

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) G, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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: BOYS & GIRLS CLUB WORKERS ASSOCIATION
1b Three-digit plan number (PN): 501
1c Effective date of plan: 02/02/1927
2a Plan sponsor's name (employer, if for a single-employer plan): BOYS & GIRLS CLUBS OF AMERICA
2b Employer Identification Number (EIN): 13-6176007
2c Plan Sponsor's telephone number: 859-226-1765
2d Business code (see instructions): 813000

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	6620
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	6620
	<b>6a(2)</b>	7281
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	7281
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4A 4B 4D 4E 4F 4H 4Q

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>3</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (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 164202539

---

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
---	--	---

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

<p><b>A</b> Name of plan <span style="color: blue;">BOYS &amp; GIRLS CLUB WORKERS ASSOCIATION</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">501</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">BOYS &amp; GIRLS CLUBS OF AMERICA</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">13-6176007</span></p>	

**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.

**1 Coverage Information:**

(a) Name of insurance carrier  
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

(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
13-5123390	64246	00553830	3379	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.

<p>(a) Total amount of commissions paid <span style="color: blue;">178843</span></p>	<p>(b) Total amount of fees paid <span style="color: blue;">26584</span></p>
--	--

**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  
HUB INTERNATIONAL TEXAS, INC 1111 BRIARCREST DR  
BRYAN, TX 77802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
104022	26584	FEES	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
CENTRO BENEFITS RESEARCH LLC 325 N KIRKWOOD ROAD, SUITE 300  
KIRKWOOD, MO 63122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
74821			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	

(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.

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

**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 ▶

<b>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>		
	(2) Administration charge made by carrier.....	<b>7e(2)</b>		
	(3) Transferred to separate account .....	<b>7e(3)</b>		
	(4) Other (specify below) .....	<b>7e(4)</b>		
(5) Total deductions .....		<b>7e(5)</b>	0	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	2494026
<b>b</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. ....	<b>10b</b>	

Specify nature of costs.

**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**

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

<b>A</b> Name of plan <b>BOYS &amp; GIRLS CLUB WORKERS ASSOCIATION</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOYS &amp; GIRLS CLUBS OF AMERICA</b>	<b>D</b> Employer Identification Number (EIN) <b>13-6176007</b>

**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.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**GUARDIAN LIFE INSURANCE COMPANY OF AMERICA**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-5123390</b>	<b>64246</b>	<b>00554610</b>	<b>4459</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid <b>307095</b>	<b>(b)</b> Total amount of fees paid <b>23360</b>
--	--

**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  
**HUB INTERNATIONAL TEXAS, INC** **1111 BRIARCREST DR**  
**BRYAN, TX 77802**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>241264</b>	<b>23360</b>	<b>FEES</b>	<b>3</b>

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**CENTRO BENEFITS RESEARCH, LLC** **325 N KIRKWOOD RD, SUITE 300**  
**KIRKWOOD, MO 63122**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>65831</b>			<b>3</b>

(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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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.
----------------	--

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

**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 ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	<b>0</b>
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	<b>0</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

**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) ▶ AD&D

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	2194352
<b>b</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.	<b>10b</b>	

**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. ▶

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
---	--	--

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

<p><b>A</b> Name of plan <b>BOYS &amp; GIRLS CLUB WORKERS ASSOCIATION</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOYS &amp; GIRLS CLUBS OF AMERICA</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>13-6176007</b></p>	

**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.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**TOKIO MARINE**

(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
35-1817054	92711	417010411999	2086	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.

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
---	--

**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

(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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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.
----------------	--

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

**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 ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	(6) Total additions .....	<b>7c(6)</b>
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1318364
<b>b</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.	<b>10b</b>	

**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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	--	---

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

<b>A</b> Name of plan <b>BOYS &amp; GIRLS CLUB WORKERS ASSOCIATION</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOYS &amp; GIRLS CLUBS OF AMERICA</b>	<b>D</b> Employer Identification Number (EIN) <b>13-6176007</b>	

**Part I Service Provider Information (see instructions)**

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

**(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

---

---

**(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

---

---

---

**(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

---

---

---

**(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)

UMR, INC

39-1995276

(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?
12	N/A	1034286	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	28619	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

RX BENEFITS, INC

63-1157085

(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?
12 50	N/A	19243	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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.

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> 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.**

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

<b>A</b> Name of plan <u>BOYS &amp; GIRLS CLUB WORKERS ASSOCIATION</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>501</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOYS &amp; GIRLS CLUBS OF AMERICA</u>	<b>D</b> Employer Identification Number (EIN) <u>13-6176007</u>

**Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**  
(Complete as many entries as needed to report all interests in DFEs)

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

<b>a</b> Plan name	ALAMEDA BGC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	94-1312299-
<b>a</b> Plan name	ARLINGTON BGC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	04-2149320-
<b>a</b> Plan name	BGC GRAND RAPIDS YOUTH COMMON	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	38-0593958-
<b>a</b> Plan name	BGC IN INDIANA, INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	81-4118364-
<b>a</b> Plan name	BGC OF ABILENE	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	75-1001991-
<b>a</b> Plan name	BGC OF ACADIANA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	72-0940072-
<b>a</b> Plan name	BGC OF ADA COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	82-0481687-
<b>a</b> Plan name	BGC OF ADAIR COUNTY SCHOOLS	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	90-0632014-
<b>a</b> Plan name	BGC OF ADAMS COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	35-1807774-
<b>a</b> Plan name	BGC OF ALBANY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	58-6046393-
<b>a</b> Plan name	BGC OF ALICE	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	74-1463071-
<b>a</b> Plan name	BGC OF ALLENTOWN	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	23-1352042-

**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.)

<b>a</b> Plan name	BGC OF ALPENA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	38-1405280-
<b>a</b> Plan name	BGC OF ALTON	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	36-4142577-
<b>a</b> Plan name	BGC OF AMERICAN SAMOA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	66-0759053-
<b>a</b> Plan name	BGC OF APPALACHIA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	31-1793599-
<b>a</b> Plan name	BGC OF ARKANSAS RIVER VALLEY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	71-0681999-
<b>a</b> Plan name	BGC OF ASSABET VALLEY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	23-7105393-
<b>a</b> Plan name	BGC OF ATHENS	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	58-0830085-
<b>a</b> Plan name	BGC OF ATLANTIC CITY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	23-7253748-
<b>a</b> Plan name	BGC OF AUSTIN COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	76-0640686-
<b>a</b> Plan name	BGC OF BALDWIN & JONES COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	58-1671393-
<b>a</b> Plan name	BGC OF BANDERA COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	74-2728659-
<b>a</b> Plan name	BGC OF BARRON COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	39-2025211-

**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.)

<b>a</b> Plan name	BGC OF BARTLESVILLE	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 73-0618201-
<b>a</b> Plan name	BGC OF BARTOW COUNTY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 58-1892111-
<b>a</b> Plan name	BGC OF BAY COUNTY, INC	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 59-1114292-
<b>a</b> Plan name	BGC OF BELLEVUE	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 91-0776451-
<b>a</b> Plan name	BGC OF BEND	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 93-1127536-
<b>a</b> Plan name	BGC OF BENTON/FRANKLIN COUNTY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 91-1673327-
<b>a</b> Plan name	BGC OF BETHLEHEM	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 23-6298476-
<b>a</b> Plan name	BGC OF BINGHAMTON INC	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 15-0539040-
<b>a</b> Plan name	BGC OF BISBEE	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 86-0986317-
<b>a</b> Plan name	BGC OF BLOOMINGTON -IN	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 35-0997525-
<b>a</b> Plan name	BGC OF BLOOMINGTON-NORMAL	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 37-1308723-
<b>a</b> Plan name	BGC OF BOONE COUNTY, INC	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 35-1750659-

**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.)

<b>a</b> Plan name	BGC OF BRATTLEBORO	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 03-0309528-
<b>a</b> Plan name	BGC OF BRAZORIA COUNTY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 74-1688545-
<b>a</b> Plan name	BGC OF BRAZOS VALLEY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 74-6079584-
<b>a</b> Plan name	BGC OF BROWN COUNTY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 74-2721815-
<b>a</b> Plan name	BGC OF BULLOCH COUNTY INC	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 58-2606951-
<b>a</b> Plan name	BGC OF BURBANK & GTR EAST VLY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 95-4485745-
<b>a</b> Plan name	BGC OF BURLINGTON INC	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 03-0179307-
<b>a</b> Plan name	BGC OF CAMARILLO	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 95-6194547-
<b>a</b> Plan name	BGC OF CAMPBELL COUNTY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 86-1006303-
<b>a</b> Plan name	BGC OF CAPE COD	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 04-3273141-
<b>a</b> Plan name	BGC OF CEDAR RAPIDS	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 42-1434056-
<b>a</b> Plan name	BGC OF CENTRAL AZ-PRESCOTT	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 86-0964489-

**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.)

<b>a</b> Plan name	BGC OF CENTRAL CAROLINA	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 56-1923703-
<b>a</b> Plan name	BGC OF CENTRAL COAST	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 95-2468116-
<b>a</b> Plan name	BGC OF CENTRAL GEORGIA	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 58-0621444-
<b>a</b> Plan name	BGC OF CENTRAL MISSISSIPPI	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 64-0331635-
<b>a</b> Plan name	BGC OF CENTRAL NEW MEXICO	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 85-0106943-
<b>a</b> Plan name	BGC OF CENTRAL NH	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 02-0259874-
<b>a</b> Plan name	BGC OF CENTRAL OHIO	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 31-4387575-
<b>a</b> Plan name	BGC OF CENTRAL ORANGE COAST	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 95-1893417-
<b>a</b> Plan name	BGC OF CHAFFEE COUNTY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 55-0907901-
<b>a</b> Plan name	BGC OF CHAMPION VALLEY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 06-1674854-
<b>a</b> Plan name	BGC OF CHATTAHOOCHEE VALLEY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 58-1174393-
<b>a</b> Plan name	BGC OF CHATTANOOGA	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 62-0557179-

**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.)

<b>a</b> Plan name	BGC OF CHESTER	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	23-1490049-
<b>a</b> Plan name	BGC OF CHICOPEE	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	04-2166805-
<b>a</b> Plan name	BGC OF CICERO	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	36-2154018-
<b>a</b> Plan name	BGC OF CITRUS COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	59-3124840-
<b>a</b> Plan name	BGC OF CLEVELAND CO	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	56-0858863-
<b>a</b> Plan name	BGC OF CLIFTON	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	22-1589377-
<b>a</b> Plan name	BGC OF COLLIN COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	75-1296869-
<b>a</b> Plan name	BGC OF COOKE CO	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	75-2255185-
<b>a</b> Plan name	BGC OF CORVALLIS	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	23-7153987-
<b>a</b> Plan name	BGC OF CRITTENDEN COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	71-0352307-
<b>a</b> Plan name	BGC OF CUMBERLAND COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	22-3604451-
<b>a</b> Plan name	BGC OF CUMBERLAND COUNTY,INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	56-0896317-

**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.)

<b>a</b> Plan name	BGC OF DAYTON	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 31-0536657-
<b>a</b> Plan name	BGC OF DEEP EAST TEXAS	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 75-2254579-
<b>a</b> Plan name	BGC OF DORCHESTER	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 23-7076465-
<b>a</b> Plan name	BGC OF DOUGLAS	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 27-0716777-
<b>a</b> Plan name	BGC OF DURHAM AND ORANGE CTY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 56-6001906-
<b>a</b> Plan name	BGC OF EAST ALABAMA	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 58-1875904-
<b>a</b> Plan name	BGC OF EAST AURORA, INC.	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 16-1523653-
<b>a</b> Plan name	BGC OF EAST CENTRAL ALABAMA	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 63-0516163-
<b>a</b> Plan name	BGC OF EAST COUNTY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 95-2088013-
<b>a</b> Plan name	BGC OF EASTON	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 23-1941228-
<b>a</b> Plan name	BGC OF EDEN	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 56-0711026-
<b>a</b> Plan name	BGC OF EDEN NY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 33-0996412-

**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.)

<b>a</b> Plan name	BGC OF EL CAMPO	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	76-0364956-
<b>a</b> Plan name	BGC OF ELKHART COUNTY INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	35-1033735-
<b>a</b> Plan name	BGC OF ELKO	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	86-0858401-
<b>a</b> Plan name	BGC OF EMERALD VALLEY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	93-1264722-
<b>a</b> Plan name	BGC OF ENNIS	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	75-2746070-
<b>a</b> Plan name	BGC OF EVANSVILLE	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	35-1007558-
<b>a</b> Plan name	BGC OF FARMINGTON	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	85-0161421-
<b>a</b> Plan name	BGC OF FAULKNER COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	71-0678783-
<b>a</b> Plan name	BGC OF FAYETTEVILLE	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	71-0254287-
<b>a</b> Plan name	BGC OF FLAGSTAFF	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	43-3083785-
<b>a</b> Plan name	BGC OF FOND DU LAC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	39-1896496-
<b>a</b> Plan name	BGC OF FORT WAYNE	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	35-1778767-

**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.)

<b>a</b> Plan name	BGC OF FREEPORT/STEPHENSON CO	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	35-2313105-
<b>a</b> Plan name	BGC OF FREMONT COUNTY INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	27-1610981-
<b>a</b> Plan name	BGC OF FRESNO COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	94-1149171-
<b>a</b> Plan name	BGC OF FULLERTON	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	95-1855645-
<b>a</b> Plan name	BGC OF GALLUP	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	81-1650341-
<b>a</b> Plan name	BGC OF GARFIELD	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	22-1660518-
<b>a</b> Plan name	BGC OF GENERATIONAL EMPOWERMEN	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	92-0412893-
<b>a</b> Plan name	BGC OF GENEVA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	16-1481026-
<b>a</b> Plan name	BGC OF GLASGOW-BARREN COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	45-4693954-
<b>a</b> Plan name	BGC OF GLOUCESTER COUNTY INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	54-2075655-
<b>a</b> Plan name	BGC OF GREATER ANAHEIM-CYPRESS	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	95-2920990-
<b>a</b> Plan name	BGC OF GREATER BILLERICA, INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	23-7106468-

**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.)

<b>a</b> Plan name	BGC OF GREATER CHIPPEWA VALLEY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 39-2032491-
<b>a</b> Plan name	BGC OF GREATER DERRY INC	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 23-7090084-
<b>a</b> Plan name	BGC OF GREATER DUBUQUE	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 42-0710263-
<b>a</b> Plan name	BGC OF GREATER FLINT	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 38-3381808-
<b>a</b> Plan name	BGC OF GREATER GASTON	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 56-1419498-
<b>a</b> Plan name	BGC OF GREATER HAVERHILL	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 02-4111215-
<b>a</b> Plan name	BGC OF GREATER HIGH POINT	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 56-2094591-
<b>a</b> Plan name	BGC OF GREATER HOLLAND	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 38-2756671-
<b>a</b> Plan name	BGC OF GREATER KALAMAZOO	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 38-1627080-
<b>a</b> Plan name	BGC OF GREATER KANSAS CITY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 43-6072065-
<b>a</b> Plan name	BGC OF GREATER KINGSFORT	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 62-0481370-
<b>a</b> Plan name	BGC OF GREATER LACROSSE INC	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 39-6084791-

**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.)

<b>a</b> Plan name	BGC OF GREATER MILWAUKEE	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 39-0806292-
<b>a</b> Plan name	BGC OF GREATER NASHUA	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 23-7058376-
<b>a</b> Plan name	BGC OF GREATER NRTHWST INDIANA	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 35-1262439-
<b>a</b> Plan name	BGC OF GREATER TARRANT COUNTY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 75-0808785-
<b>a</b> Plan name	BGC OF GREATER VENTURA	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 95-2248919-
<b>a</b> Plan name	BGC OF GREATER VERGENNES	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 03-0359691-
<b>a</b> Plan name	BGC OF GREATER WATERVILLE AT	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 04-3341661-
<b>a</b> Plan name	BGC OF GREATER WEST PLAINS	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 27-4455082-
<b>a</b> Plan name	BGC OF GREENVILLE & GREENE CTY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 62-1706248-
<b>a</b> Plan name	BGC OF GREENWICH	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 06-0646655-
<b>a</b> Plan name	BGC OF GRTR REDLANDS/RIVERSIDE	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 95-6187083-
<b>a</b> Plan name	BGC OF HAMILTON, INC	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 31-0616383-

**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.)

<b>a</b> Plan name	BGC OF HARLEM	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	13-3102951-
<b>a</b> Plan name	BGC OF HARLINGEN	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	74-1546529-
<b>a</b> Plan name	BGC OF HARRISON-CRAWFORD CNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	35-1983078-
<b>a</b> Plan name	BGC OF HARTFORD	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	06-6026005-
<b>a</b> Plan name	BGC OF HAWAII	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	99-6005407-
<b>a</b> Plan name	BGC OF HENDERSON COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	56-1803125-
<b>a</b> Plan name	BGC OF HIGHLANDS COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	59-3468588-
<b>a</b> Plan name	BGC OF HILL COUNTY INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	74-2801002-
<b>a</b> Plan name	BGC OF HOBBS, INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	85-0170908-
<b>a</b> Plan name	BGC OF HOLLAND	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	23-7129495-
<b>a</b> Plan name	BGC OF HOLLYWOOD	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	95-1775142-
<b>a</b> Plan name	BGC OF HUDSON CO	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	22-1918943-

**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.)

<b>a</b> Plan name	BGC OF HUNTINGTON CNTY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 35-2094506-
<b>a</b> Plan name	BGC OF HUNTINGTON VALLEY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 95-6192466-
<b>a</b> Plan name	BGC OF HUTCHINSON	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 48-1088026-
<b>a</b> Plan name	BGC OF INDIANAPOLIS	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 35-0888754-
<b>a</b> Plan name	BGC OF JACKSON COUNTY GA	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 26-1889825-
<b>a</b> Plan name	BGC OF JACKSON COUNTY MS	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 58-2016844-
<b>a</b> Plan name	BGC OF JACKSON TN	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 62-0784907-
<b>a</b> Plan name	BGC OF JACKSONVILLE	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 27-2480374-
<b>a</b> Plan name	BGC OF JANESVILLE, INC	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 39-1645796-
<b>a</b> Plan name	BGC OF JEFFERSON CITY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 43-1733063-
<b>a</b> Plan name	BGC OF JOHNSON COUNTY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 31-0896365-
<b>a</b> Plan name	BGC OF KENNEBEC VALLEY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 60-0001275-

**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.)

<b>a</b> Plan name	BGC OF KENOSHA, INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	39-1732935-
<b>a</b> Plan name	BGC OF KENTUCKIANA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	61-0568789-
<b>a</b> Plan name	BGC OF KINGSVILLE	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	74-1499178-
<b>a</b> Plan name	BGC OF KOOTENAI COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	84-1635505-
<b>a</b> Plan name	BGC OF LA HABRA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	95-1922180-
<b>a</b> Plan name	BGC OF LA PORTE COUNTY, INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	35-1992851-
<b>a</b> Plan name	BGC OF LAC COURTE OREILLES	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	39-1832703-
<b>a</b> Plan name	BGC OF LAGUNA BEACH	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	95-1878822-
<b>a</b> Plan name	BGC OF LAKE EUFAULA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	26-4093561-
<b>a</b> Plan name	BGC OF LANSING	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	38-1788281-
<b>a</b> Plan name	BGC OF LAS CRUCES	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	85-0167102-
<b>a</b> Plan name	BGC OF LAWRENCE COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	30-0759844-

**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.)

<b>a</b> Plan name	BGC OF LENAWEE	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	38-3558470-
<b>a</b> Plan name	BGC OF LEWIS COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	26-3482643-
<b>a</b> Plan name	BGC OF LIVINGSTON COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	37-0975574-
<b>a</b> Plan name	BGC OF LONG BEACH	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	95-1643977-
<b>a</b> Plan name	BGC OF LOWER BERGEN COUNTY INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	22-1632037-
<b>a</b> Plan name	BGC OF LOWER MERRIMACK VALLEY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	04-3474114-
<b>a</b> Plan name	BGC OF LYNN INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	04-2103924-
<b>a</b> Plan name	BGC OF MAGIC VALLEY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	94-3176622-
<b>a</b> Plan name	BGC OF MAGNOLIA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	71-0305932-
<b>a</b> Plan name	BGC OF MALIBU	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	95-4774844-
<b>a</b> Plan name	BGC OF MANTECA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	94-2751177-
<b>a</b> Plan name	BGC OF MARSHALL COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	35-1955489-

**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.)

<b>a</b> Plan name	BGC OF MARSHFIELD, INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	04-3525938-
<b>a</b> Plan name	BGC OF MASON VALLEY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	88-0407331-
<b>a</b> Plan name	BGC OF MASSILLON	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	34-0726102-
<b>a</b> Plan name	BGC OF MCGEHEE AR	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	71-0813343-
<b>a</b> Plan name	BGC OF MERCER CO FOUNDATIONINC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	47-5552013-
<b>a</b> Plan name	BGC OF MERCER COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	21-0634556-
<b>a</b> Plan name	BGC OF MERIDEN	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	06-1013015-
<b>a</b> Plan name	BGC OF METRO ATLANTA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	58-0566123-
<b>a</b> Plan name	BGC OF METRO LOUISIANA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	72-0928014-
<b>a</b> Plan name	BGC OF METRO QUEENS	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	11-1966067-
<b>a</b> Plan name	BGC OF METRO RICHMOND	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	54-0564901-
<b>a</b> Plan name	BGC OF METRO SOUTH, INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	22-2963214-

**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.)

<b>a</b> Plan name	BGC OF METROWEST	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	04-2387225-
<b>a</b> Plan name	BGC OF MILFORD	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	27-0786009-
<b>a</b> Plan name	BGC OF MITCHELL COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	58-1976071-
<b>a</b> Plan name	BGC OF MONMOUTH COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	21-0694373-
<b>a</b> Plan name	BGC OF MONTGOMERY COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	35-6007302-
<b>a</b> Plan name	BGC OF MOORPARK & SIMI VALLEY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	77-0112701-
<b>a</b> Plan name	BGC OF MORGAN COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	36-4541410-
<b>a</b> Plan name	BGC OF MOULTRIE/COLQUITT CTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	26-3586811-
<b>a</b> Plan name	BGC OF MUNCIE	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	35-0869060-
<b>a</b> Plan name	BGC OF N CENTRAL N CAROLINA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	56-2525793-
<b>a</b> Plan name	BGC OF NAPA VALLEY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	94-6033413-
<b>a</b> Plan name	BGC OF NEW ROCHELLE	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	13-1943644-

**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.)

<b>a</b> Plan name	BGC OF NEWPORT COUNTY, INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	05-0281572-
<b>a</b> Plan name	BGC OF NOBLESVILLE	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	35-1054426-
<b>a</b> Plan name	BGC OF NORTH ALABAMA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	63-0360026-
<b>a</b> Plan name	BGC OF NORTH CENTRAL FLORIDA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	59-2973927-
<b>a</b> Plan name	BGC OF NORTH CENTRAL GEORGIA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	27-1029072-
<b>a</b> Plan name	BGC OF NORTH GEORGIA, INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	20-2957153-
<b>a</b> Plan name	BGC OF NORTH LOUISIANA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	72-1375839-
<b>a</b> Plan name	BGC OF NORTH MISSISSIPPI	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	64-0880602-
<b>a</b> Plan name	BGC OF NORTHEAST MISSISSIPPI	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	64-0389412-
<b>a</b> Plan name	BGC OF NORTHEAST TEXAS	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	75-2174005-
<b>a</b> Plan name	BGC OF NORTHEASTERN PA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	24-0796420-
<b>a</b> Plan name	BGC OF NORTHERN CHAUTAUQUA CTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	16-1532389-

**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 BGC OF NORTHERN RHODE ISLAND**b** Name of plan sponsor **c** EIN-PN 05-0280121-**a** Plan name BGC OF NORTHERN UTAH**b** Name of plan sponsor **c** EIN-PN 87-0529606-**a** Plan name BGC OF NORTHWEST COLORADO**b** Name of plan sponsor **c** EIN-PN 75-3124416-**a** Plan name BGC OF NORTHWEST GEORGIA**b** Name of plan sponsor **c** EIN-PN 58-0632795-**a** Plan name BGC OF NORTHWEST NEW JERSEY**b** Name of plan sponsor **c** EIN-PN 22-2169444-**a** Plan name BGC OF NOWATA**b** Name of plan sponsor **c** EIN-PN 73-1569974-**a** Plan name BGC OF ORCHARD PARK**b** Name of plan sponsor **c** EIN-PN 16-1094894-**a** Plan name BGC OF OSHKOSH**b** Name of plan sponsor **c** EIN-PN 39-6120658-**a** Plan name BGC OF OTTAWA COUNTY**b** Name of plan sponsor **c** EIN-PN 73-1352753-**a** Plan name BGC OF OYSTER BAY-EAST NORWICH**b** Name of plan sponsor **c** EIN-PN 11-2136505-**a** Plan name BGC OF PALM BEACH COUNTY**b** Name of plan sponsor **c** EIN-PN 23-7060561-**a** Plan name BGC OF PARKERSBURG**b** Name of plan sponsor **c** EIN-PN 55-0476226-

**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.)

<b>a</b> Plan name	BGC OF PATERSON & PASSAIC	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 22-1726665-
<b>a</b> Plan name	BGC OF PAWTUCKET	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 05-0258924-
<b>a</b> Plan name	BGC OF PEKIN	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 37-0800532-
<b>a</b> Plan name	BGC OF PHILLIPS COUNTY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 06-1757016-
<b>a</b> Plan name	BGC OF PLACER COUNTY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 68-0321820-
<b>a</b> Plan name	BGC OF POCATELLO	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 93-3139568-
<b>a</b> Plan name	BGC OF POLK COUNTY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 59-0171815-
<b>a</b> Plan name	BGC OF POPLAR BLUFF	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 43-1831638-
<b>a</b> Plan name	BGC OF PORTAGE COUNTY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 73-1630506-
<b>a</b> Plan name	BGC OF PROVIDENCE	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 05-0258929-
<b>a</b> Plan name	BGC OF PUERTO RICO	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 66-0327584-
<b>a</b> Plan name	BGC OF RED RIVER VALLEY OK	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 27-2922456-

**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.)

<b>a</b> Plan name	BGC OF RIDGEFIELD	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	06-0653182-
<b>a</b> Plan name	BGC OF ROCHESTER INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	16-1001619-
<b>a</b> Plan name	BGC OF ROSEBUD	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	46-0453641-
<b>a</b> Plan name	BGC OF RUSH CO	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	23-7170004-
<b>a</b> Plan name	BGC OF RUSK COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	75-2730664-
<b>a</b> Plan name	BGC OF RUTHERFORD COUNTY INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	62-1583332-
<b>a</b> Plan name	BGC OF RUTHERFORD COUNTY INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	99-4362883-
<b>a</b> Plan name	BGC OF SAN LEANDRO	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	94-6003774-
<b>a</b> Plan name	BGC OF SAN MARCOS	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	95-3330218-
<b>a</b> Plan name	BGC OF SANTA CLARA VALLEY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	95-2497853-
<b>a</b> Plan name	BGC OF SANTA CRUZ COUNTY - AZ	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	86-0671818-
<b>a</b> Plan name	BGC OF SANTA CRUZ COUNTY - CA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	94-6129075-

**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.)

<b>a</b> Plan name	BGC OF SARASOTA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	59-6211876-
<b>a</b> Plan name	BGC OF SCHENECTADY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	14-1364595-
<b>a</b> Plan name	BGC OF SE ALABAMA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	58-2010059-
<b>a</b> Plan name	BGC OF SEQUOYAH COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	73-1128670-
<b>a</b> Plan name	BGC OF SEYMOUR	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	35-0909245-
<b>a</b> Plan name	BGC OF SHEBOYGAN COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	39-1246782-
<b>a</b> Plan name	BGC OF SHELBY COUNTY IN	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	35-0957039-
<b>a</b> Plan name	BGC OF SILOAM SPRINGS AR INC.	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	62-1666732-
<b>a</b> Plan name	BGC OF SIOUXLAND, INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	42-0940032-
<b>a</b> Plan name	BGC OF SONOMA-MARIN	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	68-0309534-
<b>a</b> Plan name	BGC OF SOUHEGAN VALLEY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	02-0450773-
<b>a</b> Plan name	BGC OF SOUTH LOGAN CO	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	71-0848678-

**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.)

<b>a</b> Plan name	BGC OF SOUTH PARK	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 68-0538363-
<b>a</b> Plan name	BGC OF SOUTHCENTRAL ALASKA	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 92-0036082-
<b>a</b> Plan name	BGC OF SOUTHEAST GEORGIA	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 58-0973039-
<b>a</b> Plan name	BGC OF SOUTHEAST MISSOURI	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 43-0817669-
<b>a</b> Plan name	BGC OF SOUTHEAST VIRGINIA	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 54-0515764-
<b>a</b> Plan name	BGC OF SOUTHWEST COUNTY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 33-0475756-
<b>a</b> Plan name	BGC OF SOUTHWEST GEORGIA	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 58-2426833-
<b>a</b> Plan name	BGC OF SOUTHWEST MISSISSIPPI	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 64-0806571-
<b>a</b> Plan name	BGC OF SPARTA INC	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 39-1798177-
<b>a</b> Plan name	BGC OF SPOKANE COUNTY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 91-1983357-
<b>a</b> Plan name	BGC OF SPRINGFIELD	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 44-0513659-
<b>a</b> Plan name	BGC OF ST HELENA & CALISTOGA	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 68-0226714-

**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.)

<b>a</b> Plan name	BGC OF ST LUCIE CO	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 65-0505369-
<b>a</b> Plan name	BGC OF ST MARYS PA INC	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 25-0965253-
<b>a</b> Plan name	BGC OF ST. CHARLES COUNTY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 43-0714369-
<b>a</b> Plan name	BGC OF ST. JOSEPH COUNTY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 35-1329625-
<b>a</b> Plan name	BGC OF ST. THOMAS/ST. JOHN, INC	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 66-0902531-
<b>a</b> Plan name	BGC OF STAMFORD	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 06-0646911-
<b>a</b> Plan name	BGC OF STANTON	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 95-2913402-
<b>a</b> Plan name	BGC OF STONEHAM, INC.	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 23-7025777-
<b>a</b> Plan name	BGC OF STORY COUNTY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 42-0888428-
<b>a</b> Plan name	BGC OF SWEETWATER COUNTY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 27-3565963-
<b>a</b> Plan name	BGC OF TAMPA BAY INC	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 59-0624368-
<b>a</b> Plan name	BGC OF THE ALBEMARLE	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 61-1546080-

**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.)

<b>a</b> Plan name	BGC OF THE ANTELOPE VALLEY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 95-4290055-
<b>a</b> Plan name	BGC OF THE BAY & LAKES REGION	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 39-6102943-
<b>a</b> Plan name	BGC OF THE BIG BEND	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 59-3076558-
<b>a</b> Plan name	BGC OF THE BIG ISLAND	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 81-0575345-
<b>a</b> Plan name	BGC OF THE BIG PINES	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 75-2318241-
<b>a</b> Plan name	BGC OF THE BLUE RIDGE, INC	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 26-3166453-
<b>a</b> Plan name	BGC OF THE CEDAR VALLEY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 42-6083723-
<b>a</b> Plan name	BGC OF THE COASTSIDE	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 94-3193725-
<b>a</b> Plan name	BGC OF THE DANVILLE AREA	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 54-1880308-
<b>a</b> Plan name	BGC OF THE DIAMOND HILLS-ALMA	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 74-3072145-
<b>a</b> Plan name	BGC OF THE EASTERN PANHANDLE	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 20-2257657-
<b>a</b> Plan name	BGC OF THE FOX VALLEY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 39-1225709-

**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.)

<b>a</b> Plan name	BGC OF THE GRAND STRAND	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	57-1051611-
<b>a</b> Plan name	BGC OF THE GREATER SANTIAM	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	52-1043668-
<b>a</b> Plan name	BGC OF THE GULF COAST	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	64-0539145-
<b>a</b> Plan name	BGC OF THE HATCHIE RIVER REG	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	27-3459151-
<b>a</b> Plan name	BGC OF THE HI LINE	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	81-0408011-
<b>a</b> Plan name	BGC OF THE KENAI PENINSULA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	94-3067142-
<b>a</b> Plan name	BGC OF THE KEYS AREA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	65-0678071-
<b>a</b> Plan name	BGC OF THE LA HARBOR	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	95-1661682-
<b>a</b> Plan name	BGC OF THE LEECH LAKE AREA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	41-1929446-
<b>a</b> Plan name	BGC OF THE MISSISSIPPI DELTA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	45-0469376-
<b>a</b> Plan name	BGC OF THE MISSOURI RIVER AREA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	46-0445099-
<b>a</b> Plan name	BGC OF THE MOUNTAIN EMPIRE	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	54-0653489-

**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.)

<b>a</b> Plan name	BGC OF THE N CHEYENNE NATION	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 36-3945776-
<b>a</b> Plan name	BGC OF THE NORTH VALLEY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 68-0294846-
<b>a</b> Plan name	BGC OF THE NORTHERN NECK	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 20-4887254-
<b>a</b> Plan name	BGC OF THE NORTHLAND	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 41-0969947-
<b>a</b> Plan name	BGC OF THE NORTHTOWNS	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 16-0755733-
<b>a</b> Plan name	BGC OF THE OLYMPIC PENINSULA	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 91-1376766-
<b>a</b> Plan name	BGC OF THE PIEDMONT	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 20-3237215-
<b>a</b> Plan name	BGC OF THE RED RIVER VALLEY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 75-0800621-
<b>a</b> Plan name	BGC OF THE RIVER REGION	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 63-0302108-
<b>a</b> Plan name	BGC OF THE ROGUE VALLEY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 93-0588108-
<b>a</b> Plan name	BGC OF THE SAN LUIS VALLEY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 84-1215393-
<b>a</b> Plan name	BGC OF THE SANDHILLS	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 91-1877405-

**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.)

<b>a</b> Plan name	BGC OF THE SEQUOIAS	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 77-0469369-
<b>a</b> Plan name	BGC OF THE SMOKY MOUNTAINS	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 62-1507789-
<b>a</b> Plan name	BGC OF THE SOUTH COAST AREA	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 95-6111998-
<b>a</b> Plan name	BGC OF THE TAR RIVER REGION	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 56-0934910-
<b>a</b> Plan name	BGC OF THE TEXAS HILL COUNTRY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 74-2758055-
<b>a</b> Plan name	BGC OF THE TRI COUNTY AREA	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 82-0721270-
<b>a</b> Plan name	BGC OF THE TWIN CITIES	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 41-0842657-
<b>a</b> Plan name	BGC OF THE UMPQUA VALLEY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 91-1788798-
<b>a</b> Plan name	BGC OF THE WAUSAU AREA	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 39-1850386-
<b>a</b> Plan name	BGC OF THURSTON COUNTY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 91-2124629-
<b>a</b> Plan name	BGC OF TIPTON COUNTY	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 35-1871264-
<b>a</b> Plan name	BGC OF TOLEDO	
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN 34-4427933-

**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.)

<b>a</b> Plan name	BGC OF TRACY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	68-0028682-
<b>a</b> Plan name	BGC OF TRANSYLVANIA COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	56-2142829-
<b>a</b> Plan name	BGC OF TROY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	23-7390931-
<b>a</b> Plan name	BGC OF TRUCKEE MEADOWS	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	88-0142068-
<b>a</b> Plan name	BGC OF UKIAH	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	68-0340783-
<b>a</b> Plan name	BGC OF VALDOSTA, INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	23-7067775-
<b>a</b> Plan name	BGC OF VERNON	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	75-1052556-
<b>a</b> Plan name	BGC OF VOLUSIA/FLAGLER COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	59-3158162-
<b>a</b> Plan name	BGC OF WAKE COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	56-0863051-
<b>a</b> Plan name	BGC OF WALKER COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	03-0476151-
<b>a</b> Plan name	BGC OF WARWICK	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	05-6019193-
<b>a</b> Plan name	BGC OF WASHINGTON CO 91139	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	45-3445754-

**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.)

<b>a</b> Plan name	BGC OF WASHINGTON COUNTY TX	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	75-3071779-
<b>a</b> Plan name	BGC OF WAYNE COUNTY INC NC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	56-0706013-
<b>a</b> Plan name	BGC OF WEBSTER-DUDLEY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	04-2238069-
<b>a</b> Plan name	BGC OF WEST ALABAMA INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	63-0452285-
<b>a</b> Plan name	BGC OF WEST CENTRAL WISCONSIN	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	39-1962065-
<b>a</b> Plan name	BGC OF WEST SAN GABRIEL VALLEY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	95-2782501-
<b>a</b> Plan name	BGC OF WEST SPRINGFIELD	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	04-2105827-
<b>a</b> Plan name	BGC OF WESTERN LANE COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	93-1236854-
<b>a</b> Plan name	BGC OF WESTERN NEVADA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	88-0269139-
<b>a</b> Plan name	BGC OF WESTMINSTER - CA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	95-2919799-
<b>a</b> Plan name	BGC OF WESTMINSTER, INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	27-4271480-
<b>a</b> Plan name	BGC OF WHATCOM COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	91-0836427-

**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.)

<b>a</b> Plan name	BGC OF WHITTIER	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	95-6151763-
<b>a</b> Plan name	BGC OF WICHITA FALLS	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	75-0883102-
<b>a</b> Plan name	BGC OF WINNEMUCCA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	47-1394471-
<b>a</b> Plan name	BGC OF WORCESTER	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	04-2105851-
<b>a</b> Plan name	BGC OF YELLOWSTONE COUNTY	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	81-0308003-
<b>a</b> Plan name	BLACKSTONE VALLEY BGC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	04-3200499-
<b>a</b> Plan name	BOYS & GIRLS CLUB OF AMERICA	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	13-5562976-
<b>a</b> Plan name	BOYS & GIRLS CLUBS IN NJ, INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	27-0185288-
<b>a</b> Plan name	BURKBURNETT BGC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	75-1478734-
<b>a</b> Plan name	CLIFF HAGAN BGC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	61-0663746-
<b>a</b> Plan name	CLINTON COUNTY BGC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	35-7172553-
<b>a</b> Plan name	DAR BGC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	38-1392687-

**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.)

<b>a</b> Plan name	DEPEW-LANCASTER BGC INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	16-1313581-
<b>a</b> Plan name	EMW BOYS & GIRLS CLUB	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	16-1023305-
<b>a</b> Plan name	FLORIDA ALLIANCE OF BGC, INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	65-0839955-
<b>a</b> Plan name	FORT SMITH BGC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	71-0270690-
<b>a</b> Plan name	FOUNDATION FOR YTH BARTHOLOMEW	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	35-0873340-
<b>a</b> Plan name	FRANK CALLEN BGC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	58-0622969-
<b>a</b> Plan name	GRENVILLE BAKER BGC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	11-1660855-
<b>a</b> Plan name	JOHN M BARRY BGC OF NEWTON	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	04-2144095-
<b>a</b> Plan name	JOHN W HEREFORD BGC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	55-0439995-
<b>a</b> Plan name	LAMESA BGC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	75-1076737-
<b>a</b> Plan name	LANSINGBURGH BGC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	14-1338445-
<b>a</b> Plan name	LODI BGC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	94-1570121-

**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.)

<b>a</b> Plan name	LUBBOCK BGC	<b>c</b> EIN-PN	75-1037228-
<b>b</b> Name of plan sponsor			
<b>a</b> Plan name	LUDLOW BGC	<b>c</b> EIN-PN	04-2089767-
<b>b</b> Name of plan sponsor			
<b>a</b> Plan name	LYN TREECE BGC OF TIPPECANOE	<b>c</b> EIN-PN	35-1262269-
<b>b</b> Name of plan sponsor			
<b>a</b> Plan name	MAVERICK BGC	<b>c</b> EIN-PN	75-0808760-
<b>b</b> Name of plan sponsor			
<b>a</b> Plan name	NIAGARA FALLS BGC	<b>c</b> EIN-PN	16-0743093-
<b>b</b> Name of plan sponsor			
<b>a</b> Plan name	NORTH PENN VALLEY BGC	<b>c</b> EIN-PN	23-7164617-
<b>b</b> Name of plan sponsor			
<b>a</b> Plan name	OGDENSBURG BGC	<b>c</b> EIN-PN	16-0874412-
<b>b</b> Name of plan sponsor			
<b>a</b> Plan name	OLIVET BGC	<b>c</b> EIN-PN	23-1365380-
<b>b</b> Name of plan sponsor			
<b>a</b> Plan name	ORANGEBURG AREA B&G CLUB	<b>c</b> EIN-PN	57-0834510-
<b>b</b> Name of plan sponsor			
<b>a</b> Plan name	ORRVILLE AREA BOYS/GIRLS CLUB	<b>c</b> EIN-PN	34-1003436-
<b>b</b> Name of plan sponsor			
<b>a</b> Plan name	OSCAR CROSS BGC OF PADUCAH KY	<b>c</b> EIN-PN	61-1001392-
<b>b</b> Name of plan sponsor			
<b>a</b> Plan name	SANTA FE BGC INC	<b>c</b> EIN-PN	85-0102948-
<b>b</b> Name of plan sponsor			

**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.)

<b>a</b> Plan name	SARAH HEINZ HOUSE	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	25-0965390-
<b>a</b> Plan name	SPRINGFIELD BGC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	04-1858620-
<b>a</b> Plan name	THOMAS CHEW MEMORIAL BGC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	04-2103923-
<b>a</b> Plan name	TIOGA COUNTY BGC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	15-0610883-
<b>a</b> Plan name	TOWN OF WALLKILL BGC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	13-3741014-
<b>a</b> Plan name	UNION LEAGUE BGC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	36-2167939-
<b>a</b> Plan name	VACAVILLE NEIGHBORHOOD BGC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	13-4223488-
<b>a</b> Plan name	VAN BUREN BGC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	71-0327975-
<b>a</b> Plan name	VARIETY BGC OF QUEENS INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	11-6014770-
<b>a</b> Plan name	VARIETY BOYS & GIRLS CLUB	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	95-1919219-
<b>a</b> Plan name	WALTHAM BGC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	04-2103927-
<b>a</b> Plan name	WATERTOWN BGC, INC	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN	04-6134699-

**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.)

<b>a</b> Plan name <b>WELLS COMMUNITY BGC</b>	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN <b>31-1253620-</b>

<b>a</b> Plan name <b>WEST VALLEY BGC INC</b>	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN <b>95-4419365-</b>

<b>a</b> Plan name <b>WOODLAND BGC</b>	
<b>b</b> Name of plan sponsor	<b>c</b> EIN-PN <b>39-1423945-</b>

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

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

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

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

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

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

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

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

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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	---

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>BOYS &amp; GIRLS CLUB WORKERS ASSOCIATION</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOYS &amp; GIRLS CLUBS OF AMERICA</b>	<b>D</b> Employer Identification Number (EIN) <b>13-6176007</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	2209217
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1172207
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	5933671
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	5156181
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	12911400	14471276
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	2354910	3225702
<b>h</b> Operating payables.....	<b>1h</b>	633194	727667
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	163616	58693
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	3151720	4012062
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	9759680	10459214

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	31489648	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		31489648
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	141028	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		141028
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	103086	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		103086
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	2712580	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	2437335	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		275245
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	470990	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		470990

	(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)	155445
<b>c</b> Other income .....	2c	28800
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	32664242

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	25856751
(2) To insurance carriers for the provision of benefits .....	2e(2)	4342708
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	30199459
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g	
<b>h</b> Interest expense.....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	
(2) Contract administrator fees .....	2i(2)	1552861
(3) Recordkeeping fees .....	2i(3)	
(4) IQPA audit fees .....	2i(4)	23000
(5) Investment advisory and investment management fees .....	2i(5)	59163
(6) Bank or trust company trustee/custodial fees .....	2i(6)	21102
(7) Actuarial fees .....	2i(7)	20000
(8) Legal fees .....	2i(8)	
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	
(11) Other expenses.....	2i(11)	89123
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	1765249
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	31964708

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k	699534
<b>l</b> Transfers of assets:		
(1) To this plan.....	2l(1)	
(2) From this plan .....	2l(2)	

**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: **DEAN DORTON ALLEN FORD, PLLC**

(2) EIN: **27-3858252**

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.



Financial Statements and Supplemental Schedules

for

**BOYS & GIRLS CLUB WORKERS  
ASSOCIATION**

As of December 31, 2024 and 2023 and  
for the Year Ended December 31, 2024  
with Independent Auditor's Report

## CONTENTS

### Pages

Independent Auditor's Report.....	1 - 3
Financial Statements:	
Statements of Benefit Obligations and Net Assets Available for Benefits.....	4
Statement of Changes in Benefit Obligations and Net Assets Available for Benefits.....	5
Notes to the Financial Statements.....	6 - 12
Supplemental Schedules:	
Schedule H, line 4i - Schedule of Assets (Held at End of Year).....	13 - 17
Schedule H, line 4j - Schedule of Reportable Transactions.....	18

## **Independent Auditor's Report**

To the Board of Directors of  
Boys & Girls Club Workers Association  
Atlanta, Georgia

### **Opinion**

We have audited the financial statements of Boys and Girls Club Workers Association (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2024 and 2023, the related statement of changes in benefit obligations and net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the benefit obligations and net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its benefit obligations and net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America (GAAP).

### **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 audit opinion.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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.

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 within one year after the date that the financial statements are issued or 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**

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 the 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.

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 Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions as of and for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL'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 has been subjected to the auditing procedures applied in the audits 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.

To the Board of Directors of  
Boys & Girls Club Workers Association  
Independent Auditor's Report, continued

**Supplemental Schedules Required by ERISA, continued**

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Dean Dotson Allen Ford, PLLC*

Lexington, Kentucky  
October 15, 2025

## BOYS & GIRLS CLUB WORKERS ASSOCIATION

### Statements of Benefit Obligations and Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Benefit Obligations</b>		
Medical and short-term disability claims incurred but not paid	\$ <b>3,225,702</b>	\$ 2,354,910
<b>Assets</b>		
Cash on deposit with third-party administrator	<b>795,432</b>	1,071,797
Investments, at fair value	<b>11,466,627</b>	10,518,027
Receivables:		
Premiums due from member clubs	<b>378,525</b>	45,434
Pharmacy rebate	<b>558,355</b>	1,070,234
Reinsurance reimbursement due	<b>1,264,989</b>	193,963
Accrued investment income	<b>4,948</b>	7,145
Royalty payments receivable	<u><b>2,400</b></u>	<u>4,800</u>
Total receivables	<u><b>2,209,217</b></u>	<u>1,321,576</u>
Total assets	<b>14,471,276</b>	12,911,400
<b>Liabilities</b>		
Accounts payable for administrative expenses	<b>124,851</b>	49,980
Accounts payable to carriers	<b>602,816</b>	583,214
Unearned premiums	<u><b>58,693</b></u>	<u>163,616</u>
Total liabilities	<u><b>786,360</b></u>	<u>796,810</u>
Net assets available for benefits	<u><b>13,684,916</b></u>	<u>12,114,590</u>
Excess of net assets available for benefits over benefit obligations	<u><b>\$ 10,459,214</b></u>	<u>\$ 9,759,680</u>

See accompanying notes.

## BOYS & GIRLS CLUB WORKERS ASSOCIATION

### Statement of Changes in Benefit Obligations and Net Assets Available for Benefits

Year ended December 31, 2024

#### Net Increase in Benefit Obligations:

Increase in medical and short-term disability claims incurred but not reported	\$ 870,792
--	------------

#### Net Increase in Net Assets Available for Benefits:

##### Additions:

Contributions from member clubs	31,489,648
Net appreciation in fair value of investments	717,413
Interest and dividends	428,381
Royalty income	<u>28,800</u>

Total additions	32,664,242
-----------------	------------

##### Deductions:

Medical and short-term disability claims paid	24,985,959
Insurance carriers - premiums, net of provider refunds of \$204,315	4,342,708
Administrative expenses	<u>1,765,249</u>

Total deductions	<u>31,093,916</u>
------------------	-------------------

Net increase in net assets available for benefits	<u>1,570,326</u>
---	------------------

Increase in excess of net assets available for benefits over benefit obligations	699,534
--	---------

#### Excess of net assets available for benefits over benefit obligations:

Beginning of year	<u>9,759,680</u>
-------------------	------------------

End of year	<u>\$ 10,459,214</u>
-------------	----------------------

See accompanying notes.

# BOYS & GIRLS CLUB WORKERS ASSOCIATION

## Notes to the Financial Statements

### 1. Description of the Organization and Plan

The Boys & Girls Club Workers Association (the Plan) was formed to provide life, sickness, accident, or other benefits to participating employees of member organizations, generally local boys and girls clubs, affiliated with Boys & Girls Clubs of America (the national organization), who meet the eligibility requirements established by the Plan, providers of such insurance plans, and the Plan administrator. Eligibility requirements include participants being a full-time employee, working for a member organization participating in the corresponding coverage, residing in the United States, excluding temporary and seasonal employees. An employee is eligible for coverage on the first day of the month after completing 30 or 60 days of continuous employment with the member organization, as determined by each member organization's eligibility requirement. Other than continuation of coverage in the Medical and Dental Plans (COBRA) and the Postretirement Life Insurance Benefit Program, the Plan provides benefits to active employees and their dependents. The Plan is subject to certain provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is facilitated by UMR, Inc. d/b/a Administrative Services Group, Inc. (the Contract Administrator). The Plan had 7,281 and 6,620 participating employees as of December 31, 2024 and 2023, respectively. The Plan is filed as a group insurance arrangement as defined in the applicable sections of Department of Labor (DOL) regulations.

If the Plan were to terminate, the Contract Administrator would be required to use available funds to (1) pay or provide for the payment of all insurance premiums, service contract fees and other charges required to be paid pursuant to the insurance and/or service contracts, (2) pay or provide for payment of all reasonable and necessary expenses in connection with or arising out of the establishment, installation and administration of the Plan, and (3) apply any balance to such other purposes as shall best effectuate the purposes of the Plan. Currently, there is no intention to terminate the Plan.

The following description provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

#### **(a) Comprehensive Major Medical**

The Plan self-insures comprehensive major medical benefits, with specific reinsurance for claims over \$325,000 per calendar year.

#### **(b) Life Insurance**

The group benefit program includes the option of selecting term life insurance coverage for employees and their dependents. If the life insurance program is selected, employees receive a minimum of \$10,000 in life insurance. Employee options available through the program include selection of one, two or three times salary. The maximum benefit for each employee is \$400,000. Life and accidental death and dismemberment insurance is reduced at age 65 to 65%, age 75 to 50%, and will terminate at retirement. Benefits are provided under arrangements with an insurance company. Premiums collected from individual clubs are not assets of the Plan.

## BOYS & GIRLS CLUB WORKERS ASSOCIATION

### Notes to the Financial Statements, continued

#### 1. Description of the Organization and Plan, continued

##### **(c) Accidental Death and Dismemberment**

In the event an employee suffers a loss from an accident, the Plan provides additional coverage up to the face amount of life insurance carried by the employee. Benefits are provided under arrangements with an insurance company. Premiums collected from individual clubs are not assets of the Plan.

##### **(d) Other Benefits**

Other group insurance benefits are available which include dental and vision coverage, supplemental employee life, dependent life, long-term, and short-term disability. The short-term disability is a self-insured plan; however, insurance has been purchased to cover the remaining benefits.

The Plan utilizes a pharmacy benefit manager (PBM) which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs.

#### 2. Summary of Significant Accounting Policies

The financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP), which requires the Plan's management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results may differ from those estimates.

The following is a summary of the significant accounting policies consistently followed by the Plan in the preparation of the financial statements:

##### Investment Valuation and Income Recognition

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

##### Contributions

Premiums due from member clubs are billed in advance and recorded as receivables until collected and as unearned employer remittances until the related insurance coverage becomes effective. If elected by the member clubs, employee contributions can be made to the Trust under a Section 125 Plan (the Flexible Benefits Plan). This election allows employers to defer employee contributions pre-tax. Employer contributions include all amounts remitted by member clubs including amounts originally contributed by participants.

## BOYS & GIRLS CLUB WORKERS ASSOCIATION

Notes to the Financial Statements, continued

### 2. Summary of Significant Accounting Policies, continued

#### Refunds

Refunds due from the Plan's PBM are recorded when earned. Refunds due as of the financial statement date have been reported as a receivable, with the offset being netted against claims paid. Pharmacy rebates totaling \$1,996,652 have been netted with claims paid in the accompanying statement of changes in benefit obligations and net assets available for benefits for the year ended December 31, 2024.

#### Benefit Obligations

Participant benefits are provided through insurance contracts maintained by the Plan except for comprehensive major medical and short-term disability, which are paid for from assets of the Plan. It is the present intention of the Plan to continue obtaining insurance contracts for other benefits.

#### Administrative Expenses

The Plan pays certain administrative expenses and are reported as such on the statement of changes in benefit obligations and net assets available for benefits. All other administrative expenses are paid by the national organization on behalf of the Plan.

#### Risks and Uncertainties

The Plan has investments in money market accounts, mutual funds, and corporate securities. Investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of the investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of benefit obligations and net assets available for benefits and the statement of changes in benefit obligations and net assets available for benefits.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

#### Income Tax Status

The Plan has received an exemption letter from the Internal Revenue Service dated April 20, 1965, stating that the Plan is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (the Code).

Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable Code and therefore believes that the Plan is qualified and the related trust is tax-exempt.

## BOYS & GIRLS CLUB WORKERS ASSOCIATION

Notes to the Financial Statements, continued

### 2. Summary of Significant Accounting Policies, continued

#### Subsequent Events

The Plan's management has evaluated subsequent events for accounting and disclosure requirements through October 15, 2025, the date that the financial statements were available to be issued.

### 3. Fair Value Measurements

The Plan classifies their investments based on a hierarchy consisting of: Level 1 (valued using quoted prices from active markets for identical assets), Level 2 (not traded on an active market but for which observable market inputs are readily available), and Level 3 (valued based on significant unobservable inputs). The asset's or liability's fair value measurement 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for investments measured at fair value on a recurring basis:

*Money market accounts:* Cost approximates fair value due to the short maturity of these investments.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Common stocks:* Valued at the closing price reported on the active market on which the individual securities are treated.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes their 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.

There were no changes in the methodologies used to measure fair value at December 31, 2024 and 2023.

## BOYS & GIRLS CLUB WORKERS ASSOCIATION

Notes to the Financial Statements, continued

### 3. Fair Value Measurements, continued

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31:

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
<u>2024</u>				
Money market accounts	\$ 376,775	\$ 376,775	\$ -	\$ -
Mutual funds	5,156,181	5,156,181	-	-
Common stocks	<u>5,933,671</u>	<u>5,933,671</u>	<u>-</u>	<u>-</u>
	<u>\$ 11,466,627</u>	<u>\$ 11,466,627</u>	<u>\$ -</u>	<u>\$ -</u>
<u>2023</u>				
Money market accounts	\$ 290,648	\$ 290,648	\$ -	\$ -
Mutual funds	4,394,406	4,394,406	-	-
Common stocks	<u>5,832,973</u>	<u>5,832,973</u>	<u>-</u>	<u>-</u>
	<u>\$ 10,518,027</u>	<u>\$ 10,518,027</u>	<u>\$ -</u>	<u>\$ -</u>

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. The Plan's management evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. During the year ended December 31, 2024, there were no significant transfers between the levels.

### 4. Benefit Obligations

#### Medical and Short-Term Disability Claims Incurred but Not Paid

The liability provided for unpaid claims is based on an actuarial estimate using claims experience. The amount of expected future payments reserved as of December 31, 2024 and 2023 was \$3,225,702 and \$2,354,910, respectively.

### 5. Royalty Income

Under an agreement between the Plan and a third party the Plan receives royalties from the third party for the use of its name, logo, and goodwill. The annual royalty is equal to one percent of the premium cost of the coverage or \$7,000, whichever is greater. Royalty income was \$28,800 for the year ended December 31, 2024.

## BOYS & GIRLS CLUB WORKERS ASSOCIATION

Notes to the Financial Statements, continued

### 6. Administrative Expenses

For the year ended December 31, 2024, administrative expenses of the Plan include the following:

Office administrative costs:	
Contract Administrator fees	\$ 1,552,861
Investment expenses	59,163
Miscellaneous	14,806
Bank fees	21,102
Travel expenses	27,473
Medical state surcharge expenses	46,844
Professional services:	
Actuaries	20,000
Audit and tax return fees	<u>23,000</u>
 Total administrative expenses	 <u>\$ 1,765,249</u>

### 7. Related Party and Party-in-Interest Transactions

The Contract Administrator facilitates the collection of premium remittances for the Plan and remits the insurance premiums to the respective insurance companies or their agents; pays or provides for the payment of the Plan itself for all reasonable and necessary expenses of establishment, installation and administration of the Plan; conducts all transactions with the insurance companies or the service contracts or their agents relative to the execution and administration of the insurance or service contracts; and establishes the rules for the administration of the affairs of the Plan.

The Contract Administrator is compensated for services by administrative fees based on the number of participating employees and by other fees charged periodically for services rendered. Total fees paid during the year ended December 31, 2024 are disclosed in Note 6.

The Plan's investments are managed by Regions Financial Corporation (Regions Bank) as of December 31, 2024 and 2023. Regions Bank is the trustee, as defined by the Plan, and therefore, these transactions qualify as exempt party-in-interest transactions under ERISA. Total investment expenses paid during the year ended December 31, 2024 are disclosed in Note 6.

The Plan pays fees for several arrangements with service providers. These transactions are considered exempt party-in-interest transactions under ERISA.

### 8. Reconciliation of Financial Statements to Form 5500

The following reconciles net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$13,684,916	\$12,114,590
Benefit obligations currently payable	<u>(3,225,702)</u>	<u>(2,354,910)</u>
 Net assets per the Form 5500	 <u>\$10,459,214</u>	 <u>\$ 9,759,680</u>

## BOYS & GIRLS CLUB WORKERS ASSOCIATION

Notes to the Financial Statements, continued

### 8. Reconciliation of Financial Statements to Form 5500, continued

The following reconciles medical and short-term disability claims paid for participants per the financial statements to the Form 5500 for the year ended December 31, 2024:

Medical and short-term disability claims paid per the financial statements	<b>\$24,985,959</b>
Add: Benefit obligations currently payable at end of year	<b>3,225,702</b>
Less: Benefit obligations currently payable at beginning of year	<b><u>(2,354,910)</u></b>
Benefit payments directly to participants per Form 5500	<b><u>\$25,856,751</u></b>

The reconciliation above is a result of medical and short-term disability claims being reflected as benefit obligations for financial statement purposes, but recorded as liabilities for Form 5500 purposes.

**BOYS & GIRLS CLUB WORKERS ASSOCIATION**

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

Plan Sponsor: Boys & Girls Club Workers Association  
 Plan Sponsor Employer Identification Number: 13-6176007  
 Plan number: 501

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value
Money market accounts:				
	Fidelity Government Portfolio	Money Market	\$ 376,775	\$ 376,775
Mutual funds:				
	Absolute	Convertible Arbitrage Fund	175,807	179,910
	American Beacon	AHL Managed Futures Strategy Fund	237,973	216,052
	Artisan	High Income Fund	163,180	165,492
	Baird	Aggregate Bond Fund	1,158,710	1,069,445
	BlackRock	Tactical Opportunities Fund	170,235	180,876
	BrandywineGLOBAL	High Yield Fund	164,374	167,341
	Calamos	Market Neutral Income Fund	398,610	440,461
	Fidelity	Investment Grade Bond Fund	1,165,047	1,069,786
	GMO	Opportunistic Income Fund	188,067	177,265
	JPMorgan	Core Plus Bond Fund	510,197	480,648
	JPMorgan	Hedged Equity Fund	267,508	434,355
	JPMorgan	Strategic Income Opportunities Fund	176,975	176,715
	Vanguard	International Growth Fund	403,088	397,835
	Total mutual funds		5,179,771	5,156,181
Common stocks:				
	3i Group PLC	Common Stock	5,561	6,351
	ABB LTD Sponsored ADR	Common Stock	6,795	17,133
	Abbott Laboratories	Common Stock	25,534	27,599
	AbbVie INC	Common Stock	4,298	8,707
	Accenture PLC	Common Stock	8,021	8,443
	Acushnet Holdings Corp	Common Stock	12,736	27,721
	Adidas AG	Common Stock	11,341	13,395
	Agilent Technologies Inc	Common Stock	14,425	20,017
	AIA Group Ltd	Common Stock	11,997	9,222
	Air Lease Corp	Common Stock	11,574	13,499
	Air Liquide SA	Common Stock	15,316	17,286
	Airbnb Inc	Common Stock	17,969	15,112
	Akamai Technologies Inc	Common Stock	10,088	11,000
	Albemarle Corp	Common Stock	9,430	6,800
	Allstate Corp/The	Common Stock	3,149	5,976
	Alphabet Inc	Common Stock	21,006	27,070
	Amazon.com Inc	Common Stock	29,180	64,501
	American International Group Inc	Common Stock	23,507	37,274
	Americold Realty Trust Inc	Common Stock	9,315	6,441
	ANSYS Inc	Common Stock	7,127	13,831
	Aon PLC	Common Stock	31,927	42,022
	Applied Materials Inc	Common Stock	1,895	7,481
	Ares Management Corp	Common Stock	12,698	15,048
	Arrow Electronics Inc	Common Stock	6,535	8,032
	Arthur J Gallagher & Co	Common Stock	17,703	19,586
	Artisan Developing World Fund	Common Stock	163,246	213,745

**BOYS & GIRLS CLUB WORKERS ASSOCIATION**

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment		Cost	Current Value
	Artisan Partners Asset Management In	Common Stock	11,493	16,187
	Asics Corp	Common Stock	1,803	8,053
	ASM International NV	Common Stock	3,697	5,122
	ASML Holding NV	Common Stock	18,094	16,634
	Aspen Technology Inc	Common Stock	5,783	12,981
	AstraZeneca PLC	Common Stock	13,453	11,204
	BancFirst Corp	Common Stock	11,757	14,413
	Bank of America Corp	Common Stock	19,817	29,183
	Bankinter SA	Common Stock	8,025	7,546
	Becton Dickinson and Co	Common Stock	18,514	17,242
	Berkshire Hathaway Inc	Common Stock	21,856	24,477
	Bio-Rad Laboratories Inc	Common Stock	7,649	9,527
	Broadridge Financial Solutions Inc	Common Stock	8,680	10,852
	Builders FirstSource Inc	Common Stock	11,210	10,005
	Bureau Veritas SA	Common Stock	13,258	12,599
	BXP Inc	Common Stock	11,281	10,485
	Cadence Design Systems INC	Common Stock	17,923	17,727
	Capgemini SE	Common Stock	15,654	13,731
	CarMax Inc	Common Stock	15,910	18,805
	Carrier Global Corp	Common Stock	4,584	4,505
	Caterpillar Inc	Common Stock	10,061	16,324
	CBRE Group Inc	Common Stock	7,744	20,613
	Cencora Inc	Common Stock	4,779	10,785
	Centene Corp	Common Stock	10,980	9,935
	ChampionX Corp	Common Stock	5,601	5,275
	Chipotle Mexican Grill Inc	Common Stock	11,557	12,482
	Chubb Ltd	Common Stock	7,066	8,842
	Cie Financiere Richemont SA	Common Stock	12,799	15,059
	Clearwater Analytics Holdings Inc	Common Stock	13,424	15,796
	Colgate-Palmolive Co	Common Stock	16,762	16,364
	Compass Group PLC	Common Stock	11,257	17,903
	ConocoPhillips	Common Stock	24,120	28,363
	Continental AG	Common Stock	5,932	5,143
	CorVel Corp	Common Stock	14,021	26,369
	Coterra Energy Inc	Common Stock	3,508	9,271
	CRH PLC	Common Stock	4,393	5,274
	Croda International PLC	Common Stock	5,677	4,257
	CSX Corp	Common Stock	6,425	9,649
	Cummins Inc	Common Stock	4,626	11,504
	Danaher Corp	Common Stock	20,505	18,594
	Darden Restaurants Inc	Common Stock	4,234	14,935
	Datadog Inc	Common Stock	6,754	7,716
	DBS Group Holdings Ltd	Common Stock	6,042	9,859
	Deere & Co	Common Stock	13,435	14,830
	DENTSPLY SIRONA Inc	Common Stock	9,273	3,910
	Diamondback Energy Inc	Common Stock	18,125	18,185
	Diploma PLC	Common Stock	9,706	11,312
	Disco Corp	Common Stock	5,567	4,915
	Dominion Resources Inc/VA	Common Stock	8,554	9,210
	Donaldson Co Inc	Common Stock	3,649	7,206
	Dover Corp	Common Stock	7,019	12,569
	DR Horton Inc	Common Stock	3,055	13,283
	DSV Panalpina A/S	Common Stock	5,845	5,735

**BOYS & GIRLS CLUB WORKERS ASSOCIATION**

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment		Cost	Current Value
	Dynatrace Inc	Common Stock	11,240	13,098
	Eastman Chemical Co	Common Stock	8,146	8,584
	Ecolab Inc	Common Stock	11,135	11,482
	EMCOR Group INC	Common Stock	4,735	31,319
	Entegris Inc	Common Stock	12,177	12,581
	Epiroc AB	Common Stock	10,834	9,999
	Experian PLC	Common Stock	11,892	12,605
	Extra Space Storage Inc	Common Stock	11,399	13,165
	FactSet Research Systems Inc	Common Stock	10,404	17,770
	FANUC Corp	Common Stock	11,073	10,328
	Ferguson Enterprises Inc	Common Stock	11,936	12,497
	First Hawaiian Inc	Common Stock	15,001	18,762
	Fortive Corp	Common Stock	7,526	6,900
	Freeport-McMoRan Inc	Common Stock	12,263	10,967
	FTI Consulting Inc	Common Stock	21,277	35,741
	GATX Corp	Common Stock	4,911	9,917
	GE Aerospace Com	Common Stock	9,772	9,007
	General Dynamics Corp	Common Stock	5,004	8,168
	General Motors Co	Common Stock	14,925	22,959
	Gildan Activewear Inc	Common Stock	8,112	10,869
	Global Payments Inc	Common Stock	6,082	10,310
	GQG Partners Emerging Markets Equi	Common Stock	304,308	294,841
	Graco Inc	Common Stock	7,989	21,157
	Halma PLC	Common Stock	8,100	10,275
	Hartford Insurance Group Inc/The	Common Stock	8,175	13,019
	HCA Healthcare Inc	Common Stock	13,413	14,707
	Helmerich & Payne Inc	Common Stock	6,721	4,931
	Hexagon AB	Common Stock	4,381	4,193
	'Hexcel Corp	Common Stock	6,006	6,395
	Home Depot Inc/The	Common Stock	8,211	10,892
	Houlihan Lokey Inc	Common Stock	6,253	16,498
	Hoya Corp	Common Stock	10,288	11,780
	ICON PLC	Common Stock	6,747	7,130
	IMCD NV	Common Stock	10,422	10,546
	ING Groep NV	Common Stock	10,418	12,301
	Intercontinental Exchange Inc	Common Stock	5,373	14,007
	International Paper Co	Common Stock	7,177	9,203
	Intuit Inc	Common Stock	4,867	26,397
	Intuitive Surgical Inc	Common Stock	7,034	7,829
	IQVIA Holdings Inc	Common Stock	10,656	8,843
	iShares Core S&P 500 ETF	Common Stock	740,565	1,551,760
	Jack Henry & Associates Inc	Common Stock	5,176	8,765
	James Hardie Industries PLC	Common Stock	8,786	6,747
	Kadant Inc	Common Stock	20,048	25,874
	Kao Corp	Common Stock	5,587	5,519
	KBC Groep NV	Common Stock	8,975	10,221
	KeyCorp	Common Stock	19,954	22,419
	Keysight Technologies Inc	Common Stock	4,818	12,369
	Kforce Inc	Common Stock	7,684	7,314
	KKR & Co Inc	Common Stock	17,821	28,547
	KLA Corp	Common Stock	11,541	10,712
	L3Harris Technologies Inc	Common Stock	12,705	12,827
	Labcorp Holdings Inc	Common Stock	22,061	26,601

**BOYS & GIRLS CLUB WORKERS ASSOCIATION**

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment		Cost	Current Value
	Landstar System Inc	Common Stock	25,910	26,295
	LCI Industries Com	Common Stock	15,805	11,373
	London Stock Exchange Group PLC	Common Stock	9,002	11,849
	Lululemon Athletica Inc	Common Stock	10,766	14,532
	Manhattan Associates Inc	Common Stock	3,045	18,647
	Martin Marietta Materials Inc	Common Stock	8,089	10,330
	Marvell Technology Inc	Common Stock	18,480	28,386
	Masco Corp	Common Stock	8,012	15,457
	Medtronic PLC	Common Stock	13,751	13,500
	Microsoft CORP	Common Stock	26,522	42,993
	Mitsui Fudosan Co Ltd	Common Stock	9,477	8,314
	Mizuho Financial Group Inc	Common Stock	13,024	15,032
	Moelis & Co	Common Stock	13,897	27,114
	Monolithic Power Systems Inc	Common Stock	14,238	13,017
	MSCI Inc	Common Stock	10,713	11,400
	MTU Aero Engines AG	Common Stock	8,823	13,089
	Murphy Oil Corp	Common Stock	5,243	3,873
	Nasdaq Inc	Common Stock	11,327	15,617
	Nippon Sanso Holdings Corp	Common Stock	9,946	8,894
	Nitori Holdings Co Ltd	Common Stock	12,545	9,957
	Nomura Research Institute Ltd	Common Stock	7,933	8,814
	Nordea Bank Abp	Common Stock	5,556	5,042
	Novo Nordisk A/S	Common Stock	22,998	21,849
	NVIDIA Corp	Common Stock	24,147	53,045
	NVR Inc	Common Stock	11,274	16,358
	Packaging Corp of America	Common Stock	4,347	10,356
	Parker Hannifin Corp	Common Stock	2,203	9,540
	Pfizer Inc	Common Stock	26,253	22,259
	Primerica Inc	Common Stock	10,026	40,713
	Progressive Corp/The	Common Stock	24,546	40,015
	Puma SE	Common Stock	3,228	3,085
	Pzena Emerging Markets Value Fund/I	Common Stock	128,422	126,208
	Qiagen NV	Common Stock	8,485	8,550
	Raymond James Financial Inc	Common Stock	5,818	15,688
	RBC Bearings Inc	Common Stock	7,806	22,136
	Recruit Holdings Co Ltd	Common Stock	3,794	8,158
	Regal Rexnord Corp	Common Stock	10,077	11,945
	Reinsurance Group of America Inc	Common Stock	7,332	15,381
	RELX PLC	Common Stock	14,733	28,297
	RenaissanceRe Holdings Ltd	Common Stock	5,985	11,694
	Renesas Electronics Corp	Common Stock	4,802	4,731
	Republic Services Inc	Common Stock	5,760	18,106
	Rightmove PLC	Common Stock	15,338	18,545
	RLI Corp	Common Stock	6,845	15,000
	Ross Stores Inc	Common Stock	7,973	8,017
	Ryanair Holdings PLC	Common Stock	10,488	11,639
	Sampo Oyj	Common Stock	11,707	9,897
	SAP SE	Common Stock	6,477	11,818
	SBA Communications Corp	Common Stock	19,230	21,399
	Schwab Fundamental International Lar	Common Stock	310,508	358,170
	Scotts Miracle-Gro Co/The	Common Stock	10,861	8,293
	Sealed Air Corp	Common Stock	8,207	6,123
	Sensata Technologies Holding PLC	Common Stock	10,929	5,973

**BOYS & GIRLS CLUB WORKERS ASSOCIATION**

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment		Cost	Current Value
	ServiceNow Inc	Common Stock	13,073	27,563
	Shin-Etsu Chemical Co Ltd	Common Stock	11,148	9,069
	Siemens AG	Common Stock	13,363	13,632
	Simpson Manufacturing Co Inc	Common Stock	22,627	40,463
	Skyworks Solutions Inc	Common Stock	9,007	7,538
	Snap-on Inc	Common Stock	5,652	12,561
	SS&C Technologies Holdings Inc	Common Stock	12,921	16,975
	Starbucks Corp	Common Stock	11,196	12,228
	Stifel Financial Corp	Common Stock	6,378	14,957
	Suncor Energy Inc	Common Stock	7,608	10,668
	Suzuki Motor Corp	Common Stock	8,941	8,466
	Symrise AG	Common Stock	9,993	8,583
	Synopsys Inc	Common Stock	576	6,795
	Sysco Corp	Common Stock	28,489	29,437
	Target Corp	Common Stock	14,649	15,140
	Techtronic Industries Co Ltd	Common Stock	8,476	8,267
	Texas Instruments Inc	Common Stock	19,909	24,189
	Thales SA	Common Stock	8,294	9,742
	Thermo Fisher Scientific Inc	Common Stock	3,376	11,445
	TJX Cos Inc/The	Common Stock	2,441	8,094
	Tokyo Electron Ltd	Common Stock	10,729	8,832
	Toro Co/The	Common Stock	27,284	29,877
	Trade Desk Inc/The	Common Stock	4,673	4,349
	Uber Technologies Inc	Common Stock	11,872	15,080
	UFP Industries Inc	Common Stock	20,105	20,390
	Ulta Beauty Inc	Common Stock	10,684	9,568
	Unilever PLC	Common Stock	25,763	28,690
	Union Pacific Corp	Common Stock	10,542	14,823
	Universal Music Group NV	Common Stock	9,065	10,476
	Vanguard Emerging Markets Bond Fur	Common Stock	159,990	156,947
	VAT Group AG	Common Stock	4,388	3,391
	Veralto Corp	Common Stock	7,986	11,305
	Verisk Analytics Inc	Common Stock	11,130	12,945
	Visa INC	Common Stock	38,897	45,826
	Waste Management Inc	Common Stock	13,689	15,740
	Watts Water Technologies Inc	Common Stock	17,578	26,632
	Wec Energy Group Inc	Common Stock	6,566	8,746
	Wells Fargo & Co	Common Stock	6,126	10,043
	West Pharmaceutical Services Inc	Common Stock	18,970	16,377
	Woodward Inc	Common Stock	3,862	10,983
	Workday Inc	Common Stock	13,166	12,642
	Total common stocks		4,251,298	5,933,671
			\$ 9,807,844	\$ 11,466,627

**BOYS & GIRLS CLUB WORKERS ASSOCIATION**

Schedule H, line 4j - Schedule of Reportable Transactions\*

Year ended December 31, 2024

Plan Sponsor: Boys & Girls Club Workers Association  
 Plan Sponsor Employer Identification Number: 13-6176007  
 Plan number: 501

(a)	(b)	(c)	(d)	(g)	(h)	(i)	
Identity of Party	Description of Assets	Number of Sales / Purchases	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Gain (Loss) on Sale
<b>Series of Transactions in Same Security:</b>							
Fidelity Investments	Fidelity Government Portfolio	82	\$ -	\$ 836,620	\$ 836,620	\$ 836,620	\$ -
Fidelity Investments	Fidelity Government Portfolio	336	922,747	-	922,747	922,747	-
<b>Series of Transactions with the same Broker:</b>							
SEI Investments and Vritu Americas	Various	240	982,760	-	982,760	982,760	-
SEI Investments and Vritu Americas	Various	289	-	1,192,893	932,887	1,192,893	260,006

\* All individual transactions or series of transactions which, when aggregated, exceed 5% of Plan Assets as of January 1, 2024.

**BOYS & GIRLS CLUB WORKERS ASSOCIATION**

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

Plan Sponsor: Boys & Girls Club Workers Association  
 Plan Sponsor Employer Identification Number: 13-6176007  
 Plan number: 501

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value	
Money market accounts:				
Fidelity Government Portfolio	Money Market	\$ 376,775	\$ 376,775	
Mutual funds:				
Absolute	Convertible Arbitrage Fund	175,807	179,910	
American Beacon	AHL Managed Futures Strategy Fund	237,973	216,052	
Artisan	High Income Fund	163,180	165,492	
Baird	Aggregate Bond Fund	1,158,710	1,069,445	
BlackRock	Tactical Opportunities Fund	170,235	180,876	
BrandywineGLOBAL	High Yield Fund	164,374	167,341	
Calamos	Market Neutral Income Fund	398,610	440,461	
Fidelity	Investment Grade Bond Fund	1,165,047	1,069,786	
GMO	Opportunistic Income Fund	188,067	177,265	
JPMorgan	Core Plus Bond Fund	510,197	480,648	
JPMorgan	Hedged Equity Fund	267,508	434,355	
JPMorgan	Strategic Income Opportunities Fund	176,975	176,715	
Vanguard	International Growth Fund	403,088	397,835	
Total mutual funds		5,179,771	5,156,181	
Common stocks:				
3i Group PLC	Common Stock	5,561	6,351	
ABB LTD Sponsored ADR	Common Stock	6,795	17,133	
Abbott Laboratories	Common Stock	25,534	27,599	
AbbVie INC	Common Stock	4,298	8,707	
Accenture PLC	Common Stock	8,021	8,443	
Acushnet Holdings Corp	Common Stock	12,736	27,721	
Adidas AG	Common Stock	11,341	13,395	
Agilent Technologies Inc	Common Stock	14,425	20,017	
AIA Group Ltd	Common Stock	11,997	9,222	
Air Lease Corp	Common Stock	11,574	13,499	
Air Liquide SA	Common Stock	15,316	17,286	
Airbnb Inc	Common Stock	17,969	15,112	
Akamai Technologies Inc	Common Stock	10,088	11,000	
Albemarle Corp	Common Stock	9,430	6,800	
Allstate Corp/The	Common Stock	3,149	5,976	
Alphabet Inc	Common Stock	21,006	27,070	
Amazon.com Inc	Common Stock	29,180	64,501	
American International Group Inc	Common Stock	23,507	37,274	
Americold Realty Trust Inc	Common Stock	9,315	6,441	
ANSYS Inc	Common Stock	7,127	13,831	
Aon PLC	Common Stock	31,927	42,022	
Applied Materials Inc	Common Stock	1,895	7,481	
Ares Management Corp	Common Stock	12,698	15,048	
Arrow Electronics Inc	Common Stock	6,535	8,032	
Arthur J Gallagher & Co	Common Stock	17,703	19,586	
Artisan Developing World Fund	Common Stock	163,246	213,745	

**BOYS & GIRLS CLUB WORKERS ASSOCIATION**

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment		Cost	Current Value
	Artisan Partners Asset Management In	Common Stock	11,493	16,187
	Asics Corp	Common Stock	1,803	8,053
	ASM International NV	Common Stock	3,697	5,122
	ASML Holding NV	Common Stock	18,094	16,634
	Aspen Technology Inc	Common Stock	5,783	12,981
	AstraZeneca PLC	Common Stock	13,453	11,204
	BancFirst Corp	Common Stock	11,757	14,413
	Bank of America Corp	Common Stock	19,817	29,183
	Bankinter SA	Common Stock	8,025	7,546
	Becton Dickinson and Co	Common Stock	18,514	17,242
	Berkshire Hathaway Inc	Common Stock	21,856	24,477
	Bio-Rad Laboratories Inc	Common Stock	7,649	9,527
	Broadridge Financial Solutions Inc	Common Stock	8,680	10,852
	Builders FirstSource Inc	Common Stock	11,210	10,005
	Bureau Veritas SA	Common Stock	13,258	12,599
	BXP Inc	Common Stock	11,281	10,485
	Cadence Design Systems INC	Common Stock	17,923	17,727
	Capgemini SE	Common Stock	15,654	13,731
	CarMax Inc	Common Stock	15,910	18,805
	Carrier Global Corp	Common Stock	4,584	4,505
	Caterpillar Inc	Common Stock	10,061	16,324
	CBRE Group Inc	Common Stock	7,744	20,613
	Cencora Inc	Common Stock	4,779	10,785
	Centene Corp	Common Stock	10,980	9,935
	ChampionX Corp	Common Stock	5,601	5,275
	Chipotle Mexican Grill Inc	Common Stock	11,557	12,482
	Chubb Ltd	Common Stock	7,066	8,842
	Cie Financiere Richemont SA	Common Stock	12,799	15,059
	Clearwater Analytics Holdings Inc	Common Stock	13,424	15,796
	Colgate-Palmolive Co	Common Stock	16,762	16,364
	Compass Group PLC	Common Stock	11,257	17,903
	ConocoPhillips	Common Stock	24,120	28,363
	Continental AG	Common Stock	5,932	5,143
	CorVel Corp	Common Stock	14,021	26,369
	Coterra Energy Inc	Common Stock	3,508	9,271
	CRH PLC	Common Stock	4,393	5,274
	Croda International PLC	Common Stock	5,677	4,257
	CSX Corp	Common Stock	6,425	9,649
	Cummins Inc	Common Stock	4,626	11,504
	Danaher Corp	Common Stock	20,505	18,594
	Darden Restaurants Inc	Common Stock	4,234	14,935
	Datadog Inc	Common Stock	6,754	7,716
	DBS Group Holdings Ltd	Common Stock	6,042	9,859
	Deere & Co	Common Stock	13,435	14,830
	DENTSPLY SIRONA Inc	Common Stock	9,273	3,910
	Diamondback Energy Inc	Common Stock	18,125	18,185
	Diploma PLC	Common Stock	9,706	11,312
	Disco Corp	Common Stock	5,567	4,915
	Dominion Resources Inc/VA	Common Stock	8,554	9,210
	Donaldson Co Inc	Common Stock	3,649	7,206
	Dover Corp	Common Stock	7,019	12,569
	DR Horton Inc	Common Stock	3,055	13,283
	DSV Panalpina A/S	Common Stock	5,845	5,735

**BOYS & GIRLS CLUB WORKERS ASSOCIATION**

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment		Cost	Current Value
	Dynatrace Inc	Common Stock	11,240	13,098
	Eastman Chemical Co	Common Stock	8,146	8,584
	Ecolab Inc	Common Stock	11,135	11,482
	EMCOR Group INC	Common Stock	4,735	31,319
	Entegris Inc	Common Stock	12,177	12,581
	Epiroc AB	Common Stock	10,834	9,999
	Experian PLC	Common Stock	11,892	12,605
	Extra Space Storage Inc	Common Stock	11,399	13,165
	FactSet Research Systems Inc	Common Stock	10,404	17,770
	FANUC Corp	Common Stock	11,073	10,328
	Ferguson Enterprises Inc	Common Stock	11,936	12,497
	First Hawaiian Inc	Common Stock	15,001	18,762
	Fortive Corp	Common Stock	7,526	6,900
	Freeport-McMoRan Inc	Common Stock	12,263	10,967
	FTI Consulting Inc	Common Stock	21,277	35,741
	GATX Corp	Common Stock	4,911	9,917
	GE Aerospace Com	Common Stock	9,772	9,007
	General Dynamics Corp	Common Stock	5,004	8,168
	General Motors Co	Common Stock	14,925	22,959
	Gildan Activewear Inc	Common Stock	8,112	10,869
	Global Payments Inc	Common Stock	6,082	10,310
	GQG Partners Emerging Markets Equi	Common Stock	304,308	294,841
	Graco Inc	Common Stock	7,989	21,157
	Halma PLC	Common Stock	8,100	10,275
	Hartford Insurance Group Inc/The	Common Stock	8,175	13,019
	HCA Healthcare Inc	Common Stock	13,413	14,707
	Helmerich & Payne Inc	Common Stock	6,721	4,931
	Hexagon AB	Common Stock	4,381	4,193
	'Hexcel Corp	Common Stock	6,006	6,395
	Home Depot Inc/The	Common Stock	8,211	10,892
	Houlihan Lokey Inc	Common Stock	6,253	16,498
	Hoya Corp	Common Stock	10,288	11,780
	ICON PLC	Common Stock	6,747	7,130
	IMCD NV	Common Stock	10,422	10,546
	ING Groep NV	Common Stock	10,418	12,301
	Intercontinental Exchange Inc	Common Stock	5,373	14,007
	International Paper Co	Common Stock	7,177	9,203
	Intuit Inc	Common Stock	4,867	26,397
	Intuitive Surgical Inc	Common Stock	7,034	7,829
	IQVIA Holdings Inc	Common Stock	10,656	8,843
	iShares Core S&P 500 ETF	Common Stock	740,565	1,551,760
	Jack Henry & Associates Inc	Common Stock	5,176	8,765
	James Hardie Industries PLC	Common Stock	8,786	6,747
	Kadant Inc	Common Stock	20,048	25,874
	Kao Corp	Common Stock	5,587	5,519
	KBC Groep NV	Common Stock	8,975	10,221
	KeyCorp	Common Stock	19,954	22,419
	Keysight Technologies Inc	Common Stock	4,818	12,369
	Kforce Inc	Common Stock	7,684	7,314
	KKR & Co Inc	Common Stock	17,821	28,547
	KLA Corp	Common Stock	11,541	10,712
	L3Harris Technologies Inc	Common Stock	12,705	12,827
	Labcorp Holdings Inc	Common Stock	22,061	26,601

**BOYS & GIRLS CLUB WORKERS ASSOCIATION**

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment		Cost	Current Value
Landstar System Inc	Common Stock		25,910	26,295
LCI Industries Com	Common Stock		15,805	11,373
London Stock Exchange Group PLC	Common Stock		9,002	11,849
Lululemon Athletica Inc	Common Stock		10,766	14,532
Manhattan Associates Inc	Common Stock		3,045	18,647
Martin Marietta Materials Inc	Common Stock		8,089	10,330
Marvell Technology Inc	Common Stock		18,480	28,386
Masco Corp	Common Stock		8,012	15,457
Medtronic PLC	Common Stock		13,751	13,500
Microsoft CORP	Common Stock		26,522	42,993
Mitsui Fudosan Co Ltd	Common Stock		9,477	8,314
Mizuho Financial Group Inc	Common Stock		13,024	15,032
Moelis & Co	Common Stock		13,897	27,114
Monolithic Power Systems Inc	Common Stock		14,238	13,017
MSCI Inc	Common Stock		10,713	11,400
MTU Aero Engines AG	Common Stock		8,823	13,089
Murphy Oil Corp	Common Stock		5,243	3,873
Nasdaq Inc	Common Stock		11,327	15,617
Nippon Sanso Holdings Corp	Common Stock		9,946	8,894
Nitori Holdings Co Ltd	Common Stock		12,545	9,957
Nomura Research Institute Ltd	Common Stock		7,933	8,814
Nordea Bank Abp	Common Stock		5,556	5,042
Novo Nordisk A/S	Common Stock		22,998	21,849
NVIDIA Corp	Common Stock		24,147	53,045
NVR Inc	Common Stock		11,274	16,358
Packaging Corp of America	Common Stock		4,347	10,356
Parker Hannifin Corp	Common Stock		2,203	9,540
Pfizer Inc	Common Stock		26,253	22,259
Primerica Inc	Common Stock		10,026	40,713
Progressive Corp/The	Common Stock		24,546	40,015
Puma SE	Common Stock		3,228	3,085
Pzena Emerging Markets Value Fund/I	Common Stock		128,422	126,208
Qiagen NV	Common Stock		8,485	8,550
Raymond James Financial Inc	Common Stock		5,818	15,688
RBC Bearings Inc	Common Stock		7,806	22,136
Recruit Holdings Co Ltd	Common Stock		3,794	8,158
Regal Rexnord Corp	Common Stock		10,077	11,945
Reinsurance Group of America Inc	Common Stock		7,332	15,381
RELX PLC	Common Stock		14,733	28,297
RenaissanceRe Holdings Ltd	Common Stock		5,985	11,694
Renesas Electronics Corp	Common Stock		4,802	4,731
Republic Services Inc	Common Stock		5,760	18,106
Rightmove PLC	Common Stock		15,338	18,545
RLI Corp	Common Stock		6,845	15,000
Ross Stores Inc	Common Stock		7,973	8,017
Ryanair Holdings PLC	Common Stock		10,488	11,639
Sampo Oyj	Common Stock		11,707	9,897
SAP SE	Common Stock		6,477	11,818
SBA Communications Corp	Common Stock		19,230	21,399
Schwab Fundamental International Lar	Common Stock		310,508	358,170
Scotts Miracle-Gro Co/The	Common Stock		10,861	8,293
Sealed Air Corp	Common Stock		8,207	6,123
Sensata Technologies Holding PLC	Common Stock		10,929	5,973

**BOYS & GIRLS CLUB WORKERS ASSOCIATION**

Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment		Cost	Current Value
ServiceNow Inc	Common Stock		13,073	27,563
Shin-Etsu Chemical Co Ltd	Common Stock		11,148	9,069
Siemens AG	Common Stock		13,363	13,632
Simpson Manufacturing Co Inc	Common Stock		22,627	40,463
Skyworks Solutions Inc	Common Stock		9,007	7,538
Snap-on Inc	Common Stock		5,652	12,561
SS&C Technologies Holdings Inc	Common Stock		12,921	16,975
Starbucks Corp	Common Stock		11,196	12,228
Stifel Financial Corp	Common Stock		6,378	14,957
Suncor Energy Inc	Common Stock		7,608	10,668
Suzuki Motor Corp	Common Stock		8,941	8,466
Symrise AG	Common Stock		9,993	8,583
Synopsys Inc	Common Stock		576	6,795
Sysco Corp	Common Stock		28,489	29,437
Target Corp	Common Stock		14,649	15,140
Techtronic Industries Co Ltd	Common Stock		8,476	8,267
Texas Instruments Inc	Common Stock		19,909	24,189
Thales SA	Common Stock		8,294	9,742
Thermo Fisher Scientific Inc	Common Stock		3,376	11,445
TJX Cos Inc/The	Common Stock		2,441	8,094
Tokyo Electron Ltd	Common Stock		10,729	8,832
Toro Co/The	Common Stock		27,284	29,877
Trade Desk Inc/The	Common Stock		4,673	4,349
Uber Technologies Inc	Common Stock		11,872	15,080
UFP Industries Inc	Common Stock		20,105	20,390
Ulta Beauty Inc	Common Stock		10,684	9,568
Unilever PLC	Common Stock		25,763	28,690
Union Pacific Corp	Common Stock		10,542	14,823
Universal Music Group NV	Common Stock		9,065	10,476
Vanguard Emerging Markets Bond Fur	Common Stock		159,990	156,947
VAT Group AG	Common Stock		4,388	3,391
Veralto Corp	Common Stock		7,986	11,305
Verisk Analytics Inc	Common Stock		11,130	12,945
Visa INC	Common Stock		38,897	45,826
Waste Management Inc	Common Stock		13,689	15,740
Watts Water Technologies Inc	Common Stock		17,578	26,632
Wec Energy Group Inc	Common Stock		6,566	8,746
Wells Fargo & Co	Common Stock		6,126	10,043
West Pharmaceutical Services Inc	Common Stock		18,970	16,377
Woodward Inc	Common Stock		3,862	10,983
Workday Inc	Common Stock		13,166	12,642
			<u>4,251,298</u>	<u>5,933,671</u>
Total common stocks			<u>\$ 9,807,844</u>	<u>\$ 11,466,627</u>

<b>Form 5500</b> Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> 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). <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210 - 0110 1210 - 0089 <hr/> <b>2024</b> <hr/> <b>This Form is Open to Public Inspection</b>
---	--	---

<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
<b>B</b> This return/report is:	<input type="checkbox"/> a single-employer plan <input checked="" type="checkbox"/> a DFE (specify) <b>G</b> <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b> If the plan is a collectively-bargained plan, check here	<input type="checkbox"/>
<b>D</b> Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
<b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	<input type="checkbox"/>

<b>Part II Basic Plan Information</b> - enter all requested information					
<b>1a</b> Name of plan <b>BOYS &amp; GIRLS CLUB WORKERS ASSOCIATION</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width:30%; text-align: center;"><b>501</b></td> </tr> <tr> <td><b>1c</b> Effective date of plan <b>02/02/1927</b></td> <td></td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	<b>501</b>	<b>1c</b> Effective date of plan <b>02/02/1927</b>	
<b>1b</b> Three-digit plan number (PN) ▶	<b>501</b>				
<b>1c</b> Effective date of plan <b>02/02/1927</b>					
<b>2a</b> 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) <b>BOYS &amp; GIRLS CLUBS OF AMERICA</b>  <b>230 LEXINGTON GREEN CIRCLE, STE 400</b>  <b>LEXINGTON KY 40503</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN) <b>13-6176007</b></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number <b>8592261765</b></td> </tr> <tr> <td><b>2d</b> Business code (see instructions) <b>813000</b></td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) <b>13-6176007</b>	<b>2c</b> Plan Sponsor's telephone number <b>8592261765</b>	<b>2d</b> Business code (see instructions) <b>813000</b>	
<b>2b</b> Employer Identification Number (EIN) <b>13-6176007</b>					
<b>2c</b> Plan Sponsor's telephone number <b>8592261765</b>					
<b>2d</b> Business code (see instructions) <b>813000</b>					

**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.

<b>SIGN HERE</b>		<b>10/15/2025</b>	<b>STEPHANIE E. COOLEY</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
--	--

<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
--	-----------------------------------

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	6,620
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year	<b>6a(1)</b>	6,620
<b>a (2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b>	7,281
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>	
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>	
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b>	<b>6d</b>	7,281
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>6e</b>	
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b>	<b>6f</b>	
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>	

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
**4A 4B 4D 4E 4F 4H 4Q**

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
--	--

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

---

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

---

**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.

<b>11b</b> Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ...	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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 000164202539

---

**BOYS & GIRLS CLUB WORKERS ASSOCIATION**

Schedule H, line 4j - Schedule of Reportable Transactions\*

Year ended December 31, 2024

Plan Sponsor: Boys & Girls Club Workers Association  
 Plan Sponsor Employer Identification Number: 13-6176007  
 Plan number: 501

(a)	(b)	(c)	(d)	(g)	(h)	(i)	
Identity of Party	Description of Assets	Number of Sales / Purchases	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Gain (Loss) on Sale
<b>Series of Transactions in Same Security:</b>							
Fidelity Investments	Fidelity Government Portfolio	82	\$ -	\$ 836,620	\$ 836,620	\$ 836,620	\$ -
Fidelity Investments	Fidelity Government Portfolio	336	922,747	-	922,747	922,747	-
<b>Series of Transactions with the same Broker:</b>							
SEI Investments and Vritu Americas	Various	240	982,760	-	982,760	982,760	-
SEI Investments and Vritu Americas	Various	289	-	1,192,893	932,887	1,192,893	260,006

\* All individual transactions or series of transactions which, when aggregated, exceed 5% of Plan Assets as of January 1, 2024.