

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) C

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension 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

<p>1a Name of plan <u>AMERICAN AGGRESSIVE ALLOCATION FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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>AMERICAN AGGRESSIVE ALLOCATION FUND</u></p> <p><u>ALTA TRUST COMPANY</u> <u>3500 S PHILLIPS AVE.</u> <u>STE. 201</u> <u>SIOUX FALLS, SD 57105</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>88-1329967</u></p> <p>2c Plan Sponsor's telephone number <u>303-996-3781</u></p> <p>2d Business code (see instructions)</p>

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.	09/23/2025	MACKENZIE LOTHERT
	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>AMERICAN AGGRESSIVE ALLOCATION 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>AMERICAN AGGRESSIVE ALLOCATION FUND</u>	D Employer Identification Number (EIN) <u>88-1329967</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALTA TRUST SHORT TERM INVESTMENT</u>		
b Name of sponsor of entity listed in (a): <u>ALTA TRUST</u>		
c EIN-PN <u>92-0398350-001</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>85420</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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	ADVANCED ELECTRONIC SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	ADVANCED ELECTRONIC SOLUTIONS, INC.	c EIN-PN 22-3330534-001
a	Plan name	AFFILIATED AGENCY, INC. 401K PLAN	
b	Name of plan sponsor	AFFILIATED AGENCY, INC.	c EIN-PN 11-3402308-001
a	Plan name	ALL SYSTEMS COGENERATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ALL SYSTEMS COGENERATION, INC.	c EIN-PN 11-3175518-001
a	Plan name	AMLON RESOURCES GROUP, LLC EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	AMLON RESOURCES GROUP	c EIN-PN 13-4135904-001
a	Plan name	ANDERSON ENVIRONMENTAL CONTRACTING 401(K) PLAN	
b	Name of plan sponsor	ANDERSON ENVIRONMENTAL CONTRACTING	c EIN-PN 91-2021282-001
a	Plan name	ARNOLD LUMBER COMPANY 401K EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	ARNOLD LUMBER COMPANY	c EIN-PN 05-0365474-001
a	Plan name	ASPHALT DRUM MIXERS, INC. 401(K) PLAN	
b	Name of plan sponsor	ASPHALT DRUM MIXERS, INC.	c EIN-PN 35-1572077-001
a	Plan name	ASTRO MET, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ASTRO MET, INC	c EIN-PN 31-0641716-002
a	Plan name	BERESFORD BOOTH RETIREMENT PLAN	
b	Name of plan sponsor	BERESFORD BOOTH	c EIN-PN 30-0008684-001
a	Plan name	CATRAC 401(K) PLAN	
b	Name of plan sponsor	CAPITAL AREA TRAUMA REGIONAL ADVISORY COUNCIL (CATRAC)	c EIN-PN 74-2747806-002
a	Plan name	CHARTER SCHOOL BUSINESS MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	CHARTER SCHOOL BUSINESS MANAGEMENT, INC.	c EIN-PN 20-4911319-001
a	Plan name	COLORADO BLUESKY ENTERPRISES INC. 401(K) PLAN	
b	Name of plan sponsor	COLORADO BLUESKY ENTERPRISES, INC.	c EIN-PN 84-0561888-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	COUNTY ROAD ASSOCIATION OF MICHIGAN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COUNTY ROAD ASSOCIATION OF MICHIGAN	c EIN-PN 38-6004884-002
a	Plan name	DIGITAL OFFICE SYSTEMS, INC. 401K PLAN	
b	Name of plan sponsor	DIGITAL OFFICE SYSTEMS, INC	c EIN-PN 48-1240864-001
a	Plan name	DINWIDDIE-HINES CONSTRUCTION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DINWIDDIE-HINES CONSTRUCTION	c EIN-PN 68-0348759-002
a	Plan name	ELLINGTON TELEPHONE COMPANY 401(K) PLAN	
b	Name of plan sponsor	ELLINGTON TELEPHONE COMPANY	c EIN-PN 43-0258000-001
a	Plan name	FRAMERICA CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FRAMERICA CORPORATION	c EIN-PN 11-2835418-001
a	Plan name	GOMEZ & BECKER LLP 401(K) PLAN	
b	Name of plan sponsor	GOMEZ & BECKER LLP	c EIN-PN 81-1214704-001
a	Plan name	GOVERNMENT ACQUISITIONS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	GOVERNMENT ACQUISITIONS	c EIN-PN 31-1269379-001
a	Plan name	H AND L CONTRACTING LLC 401(K) PLAN	
b	Name of plan sponsor	H & L CONTRACTING LLC	c EIN-PN 46-4082629-001
a	Plan name	H&E EQUIPMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	H&E EQUIPMENT SERVICES, INC.	c EIN-PN 11-3113455-001
a	Plan name	HARVEY TOOL COMPANY, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HARVEY TOOL COMPANY, LLC	c EIN-PN 20-8909122-001
a	Plan name	HIGHHOUSE OIL OPERATIONS INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	HIGHHOUSE OIL OPERATIONS INC	c EIN-PN 20-3844440-001
a	Plan name	HOUSING AUTH OF THE CITY OF LOS ANGELES DC PLAN	
b	Name of plan sponsor	HOUSING AUTHORITY OF THE CITY OF LOS ANGELES (HACLA)	c EIN-PN 95-6001623-001

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 INTEGRATED WEALTH ADVISORY SERVICES, INC. 401 (K) PS PLAN	
b	Name of plan sponsor INTEGRATED WEALTH ADVISORY SERVICES, INC.	c EIN-PN 48-0988125-001
a	Plan name KLAS ENTERPRISES, LLC 401K PLAN	
b	Name of plan sponsor KLAS ENTERPRISES	c EIN-PN 86-0878379-001
a	Plan name KNOWLEDGEWORKS FOUNDATION 401(K) & RETIREMENT PLAN	
b	Name of plan sponsor KNOWLEDGEWORKS FOUNDATION	c EIN-PN 31-1321973-003
a	Plan name KORBER PHARMA SOFTWARE, INC 401K PROFIT SHARING PLAN FKA WERUM IT SOLUTIONS AMERICA INC 401 K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor KORBER PHARMA SOFTWARE FKA WERUM IT SOLUTIONS INC.	c EIN-PN 51-0401251-001
a	Plan name KRIEGER KLATT ARCHITECTS 401(K) PLAN	
b	Name of plan sponsor KRIEGER KLATT ARCHITECTS	c EIN-PN 32-0336788-001
a	Plan name MATTHEWS BROTHERS DREDGING, INC. 401(K) PLAN	
b	Name of plan sponsor MATTHEWS BROTHERS DREDGING, INC.	c EIN-PN 64-0905775-001
a	Plan name MORRISON VENTURES, LLC 401(K) PLAN	
b	Name of plan sponsor MORRISON VENTURES, LLC	c EIN-PN 74-2840710-001
a	Plan name NEWLAND CONSTRUCTION COMPANY, INC. 401(K) DEFERRED COMPENSATION AND PROFIT SHARING PLAN	
b	Name of plan sponsor NEWLAND CONSTRUCTION CO., INC.	c EIN-PN 91-0489231-001
a	Plan name NOVA MARKETING SERVICES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor NOVA MARKETING, LLC	c EIN-PN 20-3470103-001
a	Plan name ORTHOPAEDICS SPINE AND SPORTS 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor TOTAL ORTHOPEDIC SPINE AND SPORTS MEDICINE	c EIN-PN 20-5290355-001
a	Plan name OVERNIGHT LABELS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OVERNIGHT LABELS, INC.	c EIN-PN 11-2790069-002
a	Plan name PELLA PRODUCTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor PELLA PRODUCTS, INC.	c EIN-PN 04-2303271-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PENDER COMMUNITY HOSPITAL RETIREMENT PLAN	
b	Name of plan sponsor	PENDER COMMUNITY HOSPITAL	c EIN-PN 47-0711662-001
a	Plan name	PIERSON WIRELESS SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	PIERSON WIRELESS	c EIN-PN 20-1240400-001
a	Plan name	PREMIER GOLD MINES USA, INC. 401(K) PLAN	
b	Name of plan sponsor	PREMIER GOLD MINES USA, INC.	c EIN-PN 32-0353333-001
a	Plan name	PROFESSIONAL RETAIL SERVICES INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PROFESSIONAL RETAIL SERVICES	c EIN-PN 11-3568901-001
a	Plan name	REDMOND JEPSEN REALTY ADVISORS, INC.	
b	Name of plan sponsor	REDMOND JEPSEN REALTY ADVISORS, INC.	c EIN-PN 33-0936174-001
a	Plan name	REEDER ENERGY PARTNERS, L.P. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	REEDER ENERGY PARTNERS, L.P.	c EIN-PN 30-0323095-001
a	Plan name	RELM, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	RELM, INC.	c EIN-PN 95-4033662-001
a	Plan name	RMF ENGINEERING, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	RMF ENGINEERING	c EIN-PN 52-1279953-001
a	Plan name	ROOT RIVER STATE BANK PROFIT SHARING PLAN	
b	Name of plan sponsor	ROOT RIVER STATE BANK	c EIN-PN 41-0509460-001
a	Plan name	RTI COMMUNITY MANAGEMENT ASSOCIATES INC	
b	Name of plan sponsor	RTI COMMUNITY MANAGEMENT ASSOCIATES, INC.	c EIN-PN 75-1892308-001
a	Plan name	SCHAFFER, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SCHAFFER, INC.	c EIN-PN 38-1548200-003
a	Plan name	SONIDA SENIOR LIVING 401(K) PLAN PKA CAPITAL SENIOR LIVING PLAN	
b	Name of plan sponsor	CAPITAL SENIOR LIVING	c EIN-PN 75-2678809-001

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	SOUNDVIEW HEATING AND AIR CONDITIONING INC 401(K) PLAN	
b	Name of plan sponsor	SOUNDVIEW HEATING & AIR CONDITIONING, INC.	c EIN-PN 80-0004498-001
a	Plan name	ST. LOUIS DEVELOPMENT CORP EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	ST. LOUIS DEVELOPMENT CORPORATION	c EIN-PN 43-1490972-001
a	Plan name	STONE SOLUTIONS INC. 401(K) PLAN	
b	Name of plan sponsor	STONE SOLUTIONS	c EIN-PN 74-2514157-002
a	Plan name	SUPERIOR MOTION CONTROLS, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUPERIOR MOTION CONTROLS, INC	c EIN-PN 20-5992878-001
a	Plan name	THE FULLER LOWENBERG AND CO CPAS PC401(K) SAVINGS ANDTRUST	
b	Name of plan sponsor	THE FULLER LOWENBERG & CO., CPAS, P.C.	c EIN-PN 20-0066099-001
a	Plan name	THE LINCOLN SQUARE CONDOMINIUM 401(K) PLAN	
b	Name of plan sponsor	THE LINCOLN SQUARE CONDOMINIUM	c EIN-PN 13-3794593-001
a	Plan name	TPN HOLDINGS LLC 401(K) PLAN	
b	Name of plan sponsor	TPN HOLDINGS LLC	c EIN-PN 45-3826910-001
a	Plan name	TRI-STATE WATER TREATMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRI-STATE WATER TREATMENT, INC	c EIN-PN 43-1618312-001
a	Plan name	TRITECH HEALTHCARE MANAGEMENT, LLC 401(K) P/S PLAN	
b	Name of plan sponsor	TRITECH HEALTHCARE MANAGEMENT, LLC	c EIN-PN 11-3476592-001
a	Plan name	UNITED SPINAL ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	UNITED SPINAL ASSOCIATION	c EIN-PN 13-5612621-001
a	Plan name	VERVE RETIREMENT PLAN	
b	Name of plan sponsor	VERVE, A CREDIT UNION	c EIN-PN 39-0711674-011
a	Plan name	WALKER'S RENTON SUBARU-MAZDA 401(K) PLAN	
b	Name of plan sponsor	WALKER'S RENTON SUBARU-MAZDA	c EIN-PN 91-1387558-001

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	WEBB EMPLOYEE STOCK OWNERSHIP 401K PLAN AND TRUST	
b Name of plan sponsor	GEORGE WEBB SALES COMPANY	c EIN-PN 87-0275944-003

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

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

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

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

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

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 AMERICAN AGGRESSIVE ALLOCATION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN AGGRESSIVE ALLOCATION FUND	D Employer Identification Number (EIN) 88-1329967	

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	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	8202
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	44838
(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)	85420
(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)	14947953
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	794802
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	18968795	15881215
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	146080	5868
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	146080	5868
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	18822715	15875347

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)	36805	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		36805
(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)	391827	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		391827
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		2366416
d Total income. Add all income amounts in column (b) and enter total	2d		2795048

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)		
(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)	13658	
(11) Other expenses	2i(11)	13543	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		27201
j Total expenses. Add all expense amounts in column (b) and enter total	2j		27201

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2767847
l Transfers of assets:			
(1) To this plan	2l(1)		1315972
(2) From this plan	2l(2)		7031187

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 _____.