

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
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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) _____
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 THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST
1b	Three-digit plan number (PN) ▶ 333
1c	Effective date of plan 01/01/2013
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) RETAIL ASSOCIATION OF MAINE 45 MELVILLE STREET STE 1 AUGUSTA, ME 04330
2b	Employer Identification Number (EIN) 01-0165117
2c	Plan Sponsor's telephone number 207-623-1149
2d	Business code (see instructions) 561300

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.	10/15/2025	JOHN R HEISE
	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 ☐ Same as Plan Sponsor ATLAS PENSION ADMINISTRATORS, INC. JOHN R HEISE 123 N STATE ST UNIT 1 CONCORD, NH 03303	3b Administrator's EIN 88-1657710 3c Administrator's telephone number 603-581-7125
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 3161
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.....	6a(1) 3027 6a(2) 5822 6b 2057 6c 104 6d 7983 6e 0 6f 7983 6g(1) 1731 6g(2) 1827 6h 111
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: 2S 2E 2F 2G 2J 2K 2T 3D 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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☒ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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	B Three-digit plan number (PN)	333
THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
RETAIL ASSOCIATION OF MAINE	01-0165117	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

LINCOLN NATIONAL LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	913AA	426	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
13969	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PRUCO SECURITIES LLC 751 BROAD STREET
NEWARK, NJ 07102

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5260			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MORGAN STANLEY SMITH BARNEY, LLC-MS ANNUITY AND INS OPS
1 NEW YORK PLZ, FLR 12
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2949			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

OSAIC FA INC.

18700 N HAYDEN RD. SUITE 255
SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2111			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MML INS AGCY INC.

1 FNCL PLZ-ATTN KELLY, 1414 MAIN ST
SPRINGFIELD, MA 01103

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1810			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

AMERIPRISE FINANCIAL SERVICES LLC

50082 AMERIPRISE FINANCIAL CENTER
MINNEAPOLIS, MN 55474

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1763			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

OSAIC WEALTH INC.

18700 N HAYDEN RD. STE 255
SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
76			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	369568
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	13140115

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	0
c Premiums due but unpaid at the end of the year	6c	0
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VAR ANNUITY W/GUARANTEED FUND

b Balance at the end of the previous year	7b	408660
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c Additions: (1) Contributions deposited during the year	7c(1)	43235	
(2) Dividends and credits.....	7c(2)	11836	
(3) Interest credited during the year.....	7c(3)	213746	
(4) Transferred from separate account	7c(4)	30906	
(5) Other (specify below)..... ▶	7c(5)		

(6) Total additions	7c(6)	299723
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d Total of balance and additions (add lines 7b and 7c(6))	7d	708383
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	266838	
(2) Administration charge made by carrier.....	7e(2)	3170	
(3) Transferred to separate account	7e(3)	4961	
(4) Other (specify below)..... ▶ LOAN ISSUES/FORF/FEES/CORRECTIVE/ADJ/INS PR	7e(4)	63847	

(5) Total deductions	7e(5)	338816
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	369567
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 RETAIL ASSOCIATION OF MAINE	D Employer Identification Number (EIN) 01-0165117	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	913AA	426	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 55280	(b) Total amount of fees paid 113789
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
RETAIL ASSOCIATION OF MAINE
45 MELVILLE ST.
AUGUSTA, ME 04330

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	113260	ASRA ASSOCIATION SUBSIDY	0

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LPL FNCL CORP
4707 EXECUTIVE DR
SAN DIEGO, CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
38687			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MML INVESTORS SERVICES LLC

1295 STATE ST
SPRINGFIELD, MA 01111

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12757			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CETERA ADVISOR NETWORKS LLC

2301 ROSECRANS AVE STE 5100
ANAHEIM, CA 90245

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2660			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

UNITED PLANNERS FINANCIAL SERVICES

STE 120
7333 E DOUBLETREE RANCH RD.
SCOTTSDALE, AZ 85258

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
969			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ATLAS PENSION ADMINISTRATORS

123 N STATE ST. UNIT 1
CONCORD, NH 03301

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	529	TPA FEES	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

SECURITIES AMERICA

PO BOX 460001
PAPILLION, NE 68046

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
207			4

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP VAR ANNUITY W/GUARANTEED FUND**

b Balance at the end of the previous year	7b	662095
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)..... ▶	7c(5)		

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	662095
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)..... ▶	7e(4)		

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	662095
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 RETAIL ASSOCIATION OF MAINE	D Employer Identification Number (EIN) 01-0165117	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	935133-000	426	06/20/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **STABLE VALUE OPTION**

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	2922
(2) Dividends and credits.....	7c(2)	0
(3) Interest credited during the year.....	7c(3)	675
(4) Transferred from separate account	7c(4)	940
(5) Other (specify below).....	7c(5)	311200
▶ LOAN REPAY/FORF/TAKEOVER/ADJUSTMENTS		
(6) Total additions	7c(6)	315737
d Total of balance and additions (add lines 7b and 7c(6))	7d	315737
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0
(2) Administration charge made by carrier.....	7e(2)	7
(3) Transferred to separate account	7e(3)	190312
(4) Other (specify below).....	7e(4)	3169
▶ ADM/FORF/LOANS_MAINT/PROCESS/ISSUED		
(5) Total deductions	7e(5)	193488
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	122249

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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	B Three-digit plan number (PN)	333
THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
RETAIL ASSOCIATION OF MAINE	01-0165117	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier					
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	932679-000	426	07/17/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
5153	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
RAYMOND BEATIE
85 GREEN ACRE AVE
LONGMEADOW, MA 01106-1905

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2899			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MML INVESTORS SERVICES LLC
PO BOX 9500
SPRINGFIELD, MA 01102

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2012			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

OSAIC FA INC.

20 E. THOMAS RD. STE 2000
PHOENIX, AZ 85012-3129

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
242			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	9407106

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	0
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)	7169	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	288	
(4) Transferred from separate account	7c(4)	0	
(5) Other (specify below).....	7c(5)	72765	

▶ LOAN REPAY/FORF/TAKEOVER/ADJUSTMENTS

(6) Total additions	7c(6)	80222
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d Total of balance and additions (add lines 7b and 7c(6))	7d	80222
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0	
(2) Administration charge made by carrier.....	7e(2)	88	
(3) Transferred to separate account	7e(3)	719	
(4) Other (specify below).....	7e(4)	1946	

▶ ADM/FORF/LOANS_MAINT/PROCESS/ISSUED

(5) Total deductions	7e(5)	2753
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	77469
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 RETAIL ASSOCIATION OF MAINE	D Employer Identification Number (EIN) 01-0165117	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

LINCONS NATIONAL CORPORATION

35-1140070

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TRANSAMERICA FINANCIAL LIFE

36-6071399

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TRANSAMERICA RETIREMENT SOLUTIONS,

13-3689044

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

LINCOLN NATIONAL CORPORATION

1301 S HARRISON ST
FORT WAYNE, IN 46801-2248

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	RECORDKEEPER	575619	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

ATLAS PENSION ADMINISTRATORS INC

123 N STATE ST. UNIT 1
CONCORD, NH 03301

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	96117	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

ATLAS FIDUCIARY SERVICES

123 N STATE ST. UNIT 1
CONCORD, NH 03301

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	74249	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SAGEPOINT FINANCIAL INC

PO BOX 842643
LOS ANGELES, CA 90084-2643

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	47915	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CAMBRIDGE INVESTMENT RESEARCH

36 COUNTRY CLUB RD UNIT 926
GILFORD, NH 03249

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	22952	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CAMBRIDGE INVESTMENT RESEARCH

1776 PLEASANT PLAIN RD
FAIRFIELD, IA 52556

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	6123	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 62 37 64 52 67	RECORDKEEPER	22209	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

TRANSAMERICA FINANCIAL LIFE INS CO.

36-6071399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 62 23 64 52 67	RECORDKEEPER	9913	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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 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 THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST	B Three-digit plan number (PN) ▶	333
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 RETAIL ASSOCIATION OF MAINE	D Employer Identification Number (EIN) 01-0165117	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: LINCOLN LIFE SEPARATE ACCOUNT			
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO			
c EIN-PN 35-0472300-402	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13140115	
a Name of MTIA, CCT, PSA, or 103-12 IE: LINCOLN NEW YORK SEPARATE ACCT 401			
b Name of sponsor of entity listed in (a): LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK			
c EIN-PN 22-0832760-401	d Entity code P	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: TRANSAMERICA SEPARATE ACCOUNTS			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO.			
c EIN-PN 36-6071399-333	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8777697	
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO.			
c EIN-PN 36-6071399-333	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52176169	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST	B Three-digit plan number (PN) 333
C Plan sponsor's name as shown on line 2a of Form 5500 RETAIL ASSOCIATION OF MAINE	D Employer Identification Number (EIN) 01-0165117

Part I

Asset and Liability Statement

1

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

Assets		(a) Beginning of Year	(b) End of Year
a	Total noninterest-bearing cash	1a	
b	Receivables (less allowance for doubtful accounts):		
	(1) Employer contributions	1b(1)	244853193757
	(2) Participant contributions.....	1b(2)	116839451352
	(3) Other	1b(3)	
c	General investments:		
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
	(2) U.S. Government securities	1c(2)	
	(3) Corporate debt instruments (other than employer securities):		
	(A) Preferred	1c(3)(A)	
	(B) All other	1c(3)(B)	
	(4) Corporate stocks (other than employer securities):		
	(A) Preferred	1c(4)(A)	
	(B) Common	1c(4)(B)	
	(5) Partnership/joint venture interests	1c(5)	
	(6) Real estate (other than employer real property)	1c(6)	
	(7) Loans (other than to participants)	1c(7)	
	(8) Participant loans	1c(8)	770772917642
	(9) Value of interest in common/collective trusts	1c(9)	
	(10) Value of interest in pooled separate accounts	1c(10)	7187686322547221
	(11) Value of interest in master trust investment accounts	1c(11)	052176169
	(12) Value of interest in 103-12 investment entities	1c(12)	
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	408528568807
	(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	73417855	76854948
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	30953	38341
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	30953	38341
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	73386902	76816607

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)	2161707	
(B) Participants.....	2a(1)(B)	7578858	
(C) Others (including rollovers).....	2a(1)(C)	477985	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		10218550
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)	65346	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		65346
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	161777	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		161777
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	10007553	
(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		
d Total income. Add all income amounts in column (b) and enter total	2d		20453226

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9642974	
(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)		9642974
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)	909652	
(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)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		909652
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10552626

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9900600
l Transfers of assets:			
(1) To this plan	2l(1)		61402658
(2) From this plan	2l(2)		67873553

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: **TEMPLETON & CO.**

(2) EIN: **14-1918990**

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.)	☒	☐	372310
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?	☒	☐	500000
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)
HUTCHINSON OIL	26-3834978	001
GREATWOODS LLC	84-5187832	001
REDFOX INSPECTIONS	27-2850615	001
ADENAKI DENTAL	26-2999324	001

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 _____.

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)
KOUNNYADO	01-0792926	001
AMERICAN INDUSTRIAL DOOR	42-1059083	001

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 _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST				B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 RETAIL ASSOCIATION OF MAINE				D Employer Identification Number (EIN) 01-0165117	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	9642974
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A.

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN 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 THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST	B Three-digit Plan number (PN)..... ►	333
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF ATLAS PENSION ADMINISTRATORS, INC.	D Administrator's EIN 88-1657710	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
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1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

a ☒ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)

b ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)

c ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)

d ☐ other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II	Participating Employer Information.
---------	-------------------------------------

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer ABENAKI DENTAL	2b EIN 26-2999324	2c Percentage of Total Contributions for the Plan Year 0.39	2d Aggregate Account Balances Attributable to Participating Employer 0
2a Name of Participating Employer AC PRODUCE	2b EIN 04-3539556	2c Percentage of Total Contributions for the Plan Year 0.20	2d Aggregate Account Balances Attributable to Participating Employer 100576

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ADMIRAL PARKWAY	37-1345721	0.15	16070
AFTERSHOCK VENTURES	20-0302122	0.39	154828
AMERICAN INDUSTRIAL DOOR	42-1059083	1.03	0
AMERICAN SALE CORP	36-2435390	2.14	9757593
B&G BUILDING MATERIALS	47-3039785	0.92	456475
B&L AUTOS	04-2879588	0.24	0
BENSON AUTO	02-0242646	0.91	1621594
BLUE HILL	01-0527569	0.45	225408
CORPORATE LOSS PREVENTION ASSOC	13-3024012	0.86	168865

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CP BAT	82-2941496	0.49	173433
2a Name of Participating Employer DANGELO GRILLED SANDWICHES	83-2160505	1.11	0
2a Name of Participating Employer DANVERS KAPPYS	92-2259572	0.17	229271
2a Name of Participating Employer DE FOODS	27-4830609	5.56	2241312
2a Name of Participating Employer DENNIS MANAGEMENT	02-0550812	0.25	0
2a Name of Participating Employer DENTAL SEARCH	22-3060570	0.61	118896
2a Name of Participating Employer DK DORE	82-0690603	0.34	9980
2a Name of Participating Employer EAST BOSTON KAPPYS	92-2259197	0.22	376219
2a Name of Participating Employer FALL RIVER KAPPYS	92-2275946	0.13	210578

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FALMOUTH KAPPYS	92-2275554	0.53	1285080
FF CLUB MANAGEMENT	81-4885673	0.21	101993
FIREHOUSE CENTER FOR ARTS	04-2649373	0.06	26652
FITCHBURG KAPPYS	92-2258657	0.36	212479
FLIPPIN HOSPITALITY	86-1901368	0.61	140035
FRESH CITY RESTAURANT GRP	46-4646526	0.94	676950
GOOD SPORTSMAN MKTG	75-2854109	19.63	7218051
GOODMAN CLASSIC	46-2926190	0.31	105802
GRAY WEALTH	20-5919892	1.29	1185205

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREAT SPACES	26-4013162	0.45	112980
GREATWOODS	84-5187832	0.21	0
GROCERIES OF SOUTHERN IL	82-4804061	0.43	0
GWK ENTERPRISES	36-2874821	0.19	422600
HOSPITALITY RESOURCES	02-0440724	0.43	302487
HUTCHINSON OIL	26-3834978	0.00	0
HYANNIS KAPPYS	92-2258851	0.25	178480
I&B AG SUPPLY	86-3080947	0.62	66892
INNOVATIVE DIST SERVICES	01-0546618	0.72	237637

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JROD	58-2118250	0.31	93829
KAPPY'S RETIREMENT	04-2550501	0.63	4269757
KOUNYADO INC. DBA PETES PRODUCE	01-0792926	0.11	20377
LACHANCE INTERIORS	47-2512707	0.40	466630
LEMON BROOKE	46-5068064	0.41	398776
LIFESTYLES OF SARATOGA	46-1624918	0.05	0
LIGHTHOUSE ELECTIC	20-4985667	0.77	114905
LOCAL GRINDS	46-1935000	0.79	848913
LOUIS J PARADIS	01-0278039	0.31	2391941

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAINE COMMUNITY HEALTH OPTIONS	45-3416923	13.61	11139387
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MALDEN MAIN ST KAPPYS	92-2276252	0.21	852045
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MALDEN ROUTE 1 KAPPYS	92-2276119	0.55	798142
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MARYLAND RETAILERS	52-0575864	0.17	83314
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAS, INC	47-1134281	2.41	971678
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MASS COMMERCIAL CLEANING	04-3320446	0.42	85155
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEDFORD KAPPYS	92-2259367	0.27	82806
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEGA SCOOP	20-2969003	0.08	27293
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
METRO PT	13-3198856	14.22	6300155

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEXICAN RESTAURANTS	76-0493269	0.48	1557136
NORWELL KAPPYS	92-2260326	0.21	121651
NXTGEN PLUMBING	84-3562057	1.05	255162
PAQUET & SON DRYWALL	30-0526982	0.13	203413
PEABODY KAPPYS	92-2275753	0.17	507643
PENNERS TIRE & AUTO	36-2881517	0.57	143851
POTASH BROS	36-3630848	0.63	193604
PW PLUMMER & SONS	01-0244827	1.44	2504478
REDFOX INSPECTIONS	27-2850615	0.93	0

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RETAIL ASSOCIATION OF ME	01-0165119	0.34	174045
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RON JON DBA BUTTONWOOD RESTAURANT	88-1468253	0.45	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROWAN	83-3217502	2.67	628877
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SALEM CYCLE	46-4420606	0.11	92940
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SENECA MACHINE	43-3948530	0.35	1094051
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SIOUX CENTER CHIRO	42-1324685	0.04	8431
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SIOUX VALLEY RENDERING	93-0916746	0.56	127430
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTHERN RESTAURANT MGMT	58-2274662	0.54	93728
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTHERN IL HARDWARE	26-4693723	0.15	0

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTHERN IL PIZZA	35-2313867	0.49	0
STANDARD PARTS	91-1011604	0.28	209328
T&D NORTH	99-1053043	0.00	1633
T&T TIRE	91-0950996	0.00	6122
TOP FURNITURE	02-0219914	0.12	614367
UNION FARM EQUIPMENT	20-1054471	3.62	5495554
UPTOWN MANAGEMENT	27-2749983	0.73	280378
WASHINGTON RETAIL	91-1376551	2.38	770858
WATSON & LINBERGH HOTEL	87-2891738	0.29	0

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Part II Participating Employer Information (Continued).

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer WILCOXSON ENT.	2b EIN 46-2636973	2c Percentage of Total Contributions for the Plan Year 0.74	2d Aggregate Account Balances Attributable to Participating Employer 2280465
2a Name of Participating Employer YANKEE MATTRESS	2b EIN 20-2010138	2c Percentage of Total Contributions for the Plan Year 0.44	2d Aggregate Account Balances Attributable to Participating Employer 108978
2a Name of Participating Employer ZEUTENHORST FINANCIAL	2b EIN 42-1482727	2c Percentage of Total Contributions for the Plan Year 0.49	2d Aggregate Account Balances Attributable to Participating Employer 109417
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____

**THE ALLIANCE OF STATE RETAIL ASSOCIATIONS
401(k) PLAN AND TRUST**

REPORT ON AUDITS OF FINANCIAL STATEMENTS

**AS OF DECEMBER 31, 2024 AND 2023
AND FOR THE YEAR ENDED DECEMBER 31, 2024**

THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(k) PLAN AND TRUST

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Independent Auditor's Report

To the Plan Administrator
The Alliance of State Retail Associations 401(k) Plan and Trust
Augusta, Maine

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of The Alliance of State Retail Associations 401(k) Plan and Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency (qualified institution), provided that the statements or information regarding assets so held are prepared and certified to by the qualified institutions, in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from the qualified institutions as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by the qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all Plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

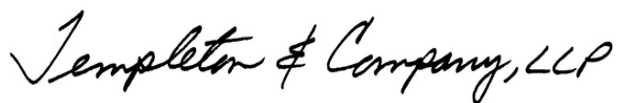
Supplemental Information Required by ERISA

The supplemental information of Schedule H, line 4a – schedule of delinquent participant contributions and Schedule H, line 4i – schedule of assets (held at end of year), as of or for the year ended December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental information, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental information that agreed to, or is derived from, the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- The form and content of the supplemental information, other than the information in the supplemental information that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental information related to assets held by and certified to by qualified institutions agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Fort Lauderdale, Florida
October 15, 2025

THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(k) PLAN & TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments:		
Investments, at fair value	\$ 74,723,390	\$ 71,876,863
Investments, at contract value	<u>568,807</u>	<u>408,528</u>
Total investments	<u>75,292,197</u>	<u>72,285,391</u>
Receivables:		
Notes receivable from participants	917,642	770,772
Participant contributions	451,352	116,839
Employer contributions	<u>193,757</u>	<u>244,853</u>
Total receivables	<u>1,562,751</u>	<u>1,132,464</u>
Total assets	76,854,948	73,417,855
LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS		
Liabilities:		
Refunds payable for excess contributions	<u>38,341</u>	<u>30,953</u>
Net assets available for benefits	<u>\$ 76,816,607</u>	<u>\$ 73,386,902</u>

See accompanying notes to financial statements.

THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(k) PLAN & TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2024

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 10,007,553
Interest, dividends and other	<u>161,777</u>

Total net investment income	<u>10,169,330</u>
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Interest income on notes receivable from participants	<u>65,346</u>
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Contributions:

Participants	7,578,858
Employer	2,161,707
Rollover	<u>477,985</u>

Total contributions	<u>10,218,550</u>
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Total additions	<u>20,453,226</u>
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Deductions from net assets attributed to:

Benefits paid to participants	9,642,974
Administrative expenses	<u>909,652</u>

Total deductions	<u>10,552,626</u>
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Change in net assets before plan transfers	9,900,600
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Plan transfers:

Transfers out to other qualified plans	(67,873,553)
Transfers in from other qualified plans	<u>61,402,658</u>

Change in net assets after plan transfers	3,429,705
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Net assets available for benefits:

Beginning of year	<u>73,386,902</u>
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End of year	<u>\$ 76,816,607</u>
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THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(k) PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

Note 1 – Description of Plan

The following description of The Alliance of State Retail Associations 401(k) Plan and Trust (the Plan) provides only general information. The Plan was amended and restated throughout the years to comply with certain tax legislation. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General and eligibility

The Plan was established on January 1, 2013, as a multiple employer defined contribution plan sponsored by Retail Association of Maine (the Association) (the Sponsor or Sponsoring Employer) covering eligible employees of the Sponsor and Adopting Employers (Participating Employers) who are also members of the Association. The Plan has since been amended and restated throughout the years to comply with certain tax legislation. With the consent of the Sponsor, an Adopting Employer may adopt the Plan by executing an adoption agreement. The Plan qualifies as a multiple employer plan as described in Section 413(c) of the Internal Revenue Code (IRC). The Plan is subject to the Provisions of the Employment Retirement Income Security Act of 1974 (ERISA).

Each Participating Employer may designate the parameters for eligibility requirements and participation in the Plan as well as employer contributions, if any. Eligible employees of the Sponsor and Participating Employers may enter the Plan on various dates coinciding with or following the date on which employees meet the eligibility requirements as outlined within their respective Participating Employer's specific terms and conditions. Entry dates can be immediately upon employment, monthly, quarterly or semi-annually.

The Sponsor is the Plan Administrator. The Plan's Retirement Committee (the Committee) is responsible for oversight of the Plan, determining the appropriateness of the Plan's investment offerings, and monitoring investment performance.

Plan amendment

On May 9, 2024, the Sponsor approved a Plan amendment to change the Plan custodian to Transamerica Financial Life Insurance Company (Transamerica) (successor custodian). Beginning October 2024, Plan management and the Plan's third-party administrator, began transferring the Plan's investment assets and participant account balances from Lincoln National Life Insurance Company (Lincoln) (former custodian). As of December 31, 2024, total investment assets and participant account balances, held by Transamerica and Lincoln amounted to \$62,453,314 and \$13,756,525, respectively. Plan investment assets and participant account balances held by Lincoln as of December 31, 2024, are expected to be transferred to Transamerica during 2025.

Contributions

Each year, participants may contribute an amount of annual compensation, as elected by the Participating Employer, subject to Internal Revenue Service (IRS) limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). If elected by the Participating Employer, a participant may make Roth 401(k) elective deferrals in accordance with that Participating Employer's Plan provisions.

A Participating Employer may elect to make discretionary – matching contributions, safe harbor contributions and/or discretionary nonelective contributions to the Plan in accordance to the Plan's provisions as determined by each individual Participating Employer. Participating Employer contributions are invested in funds in accordance with the participant's direction and the Plan's provisions.

Contributions are subject to certain IRS limitations.

THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(k) PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 1 – Description of Plan, Continued

Participant accounts

Each participant account is credited with the participant's contribution and an, allocation of: (a) the Participating Employer's contributions, (if any), and (b) Plan earnings or losses thereon. Participants are charged with his or her withdrawals and an allocation of Plan administrative expenses. Allocations are based on Plan earnings or losses, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Each participant directs the investment of his or her account to any of the investment options offered by the Plan.

Vesting

Participants are immediately vested in their individual contributions, and their Participating Employer's safe harbor contributions, if any, plus actual earnings or losses thereon. Vesting in the Participating Employer's other contributions is based on years of credited service. Vesting schedules are based on annual vesting periods not to exceed six years and vary based on the schedule specified in the corresponding Participating Employer's adoption agreement. Participant accounts become fully vested upon death, disability, or reaching normal retirement age (65).

Forfeitures

Forfeited nonvested accounts may be utilized to offset certain Plan administrative expenses or reduce future Participating Employer contributions. For the year ended December 31, 2024, forfeitures utilized to reduce Participating Employer contributions and offset certain Plan expenses totaled \$14,504. As of December 31, 2024 and 2023, unallocated forfeited nonvested accounts available to be utilized approximated \$23,000 and \$57,000, respectively.

Notes receivable from participants

Plan participants may borrow from their accounts between \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of the participant's vested account balance. Loan terms range from one to five years unless the loan is used to acquire the principal residence of the participant. Loans are secured by the vested account balance in the participant's account and bear a reasonable rate of interest. Principal and interest are paid through regular payroll deductions and remitted to the Custodian. Any delinquent notes receivable from participants are recorded as distributions.

Payment of benefits

Upon termination of service due to death, disability, or normal retirement age (65), a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum distribution as soon as administratively feasible. For termination of service due to other reasons, a participant may choose to leave the vested interest in the Plan if such amounts exceed \$5,000 or elect a lump-sum distribution. Funds may also be accessed prior to the date they become distributable by the way of a financial hardship, as defined, or at any time on or after age 59½.

Plan administration

The management and administration of the Plan is the responsibility of the Sponsor and its designee. The Plan's investment assets are maintained by Transamerica and Lincoln, who invest cash received, interest and dividend income and make distributions to participants (subject to the direction of participants). The Plan is administered by a committee appointed by the Sponsor. Atlas Pension Administrators, Inc. provides certain administrative services to the Plan.

THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(k) PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 2 – Summary of Significant Accounting Policies

Basis of accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Investment valuation and income recognition

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator determines the Plan's valuation policies utilizing information provided by the Plan's advisor and the Plan's Custodian.

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year. Purchases and sales of securities are recorded on a trade date basis.

Use of estimates

The preparation of financial statements in accordance with U.S. GAAP requires the Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates, and those differences could be material.

Risks and uncertainties

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate risk, market risk, and credit risk. Due to the level of risk associated with certain investment securities, including the uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in such risks in the near-term would materially affect participant account balances and the amounts reported in the financial statements.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and included as administrative expenses when incurred. If a participant ceases to make scheduled repayments and the Plan Administrator deems the participant note receivable to be in default, the note receivable is reclassified and a benefit payment recorded. No allowance for credit losses has been recorded at December 31, 2024 and 2023.

Payment of benefits

The Plan records benefits when paid.

Plan expenses

The Plan has classified certain administrative expenses as an expense rather than as a reduction of investment income. Substantially all administrative expenses for maintaining the Plan are paid by the Sponsor and/or Participating Employers and are not reflected in these financial statements. Certain expenses paid by the Plan consist of recordkeeping, custodian, and third-party administrator fees. Certain participant directed transactions such as loan processing fees are charged directly to participants' accounts.

THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(k) PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 2 – Summary of Significant Accounting Policies, Continued

Uncertain tax positions

U.S. GAAP requires Plan management to assess its uncertain tax positions for the likelihood they would be overturned upon examination by the IRS. In accordance with this guidance, the Plan Administrator has determined it does not have any positions at December 31, 2024, that it would be unable to substantiate.

Note 3 – Certified Investment Information

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Lincoln National Life Insurance Company and Transamerica Financial Life Insurance Company, qualified institutions, have certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental information is complete and accurate:

- Investments and notes receivable from participants as shown on the statements of net assets available for benefits as of December 31, 2024 and 2023;
- Net investment activity and interest income on notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2024, and;
- Investment information included in the Schedule H, Line – 4i Schedule of Assets (held at end of year) as of December 31, 2024, as shown on the ERISA-required supplemental information.

At the request of the Plan's Administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified information to the related investment information included in the financial statements, including the disclosures related to the investments to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP, and in the ERISA-required supplemental information, including assessing whether the supplemental information is in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Note 4 – Fair Value Measurements

Accounting guidance provides a framework for measuring fair value and provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described as follows:

Level 1	Unadjusted quoted prices for identical, unrestricted assets or liabilities in active markets that a plan has the ability to access.
Level 2	Quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means for substantially the full term of the assets or liabilities.
Level 3	Significant unobservable inputs.

THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(k) PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 4 – Fair Value Measurements, Continued

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2024 and 2023. During the year ended December 31, 2024, there were no transfers of financial instruments into or out of Level 3.

The following is a description of the valuation methodologies used for assets measured at fair value:

Pooled separate accounts – valued at net asset value (NAV) based upon the units of such pooled separate accounts held by the Plan at year-end multiplied by the respective unit value. The unit values of the pooled separate accounts are based upon significant observable inputs but are not based upon quoted market prices in an active market and are therefore considered Level 2 investments within the fair value hierarchy.

Money market fund – institutional short-term investment vehicles valued daily with a NAV of \$1.

The preceding methods described may produce a fair value calculation which may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments, measured at fair value, on a recurring basis, as of December 31, 2024 and 2023:

Fair Value Measurements at December 31, 2024				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ 74,098,146	\$ -	\$ 74,098,146
Money market fund	625,244	-	-	625,244
Investments, at fair value	<u>\$ 625,244</u>	<u>\$ 74,098,146</u>	<u>\$ -</u>	<u>\$ 74,723,390</u>

Fair Value Measurements at December 31, 2023				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ 71,876,863	\$ -	\$ 71,876,863

Note 5 – Fully Benefit-Responsive Investment Contracts

The following table summarizes certain fully benefit-responsive investment contracts (FBRICs) issued by certain insurance companies (issuers) the Plan has invested in, which are reported at contract value in the accompanying statements of net assets available for benefits as of December 31:

Insurance Company (Issuers):	Investment Description	2024	2023
Lincoln National Life Insurance Company	Guaranteed Stable Value	\$ 369,433	\$ 408,528
Transamerica Financial Life Insurance Company	Transamerica Stable Value Ascend Account	199,374	-
	Total	<u>\$ 568,807</u>	<u>\$ 408,528</u>

THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(k) PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 5 – Fully Benefit-Responsive Investment Contracts, Continued

Contract value, as reported by the issuers, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value, without any restrictions. There are no reserves against contract value for credit risk of the FBRICs or otherwise. The crediting rates are based on a formula established by the contract issuer and are reviewed prior to the calendar year and are guaranteed for that year until the new rates are set and may not be less than zero. The issuers are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The Plan's ability to receive amounts due is dependent on the issuers' ability to meet their financial obligations. The issuers' ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the Plan's ability to transact at contract value with the issuers. Such events include the following: (a) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Sponsor or other Sponsor's events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Furthermore, certain events would allow the issuers to terminate their contract with the Plan and settle at an amount different from contract value. Examples of such events include (a) an uncured breach of the Plan's investment guidelines, (b) a material amendment to the contract without the issuers consent, (c) a violation of a material obligation under the contract, or (d) a material misrepresentation. The Plan Administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

The FBRICs do not permit the issuers to terminate the agreement prior to the scheduled maturity date. Based on ongoing credit evaluations of the FBRICs, Plan management does not expect payment defaults or delinquencies and has not recorded an allowance for credit losses for these investments as of December 31, 2024 and 2023.

Note 6 – Refunds Payable for Excess Contributions

During 2024 and 2023, the Plan received contributions from participants in excess of Plan and IRS limitations totaling \$38,341 and \$30,953, respectively. Such amounts were refunded to participants in each of the subsequent years with a liability and corresponding reduction to contributions in the year received.

Note 7 – Plan Termination

Although it has not expressed any intent to do so, the Sponsor or Participating Employers have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, all participants accounts will become 100% vested in their Participating Employer's contribution portion for their accounts.

Note 8 – Tax Status

The Plan uses a non-standardized pre-approved profit-sharing plan with CODA plan document. The non-standardized pre-approved profit-sharing plan with CODA plan document received an opinion letter from the IRS, dated June 30, 2020, which states that the non-standardized pre-approved profit-sharing plan with CODA plan document, as then designed, satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. Although the Plan has been amended since adoption and the date of the opinion letter, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(k) PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 8 – Tax Status, Continued

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no IRS examinations for any tax periods in progress.

Note 9 – Party-In-Interest Transactions

Parties in interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Sponsor, Participating Employers, and certain others. Substantially all of the Plan's investments are administered, managed and/or issued by Transamerica or Lincoln. Therefore, transactions with Transamerica and Lincoln qualify as party-in-interest transactions. Such transactions are exempt from the prohibited transaction rules under ERISA.

Certain administrative functions are performed by officers and employees of the Association. For the year ended December 31, 2024, the Sponsor received compensation totaling \$113,260, which is included in administrative expenses on the accompanying statement of changes in net assets.

Note 10 – Plan Transfers

In the normal course of business, the Sponsor adds Adopting Employers, and assets from the individual qualified plans that the added Adopting Employers previously sponsored are transferred into the Plan in conjunction with the Adopting Employer's adoption of the Plan. Likewise, as Adopting Employers leave the Sponsor and adopt different qualified plans, assets attributable to these outgoing Adopting Employers are transferred out of the Plan.

Note 11 – Delinquent Participant Contributions

For the years ended December 31, 2024, 2023 and 2022, certain Adopting Employers were untimely in remitting participant contributions and loan repayments in the amount of \$372,310, \$760,312 and \$423,727, respectively. Late remittances of participant contributions constitute a prohibited transaction under ERISA section 406, regardless of materiality. Lost earnings related to the delinquent contributions have not been remitted to the Plan and, accordingly, they have not been corrected.

Note 12 – Subsequent Events

The Plan evaluated events occurring subsequent to December 31, 2024 through October 15, 2025, the date the financial statements were available to be issued, for events that should be recorded in the financial statements or disclosed in the notes thereto.

SUPPLEMENTAL INFORMATION

THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(k) PLAN & TRUST

SPONSOR'S EIN: 01-0165117

PLAN NUMBER: 333

SCHEDULE H, Line 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

For the Year Ended December 31, 2024

Year	Check if Late Loan Repayments Are Included	Participant Contributions Transferred Late To Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and Prohibited Transaction Exemption 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2024	✓	\$ 372,310	\$ 372,310	\$ -	\$ -	\$ -
2023	✓	\$ 760,312	\$ 760,312	\$ -	\$ -	\$ -
2022	✓	\$ 423,727	\$ 423,727	\$ -	\$ -	\$ -

THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(k) PLAN & TRUST

SPONSOR'S EIN: 01-0165117

PLAN NUMBER: 333

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b) Identity of issuer or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Lincoln National Life Insurance Company (LNLIC)				
Pooled separate accounts:				
*	LNLIC	American Funds 2020 Target Date Retirement Fund	**	\$ 11,496
*	LNLIC	American Funds 2025 Target Date Retirement Fund	**	88,505
*	LNLIC	American Funds 2040 Target Date Retirement Fund	**	93,668
*	LNLIC	American Funds 2045 Target Date Retirement Fund	**	24,387
*	LNLIC	American Funds 2050 Target Date Retirement Fund	**	22,854
*	LNLIC	American Funds 2055 Target Date Retirement Fund	**	1,885
*	LNLIC	American Funds American Balanced Fund R6	**	69,012
*	LNLIC	American Funds New World Fund	**	79,373
*	LNLIC	American Funds Washington Mutual Investors Fund	**	18,691
*	LNLIC	ClearBridge Mid Cap Growth Fund Class	**	23,159
*	LNLIC	Delaware Small Cap Core Fund	**	10,302
*	LNLIC	Hartford Core Equity R6	**	358,656
*	LNLIC	Hartford Schroders International Stock Fund	**	89,994
*	LNLIC	JPMorgan Small Cap Value Fund	**	48,060
*	LNLIC	LifeStrategy Conservative Growth Fund	**	6,509
*	LNLIC	MFS Growth Fund	**	367,958
*	LNLIC	MFS International Equity Fund	**	8,751
*	LNLIC	MFS New Discovery R6	**	2,734
*	LNLIC	MFS Utilities Fund	**	8,691
*	LNLIC	Neuberger Berman Real Estate Trust	**	5,286
*	LNLIC	PIMCO Diversified Income Fund Institutional Class	**	3,961
*	LNLIC	PIMCO International Bond Fund	**	3,005
*	LNLIC	State St. Russell Small Cap Growth Index NL	**	10,275
*	LNLIC	Vanguard 500 Index Fund	**	577,019
*	LNLIC	Vanguard Developed Markets Index Fund Admiral Shares	**	18,578
*	LNLIC	Vanguard Equity Inc Admiral Fund	**	298,957
*	LNLIC	Vanguard Global Equity Investment Shares	**	37,611
*	LNLIC	Vanguard Health Care Fund	**	17,879
*	LNLIC	Vanguard High Yield Corporate Fund Admiral	**	18,772
*	LNLIC	Vanguard Inflation-Protected Securities Fund	**	17,222
*	LNLIC	Vanguard Information Technology Index Admiral	**	484,305
*	LNLIC	Vanguard LifeStrategy Growth Fund	**	13,584
*	LNLIC	Vanguard LifeStrategy Income Fund	**	500
*	LNLIC	Vanguard Mid-Cap Growth Index Fund Admiral Shares	**	34,971
*	LNLIC	Vanguard Small-Cap Growth Index Fund Admiral Shares	**	70,920
*	LNLIC	Vanguard Target Retirement 2045 Fund	**	1,968
*	LNLIC	Vanguard Target Retirement 2050 Fund	**	10,243
*	LNLIC	Vanguard Target Retirement 2055 Fund	**	124,643
*	LNLIC	Vanguard Health Care Index Fund Admiral Shares	**	65,204
*	LNLIC	Victory Sycamore Establish Value Fund	**	7,096
*	LNLIC	Western Asset Core Bond Fund Class	**	2,916
*	LNLIC	Western Asset Core Plus Bond Fund Class	**	1,591
*	LNLIC	YourPath Passive 2015 Moderate	**	402,567
*	LNLIC	YourPath Passive 2020 Aggressive	**	1,934
*	LNLIC	YourPath Passive 2020 Moderate	**	976,027

THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(k) PLAN & TRUST

SPONSOR'S EIN: 01-0165117

PLAN NUMBER: 333

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

December 31, 2024

(a)	(b) Identity of issuer or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Lincoln National Life Insurance Company (LNLIC), Continued				
Pooled separate accounts:				
*	LNLIC	YourPath Passive 2025 Aggressive	**	1,613
*	LNLIC	YourPath Passive 2025 Moderate	**	586,531
*	LNLIC	YourPath Passive 2030 Moderate	**	1,855,248
*	LNLIC	YourPath Passive 2035 Moderate	**	1,800,561
*	LNLIC	YourPath Passive 2040 Aggressive	**	10,481
*	LNLIC	YourPath Passive 2040 Moderate	**	1,406,145
*	LNLIC	YourPath Passive 2045 Aggressive	**	56,128
*	LNLIC	YourPath Passive 2045 Moderate	**	1,098,469
*	LNLIC	YourPath Passive 2050 Aggressive	**	1,564
*	LNLIC	YourPath Passive 2050 Moderate	**	678,512
*	LNLIC	YourPath Passive 2055 Aggressive	**	12,605
*	LNLIC	YourPath Passive 2055 Conservative	**	529
*	LNLIC	YourPath Passive 2055 Moderate	**	736,913
*	LNLIC	YourPath Passive 2060 Aggressive	**	2,484
*	LNLIC	YourPath Passive 2060 Moderate	**	216,996
*	LNLIC	YourPath Passive 2065 Aggressive	**	8,616
*	LNLIC	YourPath Passive 2065 Moderate	**	125,001
Total pooled separate accounts				<u>13,140,115</u>
Guaranteed investment contract:				
*	LNLIC	Guaranteed Stable Value	**	<u>369,433</u>
*	Notes receivable from participants	Loans to participants, interest rates ranging from 4.25% - 9.50%, various maturities.	-	<u>246,977</u>
LNLIC total investments and assets held				<u>\$ 13,756,525</u>
Transamerica Financial Life Insurance Company (TFLIC)				
Pooled separate accounts:				
*	TFLIC	American Century Diversified Bond R6	**	\$ 719,199
*	TFLIC	American Century Diversified Bond Ret Acct	**	129,168
*	TFLIC	American Century Heritage R6	**	124,885
*	TFLIC	American Century Heritage Ret Acct	**	15,078
*	TFLIC	American Funds 2015 Trgt Date Retire R6	**	3
*	TFLIC	American Funds 2025 Trgt Date Retire R6	**	200
*	TFLIC	American Funds 2030 Trgt Date Retire R6	**	33,409
*	TFLIC	American Funds 2035 Trgt Date Retire R6	**	680,858
*	TFLIC	American Funds 2040 Trgt Date Retire R6	**	111,058
*	TFLIC	American Funds 2045 Trgt Date Retire R6	**	106,003
*	TFLIC	American Funds 2050 Trgt Date Retire R6	**	187,546
*	TFLIC	American Funds 2055 Trgt Date Retire R6	**	836
*	TFLIC	American Funds 2060 Trgt Date Retire R6	**	81,711
*	TFLIC	American Funds 2065 Trgt Date Retire R6	**	80,545
*	TFLIC	American Funds American Balanced R6	**	1,820,669
*	TFLIC	American Funds American Mutual R6	**	559,534
*	TFLIC	American Funds American Mutual Ret Acct	**	245,362

THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(k) PLAN & TRUST

SPONSOR'S EIN: 01-0165117

PLAN NUMBER: 333

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

December 31, 2024

(a)	(b) Identity of issuer or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Transamerica Financial Life Insurance Company (TFLIC), Continued				
*	TFLIC	American Funds Balanced Ret Acct	**	19
*	TFLIC	American Funds New Perspective R6	**	1,087,642
*	TFLIC	American Funds New Perspective Ret Acct	**	1,009
*	TFLIC	BlackRock High Yield Bond K	**	201,471
*	TFLIC	BlackRock High Yield Portfolio Ret Acct	**	77,913
*	TFLIC	BlackRock Hlth Scncs Opps	**	9,605
*	TFLIC	BNY Mellon	**	86,281
*	TFLIC	BNY Mellon Global Fixed Income Ret Acct	**	4,135
*	TFLIC	DFA Emerging Markets I	**	243,890
*	TFLIC	DFA Inflation-Protected Securities I	**	443,874
*	TFLIC	DFA Inflation-Protected Securities Port Ret Acct	**	6,302
*	TFLIC	DFA U.S. Sm Cap Port Ret Acct	**	72,837
*	TFLIC	DFA U.S. Targeted Val Port Ret Acct	**	42,964
*	TFLIC	DFA US Small Cap I	**	342,463
*	TFLIC	DFA US Targeted Value I	**	172,078
*	TFLIC	DWS Real Estate Secuities R6	**	120,448
*	TFLIC	DWS RREEF Real Estate Secs Ret Acct	**	62,415
*	TFLIC	Fidelity Mid Cap Growth Index	**	652,545
*	TFLIC	Fidelity Small Cap Growth Index	**	377,223
*	TFLIC	First Eagle Overseas Ret Acct	**	13,780
*	TFLIC	Franklin Utilities R6	**	14,909
*	TFLIC	Franklin Utilities Ret Acct	**	999
*	TFLIC	Hartford Schroders International Stk SDR	**	106,750
*	TFLIC	iShares Total U.S. Stock Market Index K	**	4,618,214
*	TFLIC	JPMorgan Large Cap Growth R6	**	2,031,427
*	TFLIC	JPMorgan Lrg Cap Gr Ret Acct	**	226,968
*	TFLIC	JPMorgan U.S. Research Enhanced Equity R6	**	1,787,258
*	TFLIC	Macquarie Science and Technology Ret Acct	**	170,241
*	TFLIC	MFS International Equity R6	**	154,050
*	TFLIC	MFS Md Cap Val Ret Acct	**	9,450
*	TFLIC	MFS Mid Cap Value R6	**	205,072
*	TFLIC	PGIM Jennison Sm Comp Ret Acct	**	89,333
*	TFLIC	PGIM Jennison Small Company R6	**	33,669
*	TFLIC	PIMCO Inc Ret Acct	**	9,136
*	TFLIC	PIMCO Income Instl	**	389,684
*	TFLIC	Ret Acct DFA Emerging Mrkts Portfolio Ret Acct	**	18,190
*	TFLIC	State St. Russell Small Cap Growth Index NL C	**	258,663
*	TFLIC	State Street International Index NL Fd	**	436,744
*	TFLIC	State Street Internatnl Index Ret Acct	**	94,812
*	TFLIC	State Street Russell Sm Cap Gr Index Ret Acct	**	24,614
*	TFLIC	State Street S&P Md Cap Indx Ret Acct	**	28,765
*	TFLIC	TA Vanguard LifeStrategy Income Ret Acct	**	4,513
*	TFLIC	TA Vanguard Total Stck Mrkt Index Ret Acct	**	1,018,422
*	TFLIC	Transamerica LifeGoal 2025 with BlackRck RetAct	**	250,374
*	TFLIC	Transamerica LifeGoal 2030 with BlackRck RetAct	**	550,898
*	TFLIC	Transamerica LifeGoal 2035 with BlkRck RetAct	**	1,201,279

THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(k) PLAN & TRUST

SPONSOR'S EIN: 01-0165117

PLAN NUMBER: 333

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

December 31, 2024

(a)	(b) Identity of issuer or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Transamerica Financial Life Insurance Company (TFLIC), Continued				
*	TFLIC	Transamerica LifeGoal 2040 with BlkRck Ret Act	**	386,555
*	TFLIC	Transamerica LifeGoal 2045 with BlkRck Ret Acct	**	570,615
*	TFLIC	Transamerica LifeGoal 2050 with BlkRck Ret Acct	**	895,099
*	TFLIC	Transamerica LifeGoal 2055 with BlkRck Ret Acct	**	759,757
*	TFLIC	Transamerica LifeGoal 2060 with BlkRck Ret Acct	**	1,127,721
*	TFLIC	Transamerica LifeGoal 2065 with BlackRck RetAcc	**	173,381
*	TFLIC	Transamerica LifeGoal Ret with BlackRck RetAct	**	211,058
*	TFLIC	Transamerica LifeGoal(SM) 2025 Fund	**	4,504,372
*	TFLIC	Transamerica LifeGoal(SM) 2030 Fund	**	4,427,449
*	TFLIC	Transamerica LifeGoal(SM) 2035 Fund	**	5,807,117
*	TFLIC	Transamerica LifeGoal(SM) 2040 Fund	**	2,798,726
*	TFLIC	Transamerica LifeGoal(SM) 2045 Fund	**	3,886,747
*	TFLIC	Transamerica LifeGoal(SM) 2050 Fund	**	3,166,545
*	TFLIC	Transamerica LifeGoal(SM) 2055 Fund	**	2,087,303
*	TFLIC	Transamerica LifeGoal(SM) 2060 Fund	**	875,441
*	TFLIC	Transamerica LifeGoal(SM) 2065 Fund	**	558,029
*	TFLIC	Transamerica LifeGoal(SM) Retirement Fund	**	2,326,581
*	TFLIC	Transamerica Prtnrs Stck Indx Ret Acct	**	178,919
*	TFLIC	TransamericaRetOnTrk	**	19,736
*	TFLIC	TransamericaRetOnTrk 2035 with Amer Fds RetAct	**	770
*	TFLIC	TransamericaRetOnTrk 2040 with Amer Fds RetAct	**	24,696
*	TFLIC	TransamericaRetOnTrk 2045 with Amer Fds RetAct	**	22,441
*	TFLIC	TransamericaRetOnTrk 2050 with Amer Fds RetAct	**	18,419
*	TFLIC	TransamericaRetOnTrk 2055 with Amer Fds RetAct	**	9,949
*	TFLIC	Vanguard Health Care Admiral	**	472,132
*	TFLIC	Vanguard Information Technology Idx Adm	**	2,217,437
*	TFLIC	Vanguard LifeStrategy Growth Inv	**	131,412
*	TFLIC	Vanguard LifeStrategy Income Inv	**	634,182
*	TFLIC	Vanguard LifeStrategy Moderate Gr Inv	**	16,050
	Total pooled separate accounts			<u>60,958,031</u>
	Money market fund:			
*	Transamerica	Government Money Market Fund	**	<u>625,244</u>
	Guaranteed investment contract:			
*	TFLIC	Stable Value Ascend Account	**	<u>199,374</u>
*	Notes receivable from participants	Loans to participants, interest rates ranging from 4.25% - 9.50%, various maturities.	-	<u>670,665</u>
	TFLIC total investment and assets held			<u>\$ 62,453,314</u>
	Total investments, at fair value			<u>\$ 74,723,390</u>
	Total investments, at contract value			<u>\$ 568,807</u>
	Total notes receivable from participants			<u>\$ 917,642</u>
	Total assets held			<u>\$ 76,209,839</u>

* A party-in-interest, as defined by ERISA

** The Cost of participant-directed Investment is not required to be disclosed.

THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(k) PLAN & TRUST

SPONSOR'S EIN: 01-0165117

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b) Identity of issuer or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Lincoln National Life Insurance Company (LNLIC)				
Pooled separate accounts:				
*	LNLIC	American Funds 2020 Target Date Retirement Fund	**	\$ 11,496
*	LNLIC	American Funds 2025 Target Date Retirement Fund	**	88,505
*	LNLIC	American Funds 2040 Target Date Retirement Fund	**	93,668
*	LNLIC	American Funds 2045 Target Date Retirement Fund	**	24,387
*	LNLIC	American Funds 2050 Target Date Retirement Fund	**	22,854
*	LNLIC	American Funds 2055 Target Date Retirement Fund	**	1,885
*	LNLIC	American Funds American Balanced Fund R6	**	69,012
*	LNLIC	American Funds New World Fund	**	79,373
*	LNLIC	American Funds Washington Mutual Investors Fund	**	18,691
*	LNLIC	ClearBridge Mid Cap Growth Fund Class	**	23,159
*	LNLIC	Delaware Small Cap Core Fund	**	10,302
*	LNLIC	Hartford Core Equity R6	**	358,656
*	LNLIC	Hartford Schroders International Stock Fund	**	89,994
*	LNLIC	JPMorgan Small Cap Value Fund	**	48,060
*	LNLIC	LifeStrategy Conservative Growth Fund	**	6,509
*	LNLIC	MFS Growth Fund	**	367,958
*	LNLIC	MFS International Equity Fund	**	8,751
*	LNLIC	MFS New Discovery R6	**	2,734
*	LNLIC	MFS Utilities Fund	**	8,691
*	LNLIC	Neuberger Berman Real Estate Trust	**	5,286
*	LNLIC	PIMCO Diversified Income Fund Institutional Class	**	3,961
*	LNLIC	PIMCO International Bond Fund	**	3,005
*	LNLIC	State St. Russell Small Cap Growth Index NL	**	10,275
*	LNLIC	Vanguard 500 Index Fund	**	577,019
*	LNLIC	Vanguard Developed Markets Index Fund Admiral Shares	**	18,578
*	LNLIC	Vanguard Equity Inc Admiral Fund	**	298,957
*	LNLIC	Vanguard Global Equity Investment Shares	**	37,611
*	LNLIC	Vanguard Health Care Fund	**	17,879
*	LNLIC	Vanguard High Yield Corporate Fund Admiral	**	18,772
*	LNLIC	Vanguard Inflation-Protected Securities Fund	**	17,222
*	LNLIC	Vanguard Information Technology Index Admiral	**	484,305
*	LNLIC	Vanguard LifeStrategy Growth Fund	**	13,584
*	LNLIC	Vanguard LifeStrategy Income Fund	**	500
*	LNLIC	Vanguard Mid-Cap Growth Index Fund Admiral Shares	**	34,971
*	LNLIC	Vanguard Small-Cap Growth Index Fund Admiral Shares	**	70,920
*	LNLIC	Vanguard Target Retirement 2045 Fund	**	1,968
*	LNLIC	Vanguard Target Retirement 2050 Fund	**	10,243
*	LNLIC	Vanguard Target Retirement 2055 Fund	**	124,643
*	LNLIC	Vanguard Health Care Index Fund Admiral Shares	**	65,204
*	LNLIC	Victory Sycamore Establish Value Fund	**	7,096
*	LNLIC	Western Asset Core Bond Fund Class	**	2,916
*	LNLIC	Western Asset Core Plus Bond Fund Class	**	1,591
*	LNLIC	YourPath Passive 2015 Moderate	**	402,567
*	LNLIC	YourPath Passive 2020 Aggressive	**	1,934
*	LNLIC	YourPath Passive 2020 Moderate	**	976,027

THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(k) PLAN & TRUST

SPONSOR'S EIN: 01-0165117

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

December 31, 2024

(a)	(b) Identity of issuer or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Lincoln National Life Insurance Company (LNLIC), Continued				
Pooled separate accounts:				
*	LNLIC	YourPath Passive 2025 Aggressive	**	1,613
*	LNLIC	YourPath Passive 2025 Moderate	**	586,531
*	LNLIC	YourPath Passive 2030 Moderate	**	1,855,248
*	LNLIC	YourPath Passive 2035 Moderate	**	1,800,561
*	LNLIC	YourPath Passive 2040 Aggressive	**	10,481
*	LNLIC	YourPath Passive 2040 Moderate	**	1,406,145
*	LNLIC	YourPath Passive 2045 Aggressive	**	56,128
*	LNLIC	YourPath Passive 2045 Moderate	**	1,098,469
*	LNLIC	YourPath Passive 2050 Aggressive	**	1,564
*	LNLIC	YourPath Passive 2050 Moderate	**	678,512
*	LNLIC	YourPath Passive 2055 Aggressive	**	12,605
*	LNLIC	YourPath Passive 2055 Conservative	**	529
*	LNLIC	YourPath Passive 2055 Moderate	**	736,913
*	LNLIC	YourPath Passive 2060 Aggressive	**	2,484
*	LNLIC	YourPath Passive 2060 Moderate	**	216,996
*	LNLIC	YourPath Passive 2065 Aggressive	**	8,616
*	LNLIC	YourPath Passive 2065 Moderate	**	125,001
	Total pooled separate accounts			<u>13,140,115</u>
Guaranteed investment contract:				
*	LNLIC	Guaranteed Stable Value	**	<u>369,433</u>
*	Notes receivable from participants	Loans to participants, interest rates ranging from 4.25% - 9.50%, various maturities.	-	<u>246,977</u>
	LNLIC total investments and assets held			<u>\$ 13,756,525</u>
Transamerica Financial Life Insurance Company (TFLIC)				
Pooled separate accounts:				
*	TFLIC	American Century Diversified Bond R6	**	\$ 719,199
*	TFLIC	American Century Diversified Bond Ret Acct	**	129,168
*	TFLIC	American Century Heritage R6	**	124,885
*	TFLIC	American Century Heritage Ret Acct	**	15,078
*	TFLIC	American Funds 2015 Trgt Date Retire R6	**	3
*	TFLIC	American Funds 2025 Trgt Date Retire R6	**	200
*	TFLIC	American Funds 2030 Trgt Date Retire R6	**	33,409
*	TFLIC	American Funds 2035 Trgt Date Retire R6	**	680,858
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*	TFLIC	American Funds 2060 Trgt Date Retire R6	**	81,711
*	TFLIC	American Funds 2065 Trgt Date Retire R6	**	80,545
*	TFLIC	American Funds American Balanced R6	**	1,820,669
*	TFLIC	American Funds American Mutual R6	**	559,534
*	TFLIC	American Funds American Mutual Ret Acct	**	245,362

THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(k) PLAN & TRUST

SPONSOR'S EIN: 01-0165117

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

December 31, 2024

(a)	(b) Identity of issuer or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
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*	TFLIC	American Funds New Perspective R6	**	1,087,642
*	TFLIC	American Funds New Perspective Ret Acct	**	1,009
*	TFLIC	BlackRock High Yield Bond K	**	201,471
*	TFLIC	BlackRock High Yield Portfolio Ret Acct	**	77,913
*	TFLIC	BlackRock Hlth Scncs Opps	**	9,605
*	TFLIC	BNY Mellon	**	86,281
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*	TFLIC	DFA Emerging Markets I	**	243,890
*	TFLIC	DFA Inflation-Protected Securities I	**	443,874
*	TFLIC	DFA Inflation-Protected Securities Port Ret Acct	**	6,302
*	TFLIC	DFA U.S. Sm Cap Port Ret Acct	**	72,837
*	TFLIC	DFA U.S. Targeted Val Port Ret Acct	**	42,964
*	TFLIC	DFA US Small Cap I	**	342,463
*	TFLIC	DFA US Targeted Value I	**	172,078
*	TFLIC	DWS Real Estate Secuities R6	**	120,448
*	TFLIC	DWS RREEF Real Estate Secs Ret Acct	**	62,415
*	TFLIC	Fidelity Mid Cap Growth Index	**	652,545
*	TFLIC	Fidelity Small Cap Growth Index	**	377,223
*	TFLIC	First Eagle Overseas Ret Acct	**	13,780
*	TFLIC	Franklin Utilities R6	**	14,909
*	TFLIC	Franklin Utilities Ret Acct	**	999
*	TFLIC	Hartford Schroders International Stk SDR	**	106,750
*	TFLIC	iShares Total U.S. Stock Market Index K	**	4,618,214
*	TFLIC	JPMorgan Large Cap Growth R6	**	2,031,427
*	TFLIC	JPMorgan Lrg Cap Gr Ret Acct	**	226,968
*	TFLIC	JPMorgan U.S. Research Enhanced Equity R6	**	1,787,258
*	TFLIC	Macquarie Science and Technology Ret Acct	**	170,241
*	TFLIC	MFS International Equity R6	**	154,050
*	TFLIC	MFS Md Cap Val Ret Acct	**	9,450
*	TFLIC	MFS Mid Cap Value R6	**	205,072
*	TFLIC	PGIM Jennison Sm Comp Ret Acct	**	89,333
*	TFLIC	PGIM Jennison Small Company R6	**	33,669
*	TFLIC	PIMCO Inc Ret Acct	**	9,136
*	TFLIC	PIMCO Income Instl	**	389,684
*	TFLIC	Ret Acct DFA Emerging Mrkts Portfolio Ret Acct	**	18,190
*	TFLIC	State St. Russell Small Cap Growth Index NL C	**	258,663
*	TFLIC	State Street International Index NL Fd	**	436,744
*	TFLIC	State Street Internatnl Index Ret Acct	**	94,812
*	TFLIC	State Street Russell Sm Cap Gr Index Ret Acct	**	24,614
*	TFLIC	State Street S&P Md Cap Indx Ret Acct	**	28,765
*	TFLIC	TA Vanguard LifeStrategy Income Ret Acct	**	4,513
*	TFLIC	TA Vanguard Total Stck Mrkt Index Ret Acct	**	1,018,422
*	TFLIC	Transamerica LifeGoal 2025 with BlackRck RetAct	**	250,374
*	TFLIC	Transamerica LifeGoal 2030 with BlackRck RetAct	**	550,898
*	TFLIC	Transamerica LifeGoal 2035 with BlkRck RetAct	**	1,201,279

THE ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(k) PLAN & TRUST

SPONSOR'S EIN: 01-0165117

PLAN NUMBER: 333

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

December 31, 2024

(a)	(b) Identity of issuer or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
Transamerica Financial Life Insurance Company (TFLIC), Continued				
*	TFLIC	Transamerica LifeGoal 2040 with BlkRck Ret Act	**	386,555
*	TFLIC	Transamerica LifeGoal 2045 with BlkRck Ret Acct	**	570,615
*	TFLIC	Transamerica LifeGoal 2050 with BlkRck Ret Acct	**	895,099
*	TFLIC	Transamerica LifeGoal 2055 with BlkRck Ret Acct	**	759,757
*	TFLIC	Transamerica LifeGoal 2060 with BlkRck Ret Acct	**	1,127,721
*	TFLIC	Transamerica LifeGoal 2065 with BlackRck RetAcc	**	173,381
*	TFLIC	Transamerica LifeGoal Ret with BlackRck RetAct	**	211,058
*	TFLIC	Transamerica LifeGoal(SM) 2025 Fund	**	4,504,372
*	TFLIC	Transamerica LifeGoal(SM) 2030 Fund	**	4,427,449
*	TFLIC	Transamerica LifeGoal(SM) 2035 Fund	**	5,807,117
*	TFLIC	Transamerica LifeGoal(SM) 2040 Fund	**	2,798,726
*	TFLIC	Transamerica LifeGoal(SM) 2045 Fund	**	3,886,747
*	TFLIC	Transamerica LifeGoal(SM) 2050 Fund	**	3,166,545
*	TFLIC	Transamerica LifeGoal(SM) 2055 Fund	**	2,087,303
*	TFLIC	Transamerica LifeGoal(SM) 2060 Fund	**	875,441
*	TFLIC	Transamerica LifeGoal(SM) 2065 Fund	**	558,029
*	TFLIC	Transamerica LifeGoal(SM) Retirement Fund	**	2,326,581
*	TFLIC	Transamerica Prtnrs Stck Indx Ret Acct	**	178,919
*	TFLIC	TransamericaRetOnTrk	**	19,736
*	TFLIC	TransamericaRetOnTrk 2035 with Amer Fds RetAct	**	770
*	TFLIC	TransamericaRetOnTrk 2040 with Amer Fds RetAct	**	24,696
*	TFLIC	TransamericaRetOnTrk 2045 with Amer Fds RetAct	**	22,441
*	TFLIC	TransamericaRetOnTrk 2050 with Amer Fds RetAct	**	18,419
*	TFLIC	TransamericaRetOnTrk 2055 with Amer Fds RetAct	**	9,949
*	TFLIC	Vanguard Health Care Admiral	**	472,132
*	TFLIC	Vanguard Information Technology Idx Adm	**	2,217,437
*	TFLIC	Vanguard LifeStrategy Growth Inv	**	131,412
*	TFLIC	Vanguard LifeStrategy Income Inv	**	634,182
*	TFLIC	Vanguard LifeStrategy Moderate Gr Inv	**	16,050
	Total pooled separate accounts			<u>60,958,031</u>
	Money market fund:			
*	Transamerica	Government Money Market Fund	**	<u>625,244</u>
	Guaranteed investment contract:			
*	TFLIC	Stable Value Ascend Account	**	<u>199,374</u>
*	Notes receivable from participants	Loans to participants, interest rates ranging from 4.25% - 9.50%, various maturities.	-	<u>670,665</u>
	TFLIC total investment and assets held			<u>\$ 62,453,314</u>
	Total investments, at fair value			<u>\$ 74,723,390</u>
	Total investments, at contract value			<u>\$ 568,807</u>
	Total notes receivable from participants			<u>\$ 917,642</u>
	Total assets held			<u>\$ 76,209,839</u>

* A party-in-interest, as defined by ERISA

** The Cost of participant-directed Investment is not required to be disclosed.

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

ALLIANCE OF STATE RETAIL ASSOCIATIONS 401K PLAN & TRUST

EIN No.: 01-0165117, Plan No. 333

Plan Year Ending: December 31, 2024

(a) Name of Participating Employer	(b) EIN	(c) Percent of Total Contributions	(d) Employer Balance
Retail Association of Maine	01-0165119	2.17%	174,045
AC Produce Inc.	04-3539556		100,576
Admiral Parkway, Inc.	37-1345721		16,070
Aftershock Ventures LLC	20-0302122		154,828
American Sale Corporation	36-2435390		9,533,621
B&G Building Materials	47-3039785	4.66%	456,475
CP Bat Mitigation	82-2941496		173,433
Danvers Kappy's Inc.	92-2259572		229,271
DE Foods, LLC	27-4830609	25.28%	2,241,312
East Boston Kappy's Inc.	92-2259197		376,219
Everett Management Corporation-1	04-2550501		4,269,757
Fall River Kappy's Inc.	92-2275946		210,578
Falmouth Kappy's Inc.	92-2275554		1,285,080
FF Club Management LLC	81-4885673	0.05%	101,993
Fitchburg Kappy's Inc.	92-2258657		212,479
Flippin Hospitality Group LLC	86-1901368	1.74%	140,035
Goodman Classic Construction	46-2926190		105,802
Great Spaces, Inc.	26-4013162		112,980
GWK Enterprises, Inc.	36-2874821	0.34%	422,600
Hospitality Resources, LLC dba Bedford Village Inn	02-0440724		302,487
Hyannis Kappy's Inc.	92-2258851		178,480
Innovative Distribution Services	01-0546618	1.10%	237,637
Jrod Inc	58-2118250	0.74%	93,829
Lachance Interiors, Inc.	47-2512707	0.17%	466,630
Lemon Brooke LLC	46-5068064		398,776
Local Grinds	46-1935000		848,913
Louis J. Paradis, Inc.	01-0278039		2,391,941
Maine Community Health Options	45-3416923	52.13%	11,096,391
Malden Main Street Kappy's Inc.	92-2276252		852,045
Malden Route 1 Kappy's Inc.	92-2276119		798,142
Maryland Retailers Association	52-0575864	0.01%	83,314
Medford Kappy's Inc.	92-2259367	0.01%	82,806

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

ALLIANCE OF STATE RETAIL ASSOCIATIONS 401K PLAN & TRUST

EIN No.: 01-0165117, Plan No. 333

Plan Year Ending: December 31, 2024

Mega Scoop LLC	20-2969003		27,293
Norwell Kappy's Inc.	92-2260326		121,651
Nxt Gen Plumbing	84-3562057		255,162
Paquet & Son Drywall, Inc.	30-0526982		203,413
Peabody Kappy's Inc.	92-2275753		507,643
Penner's Tire & Auto Inc.	36-2881517		143,851
PW Plummer & Sons Inc.	01-0244827		2,490,967
Rowan, Inc.	83-3217502	0.22%	628,877
Salem Cycle, Inc.	46-4420606		92,940
Sioux Center Chiropractic and Wellness, PA	42-1324685	0.11%	8,431
Sioux Valley Rendering	93-0916746	1.36%	127,430
Southern Restaurant Management	58-2274662	0.81%	93,728
Standard Parts Corporation	91-1011604	0.89%	209,328
Top Furniture, Inc	02-0219914		614,367
Union Farm Equipment, Inc.	20-1054471	5.45%	5,472,927
Washington Retail Association	91-1376551	1.22%	754,374
Wilcoxson Enterprises dba Royal River Natural Foods	46-2636973		2,280,465
Zeutenhorst Financial Inc.	42-1482727		109,417
T&T Tire Center, Inc. dba T&T Tire Point S Auto Service	91-0950996	1.20%	6,122
T&D North Enterprises LLC	99-1053043	0.33%	1,633