

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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 Check box if filing under: [X] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
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 DONAHUE INSURANCE AGENCY, INC. PSP
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/1997
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) DONAHUE INSURANCE AGENCY, INC. 1005 EAST 31ST STREET LAGRANGE PARK, IL 60526
2b Employer Identification Number (EIN) 82-2616959
2c Sponsor's telephone number 708-354-1616
2d Business code (see instructions) 524210
3a Plan administrator's name and address [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year 6
b Total number of participants at the end of the plan year 4
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) 6
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 4
d(1) Total number of active participants at the beginning of the plan year 5
d(2) Total number of active participants at the end of the plan year 4
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 07/29/2025, JAMES P DONAHUE. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	881628	1142016
b Total plan liabilities	7b	0	
c Net plan assets (subtract line 7b from line 7a)	7c	881628	1142016
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	15375	
(2) Participants	8a(2)	52142	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	198426	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		265943
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5405	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	150	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		5555
i Net income (loss) (subtract line 8h from line 8c)	8i		260388
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D 2G 2J 2K 2F 2T
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		100000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. Yes No

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

15 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 Q703678A.

STATE FARM PROTOTYPE PROFIT SHARING PLAN
(Paired Plan #002)

SECTION A ADOPTION AGREEMENT AND ELECTIVE PROVISIONS

A1.00 ADOPTION AGREEMENT

A1.01 Declaration

The Employer, James Donahue
(Name of Employer)

located at 722 E. 31st Street
(No. and Street)

La Grange Park, Illinois 60526
(City) (State) (Zip)

a corporation partnership sole proprietorship

established in the State of Illinois, whose authorized signature is attested below, does hereby establish this Plan, intended to qualify under section 401 of the Internal Revenue Code, pursuant to the provisions set forth in this instrument consisting of Section A, the Adoption Agreement containing elective and special provisions; Section B, the basic provisions; and, Section C, the Trust Indenture to hold, invest and distribute the assets of this Plan. The Trust is intended to be exempt from Federal Income Tax under section 501(a) of the Internal Revenue Code. The undersigned Employer and Trustee(s) mutually agree to the terms and provisions of this instrument, and each has executed this instrument or has caused it to be executed by its duly authorized officers and respective seal, if required, to be affixed as of this 5th day of March, 1997.

Employer: James Donahue

By: [Signature] AGENT
(Name and Title) James Donahue

Witness: ✓

Trustee: ✓

Address: James Donahue
722 E. 31st Street

La Grange Park, IL 60526

Witness: ✓

Questions? Plan Design Admin.
866-864-7959 option 3

Notice to Employer:

- (1) An Employer who has ever maintained or who later adopts any plan (including a welfare benefit fund, as defined in Section 419(e) of the Code, which provides post-retirement medical benefits allocated to separate accounts for key employees, as defined in Section 419A(d)(3) of the Code, or an individual medical account, as defined in Section 415(1)(2) of the Code in addition to this Plan (other than the following paired plans: State Farm Defined Contribution Basic Plan Document #01 (Adoption Agreements #001 and #003) and State Farm Defined Benefit Basic Plan Document #02 (Adoption Agreements #001 and #002)) may not rely on the opinion letter issued by the National Office of the Internal Revenue Service as evidence that this Plan is qualified under Section 401 of the Internal Revenue Code. If the Employer who adopts or maintains multiple plans wishes to obtain reliance that his or her plan(s) are qualified, application for a determination letter should be made to the appropriate Key District Director of Internal Revenue.
- (2) This Adoption Agreement may be used only in conjunction with Basic Plan Document #01.
- (3) Failure by the Employer to properly complete the Adoption Agreement may result in disqualification of this Plan.
- (4) The Plan Sponsor will inform the adopting Employer of any amendments made to this Plan or of discontinuance or abandonment of this Plan.
- (5) The Plan Sponsor is State Farm Life Insurance Company and State Farm Life and Accident Assurance Company, whose address is One State Farm Plaza, Bloomington, IL 61710, telephone (309) 766-6931.

A1.02 The adoption of this Plan constitutes:

- (a) The initial adoption of this Plan and Trust by the Employer. The Effective Date of this Plan is January 1, 1997 (same date as in section A1.04(c)).
- (b) An amendment and restatement of an existing plan and trust. The original Effective Date of this Plan and Trust was _____ (same date as in section A1.04(c)).

The Effective Date of this amendment and restatement of this Plan and Trust is _____.

A1.03 Designation of Plan Administrator and Named Fiduciary

The Employer shall be Plan Administrator and Named Fiduciary unless otherwise elected below.

Plan Administrator shall be: _____

Named Fiduciary shall be: _____

A1.04

Plan Identification

- (a) Name of Plan shall be: James Donahue
Profit Sharing Plan
- (b) Name of Trust shall be: James Donahue
Profit Sharing Trust
- (c) Effective Date of Plan shall be: January 1, 1997
- (d) Anniversary Date of Plan shall be: January 1
- (e) Plan Number: 001
- (f) Employer's Identification Number: ✓ 36-4112434
- (g) Plan Administrator's Identification Number: N/A
- (h) Execution Date of Plan shall be the date specified in section A1.01.

A2.00

ELECTIVE PROVISIONS

A2.01

Requirements for Plan Participation

Employees who satisfy the requirements in sections A2.011 and A2.012 on the date this Plan is adopted shall participate immediately. All other Employees shall become Participants on the date provided in Section A2.012.

A2.011

Participant - Classifications

All Employees shall be eligible to participate in this Plan except those described in (a) or (b) as elected:

- (a) Employees included in a unit of employees covered by a collective bargaining agreement, if retirement benefits were the subject of good faith bargaining.
- (b) Employees who are nonresident aliens and who receive no earned income from the Employer which constitutes income from sources within the United States.

For purposes of this section, the term "Employee" shall include all Employees of this Employer or any employer aggregated with this Employer under section 414(b), (c), (m), or (o), and individuals required to be considered Employees of any such Employer under section 414(n).

PLAN SPECIFICATIONS

<p>1. Plan Administrator/Address & Phone:</p> <p>James Donahue 1005 E 31st Street LaGrange Park, IL 60526</p> <p>708/354-1616</p> <p>Employer ID #: 36-4112434</p>	<p>Plan Trustee/Address & Phone:</p> <p>James Donahue 1005 E 31st Street LaGrange Park, IL 60526</p> <p>708/354-1616</p>
<p>2. Eligibility Requirements:</p> <p>Age 21 and 1 year of service</p>	<p>3. Plan Year:</p> <p>January 1st – December 31st</p>
<p>4. Type of Plan/Number:</p> <p>Profit Sharing/001</p>	<p>5. Vesting Schedule:</p> <p>0% 1st Yr./ 20% per year thereafter</p>
<p>6. Contribution Percentage:</p> <p>Discretionary by the employer. This plan takes Social Security into account when determining your share of the contribution.</p>	<p>7. In Service Distribution:</p> <p>Permitted upon reaching normal retirement date.</p>
<p>8. Normal Retirement Age:</p> <p>Age 65</p>	<p>9. Participant Loans:</p> <p>Participant loans are not Permitted</p>

Each plan is assigned a three-digit plan number by the Employer. For example, plan 001 is the Employer's first and only plan. Additional plans have consecutive numbers (002, 003, etc).

STATE FARM PROTOTYPE PROFIT SHARING PLAN
(Paired Plan #002)

SECTION A ADOPTION AGREEMENT AND ELECTIVE PROVISIONS

A1.00 ADOPTION AGREEMENT

A1.01 Declaration

The Employer, James Donahue
(Name of Employer)

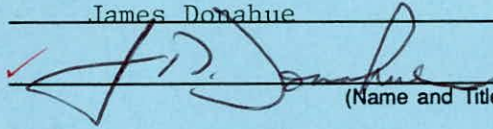
located at 722 E. 31st Street
(No. and Street)

La Grange Park, Illinois 60526
(City) (State) (Zip)

a corporation partnership sole proprietorship

established in the State of Illinois, whose authorized signature is attested below, does hereby establish this Plan, intended to qualify under section 401 of the Internal Revenue Code, pursuant to the provisions set forth in this instrument consisting of Section A, the Adoption Agreement containing elective and special provisions; Section B, the basic provisions; and, Section C, the Trust Indenture to hold, invest and distribute the assets of this Plan. The Trust is intended to be exempt from Federal Income Tax under section 501(a) of the Internal Revenue Code. The undersigned Employer and Trustee(s) mutually agree to the terms and provisions of this instrument, and each has executed this instrument or has caused it to be executed by its duly authorized officers and respective seal, if required, to be affixed as of this 5th day of March, 1997.

Employer: James Donahue

By:  AGENT
(Name and Title) James Donahue

Witness: ✓

Trustee: ✓

Address: James Donahue
722 E. 31st Street

La Grange Park, IL 60526

Witness: ✓

Questions ?
Plan Design Admin.
866-864-7959 option 3

Notice to Employer:

- (1) An Employer who has ever maintained or who later adopts any plan (including a welfare benefit fund, as defined in Section 419(e) of the Code, which provides post-retirement medical benefits allocated to separate accounts for key employees, as defined in Section 419A(d)(3) of the Code, or an individual medical account, as defined in Section 415(1)(2) of the Code in addition to this Plan (other than the following paired plans: State Farm Defined Contribution Basic Plan Document #01 (Adoption Agreements #001 and #003) and State Farm Defined Benefit Basic Plan Document #02 (Adoption Agreements #001 and #002)) may not rely on the opinion letter issued by the National Office of the Internal Revenue Service as evidence that this Plan is qualified under Section 401 of the Internal Revenue Code. If the Employer who adopts or maintains multiple plans wishes to obtain reliance that his or her plan(s) are qualified, application for a determination letter should be made to the appropriate Key District Director of Internal Revenue.
- (2) This Adoption Agreement may be used only in conjunction with Basic Plan Document #01.
- (3) Failure by the Employer to properly complete the Adoption Agreement may result in disqualification of this Plan.
- (4) The Plan Sponsor will inform the adopting Employer of any amendments made to this Plan or of discontinuance or abandonment of this Plan.
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A1.03 Designation of Plan Administrator and Named Fiduciary

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A1.04

Plan Identification

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Profit Sharing Plan
- (b) Name of Trust shall be: James Donahue
Profit Sharing Trust
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- (d) Anniversary Date of Plan shall be: January 1
- (e) Plan Number: 001
- (f) Employer's Identification Number: ✓ 36-4112434
- (g) Plan Administrator's Identification Number: N/A
- (h) Execution Date of Plan shall be the date specified in section A1.01.

A2.00

ELECTIVE PROVISIONS

A2.01

Requirements for Plan Participation

Employees who satisfy the requirements in sections A2.011 and A2.012 on the date this Plan is adopted shall participate immediately. All other Employees shall become Participants on the date provided in Section A2.012.

A2.011

Participant - Classifications

All Employees shall be eligible to participate in this Plan except those described in (a) or (b) as elected:

- (a) Employees included in a unit of employees covered by a collective bargaining agreement, if retirement benefits were the subject of good faith bargaining.
- (b) Employees who are nonresident aliens and who receive no earned income from the Employer which constitutes income from sources within the United States.

For purposes of this section, the term "Employee" shall include all Employees of this Employer or any employer aggregated with this Employer under section 414(b), (c), (m), or (o), and individuals required to be considered Employees of any such Employer under section 414(n).

PLAN SPECIFICATIONS

<p>1. Plan Administrator/Address & Phone:</p> <p>James Donahue 1005 E 31st Street LaGrange Park, IL 60526</p> <p>708/354-1616</p> <p>Employer ID #: 36-4112434</p>	<p>Plan Trustee/Address & Phone:</p> <p>James Donahue 1005 E 31st Street LaGrange Park, IL 60526</p> <p>708/354-1616</p>
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<p>4. Type of Plan/Number:</p> <p>Profit Sharing/001</p>	<p>5. Vesting Schedule:</p> <p>0% 1st Yr./ 20% per year thereafter</p>
<p>6. Contribution Percentage:</p> <p>Discretionary by the employer. This plan takes Social Security into account when determining your share of the contribution.</p>	<p>7. In Service Distribution:</p> <p>Permitted upon reaching normal retirement date.</p>
<p>8. Normal Retirement Age:</p> <p>Age 65</p>	<p>9. Participant Loans:</p> <p>Participant loans are not Permitted</p>

Each plan is assigned a three-digit plan number by the Employer. For example, plan 001 is the Employer's first and only plan. Additional plans have consecutive numbers (002, 003, etc).

STATE FARM PROTOTYPE PROFIT SHARING PLAN
(Paired Plan #002)

SECTION A ADOPTION AGREEMENT AND ELECTIVE PROVISIONS

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A1.01 Declaration

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Employer: James Donahue

By: [Signature] AGENT
(Name and Title) James Donahue

Witness: ✓

Trustee: ✓

Address: James Donahue
722 E. 31st Street

La Grange Park, IL 60526

Witness: ✓

Questions? Plan Design Admin.
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- (e) Plan Number: 001
- (f) Employer's Identification Number: ✓ 36-4112434
- (g) Plan Administrator's Identification Number: N/A
- (h) Execution Date of Plan shall be the date specified in section A1.01.

A2.00

ELECTIVE PROVISIONS

A2.01

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A2.011

Participant - Classifications

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For purposes of this section, the term "Employee" shall include all Employees of this Employer or any employer aggregated with this Employer under section 414(b), (c), (m), or (o), and individuals required to be considered Employees of any such Employer under section 414(n).

PLAN SPECIFICATIONS

1. Plan Administrator/Address & Phone:	Plan Trustee/Address & Phone:
James Donahue 1005 E 31 st Street LaGrange Park, IL 60526 708/354-1616 Employer ID #: 36-4112434	James Donahue 1005 E 31 st Street LaGrange Park, IL 60526 708/354-1616
2. Eligibility Requirements: Age 21 and 1 year of service	3. Plan Year: January 1 st – December 31 st
4. Type of Plan/Number: Profit Sharing/001	5. Vesting Schedule: 0% 1 st Yr./ 20% per year thereafter
6. Contribution Percentage: Discretionary by the employer. This plan takes Social Security into account when determining your share of the contribution.	7. In Service Distribution: Permitted upon reaching normal retirement date.
8. Normal Retirement Age: Age 65	9. Participant Loans: Participant loans are not Permitted

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