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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

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. . . . . ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
ASSOCIATED CORE BOND FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ASSOCIATED TRUST COMPANY, N.A.

100 W. WISCONSIN AVENUE
NEENAH, WI 54957-1007

2b Employer Identification Number (EIN)
90-0186734

2c Plan Sponsor's telephone number
920-722-3321

2d Business code (see instructions)

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

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

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	Filed with authorized/valid electronic signature.	03/26/2026	DIANA MODER
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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 **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	**6a(1)**	
a(2) Total number of active participants at the end of the plan year	**6a(2)**	
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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 Characteristic Codes in the instructions:

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

9a Plan funding arrangement (check all that apply)

- [ ] **(1)** Insurance
- [ ] **(2)** Code section 412(e)(3) insurance contracts
- [ ] **(3)** Trust
- [ ] **(4)** General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- [ ] **(1)** Insurance
- [ ] **(2)** Code section 412(e)(3) insurance contracts
- [ ] **(3)** Trust
- [ ] **(4)** 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)

a Pension Schedules

- [ ] **(1)** **R** (Retirement Plan Information)
- [ ] **(2)** **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- [ ] **(3)** **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- [ ] **(4)** **DCG** (Individual Plan Information) – Number Attached _____
- [ ] **(5)** **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- [X] **(1)** **H** (Financial Information)
- [ ] **(2)** **I** (Financial Information – Small Plan)
- [ ] **(3)** **A** (Insurance Information) – Number Attached _____
- [ ] **(4)** **C** (Service Provider Information)
- [X] **(5)** **D** (DFE/Participating Plan Information)
- [ ] **(6)** **G** (Financial Transaction Schedules)

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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan	**B** Three-digit plan number (PN) ▶	
ASSOCIATED CORE BOND FUND		001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
ASSOCIATED TRUST COMPANY, N.A.	90-0186734

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):

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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)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	ACP CREATIVIT, LLC 401(K) PLAN		
b Name of plan sponsor	ACP CREATIVIT, LLC	**c** EIN-PN	36-3423921-001
a Plan name	CAGES BY DESIGN RETIREMENT PLAN		
b Name of plan sponsor	ADAMS SPECIALTY PRODUCTS, LLC	**c** EIN-PN	39-1924580-001
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, LLC 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	ALPHA PRIME, LLC	**c** EIN-PN	39-1351985-001
a Plan name	ALTA RESOURCES CORP 401(K) SAVINGS & RETIREMENT PLAN		
b Name of plan sponsor	ALTA RESOURCES CORP.	**c** EIN-PN	39-1830026-001
a Plan name	AMERICAN CUSTOM METAL FABRICATING, INC. 401(K) PLAN		
b Name of plan sponsor	AMERICAN CUSTOM METAL FABRICATING, INC.	**c** EIN-PN	26-2582648-001
a Plan name	AMERICAN OVERHEAD DOOR COMPANY, INC. 401(K) PLAN		
b Name of plan sponsor	AMERICAN OVERHEAD DOOR COMPANY, INC.	**c** EIN-PN	39-1443580-001
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	BAY FAMILY OF COMPANIES 401(K) PLAN		
b Name of plan sponsor	AWS/GB CORPORATION	**c** EIN-PN	39-1568809-001
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

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	BALLWEG IMPLEMENT COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	BALLWEG IMPLEMENT COMPANY, INC.	**c** EIN-PN	39-1253423-001
a Plan name	BAY AREA SERVICES, INC. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	BAY AREA SERVICES, INC.	**c** EIN-PN	39-1469380-001
a Plan name	BAY BANK 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	BAY BANK	**c** EIN-PN	39-1806371-001
a Plan name	BAYCARE CLINIC 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	BAYCARE CLINIC, L.L.P.	**c** EIN-PN	39-1943214-001
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	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	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	BLC COMMUNITY BANK 401(K) SALARY SAVINGS PLAN		
b Name of plan sponsor	BLC COMMUNITY BANK	**c** EIN-PN	39-0147835-002
a Plan name	BLENDED WAXES, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	BLENDED WAXES, INC.	**c** EIN-PN	39-1239939-001
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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BOEHM-MADISEN LUMBER COMPANY CASH OR DEFERRED PROFIT SHARING PLAN		
b Name of plan sponsor	BOEHM-MADISEN LUMBER COMPANY	**c** EIN-PN	39-0173200-002
a Plan name	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	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	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	CHET'S PLUMBING & HEATING, INC. 401(K) PLAN		
b Name of plan sponsor	CHET'S PLUMBING & HEATING, INC.	**c** EIN-PN	39-1614960-001
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	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	CRAFTS, INC. EMPLOYEES' SAVINGS AND RETIREMENT PLAN		
b Name of plan sponsor	CRAFTS, INC.	**c** EIN-PN	39-0752484-011
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
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	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

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	DOCTORS OXYGEN SERVICE, INC. 401(K) PLAN AND TRUST		
b Name of plan sponsor	DOCTORS OXYGEN SERVICE, INC.	**c** EIN-PN	39-0868491-003
a Plan name	DON HIETPAS & SONS, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	DON HIETPAS & SONS, INC.	**c** EIN-PN	39-1210982-001
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	ECK INDUSTRIES, INC. 401(K) PLAN		
b Name of plan sponsor	ECK INDUSTRIES, INC.	**c** EIN-PN	39-0779670-010
a Plan name	ECK INDUSTRIES, INC. 401(K) PLAN		
b Name of plan sponsor	ECK INDUSTRIES, INC.	**c** EIN-PN	39-0779670-001
a Plan name	ELKHART LAKE'S ROAD AMERICA, INC. EMPLOYEES' 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	ELKHART LAKE'S ROAD AMERICA, INC.	**c** EIN-PN	39-0883364-001
a Plan name	ENGELHART, INC. PROFIT SHARING PLAN		
b Name of plan sponsor	ENGELHART, INC.	**c** EIN-PN	39-1173475-001
a Plan name	EUROPHARMA, INC. 401(K) SAVINGS PLAN		
b Name of plan sponsor	EUROPHARMA, INC.	**c** EIN-PN	04-3706703-001
a Plan name	EVENTIUM, LLC 401(K) PLAN		
b Name of plan sponsor	EVENTIUM, LLC	**c** EIN-PN	45-3189813-001
a Plan name	FEECO INTERNATIONAL INC. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	FEECO INTERNATIONAL INC.	**c** EIN-PN	39-0887893-004

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	FEY PRINTING 401(K) SAVINGS PLAN		
b Name of plan sponsor	FEY PRINTING	**c** EIN-PN	39-0278220-001
a Plan name	FLASH 4, INC. 401(K) PLAN AND TRUST		
b Name of plan sponsor	FLASH 4, INC.	**c** EIN-PN	39-1918587-001
a Plan name	FOLEY COMPANY, LLC 401(K) PLAN		
b Name of plan sponsor	FOLEY COMPANY, LLC	**c** EIN-PN	81-4588445-001
a Plan name	FOREST VIEW DENTAL, S.C. 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	FOREST VIEW DENTAL, S.C.	**c** EIN-PN	39-1813112-002
a Plan name	FROM THE FOREST, LLC 401(K) PLAN		
b Name of plan sponsor	FROM THE FOREST, LLC	**c** EIN-PN	20-8996791-001
a Plan name	FZE MANUFACTURING SOLUTIONS, LLC 401(K) PLAN AND TRUST		
b Name of plan sponsor	FZE MANUFACTURING SOLUTIONS, LLC	**c** EIN-PN	81-3961214-001
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	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, P.A. LAW FIRM	**c** EIN-PN	41-1227361-001
a Plan name	GREATER GREEN BAY CHAMBER OF COMMERCE, INC. 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	GREATER GREEN BAY CHAMBER OF COMMERCE, INC.	**c** EIN-PN	39-0318170-002
a Plan name	GREENLEAF BANK EMPLOYEES' 401(K) PROFIT SHARING PLAN & TRUST		
b Name of plan sponsor	GREENLEAF BANK	**c** EIN-PN	39-0634210-002
a Plan name	SHARE IN OUR GROWTH 401(K) PLAN		
b Name of plan sponsor	GUY & O'NEILL, INC.	**c** EIN-PN	39-1234372-001

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	HAMANN CONSTRUCTION COMPANY 401(K) PLAN		
b Name of plan sponsor	HAMANN CONSTRUCTION COMPANY	**c** EIN-PN	39-0329330-002
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	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	IMPERIAL INDUSTRIES/INDUSTRIAL TANK RETIREMENT & SAVINGS PLAN		
b Name of plan sponsor	IMPERIAL INDUSTRIES, INC.	**c** EIN-PN	39-1369073-001
a Plan name	INDUSTRIAL PACKAGING CORPORATION 401(K) PLAN		
b Name of plan sponsor	INDUSTRIAL PACKAGING CORPORATION	**c** EIN-PN	39-1652142-001
a Plan name	INTEGRATED COMMUNITY SOLUTIONS, INC. 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	INTEGRATED COMMUNITY SOLUTIONS, INC.	**c** EIN-PN	23-7346463-004
a Plan name	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	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	JEFFERSON PARTNERS 401(K) PLAN		
b Name of plan sponsor	JEFFERSON PARTNERS, L.P.	**c** EIN-PN	41-1724174-001

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	JOURNEYMAN MACHINE & SUPPLY CO. INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	JOURNEYMAN MACHINE & SUPPLY CO., INC.	**c** EIN-PN	39-1251405-001
a Plan name	KAHLENBERG INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	KAHLENBERG INDUSTRIES, INC.	**c** EIN-PN	39-0384290-001
a Plan name	KAHLENBERG INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	KAHLENBERG INDUSTRIES, INC.	**c** EIN-PN	39-0384290-003
a Plan name	KAUFMAN MFG. CO., INC. DEFERRED SAVINGS PLAN		
b Name of plan sponsor	KAUFMAN MFG. CO., INC.	**c** EIN-PN	39-0387540-003
a Plan name	KAYSUN CORPORATION 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	KAYSUN CORPORATION	**c** EIN-PN	39-1223795-002
a Plan name	KMI CONSTRUCTION LLC UNION 401(K) PLAN		
b Name of plan sponsor	KMI CONSTRUCTION LLC	**c** EIN-PN	45-2201133-002
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
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	KI 401(K) SAVINGS PLAN		
b Name of plan sponsor	KRUEGER INTERNATIONAL, INC.	**c** EIN-PN	39-1375589-006
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	MARATHON MAIL SERVICE, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	MARATHON MAIL SERVICE, INC.	**c** EIN-PN	39-1255196-001

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	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	MASA-USA PROFIT SHARING 401(K) PLAN		
b Name of plan sponsor	MASA-USA, LLC	**c** EIN-PN	39-2012473-001
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	MCMILLAN-WARNER MUTUAL INSURANCE COMPANY 401(K) PLAN		
b Name of plan sponsor	MCMILLAN-WARNER MUTUAL INSURANCE COMPANY	**c** EIN-PN	39-0461800-002
a Plan name	MEGAL DEVELOPMENT CORPORATION 401(K) PLAN		
b Name of plan sponsor	MEGAL DEVELOPMENT CORPORATION	**c** EIN-PN	39-0942148-001
a Plan name	MERRILL DISTRIBUTING, INC. 401(K) SAVINGS PLAN		
b Name of plan sponsor	MERRILL DISTRIBUTING, INC.	**c** EIN-PN	39-0466060-001
a Plan name	MERRILL STEEL 401(K) PLAN		
b Name of plan sponsor	MERRILL IRON & STEEL, INC.	**c** EIN-PN	39-0989700-002
a Plan name	MGW LAW, LLP RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	MGW LAW, LLP	**c** EIN-PN	85-0726044-001
a Plan name	MIDSTATE INDEPENDENT LIVING CHOICES, INC. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	MIDSTATE INDEPENDENT LIVING CHOICES, INC.	**c** EIN-PN	39-1988524-001
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

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	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	MILLER-BRADFORD & RISBERG, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	MILLER-BRADFORD & RISBERG, INC.	**c** EIN-PN	39-1127878-002
a Plan name	MILLTOWN PAPER, INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	MILLTOWN PAPER, INC.	**c** EIN-PN	39-1806698-002
a Plan name	MORTON DRUG COMPANY EMPLOYEES PROFIT SHARING PLAN		
b Name of plan sponsor	MORTON DRUG COMPANY	**c** EIN-PN	39-0486552-001
a Plan name	MOUNT HOREB TELEPHONE COMPANY 401(K) P/S PLAN		
b Name of plan sponsor	MOUNT HOREB TELEPHONE COMPANY	**c** EIN-PN	39-0487730-002
a Plan name	MULLINS CHEESE, INC. PROFIT SHARING PLAN		
b Name of plan sponsor	MULLINS CHEESE, INC.	**c** EIN-PN	39-1140270-001
a Plan name	MULTI-CONVEYOR, LLC 401(K) PLAN		
b Name of plan sponsor	MULTI-CONVEYOR, LLC	**c** EIN-PN	39-1809000-001
a Plan name	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	NEW NORTH, INC. 401(K) PLAN		
b Name of plan sponsor	NEW NORTH, INC.	**c** EIN-PN	26-0114487-001
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
a Plan name	NIEBLER, PYZYK, CARRIG, JELENCHICK & HANLEY LLP 401(K) RETIREMENT PLAN		
b Name of plan sponsor	NIEBLER, PYZYK, CARRIG, JELENCHICK & HANLEY LLP	**c** EIN-PN	39-1502627-001

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	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	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, S.C.	**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	PALMEN MOTORS, INC. PROFIT SHARING 401(K) PLAN AND TRUST		
b Name of plan sponsor	PALMEN MOTORS, INC.	**c** EIN-PN	39-1156658-001
a Plan name	PARKER COATINGS, INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	PARKER COATINGS, INC.	**c** EIN-PN	39-0991244-001
a Plan name	PDI 401(K) PLAN		
b Name of plan sponsor	PARTS DISTRIBUTING, INC.	**c** EIN-PN	39-1319955-001
a Plan name	POLYFAB, LLC EMPLOYEES' PROFIT SHARING PLAN		
b Name of plan sponsor	POLYFAB, LLC	**c** EIN-PN	39-1151695-003

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	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 CONVERTING INC 401(K) PLAN		
b Name of plan sponsor	PROGRESSIVE CONVERTING, INC.	**c** EIN-PN	39-1747757-001
a Plan name	QUALITY PAINT AND COATINGS RETIREMENT PLAN		
b Name of plan sponsor	QUALITY PAINT AND COATINGS	**c** EIN-PN	39-1840258-001
a Plan name	R&J TRANSPORT, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	R&J TRANSPORT, INC.	**c** EIN-PN	39-1299254-001
a Plan name	REEKE-MAROLD COMPANY, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	REEKE-MAROLD CO., INC.	**c** EIN-PN	39-0980719-001
a Plan name	REMLEY LAW, S.C. PROFIT SHARING RETIREMENT PLAN AND TRUST		
b Name of plan sponsor	REMLEY LAW, S.C.	**c** EIN-PN	39-1101571-001
a Plan name	REMLEY LAW, S.C. PROFIT SHARING RETIREMENT PLAN AND TRUST		
b Name of plan sponsor	REMLEY LAW, S.C.	**c** EIN-PN	39-1101571-001
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	RESERVE MANAGEMENT GROUP 401(K) PLAN		
b Name of plan sponsor	RMG INVESTMENT GROUP, LLC	**c** EIN-PN	45-2588798-001
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	SANDERFOOT WIND & EXCAVATING INC. 401(K) PLAN		
b Name of plan sponsor	SANDERFOOT WIND & EXCAVATING INC	**c** EIN-PN	20-3982209-001
a Plan name	SENTRY EQUIPMENT CORP. 401(K) PLAN		
b Name of plan sponsor	SENTRY EQUIPMENT CORP.	**c** EIN-PN	39-0343280-003

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	SHADY LANE, INC. 401(K) PLAN		
b Name of plan sponsor	SHADY LANE, INC.	**c** EIN-PN	39-0829541-002
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	SOHN MANUFACTURING, INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	SOHN MANUFACTURING, INC.	**c** EIN-PN	39-0959245-001
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	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	ST. CROIX RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	ST. CROIX OF PARK FALLS, LTD.	**c** EIN-PN	39-1287923-001
a Plan name	STOKE RGA, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	STOKE RGA, INC.	**c** EIN-PN	39-1851921-001
a Plan name	SYNERGY ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	SYNERGY ASSOCIATES, L.L.C.	**c** EIN-PN	41-1926526-001
a Plan name	TABLE MATE PRODUCTS, INC. 401(K) PLAN		
b Name of plan sponsor	TABLE MATE PRODUCTS, INC.	**c** EIN-PN	36-3035034-001
a Plan name	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 SNELLING COMPANY 401(K) PLAN		
b Name of plan sponsor	THE SNELLING CO., INC.	**c** EIN-PN	41-0844864-001

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	TOLERANCE MASTERS LLC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	TOLERANCE MASTERS, LLC	**c** EIN-PN	41-0836249-001
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	V&L TOOL, LLC RETIREMENT PLAN		
b Name of plan sponsor	V & L TOOL, LLC	**c** EIN-PN	47-1734688-001
a Plan name	VALLEY COMMUNITY FOOD CO-OP 401(K) PLAN		
b Name of plan sponsor	VALLEY COMMUNITY FOOD CO-OP, 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	WAGNER EXCAVATING, INC. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	WAGNER EXCAVATING, INC.	**c** EIN-PN	39-1227210-001
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 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	WESTGOR FUNERAL HOME, INC. 401(K) P/S PLAN		
b Name of plan sponsor	WESTGOR FUNERAL HOME, INC.	**c** EIN-PN	39-1140393-002
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)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	WILD MARKETING GROUP, INC. 401(K) PLAN		
b Name of plan sponsor	WILD MARKETING GROUP, INC.	**c** EIN-PN	39-1689569-001
a Plan name	WILLMAN INDUSTRIES, INC. 401(K) PLAN		
b Name of plan sponsor	WILLMAN INDUSTRIES, INC.	**c** EIN-PN	39-1589780-001
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	WILLMAN INDUSTRIES, INC. 401(K) PLAN		
b Name of plan sponsor	WILLMAN INDUSTRIES, INC.	**c** EIN-PN	39-1589780-002
a Plan name	WISCONSIN ASSOCIATION OF HEALTH PLANS, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	WISCONSIN ASSOCIATION OF HEALTH PLANS, INC.	**c** EIN-PN	39-1499957-001
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	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	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	WOMEN'S CARE OF WISCONSIN, S.C. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	WOMENS CARE OF WISCONSIN, S.C.	**c** EIN-PN	39-1994216-001
a Plan name	ZIMMERMANN PRINTING COMPANY, INC. 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	ZIMMERMANN PRINTING CO., INC	**c** EIN-PN	39-0728490-001

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	ASSOCIATED BANC-CORP RETIREMENT ACCOUNT PLAN		
b Name of plan sponsor	ASSOCIATED BANC-CORP	**c** EIN-PN	39-1098068-001
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	FOX VALLEY TECHNICAL COLLEGE DEFERRED COMPENSATION PLAN		
b Name of plan sponsor	FOX VALLEY TECHNICAL COLLEGE	**c** EIN-PN	39-1087276-001
a Plan name	GOGEBIC COUNTY MENTAL HEALTH SERVICES DEFERRED COMPENSATION PLAN		
b Name of plan sponsor	COMMUNITY MENTAL HEALTH AUTHORITY	**c** EIN-PN	38-3021204-001
a Plan name	HRNAK'S FLOWERLAND LLC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	HRNAK'S FLOWERLAND, GIFTS & COLLECTABLES, LLC	**c** EIN-PN	99-4087312-003
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	ASSOCIATED CONSERVATIVE BALANCED LIFESTAGE FUND		
b Name of plan sponsor	ASSOCIATED TRUST COMPANY, N.A.	**c** EIN-PN	39-6771932-001
a Plan name	ASSOCIATED BALANCED LIFESTAGE FUND		
b Name of plan sponsor	ASSOCIATED TRUST COMPANY, N.A.	**c** EIN-PN	39-6771933-001
a Plan name	ASSOCIATED GROWTH BALANCED LIFESTAGE FUND		
b Name of plan sponsor	ASSOCIATED TRUST COMPANY, N.A.	**c** EIN-PN	39-6771934-001
a Plan name	ASSOCIATED CONSERVATIVE GROWTH LIFESTAGE FUND		
b Name of plan sponsor	ASSOCIATED TRUST COMPANY, N.A.	**c** EIN-PN	39-6771935-001
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
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
ASSOCIATED CORE BOND FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ASSOCIATED TRUST COMPANY, N.A.

D Employer Identification Number (EIN)
90-0186734

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)	3032950	3485412
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5170714	6596421
(2) U.S. Government securities	1c(2)	89100210	99396652
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	196205937	186075100
(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)	4430804	4429573

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	297940615	299983158
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	354116	29097
1k Total liabilities (add all amounts in lines 1g through1j)	1k	354116	29097
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	297586499	299954061

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)	306085	
(B) U.S. Government securities	2b(1)(B)	4682308	
(C) Corporate debt instruments	2b(1)(C)	6603554	
(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)		11591947
(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)	55648936	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	58086971	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-2438035
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2307587	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		2307587

		(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		203770
d Total income. Add all **income** amounts in column (b) and enter total	2d		11665269
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)	5431	
(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)		5431
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5431
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		11659838
l Transfers of assets:			
(1) To this plan	2l(1)		45477640
(2) From this plan	2l(2)		54769916

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.)	4a			
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.)	4b			
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.)	4c			
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.)	4d			
e Was this plan covered by a fidelity bond?	4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f			
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?	4g			
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?	4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i			
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.)	4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k			
l Has the plan failed to provide any benefit when due under the plan?	4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			

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 _____.