

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 <h1 style="text-align: center;">2024</h1> 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.

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>ABG RETIREMENT PLAN GROUP TRUST</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>ABG RETIREMENT PLAN GROUP TRUST</u> <u>ALTA TRUST COMPANY</u> <u>3500 S PHILLIPS AVE.</u> <u>STE. 201</u> <u>SIOUX FALLS, SD 57105</u>	2b Employer Identification Number (EIN) <u>83-3962311</u> 2c Plan Sponsor's telephone number <u>303-996-3781</u> 2d Business code (see instructions)

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

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

SIGN HERE			
	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>09/08/2025</u>	<u>MACKENZIE LOTHERT</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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>ABG RETIREMENT PLAN GROUP TRUST</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>ABG RETIREMENT PLAN GROUP TRUST</u>	D Employer Identification Number (EIN) <u>83-3962311</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: RELIANCE METLIFE SERIES 25157

b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY

c EIN-PN <u>41-0417830-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2651694</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST STABLE VALUE CL R1

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

c EIN-PN <u>46-6625485-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>211367</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY CIT III METLIFE 25554

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

c EIN-PN <u>26-0142858-094</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>26667</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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)

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	AMERICAN BANK AND TRUST COMPANY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN BANK AND TRUST	c EIN-PN 36-4256335-001
a	Plan name	ANIMART PET, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANIMART PET, INC	c EIN-PN 46-0856889-001
a	Plan name	APALIS 401K RETIREMENT PLAN	
b	Name of plan sponsor	APALIS, LLC	c EIN-PN 88-1726441-001
a	Plan name	AQUAMOON, LLC 401K PLAN	
b	Name of plan sponsor	AQUAMOON, LLC	c EIN-PN 45-4440595-001
a	Plan name	BHM HEALTHCARE SOLUTIONS, INC. 401K PLAN	
b	Name of plan sponsor	BHM HEALTHCARE SOLUTIONS, INC.	c EIN-PN 36-4505362-001
a	Plan name	BRUNER & ASSOCIATES LLC 401K PLAN	
b	Name of plan sponsor	BRUNER & ASSOCIATES LLC	c EIN-PN 65-1256612-001
a	Plan name	CENTRAL COUNTY FIRE & RESCUE	
b	Name of plan sponsor	CENTRAL COUNTY FIRE & RESCUE	c EIN-PN 43-1813471-001
a	Plan name	CHICAGO PARKS FOUNDATION 401K PLAN	
b	Name of plan sponsor	CHICAGO PARKS FOUNDATION	c EIN-PN 45-4866050-001
a	Plan name	COLORADO ORTHOPEDICS 401(K) PLAN	
b	Name of plan sponsor	COLORADO ORTHOPEDICS, PC.	c EIN-PN 45-2043482-001
a	Plan name	COMMUNITY FIRE PROTECTION DISTRICT	
b	Name of plan sponsor	COMMUNITY FIRE PROTECTION DISTRICT	c EIN-PN 45-6766746-001
a	Plan name	CROSSROADS BANK 401K PLAN	
b	Name of plan sponsor	CROSSROADS BANK	c EIN-PN 84-2947323-001
a	Plan name	EDC HOLDINGS 401K PLAN	
b	Name of plan sponsor	EDC HOLDINGS, LLC	c EIN-PN 84-4798132-001

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	EDC HOLDINGS CASH BALANCE PLAN	
b	Name of plan sponsor	EDC HOLDINGS, LLC	c EIN-PN 82-1872474-002
a	Plan name	EDWIN R. SCHOENENBERGER, DDS, SC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	EDWIN R. SCHOENENBERGER, DDS, SC	c EIN-PN 39-2000188-001
a	Plan name	ERNST HEATING & COOLING 401K PLAN	
b	Name of plan sponsor	ERNST HEATING & COOLING, INC.	c EIN-PN 37-0946386-001
a	Plan name	FABRICATION SPECIALISTS OF ILLINOIS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FABRICATION SPECIALISTS OF ILLINOIS, INC.	c EIN-PN 20-4175951-001
a	Plan name	FIRST NATIONAL BANK OF PANA PROFIT SHARING PLAN	
b	Name of plan sponsor	FIRST NATIONAL BANK OF PANA	c EIN-PN 37-0573078-003
a	Plan name	GARY K. CRAIG 401K PLAN	
b	Name of plan sponsor	GARY K. CRAIG, LLC	c EIN-PN 81-5105227-001
a	Plan name	GRAHAM'S AUTO & TRUCK CLINIC 401K PLAN	
b	Name of plan sponsor	GRAHAM'S AUTO & TRUCK CLINIC, LLC	c EIN-PN 84-4024536-001
a	Plan name	HARTWIG INCORPORATED PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	HARTWIG EXHIBIT & DISPLAY	c EIN-PN 39-0336380-001
a	Plan name	HERITAGE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	HERITAGE INSTANT PRINTING CO., INC.	c EIN-PN 39-1174024-001
a	Plan name	ILLINOIS BANKERS ASSOCIATION 401(K) INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	ILLINOIS BANKERS ASSOCIATION	c EIN-PN 46-5235665-001
a	Plan name	ILLINOIS BANKERS GROUP INSURANCE TRUST 401K	
b	Name of plan sponsor	ILLINOIS BANKERS ASSOCIATION	c EIN-PN 37-6082547-001
a	Plan name	INTERSTATE SEALANT & CONCRETE, INC. SALARY REDUCTION PLAN AND TRUST	
b	Name of plan sponsor	INTERSTATE SEALANT & CONCRETE, INC.	c EIN-PN 39-1928310-001

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	IPI WEALTH MANAGEMENT RETIREMENT PLAN	
b	Name of plan sponsor	IPI WEALTH MANAGEMENT	c EIN-PN 37-1409253-001
a	Plan name	ITASCA TECHNOLOGY 401K PLAN	
b	Name of plan sponsor	ITASCA TECHNOLOGY INC.	c EIN-PN 81-2125291-001
a	Plan name	KENNETT BOARD OF PUBLIC WORKS 457 DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	KENNET BOARD OF PUBLIC WORKS	c EIN-PN 84-4767274-001
a	Plan name	KINGERY DURREE WAKEMAN & O'DONNELL, ASSOCIATES PROFIT SHARING PLAN	
b	Name of plan sponsor	KINGERY DURREE WAKEMAN & O'DONNELL, ASSOICATES	c EIN-PN 84-4689851-001
a	Plan name	LAWN FAWN, LLC 401K PLAN	
b	Name of plan sponsor	LAWN FAWN, LLC	c EIN-PN 27-1782138-001
a	Plan name	MARTIN ONE SOURCE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AUTOMATED COMMUNICATIONS DBA MARTIN ONE SOURCE	c EIN-PN 37-1255164-001
a	Plan name	MIDPOINT ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	MIDPOINT ENTERPRISES, INC.	c EIN-PN 26-2087703-001
a	Plan name	MM & T 401K PLAN	
b	Name of plan sponsor	MUSHRO MACHINE & TOOL WORKS, INC.	c EIN-PN 83-2410214-001
a	Plan name	MORTON FAMILY DENTAL 401K PLAN	
b	Name of plan sponsor	MARIO SERRANO DDS & SARA VAFA DMD P.C.	c EIN-PN 81-2724793-001
a	Plan name	MVP ENTERPRISES/ INDUSTRIAL SCALE CO. 401K PLAN	
b	Name of plan sponsor	MVP ENTERPRISES INC./INDUSTRIAL SCALE COMPANY INC.	c EIN-PN 76-0045637-001
a	Plan name	OUTDOOR LIGHTING CONCEPTS, LLC 401(K) PLAN	
b	Name of plan sponsor	OUTDOOR LIGHTING CONCEPTS, LLC	c EIN-PN 74-3118029-001
a	Plan name	PATTONVILLE FIRE PROTECTION DISTRICT	
b	Name of plan sponsor	PATTONVILLE FIRE PROTECTION DISTRICT	c EIN-PN 43-6045882-001

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	PEORIA MANPOWER, INC. 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PEORIA MANPOWER, INC.	c EIN-PN 16-1739920-003
a	Plan name	PEORIA SYMPHONY ORCHESTRA 401K PLAN	
b	Name of plan sponsor	PEORIA SYMPHONY ORCHESTRA	c EIN-PN 37-0901338-001
a	Plan name	PLANTER WORX 401K PLAN	
b	Name of plan sponsor	PLANTER WORX LLC	c EIN-PN 47-4714773-001
a	Plan name	POUNDER OIL SERVICE, INC 401K PLAN	
b	Name of plan sponsor	POUNDER OIL SERVICE, INC	c EIN-PN 92-0078690-001
a	Plan name	QUEENS TRUCKING AND CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	QUEENS TRUCKING AND CONSTRUCTION, INC.	c EIN-PN 26-1637909-001
a	Plan name	RED LION VETERINARY SERVICES LLC 401K PLAN	
b	Name of plan sponsor	RED LION VETERINARY SERVICES LLC 401K PLAN	c EIN-PN 45-3633854-001
a	Plan name	REICHERT SPICE COMPANY 401(K) PLAN	
b	Name of plan sponsor	REICHERT SPICE CO	c EIN-PN 46-1492832-001
a	Plan name	SHULTS-LEWIS CHILD & FAMILY SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	SHULTS-LEWIS CHILD & FAMILY SERVICES, INC.	c EIN-PN 35-0998720-001
a	Plan name	SPACEHAUSE, LLC 401K PLAN	
b	Name of plan sponsor	SPACE HAUS	c EIN-PN 45-4654274-001
a	Plan name	STEWART FINANCIAL GROUP 401K PLAN	
b	Name of plan sponsor	STEWART FINANCIAL GROUP, LLC	c EIN-PN 26-4831542-001
a	Plan name	SUBSTATION ENGINEERING SOLUTIONS 401K PLAN	
b	Name of plan sponsor	SUBSTATION ENGINEERING SOLUTIONS LLC	c EIN-PN 82-1874916-001
a	Plan name	SUMMIT FINANCIAL ADVISORS, INC. 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SUMMIT FINANCIAL ADVISORS, INC. DBA GUARDIAN WEALTH MANAGEMENT	c EIN-PN 37-1388388-001

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	TEAMSPEAK SYSTEMS, INC 401K PLAN	
b	Name of plan sponsor	TEAMSPEAK SYSTEMS, INC	c EIN-PN 45-5576867-001
a	Plan name	TECHNA-TOOL INC. 401K PLAN	
b	Name of plan sponsor	TECHNA-TOOL INC.	c EIN-PN 84-4707196-001
a	Plan name	THE EXECUTIVE ADVERTISING 401K PLAN	
b	Name of plan sponsor	THE EXECUTIVE CORPORATION DBA EXECUTIVE ADVERTISING	c EIN-PN 26-2172398-001
a	Plan name	TOKAIDO TRADING, INC. 401(K) PLAN	
b	Name of plan sponsor	TOKAIDO TRADING INCORPORATED	c EIN-PN 45-4173661-002
a	Plan name	UNDERGROUND RAILWAY COMPANY 401K RETIREMENT PLAN	
b	Name of plan sponsor	UNDERGROUND RAILWAY COMPANY	c EIN-PN 37-1248353-001
a	Plan name	VERYONE INC. 401(K) PLAN	
b	Name of plan sponsor	VERYONE INC.	c EIN-PN 22-3641586-001
a	Plan name	WENK INSURANCE AGENCY, INC. 401K RETIREMENT PLAN	
b	Name of plan sponsor	WENK INSURANCE AGENCY, INC.	c EIN-PN 36-2929798-001
a	Plan name	WJP RESTAURANT GROUP LLC 401K PLAN	
b	Name of plan sponsor	WJP RESTAURANT GROUP LLC	c EIN-PN 81-0788431-001
a	Plan name	INNER CONNECTION TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	INNER CONNECTION TECHNOLOGIES, INC.	c EIN-PN 36-4477138-001
a	Plan name	HALL LEGAL GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	HALL LEGAL GROUP, LLC 401(K) PLAN	c EIN-PN 92-1015083-001
a	Plan name	PERSCHBACHER DERMATOLOGY 401(K) PLAN	
b	Name of plan sponsor	PERSCHBACHER DERMATOLOGY, LLC	c EIN-PN 99-1111169-001
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 ABG RETIREMENT PLAN GROUP TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ABG RETIREMENT PLAN GROUP TRUST	D Employer Identification Number (EIN) 83-3962311

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	67436	29951
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1702600	1234892
(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)	267224	431711
(9) Value of interest in common/collective trusts	1c(9)	2855516	2889728
(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)	45273715	63033421
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	250385	250385

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	50416876	67870088
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	50416876	67870088

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)	1574002	
(B) Participants.....	2a(1)(B)	3256466	
(C) Others (including rollovers).....	2a(1)(C)	8761156	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		13591624
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	27479	
(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)	34536	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		62015
(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)	1436173	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		1436173
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	10605638	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	9517040	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		1088598
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	5785929	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		220219
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		22184558

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5413310	
(2) To insurance carriers for the provision of benefits	2e(2)	2656	
(3) Other.....	2e(3)	1741	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5417707
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)		
(5) Investment advisory and investment management fees	2i(5)	51676	
(6) Bank or trust company trustee/custodial fees	2i(6)	181899	
(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)	2143	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		235718
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5653425

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		16531133
l Transfers of assets:			
(1) To this plan.....	2l(1)		1791731
(2) From this plan	2l(2)		869652

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 _____.