROTECTION PLAN | |
| b | Name of plan sponsor | OUTFORM GROUP, INC. | c EIN-PN 36-2059719-002 |
| a | Plan name | PEARNE & GORDON LLP RETIREMENT PLAN | |
| b | Name of plan sponsor | PEARNE & GORDON LLP | c EIN-PN 34-0942743-001 |
| a | Plan name | PEARSON PLUMBING PROFIT SHARING AND RETIREMENT PLAN | |
| b | Name of plan sponsor | PEARSON PLUMBING & HEATING COMPANY | c EIN-PN 36-3777360-001 |
| a | Plan name | PENTEL OF AMERICA, LTD. SHARED SAVINGS PLAN | |
| b | Name of plan sponsor | PENTEL OF AMERICA, LTD. | c EIN-PN 36-2611569-001 |
| a | Plan name | PERFECT PATTERNS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | PERFECT PATTERNS, INC. | c EIN-PN 39-0867748-001 |
| a | Plan name | POMPS TIRE SERVICE INC. SALARY SAVINGS PLAN | |
| b | Name of plan sponsor | POMPS TIRE SERVICE INC. | c EIN-PN 39-0838986-001 |
| a | Plan name | PRAIRIE PLUMBING & HEATING, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor | PRAIRIE PLUMBING & HEATING, INC. | c EIN-PN 39-1134384-001 |
| a | Plan name | QBS LAW S.C. RETIREMENT PLAN | |
| b | Name of plan sponsor | QBS LAW S.C. | c EIN-PN 39-1779078-001 |
| a | Plan name | QUALITY MACHINING, INC. RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | QUALITY MACHINING, INC. | c EIN-PN 39-1517856-001 |
| a | Plan name | R.E. SMITH INTERESTS, INC. SAVINGS PLAN | |
| b | Name of plan sponsor | R.E. SMITH INTERESTS, INC. | c EIN-PN 74-2142457-002 |
| a | Plan name | RAY WOLLNER EXCAVATING, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor | RAY WOLLNER EXCAVATING, INC. | c EIN-PN 39-1241590-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name RAYMOND RETIREMENT PLAN | |
| b | Name of plan sponsor RAYMOND MANAGEMENT COMPANY, INC. | c EIN-PN 39-1424051-001 |
| a | Plan name RECYCLED OFFICE ENVIRONMENTS, INC. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor RECYCLED OFFICE ENVIRONMENTS, INC. | c EIN-PN 39-1810326-001 |
| a | Plan name REFRIGERATION SUPPLIES, INC. PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor REFRIGERATION SUPPLIES, INC. | c EIN-PN 43-0630267-001 |
| a | Plan name RETIREMENT SAVINGS PLAN FOR EMPLOYEES OF SEACOAST NATIONAL BANK | |
| b | Name of plan sponsor SEACOAST NATIONAL BANK | c EIN-PN 59-0193820-002 |
| a | Plan name REVERE ELECTRIC SUPPLY CO. INCENTIVE SAVINGS PLAN | |
| b | Name of plan sponsor REVERE ELECTRIC SUPPLY CO. | c EIN-PN 36-1680965-001 |
| a | Plan name RLSCF 401(K) PLAN | |
| b | Name of plan sponsor RITHOLZ LEVY SANDERS CHIDEKEL & FIELDS LLP | c EIN-PN 13-3849602-001 |
| a | Plan name ROCKFORD MUTUAL INSURANCE COMPANY RETIREMENT PLAN | |
| b | Name of plan sponsor ROCKFORD MUTUAL INSURANCE COMPANY | c EIN-PN 36-1695450-002 |
| a | Plan name ROCKFORD TOOLCRAFT, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor ROCKFORD TOOLCRAFT, INC. | c EIN-PN 36-2770957-001 |
| a | Plan name ROYAL BUSINESS BANK 401K PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor ROYAL BUSINESS BANK | c EIN-PN 26-0339713-001 |
| a | Plan name ROYSTON RAYZOR VICKERY & WILLIAMS SAVINGS PLAN FOR PARTNERS AND STAFF | |
| b | Name of plan sponsor ROYSTON, RAYZOR, VICKERY & WILLIAMS L.L.P. | c EIN-PN 74-1196579-003 |
| a | Plan name RYAN INCORPORATED CENTRAL PROFIT SHARING AND 401(K)PLAN | |
| b | Name of plan sponsor RYAN INCORPORATED CENTRAL | c EIN-PN 39-1512084-001 |
| a | Plan name SELDEN FOX, LTD. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor SELDEN FOX, LTD. | c EIN-PN 36-2985770-002 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name SHEET METAL WORKERS LOCAL 49 DEFINED CONTRIBUTION PENSION PLAN | |
| b | Name of plan sponsor BOARD OF TRUSTEES SHEET METAL WORKERS LOCAL 49 | c EIN-PN 85-6011542-001 |
| a | Plan name SICO, INC. MINNEAPOLIS FACTORY UNION 401(K) PLAN | |
| b | Name of plan sponsor SICO AMERICA INC. | c EIN-PN 41-1763365-002 |
| a | Plan name SKYLINE DISPLAYS 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor SKYLINE DISPLAYS, INC. | c EIN-PN 37-1833268-001 |
| a | Plan name STATE BAR OF WISCONSIN SAVINGS PLAN | |
| b | Name of plan sponsor STATE BAR OF WISCONSIN | c EIN-PN 39-0807061-002 |
| a | Plan name STEINER ELECTRIC, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor STEINER ELECTRIC, INC. | c EIN-PN 39-1467367-001 |
| a | Plan name STENSTROM COMPANIES, LTD. PROFIT SHARING AND RETIREMENT PLAN | |
| b | Name of plan sponsor STENSTROM COMPANIES, LTD. | c EIN-PN 36-3351116-001 |
| a | Plan name STEPHAN & BRADY, INC. EMPLOYEES' PROFIT SHARING PLAN | |
| b | Name of plan sponsor STEPHAN & BRADY, INC. | c EIN-PN 39-0928759-001 |
| a | Plan name STERLING PRODUCTS, INC. 401(K) SAVINGS AND RETIREMENT PLAN | |
| b | Name of plan sponsor STERLING PRODUCTS, INC. | c EIN-PN 13-3446488-003 |
| a | Plan name STONE MATTHEIS XENOPOULOS & BREW, PC PROFIT SHARING PLAN | |
| b | Name of plan sponsor STONE MATTHEIS XENOPOULOS & BREW, PC | c EIN-PN 52-1803319-001 |
| a | Plan name STRAUSS TROY CO., LPA 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor STRAUSS TROY CO., LPA | c EIN-PN 31-0865279-003 |
| a | Plan name STUMPF MOTOR COMPANY, INC. PROFIT SHARING, SAVINGS & INVESTMENT PLAN | |
| b | Name of plan sponsor STUMPF MOTOR COMPANY, INC. | c EIN-PN 39-0903130-001 |
| a | Plan name SUBURBAN ENTERPRISES, INC. EMPLOYEE STOCK OWNERSHIP PLAN | |
| b | Name of plan sponsor SUBURBAN ENTERPRISES, INC. | c EIN-PN 39-1186528-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | TEEL PLASTICS PROFIT SHARING RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | TEEL PLASTICS, INC. | c EIN-PN 39-0817249-001 |
| a | Plan name | THE AZEK COMPANY 401K PLAN | |
| b | Name of plan sponsor | THE AZEK COMPANY LLC | c EIN-PN 20-2779385-001 |
| a | Plan name | THE CLAYTON ENGINEERING COMPANY 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor | THE CLAYTON ENGINEERING COMPANY, INC. | c EIN-PN 43-0753034-001 |
| a | Plan name | THE FERGUSON GROUP, L.L.C. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | THE FERGUSON GROUP, L.L.C. | c EIN-PN 52-1953168-002 |
| a | Plan name | THE FIRST NATIONAL BANK IN SIOUX FALLS EMPLOYEES PROFIT SHARING PLAN | |
| b | Name of plan sponsor | THE FIRST NATIONAL BANK IN SIOUX FALLS | c EIN-PN 46-0189380-001 |
| a | Plan name | THE GOODMAN-GABLE-GOULD COMPANY 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | THE GOODMAN-GABLE-GOULD COMPANY | c EIN-PN 52-0330575-002 |
| a | Plan name | TIMESAVERS, LLC RETIREMENT PLAN | |
| b | Name of plan sponsor | TIMESAVERS, LLC | c EIN-PN 37-1743331-001 |
| a | Plan name | TITAN INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | TITAN INDUSTRIES, INC. | c EIN-PN 26-0563743-003 |
| a | Plan name | TOLEDO CLINIC, INC. EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | TOLEDO CLINIC, INC. | c EIN-PN 34-0936207-002 |
| a | Plan name | TOYCEN MOTORS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | TOYCEN FORD, INC. | c EIN-PN 20-8999224-001 |
| a | Plan name | TRAMEC, LLC 401(K) PLAN | |
| b | Name of plan sponsor | TRAMEC, LLC | c EIN-PN 26-2264914-001 |
| a | Plan name | TROXLER ELECTRONIC LABORATORIES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | TROXLER ELECTRONIC LABORATORIES, INC. | c EIN-PN 56-0753744-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | TURN ON PRODUCTS, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor | TURN ON PRODUCTS, INC. | c EIN-PN 13-2835172-003 |
| a | Plan name | VALLEY ENDODONTICS, LTD. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | VALLEY ENDODONTICS, LTD. | c EIN-PN 39-1315629-002 |
| a | Plan name | VALUATION RESEARCH CORPORATION EMPLOYEES' PROFIT SHARING PLAN | |
| b | Name of plan sponsor | VALUATION RESEARCH CORPORATION | c EIN-PN 39-1214928-001 |
| a | Plan name | VER HALEN, INC. PROFIT SHARING & SALARY SAVINGS PLAN & TRUST | |
| b | Name of plan sponsor | VER HALEN, INC. | c EIN-PN 39-1373244-002 |
| a | Plan name | VERMONT GAS SYSTEMS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | VERMONT GAS SYSTEMS, INC. | c EIN-PN 03-0228680-002 |
| a | Plan name | WAGO CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor | WAGO CORPORATION | c EIN-PN 39-1329208-001 |
| a | Plan name | WALLSIDE, INC. 401(K) AND DISCRETIONARY CONTRIBUTION PLAN | |
| b | Name of plan sponsor | WALLSIDE, INC. | c EIN-PN 38-1547434-004 |
| a | Plan name | WALSH, COLUCCI, LUBELEY & WALSH, P.C. EMPLOYEES' 401(K) PLAN | |
| b | Name of plan sponsor | WALSH, COLUCCI, LUBELEY & WALSH, P.C. | c EIN-PN 54-1235076-003 |
| a | Plan name | WEB, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor | WEB, INC. | c EIN-PN 39-1191533-001 |
| a | Plan name | WERNER ELECTRIC SUPPLY CO. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | WERNER ELECTRIC SUPPLY CO. | c EIN-PN 39-0807437-001 |
| a | Plan name | WESTERN BUILDING PRODUCTS, INC. EMPLOYEE STOCK OWNERSHIP PLAN AND 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | WESTERN BUILDING PRODUCTS, INC. | c EIN-PN 39-0926328-003 |
| a | Plan name | WEYCO GROUP, INC. 401(K) PLAN | |
| b | Name of plan sponsor | WEYCO GROUP, INC. | c EIN-PN 39-0702200-005 |

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 | WHITMORE COMPANY, INC. PROFIT SHARING PLAN AND TRUST | |
| b Name of plan sponsor | WHITMORE COMPANY, INC. | c EIN-PN 42-0887900-001 |
| a Plan name | WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION MONEY PURCHASE PLAN | |
| b Name of plan sponsor | WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION | c EIN-PN 39-0886387-001 |
| a Plan name | WISCONSIN PIPE TRADES 401(K) PLAN | |
| b Name of plan sponsor | WISCONSIN PIPE TRADES C/O BENEFIT PLAN ADMINISTRATORS | c EIN-PN 39-1712807-001 |
| a Plan name | WISCONSIN PLASTICS, INC. RETIREMENT SAVINGS PLAN | |
| b Name of plan sponsor | WISCONSIN PLASTICS, INC. | c EIN-PN 39-1377585-001 |
| a Plan name | WORLD WIDE SIGN SYSTEMS 401(K) PLAN | |
| b Name of plan sponsor | WORLD WIDE SIGN SYSTEMS, INC. | c EIN-PN 39-1537840-001 |
| a Plan name | XTEK, INC. EMPLOYEE SAVINGS PLAN | |
| b Name of plan sponsor | XTEK, INC. | c EIN-PN 31-0847969-003 |
| a Plan name | YONKERS CONTRACTING COMPANY, INC. PROFIT SHARING AND INCENTIVE SAVINGS PLAN | |
| b Name of plan sponsor | YONKERS CONTRACTING COMPANY, INC. | c EIN-PN 13-2981331-001 |
| 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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| b Name of plan sponsor | | c EIN-PN |
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| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
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| 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 |
|--|--|--|

| | |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan ONEAMERICA STABLE VALUE FUND | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 MIDWEST INSTITUTIONAL TRUST CO, TRUSTEE, ONEAMERICA STABLE VALUE FUND | D Employer Identification Number (EIN) 39-6490536 |

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

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

| | (a) Beginning of Year | (b) End of Year |
|---|-----------------------|-----------------|
| Assets | | |
| a Total noninterest-bearing cash | 1a | |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 1b(1) | |
| (2) Participant contributions | 1b(2) | |
| (3) Other | 1b(3) | 63768 |
| | | 34204 |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | |
| (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) | 15752328 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | 9817969 |
| (15) Other..... | 1c(15) | 412069298 |
| | | 322415227 |

| 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 | 427885394 | 332267400 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 1194481 | 1000823 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 1194481 | 1000823 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 426690913 | 331266577 |

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) | | 0 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (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) | 13025025 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 13025025 |
| (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) | | 0 |
| (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) | | 0 |
| (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) | | 0 |

| | | (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 | | 62304 |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 13087329 |

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) | | 0 |
| 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) | 45500 | |
| (5) Investment advisory and investment management fees | 2i(5) | 1166073 | |
| (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) | | 1211573 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 1211573 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 11875756 |
| l Transfers of assets: | | | |
| (1) To this plan..... | 2l(1) | | 160030619 |
| (2) From this plan | 2l(2) | | 267330711 |

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 _____.