

<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 style="text-align: center;">▶ 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; text-align: center;">2024</p> <hr/> <p style="text-align: center; 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>FIRST AMERICAN BANK TRUST FUND ERISA</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>FIRST AMERICAN BANK</u></p> <p><u>700 BUSSE ROAD</u> <u>ELK GROVE VILLAGE, IL 60007</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>36-1078850</u></p> <p>2c Plan Sponsor's telephone number <u>847-426-6771</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	Filed with authorized/valid electronic signature.	10/06/2025	DANIEL B. O'CONNOR
	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			
	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 0 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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 <u>0</u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

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.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>FIRST AMERICAN BANK TRUST FUND ERISA</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>FIRST AMERICAN BANK</u>	D Employer Identification Number (EIN) <u>36-1078850</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>FAB TRUST FOR ERISA CONSERV. GROWTH</u>		
b Name of sponsor of entity listed in (a): <u>FIRST AMERICAN BANK</u>		
c EIN-PN <u>36-1078850-001</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FAB TRUST FOR ERISA BALANCED GROWTH</u>		
b Name of sponsor of entity listed in (a): <u>FIRST AMERICAN BANK</u>		
c EIN-PN <u>36-1078850-001</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FAB TRUST FOR ERISA AGG GROWTH</u>		
b Name of sponsor of entity listed in (a): <u>FIRST AMERICAN BANK</u>		
c EIN-PN <u>36-1078850-001</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FAB TRUST FOR ERISA CG & INC.</u>		
b Name of sponsor of entity listed in (a): <u>FIRST AMERICAN BANK</u>		
c EIN-PN <u>36-1078850-001</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FAB TRUST FUND FOR ERISA HIGH YIELD</u>		
b Name of sponsor of entity listed in (a): <u>FIRST AMERICAN BANK</u>		
c EIN-PN <u>36-1078850-001</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>9869796</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FAB TRUST FUND FOR ERISA BAL GR INX</u>		
b Name of sponsor of entity listed in (a): <u>FIRST AMERICAN BANK</u>		
c EIN-PN <u>36-1078850-001</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FAB TRUST FUND FOR ERISA CON GR INX</u>		
b Name of sponsor of entity listed in (a): <u>FIRST AMERICAN BANK</u>		
c EIN-PN <u>36-1078850-001</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>0</u>

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 ACCURATE OFFICE SUPPLY CO. PROFIT SHARING PLAN	
b	Name of plan sponsor ACCURATE OFFICE SUPPLY CO.	c EIN-PN 36-2443850-001
a	Plan name FIRST AMERICAN BANK CORP. PROFIT SHARING PLAN	
b	Name of plan sponsor FIRST AMERICAN BANK	c EIN-PN 36-2782306-001
a	Plan name CECO, INC. 4K AND PSP	
b	Name of plan sponsor CECO, INC.	c EIN-PN 20-1995713-001
a	Plan name BRETTFORD MFG. INC. PROFIT SHARING PLAN	
b	Name of plan sponsor BRETTFORD MFG. INC.	c EIN-PN 36-2113703-001
a	Plan name NAPCO STEEL INC. EMPLOYEE'S PROFIT SHARING PLAN	
b	Name of plan sponsor NAPCO STEEL, INC.	c EIN-PN 36-2852923-001
a	Plan name BUSINESS GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE PNEU-FAST COMPANY, INC.	c EIN-PN 36-2766235-001
a	Plan name GHP GROUP, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GHP GROUP, INC.	c EIN-PN 77-0599696-001
a	Plan name JARVIS GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE JARVIS GROUP	c EIN-PN 90-0451935-001
a	Plan name MONTI & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MONTI & ASSOCIATES, INC	c EIN-PN 36-2687677-001
a	Plan name BRETTFORD MFG. INC. UNION 401(K) PLAN	
b	Name of plan sponsor BRETTFORD MFG. INC.	c EIN-PN 36-2113703-003
a	Plan name STAR THERMOPLASTIC ALLOYS & RUBBERS, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor STAR THERMOPLASTIC ALLOYS & RUBBERS, INC	c EIN-PN 36-3864929-001
a	Plan name AKJ INDUSTRIES INC. PROFIT SHARING PLAN	
b	Name of plan sponsor AKJ INDUSTRIES INC.	c EIN-PN 35-1520825-001

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	HOLOHAN HEATING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HOLOHAN HEATING & SHEET METAL, INC.	c EIN-PN 36-2548489-001
a	Plan name	WESTWOOD OBSTETRICS & GYNECOLOGY 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	WESTWOOD OBSTETRICS & GYNECOLOGY LTD.	c EIN-PN 36-2682357-001
a	Plan name	MALLARD MANUFACTURING CORPORATION 401(K)RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	MALLARD HANDLING SOLUTIONS LLC	c EIN-PN 14-1992799-001
a	Plan name	S & S HINGE CO. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	S & S HINGE COMPANY	c EIN-PN 36-2144620-002
a	Plan name	KANKAKEE NURSERY COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KANKAKEE NURSERY	c EIN-PN 36-2195135-002
a	Plan name	LEHMAN GROUP SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	LEHMAN GROUP	c EIN-PN 36-4057589-001
a	Plan name	MILCO PRECISION MACHINING PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	MILCO PRECISION MACHINING, INC.	c EIN-PN 36-3931293-001
a	Plan name	JOEL OPPENHEIMER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOEL OPPENHEIMER	c EIN-PN 36-2677973-001
a	Plan name	WILSON NURSERIES, INC. 401(K) PLAN	
b	Name of plan sponsor	WILSON NURSERIES, INC.	c EIN-PN 36-2914863-001
a	Plan name	TEKNO TELECOM RETIREMENT PLAN	
b	Name of plan sponsor	TEKNO TELECOM LLC	c EIN-PN 36-4262876-001
a	Plan name	PIONEER AERO SUPPLY LLC EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor	PIONEER AERO	c EIN-PN 47-2247016-001
a	Plan name	BADGER COLOR CONCENTRATES 401(K) PLAN	
b	Name of plan sponsor	BADGER COLOR CONCENTRATES, INC.	c EIN-PN 39-1942715-001

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	ECKENHOFF SAUNDERS ARCHITECTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ECKENHOFF SAUNDERS, INC.	c EIN-PN 36-3331541-001
a	Plan name	BESTCARE, INC. EMPLOYEES 401(K) PLAN & TRUST	
b	Name of plan sponsor	BESTCARE, INC.	c EIN-PN 13-3121904-001
a	Plan name	JOBPACK, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	JOBPACK, INC.	c EIN-PN 90-0109966-001
a	Plan name	LOMBARD SWISS SCREW CO. 401(K) PLAN	
b	Name of plan sponsor	LOMBARD SWISS SCREW CO.	c EIN-PN 36-2751565-001
a	Plan name	MCCULLOUGH ROSSI & CO EMPLOYEE'S 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCCULLOUGH ROSSI & CO.	c EIN-PN 36-3280790-001
a	Plan name	SWD INC. DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	SWD INC.	c EIN-PN 36-3003387-002
a	Plan name	PLATT HILL NURSERY, INC. 401(K) PLAN	
b	Name of plan sponsor	PLATT HILL NURSERY, INC.	c EIN-PN 36-3742266-001
a	Plan name	VALLEY MUFFLER SHOP EMPLOYEE'S 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	VALLEY MUFFLER SHOP	c EIN-PN 36-2351481-001
a	Plan name	RUSH CREEK LAND & LIVESTOCK CO. 401(K)PROFIT SHARING PLAN	
b	Name of plan sponsor	RUSH CREEK LAND & LIVESTOCK CO.	c EIN-PN 47-0378659-001
a	Plan name	GREAT LAKES REPRESENTATIVES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GREAT LAKES REPRESENTATIVES INC	c EIN-PN 36-3482867-002
a	Plan name	AMERICAN VENDING SALES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN VENDING SALES, INC.	c EIN-PN 36-2740574-001
a	Plan name	MUNDELEIN PEDIATRICS, S.C. 4K PSP	
b	Name of plan sponsor	MUNDELEIN PEDIATRICS, S.C.	c EIN-PN 36-3052767-001

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	SUPERIOR FELT & FILTRATION 401(K) PLAN	
b Name of plan sponsor	SUPERIOR FELT & FILTRATION, LLC	c EIN-PN 36-4475492-001

a Plan name	SCHULTZ SUPPLY CO., INC. 4K PSP	
b Name of plan sponsor	SCHULTZ SUPPLY CO.	c EIN-PN 36-3281272-001

a Plan name	GAT GUNS, INC. 401(K) SAVINGS PLAN & TRUST	
b Name of plan sponsor	GAT GUNS, INC.	c EIN-PN 36-3016143-001

a Plan name	PCI FLORTECH, INC. 401(K) PLAN & TRUST	
b Name of plan sponsor	PCI FLORTECH, INC.	c EIN-PN 36-3131264-001

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

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

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

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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.	<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 FIRST AMERICAN BANK TRUST FUND ERISA	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FIRST AMERICAN BANK	D Employer Identification Number (EIN) 36-1078850

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)	13492
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	715284
(2) U.S. Government securities	1c(2)	0
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	0
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	9141020
(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)	0
(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)	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	124211731	9869796
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	55190	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	55190	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	124156541	9869796

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	48357	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		48357
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	231062	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1697510	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1928572
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	27367278	
(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)	-15565074	
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		13779133

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	477275	
(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)	3984	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		481259
j Total expenses. Add all expense amounts in column (b) and enter total	2j		481259

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		13297874
l Transfers of assets:			
(1) To this plan	2l(1)		8680537
(2) From this plan	2l(2)		136265156

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?		X	
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 _____.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2024

This Form Is Open to Public Inspection

Part I Annual Report Identification Information

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

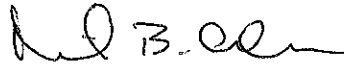
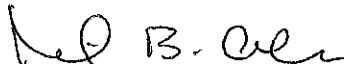
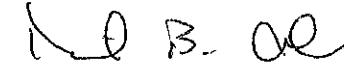
- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) C
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - 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 FIRST AMERICAN BANK TRUST FUND ERISA	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) First American Bank 700 Busse Road Elk Grove Village IL 60007	2b Employer Identification Number (EIN) <u>36-1078850</u> 2c Plan Sponsor's telephone number <u>847-426-6771</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		10/06/2025	Daniel B. O'Connor
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/06/2025	Daniel B. O'Connor
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		10/06/2025	Daniel B. O'Connor
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024)
v. 240311

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 0 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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.	OMB No. 1210-0110 <hr/> 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 FIRST AMERICAN BANK TRUST FUND ERISA	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 First American Bank	D Employer Identification Number (EIN) 36-1078850	

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: FAB TRUST FOR ERISA CONSERV. GROWTH				
b Name of sponsor of entity listed in (a): FIRST AMERICAN BANK				
c EIN-PN 36-1078850 001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0	
a Name of MTIA, CCT, PSA, or 103-12 IE: FAB TRUST FOR ERISA BALANCED GROWTH				
b Name of sponsor of entity listed in (a): FIRST AMERICAN BANK				
c EIN-PN 36-1078850 001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0	
a Name of MTIA, CCT, PSA, or 103-12 IE: FAB TRUST FOR ERISA AGG GROWTH				
b Name of sponsor of entity listed in (a): FIRST AMERICAN BANK				
c EIN-PN 36-1078850 001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0	
a Name of MTIA, CCT, PSA, or 103-12 IE: FAB TRUST FOR ERISA CG & INC.				
b Name of sponsor of entity listed in (a): FIRST AMERICAN BANK				
c EIN-PN 36-1078850 001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0	
a Name of MTIA, CCT, PSA, or 103-12 IE: FAB TRUST FUND FOR ERISA HIGH YIELD				
b Name of sponsor of entity listed in (a): FIRST AMERICAN BANK				
c EIN-PN 36-1078850 001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9,869,796	
a Name of MTIA, CCT, PSA, or 103-12 IE: FAB TRUST FUND FOR ERISA BAL GR INX				
b Name of sponsor of entity listed in (a): FIRST AMERICAN BANK				
c EIN-PN 36-1078850 001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0	
a Name of MTIA, CCT, PSA, or 103-12 IE: FAB TRUST FUND FOR ERISA CON GR INX				
b Name of sponsor of entity listed in (a): FIRST AMERICAN BANK				
c EIN-PN 36-1078850 001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0	

a Name of MTIA, CCT, PSA, or 103-12 IE: FAB TRUST FUND FOR ERISA AGG GR INX

b Name of sponsor of entity listed in (a): FIRST AMERICAN BANK

c EIN-PN 36-1078850 001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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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):

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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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 ACCURATE OFFICE SUPPLY CO. PROFIT SHARING PLAN**b** Name of plan sponsor ACCURATE OFFICE SUPPLY CO.**c** EIN-PN
36-2443850 001**a** Plan name FIRST AMERICAN BANK CORP. PROFIT SHARING PLAN**b** Name of plan sponsor FIRST AMERICAN BANK**c** EIN-PN
36-2782306 001**a** Plan name CECO, INC. 4K AND PSP**b** Name of plan sponsor CECO, INC.**c** EIN-PN
20-1995713 001**a** Plan name BRETTFORD MFG. INC. PROFIT SHARING PLAN**b** Name of plan sponsor BRETTFORD MFG. INC.**c** EIN-PN
36-2113703 001**a** Plan name NAPCO STEEL INC. EMPLOYEE'S PROFIT SHARING PLAN**b** Name of plan sponsor NAPCO STEEL, INC.**c** EIN-PN
36-2852923 001**a** Plan name BUSINESS GROUP 401(k) RETIREMENT PLAN**b** Name of plan sponsor THE PNEU-FAST COMPANY, INC.**c** EIN-PN
36-2766235 001**a** Plan name GHP GROUP, INC. RETIREMENT SAVINGS PLAN**b** Name of plan sponsor GHP GROUP, INC.**c** EIN-PN
77-0599696 001**a** Plan name JARVIS GROUP 401(K) PROFIT SHARING PLAN**b** Name of plan sponsor THE JARVIS GROUP**c** EIN-PN
90-0451935 001**a** Plan name MONTI & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN**b** Name of plan sponsor MONTI & ASSOCIATES, INC**c** EIN-PN
36-2687677 001**a** Plan name BRETTFORD MFG. INC. UNION 401(k) PLAN**b** Name of plan sponsor BRETTFORD MFG. INC.**c** EIN-PN
36-2113703 003**a** Plan name STAR THERMOPLASTIC ALLOYS & RUBBERS, INC. 401(k) PLAN & TRUST**b** Name of plan sponsor STAR THERMOPLASTIC ALLOYS & RUBBERS, INC**c** EIN-PN
36-3864929 001**a** Plan name AKJ INDUSTRIES INC. PROFIT SHARING PLAN**b** Name of plan sponsor AKJ INDUSTRIES INC.**c** EIN-PN
35-1520825 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 HOLOHAN HEATING 401(k) PROFIT SHARING PLAN**b** Name of plan sponsor HOLOHAN HEATING & SHEET METAL, INC.**c** EIN-PN
36-2548489 001**a** Plan name WESTWOOD OBSTETRICS & GYNECOLOGY 401(K) AND PROFIT SHARING PLAN**b** Name of plan sponsor WESTWOOD OBSTETRICS & GYNECOLOGY LTD.**c** EIN-PN
36-2682357 001**a** Plan name MALLARD MANUFACTURING CORPORATION 401(K)RETIREMENT PLAN & TRUST**b** Name of plan sponsor MALLARD HANDLING SOLUTIONS LLC**c** EIN-PN
14-1992799 001**a** Plan name S & S HINGE CO. 401(K) RETIREMENT PLAN**b** Name of plan sponsor S & S HINGE COMPANY**c** EIN-PN
36-2144620 002**a** Plan name KANKAKEE NURSERY COMPANY RETIREMENT SAVINGS PLAN**b** Name of plan sponsor KANKAKEE NURSERY**c** EIN-PN
36-2195135 002**a** Plan name LEHMAN GROUP SAFE HARBOR 401(K) PLAN**b** Name of plan sponsor LEHMAN GROUP**c** EIN-PN
36-4057589 001**a** Plan name MILCO PRECISION MACHINING PROFIT SHARING & 401(K) PLAN**b** Name of plan sponsor MILCO PRECISION MACHINING, INC.**c** EIN-PN
36-3931293 001**a** Plan name JOEL OPPENHEIMER 401(k) PROFIT SHARING PLAN**b** Name of plan sponsor JOEL OPPENHEIMER**c** EIN-PN
36-2677973 001**a** Plan name WILSON NURSERIES, INC. 401(K) PLAN**b** Name of plan sponsor WILSON NURSERIES, INC.**c** EIN-PN
36-2914863 001**a** Plan name TEKNO TELECOM RETIREMENT PLAN**b** Name of plan sponsor TEKNO TELECOM LLC**c** EIN-PN
36-4262876 001**a** Plan name PIONEER AERO SUPPLY LLC EMPLOYEES' PROFIT SHARING PLAN**b** Name of plan sponsor PIONEER AERO**c** EIN-PN
47-2247016 001**a** Plan name BADGER COLOR CONCENTRATES 401(K) PLAN**b** Name of plan sponsor BADGER COLOR CONCENTRATES, INC.**c** EIN-PN
39-1942715 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 ECKENHOFF SAUNDERS ARCHITECTS 401(K) PROFIT SHARING PLAN**b** Name of plan sponsor ECKENHOFF SAUNDERS, INC.**c** EIN-PN
36-3331541 001**a** Plan name BESTCARE, INC. EMPLOYEES 401(k) PLAN & TRUST**b** Name of plan sponsor BESTCARE, INC.**c** EIN-PN
13-3121904 001**a** Plan name JOBPACK, INC. PROFIT SHARING PLAN**b** Name of plan sponsor JOBPACK, INC.**c** EIN-PN
90-0109966 001**a** Plan name LOMBARD SWISS SCREW CO. 401(K) PLAN**b** Name of plan sponsor LOMBARD SWISS SCREW CO.**c** EIN-PN
36-2751565 001**a** Plan name MCCULLOUGH ROSSI & CO EMPLOYEE'S 401(k) PROFIT SHARING PLAN**b** Name of plan sponsor MCCULLOUGH ROSSI & CO.**c** EIN-PN
36-3280790 001**a** Plan name SWD INC. DEFINED CONTRIBUTION PLAN**b** Name of plan sponsor SWD INC.**c** EIN-PN
36-3003387 002**a** Plan name PLATT HILL NURSERY, INC. 401(K) PLAN**b** Name of plan sponsor PLATT HILL NURSERY, INC.**c** EIN-PN
36-3742266 001**a** Plan name VALLEY MUFFLER SHOP EMPLOYEE'S 401(K) RETIREMENT PLAN**b** Name of plan sponsor VALLEY MUFFLER SHOP**c** EIN-PN
36-2351481 001**a** Plan name RUSH CREEK LAND & LIVESTOCK CO. 401(K) PROFIT SHARING PLAN**b** Name of plan sponsor RUSH CREEK LAND & LIVESTOCK CO.**c** EIN-PN
47-0378659 001**a** Plan name GREAT LAKES REPRESENTATIVES, INC. 401(K) PROFIT SHARING PLAN**b** Name of plan sponsor GREAT LAKES REPRESENTATIVES INC**c** EIN-PN
36-3482867 002**a** Plan name AMERICAN VENDING SALES, INC. PROFIT SHARING PLAN**b** Name of plan sponsor AMERICAN VENDING SALES, INC.**c** EIN-PN
36-2740574 001**a** Plan name MUNDELEIN PEDIATRICS, S.C. 4K PSP**b** Name of plan sponsor MUNDELEIN PEDIATRICS, S.C.**c** EIN-PN
36-3052767 001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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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 FIRST AMERICAN BANK TRUST FUND ERISA	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 First American Bank	D Employer Identification Number (EIN) 36-1078850

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

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

		(a) Beginning of Year	(b) End of Year
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)	121,116	13,492
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4,842,864	715,284
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	8,707,179	9,141,020
(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)	0	0
(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)	110,540,572	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	124,211,731	9,869,796
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	55,190	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	55,190	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	124,156,541	9,869,796

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	48,357	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		48,357
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	231,062	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1,697,510	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1,928,572
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	27,367,278	
(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)	-15,565,074	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		13,779,133

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)	477,275	
(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)	3,984	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		481,259
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		481,259

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		13,297,874
l Transfers of assets:			
(1) To this plan.....	2l(1)		8,680,537
(2) From this plan.....	2l(2)		136,265,156

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?		X	
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 _____.