

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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 03/01/2025 and ending 08/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☒ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan RENO + SPARKS CHAMBER SERVICE COMMITTEE ASSOCIATION HEALTH PLAN
1b	Three-digit plan number (PN) ▶ 503
1c	Effective date of plan 03/01/2021
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) RENO + SPARKS CHAMBER OF COMMERCE 4065 S. VIRGINIA STREET SUITE 101 RENO, NV 89502
2b	Employer Identification Number (EIN) 88-0041905
2c	Plan Sponsor's telephone number 775-636-9550
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.

SIGN HERE	Filed with authorized/valid electronic signature.	03/12/2026	ANN SILVER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor SERVICE COMMITTEE ADMINISTRATION 4065 SOUTH VIRGINIA STREET SUITE 101 RENO, NV 89502	3b Administrator's EIN 88-0041905 3c Administrator's telephone number 775-636-9550
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2044
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)2028 6a(2)1215 6b15 6c0 6d1230 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

4A **4Q**

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☐ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 177248052

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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 03/01/2025 and ending 08/31/2025	
A Name of plan RENO + SPARKS CHAMBER SERVICE COMMITTEE ASSOCIATION HEALTH PLAN	B Three-digit plan number (PN) ▶ 503
C Plan sponsor's name as shown on line 2a of Form 5500 RENO + SPARKS CHAMBER OF COMMERCE	D Employer Identification Number (EIN) 88-0041905

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

(a) Name of insurance carrier
PROMINENCE HEALTH PLAN

(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
88-0193357	11079	RSCS	2379	03/01/2025	08/31/2025

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

(a) Total amount of commissions paid 442676	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CLARK & ASSOCIATES
520 HAMMILL LANE
RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
61431	0	N/A	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HEALTH BENEFITS INC.
3716 LAKESIDE DR, NO. 100
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
44574	0	N/A	3

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

DISTINCTIVE INSURANCE

9555 HILLWOOD DRIVE
SUITE 140
LAS VEGAS, NV 89134

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
42198	0	N/A	3

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

L/P INSURANCE SERVICES LLC

300 EAST 2ND STREET
SUITE 1300
RENO, NV 89501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26059	0	N/A	3

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

R&J INSURANCE SERVICES LLC

PO BOX 34625
RENO, NV 89533

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25815	0	N/A	3

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

J&M LEWIS INC DBA LANGLANDS & ASSOC

1535 DESERET DR
MINDEN, NV 89423

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
23136	0	N/A	3

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

THE MULTICARE GROUP LLC

5715 W ALEXANDER ROAD
SUITE 130
LAS VEGAS, NV 89130

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17271	0	N/A	3

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

LEAVITT GROUP BENEFIT SERVICES

7881 W. CHARLESTON BLVD. #140
LAS VEGAS, NV 89117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16405	0	N/A	3

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

CORE NEVADA LLC

8311 W SUNSET RD
LAS VEGAS, NV 89113

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16286	0	N/A	3

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

SWARTS, MANNING & ASSOCIATES

10091 PARK RUN DR
SUITE 200
LAS VEGAS, NV 89145

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13312	0	N/A	3

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

ACS BUSINESS INSURANCE SERVICES

3724 LAKESIDE DR
SUITE 100
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13164	0	N/A	3

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

WARREN W REED INSURANCE INC.

1521 HIGHWAY 395 NORTH
GARDNERVILLE, NV 89410

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11262	0	N/A	3

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

SENIOR INSURANCE AGENCY

1255 N MCCARRAN BLVD.
SPARKS, NV 89431

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10139	0	N/A	3

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

THE LAUGHTON COMPANY

140 WASHINGTON ST
SUITE 100
RENO, NV 89503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7952	0	N/A	3

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

A AND H INSURANCE, INC.

PO BOX 7340
RENO, NV 89510

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7148	0	N/A	3

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

LAURIE MCLELLAND

PO BOX 34570
RENO, NV 34570

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6972	0	N/A	3

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

M&M INSURANCE AGENCY

2088 FOREST GROVE LN
SPARKS, NV 89436

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6803	0	N/A	3

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

SEMEL RISK CONSULTANTS, LLC

2055 BAYVIEW DRIVE
RENO, NV 89521

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5905	0	N/A	3

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

COMSTOCK INSURANCE

9424 DOUBLE R BLVD
RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4517	0	N/A	3

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

BREEN INSURANCE INC.

PO BOX 6597
RENO, NV 89513

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4429	0	N/A	3

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

ERNHAM LLC

2360 COMMERCIAL DR
PAHRUMP, NV 89048

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4326	0	N/A	3

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

EMPLOYER BENEFITS INC.

31 KEYSTONE AVE
RENO, NV 89503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4240	0	N/A	3

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

ONEDIGITAL DIGITAL INSURANCE

200 GALLERIA PARKWAY
SUITE 1950
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4115	0	N/A	3

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

JATINDER SHARMA

4437 WELLSBORO ST
LAS VEGAS, NV 89147

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4030	0	N/A	3

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

MARK AVILA

2320 FIRESIDE CIRCLE
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3926	0	N/A	3

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

SILVER SUMMIT AGENCY INC.

4838 SPARKS BLVD, STE 100
SPARKS, NV 89436

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3694	0	N/A	3

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

INSURE NORTH AMERICA

3120 W CAREFREE #1-445
PHOENIX, AZ 85087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3488	0	N/A	3

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

PROSESSION, INC.

1 EAST LIBERTY
SUITE 600
RENO, NV 89501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3477	0	N/A	3

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

JEFFREY VENUTO

7835 S RAINBOW
SUITE 19
LAS VEGAS, NV 89319

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3455	0	N/A	3

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

LIBERTY COMPANY INSURANCE BROKER LL

5955 DE SOTO AVE
SUITE 250
WOODLAND HILLS, CA 91367

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3047	0	N/A	3

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

BCI INSURANCE SOLUTIONS INC

800 GESSNER
STE 300
HOUSTON, TX 77024

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3007	0	N/A	3

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

AWAREGOLD INC.

445 APPLE STREET
#110
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2870	0	N/A	3

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

NEVADA SILVER LIFE & HEALTH AGENCY
4600 KIETZKE LN
STE A105
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2702	0	N/A	3

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

SIERRA NEVADA BENEFITS, LLC
4881 VISTA MOUNTAIN DR
SPARKS, NV 89436

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2657	0	N/A	3

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

OCHSNER INSURANCE LLC
3670 GRANT DR
STE 106
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2473	0	N/A	3

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

CHARLES A JENSEN & ASSOCIATES
6295 MCLEOD DR
#23
LAS VEGAS, NV 89120

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2422	0	N/A	3

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

HOLLAND-WILLIAMS, INC.
PO BOX 35919
LAS VEGAS, NV 89133

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2399	0	N/A	3

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

DL BUTCHER CONSULTING LLC

415 CHURCH ST
UNIT 2302
NASHVILLE, TN 37219

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2203	0	N/A	3

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

CLINT D DUROCHER INSURANCE AGENCY

190 W. HUFFAKER LANE
SUITE 406
RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2146	0	N/A	3

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

HENDRICKS & ASSOCIATES

PO BOX 3077
RENO, NV 89505

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1957	0	N/A	3

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

KERI LOWREY CONSULTING

59 DAMONTE RANCH PKWY
B-171
RENO, NV 89521

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1920	0	N/A	3

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

NEVADA INSURANCE AGENCY

3724 LAKESIDE DR
SUITE 100
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1906	0	N/A	3

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

JASON CUSHING

13085 THOMAS CREEK RD
RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1629	0	N/A	3

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

THE LAZZARONE GROUP, LLC

3716 LAKESIDE DR
NO. 200
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1583	0	N/A	3

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

ASSURED PARTNERS OF NEVADA, NORTH

5985 HOME GARDENS DR
SUITE A
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1553	0	N/A	3

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

LARRY PEYTON

1544 US HWY 395 N
SUITE 5
GARDNERVILLE, NV 89410

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1316	0	N/A	3

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

PHP SAINT MARY'S HEALTH PLANS

1510 MEADOW WOOD LN
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1156	0	N/A	3

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

MFG BENEFITS, LLC

1325 AIRMOTIVE WAY
SUITE 390
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1026	0	N/A	3

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

ELEVATED BENEFITS, PLCC

135 BLAIR PLACE
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
851	0	N/A	3

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

NATHAN KAMO

1368 PASEO VERDE PKWY
#200B
HENDERSON, NV 89012

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
848	0	N/A	3

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

NEMIS INSURANCE AGENCY

2120 CANVAS EDGE DR
HENDERSON, NV 89044

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
765	0	N/A	3

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

VICTORIA PAIGE TRIPP

1221 ALDERTON LANE
LAS VEGAS, NV 89144

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
711	0	N/A	3

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	5590621
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.	10b	

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. ▶

Multiple Employer Plan Participating Employer Information

Reno Sparks Chamber Service Committee Association Health Plan

EIN: 88-0041905; Plan No. 503

Plan Year Ended: August 31, 2025

(a) Name of participating employer	(b) EIN
20/20 VISION LLC	27-2056497
A+ OXYGEN & DME	26-2692480
AARON U. ADAMSON DMD LTD DBA MOUNTAINSIDE ORAL AND MAXILL	47-4880065
ACUNA TOTAL CAR CARE INC.	82-5395207
ANIMAL ARK INC. DBA ANIMAL ARK WILDLIFE SANCTUARY	94-2991026
ANIMAL ARTISTRY	88-0261149
ARCHCREST COMMERCIAL PARTNERS	27-1922474
ARROW AUTOMOTIVE TRANSMISSION	86-0876827
ARTHUR HOLDINGS LLC DBA SIERRA PACIFIC WEALTH MANAGEMENT	85-3240640
BALDWIN DENTAL P.C. DBA BALDWIN DISTINCTIVE DENTISTRY	46-2774637
BB CRU LLC DBA LA CASA DE JULIETTE	93-1485905
BEARDEN INSURANCE GROUP INC.	46-4168527
BELLARY MEDICAL SERVICES CORPORATION	68-0618326
BETHLEHEM LUTHERAN CHURCH & SCHOOL DBA BETHLEHEM LUTHERAN SC	88-0102261
BIDI ONE INC DBA SPEAK EASY LIQUOR	81-1159937
BIG SLICK PETROLEUM LLC	46-2413478
BIGGS & KIDS MARKET INC DBA GROCERY OUTLET	46-1802076
BLONDINA DIESEL LLC	85-1795496
BLUE CUBE MICROWORKS LLC	20-3675486
BROTHERS BARBECUE LLC	46-3162075
BVW JEWELERS	46-3359980
CAD PEST CONTROL SERVICE INC	88-0071998
CAFFARATTI & GARCIA LLC	33-3150415
CALLAHAN INSURANCE & FINANCIAL SERVICES	88-0454325
CAPSTONE CAPITAL LLC	68-0521979
CARNICERIA MI RANCHO	35-2654706
CARSON VALLEY ACCOUNTING LLC	20-2883658
CAUGHLIN PRESCHOOL	88-0509921
CHAN INDUSTRIES LLC DBA PAYROC	85-2151580
CHILDRESS ENTERPRISES INC DBA HITCHIN POST RV	88-0175558
CHOICE HEALTHCARE INC	86-0841134
CLEAN LIVING POOL AND SPA LLC	81-3784403
CMZ LLC	45-2936726
CO AUTO LLC	46-5212975
COEH CORPORATION DBA BUDGET BLINDS	87-4244255
COMMERCIAL RESTROOM SOLUTIONS	90-0319424
COMPUTECKS INC	92-2794333

Multiple Employer Plan Participating Employer Information

Reno Sparks Chamber Service Committee Association Health Plan

EIN: 88-0041905; Plan No. 503

Plan Year Ended: August 31, 2025

(a) Name of participating employer	(b) EIN
CONFIDENCE HEALTH RESOURCES	20-8922666
COWBOY HOLDINGS	82-2679347
D&K CORP DBA HOME EXPRESS FURNITURE	47-5110344
DADON HARRIS SMILES DBA GREEN VALLEY DENTAL CENTER	88-0495499
DANIEL F. MUFF DDS MD LTD DBA RENO ORAL SURGERY	01-0793137
DARSHGIAN CORP DBA US GAS MART	20-2838168
DATA-TECH COMMUNICATIONS INC.	88-0357331
DIGITAL TECHNOLOGY SOLUTIONS INC. DBA DTS FIBER	81-3705017
DOCTOR GOLDENEYE LLC DBA FALCON VISION	61-1711019
DTF INDUSTRIES LLC DBA REBEL TICKETS	46-0699145
E SQUARED C INC.	45-5221953
EAGLE CORPORATE ADVISORS INC.	45-3163401
EPIC BRAIN CENTERS LLC DBA EPIC BRAIN CENTERS	85-4201818
EUROPEAN SENIORS LIVING LLC	90-0923472
EVERYTHING EVENTS LLC PARTY AMERICA	87-2765302
FACCINTO AND MAYER EYE CARE DBA MAYER EYE CARE	47-0956281
FIREPLACE DISTRIBUTORS OF NEVADA DBA D&D OVERHEAD DOOR	88-0115672
FLANAGAN'S PRESENTS DBA MAMMA CELESTE'S GASTROPUB PIZZERIA	84-3086235
FUTURE CORE 7 INCORPORATED	47-4568594
GOLF NV LLC	88-1707614
GOOD SCENTS NEVADA LLC DBA AIRE-MASTER	47-3525048
GREAT BASIN SOLAR LLC	82-5210881
GREAT DIVIDE IT CONSULTING LLC	82-1310020
GREEN LIFE PRODUCTIONS LLC	10-1727799
GREEN OUR PLANET	38-3883213
HEALTH BENEFITS ASSOCIATES	88-0375697
HIGH ROCK PROPERTIES LLC	83-4462889
HIGH SIERRA AREA HEALTH EDUCATION CENTER INC DBA SIERRA AHEC	43-1981060
INCLINE VILLAGE CRYSTAL BAY VISITORS BUREAU	88-0273379
INDEPENDENT SPECIALIST	04-3651462
INDUSTRIAL SECURITY SOLUTIONS INC.	32-0136110
INNOVATIVE SALON CONCEPTS DBA PINK CHERRY	45-4883044
INTEGRITY AUTOMOTIVE INC	21-5731338
ION HOLDINGS DBA ALKA VIVA	20-5193758
JASON CANDLER & ASSOCIATES LLC	88-2128796
JUDY'S KIDZ LLC	92-1103533
KEY AND CODE	82-1009672

Multiple Employer Plan Participating Employer Information

Reno Sparks Chamber Service Committee Association Health Plan

EIN: 88-0041905; Plan No. 503

Plan Year Ended: August 31, 2025

(a) Name of participating employer	(b) EIN
KILMALEY LLC	83-2509823
KYRY INC DBA PREFERRED AUTO CARE	88-0411185
LAB ANALYTIX INC. DBA SYNAP	27-4518191
LEGACY INSURANCE GROUP	46-4135954
LIFELINE ESTATE SERVICES INC.	88-0362900
LISA BAGLEY CPA CVA PC	82-1863056
LUTH & HEIDEMAN CENTER FOR DENTAL CARE LLC	72-1617958
LUXIAM CHIROPRACTIC LLC	84-3855164
MARIGOLD GROUP LLC DBA MARIGOLD PREP	86-1527199
MARKED STUDIOS INC	45-4185101
MASH ENTERPRISES LLC DBA RENO PULMONARY AND SLEEP CENTER	36-5110750
MCGINNIS AND ASSOCIATES LLC DBA MCGINNIS & ASSOCIATES	27-4467204
MCSHANE STRATEGIES INC DBA MCSHANE LLC	85-3945482
MERIT LENDING LLC	46-3932885
MERRI F. PERRY REALTOR	46-1427910
MICHAEL'S RENO SUZUKI YAMAHA INC DBA MICHAEL'S RENO POWERSPO	88-0329787
MO MUSIC	26-0790677
MONIQUERIQUE INC DBA THE MELTING POT WORLD EMPORIUM	88-0464657
MOON LIGHTING & SOUND	88-0392113
MUNIMETRIX SYSTEMS CORP	88-0266539
NAMI WESTERN NEVADA	46-5129475
NATURAL COUTURE INC	76-0806049
NEVADA CANCER COALITION	46-2419212
NEVADA MINING ASSOCIATION	88-0183063
NEVADA PAYROLL SERVICES LLC	88-0498281
NEVADA POLICY RESEARCH INSTITUTE	88-0276314
NEVADA RURAL COUNTIES RSVP PROGRAM INC. DBA NON-PROFIT	94-3164032
NEVADA RURAL HOSPITAL PARTNERS	88-0345762
NEVADA TAHOE CONSERVATION DISTRICT	33-1044148
NEXT GENERATION STRATEGIES DBA NEVADA INFUSION	81-2524026
NORTHERN NEVADA LITERACY COUNCIL	88-0208520
NOTHING TO IT! LLC	88-0409219
NVAD LLC DBA NEVADA AUTO DIAGNOSTICS	87-2931636
OMELETTE CAFE	84-4819023
OUR LEGACY LLC DBA CASALE'S HALFWAY CLUB	85-2922765
PAHRUMP UTILITY COMPANY INC	88-0358357
PC DOCTOR INC.	20-0222284

Multiple Employer Plan Participating Employer Information

Reno Sparks Chamber Service Committee Association Health Plan

EIN: 88-0041905; Plan No. 503

Plan Year Ended: August 31, 2025

(a) Name of participating employer	(b) EIN
PHYSICAL THERAPY PARTNERS NEVADA LLC	51-0513345
PORTFOLIO PROPERTIES INC DBA PORTFOLIO PROPERTIES	88-0492126
POWER PROMOTIONS LLC	27-3497537
PURE MEXICAN GRILL LLC	84-2956468
PYRAMID FAMILY DENTAL PARTNERSHIP DBA PYRAMID FAMILY DENTAL	87-3902564
R & J INSURANCE SERVICES LLC	20-3425010
RD PRABHU LATA SHETE MDS DBA RED ROCK MEDICAL CENTER	88-0168054
REAL ESTATE DEVELOPMENT LV LLC	90-1256069
REAL PERFORMANCE LLC	46-3053359
REALTY HOLDINGS LTD	88-0460972
RED BURRO VENTURES I LLC DBA FROST DANA NEWMAN CPA	46-4394077
RED ROCK ANESTHESIA CONSULTANTS LLC	81-1757088
RED ROCK THREADS INC.	27-4288049
RENO AIR RACING ASSOCIATION DBA NATIONAL CHAMPIONSHIP AIR	88-0093380
RENO EMERGENCY PHYSICIANS ASSOCIATED JENNY WILSON ET AL RENO	88-0176558
RENO PSYCHIATRIC ASSOCIATES	20-1241617
RENO SPARKS CHAMBER OF COMMERCE	88-0041905
RENO WINDOW CLEANING	83-3303543
RESORT CONCEPTS INC DBA WILD RIVER GRILLE	30-0340156
RHVI ROWAN PLLC DBA ROWAN CARDIOLOGY	99-1585436
RIGID WATER LLC DBA ELITE INVESTIGATIONS	83-0454603
RIVIERA TERRACE INVESTORS LTD. DBA ENCLAVE APARTMENTS	77-0006344
ROBERT ALLEN POOLS & SPAS INC	30-0631072
SAGE INTERNATIONAL INC.	88-0301330
SAW ENTERPRISES DBA BUDGET AUTO SALES	06-1835030
SEMEL IAR LLC	88-1537488
SERVICE EDUCATION HOLDINGS INC. DBA NATIONAL TECHNICAL INST	85-3589500
SIERRA BMW MOTORCYCLE INC	88-0419802
SIERRA COMPOUNDING PHARMACY	26-2360234
SIERRA COMPUTER LTD. DBA SIERRA COMPUTER GROUP	88-0355212
SIERRA CONTROLS LLC	38-3893334
SIERRA INTEGRATIVE MEDICAL CENTER	54-2100026
SIERRA NV ACADEMY CHRT SCHOOL	74-3036559
SIERRA OUTDOOR SERVICES LTD.	88-0502092
SIERRA PERFORMANCE PSYCHOLOGY DBA MT ROSE COUNSELING AND WEL	90-1816028
SIERRA STAFFING GROUP	61-1818221
SJA VENTURES LLC DBA SCALE UP STAFFING	87-4378464

Multiple Employer Plan Participating Employer Information

Reno Sparks Chamber Service Committee Association Health Plan

EIN: 88-0041905; Plan No. 503

Plan Year Ended: August 31, 2025

(a) Name of participating employer	(b) EIN
SOLARX LLC	83-2730507
SOULFUL SEEDS	83-2274868
SOUTHERN HILLS BAPTIST CHURCH OF LAS VEGAS DBA SOUTHERN HILL	71-0970218
SPHERION STAFFING OF THE SIERRAS DBA SPHERION STAFFING	88-0257489
STANLEY RESTAURANT MANAGEMENT LLC	84-1966565
STEVEN E HOLROYD MD LLC	56-2462982
SUMMITECH LLC	88-0423096
SUNSTONE ENVIRONMENTAL SOLUTIONS	87-3800815
SYED F. HUSSAIN MD PC DBA HEALTH FIRST MEDICAL CENTER	45-1766179
T & T LEASING COMPANY	86-0874509
TAHOE TECHNOLOGY SOLUTIONS	83-1218083
TESTWAVE LLC	88-0411468
THE HEALTH AND CARE COMPANY	92-3569957
THE LAUGHTON COMPANY	88-0168119
THE NEW RENO LITTLE THEATER DBA RENO LITTLE THEATER	88-0054639
THE VIRGINIA CITY JERKY AND SMOKE HOUSE BBQ DBA THE VIRGINIA	88-0414513
THOMAS UMBACH MD PC DBA BLOSSOM BARIATRICS	26-2840754
THOMPSON GARAGE DOORS	88-0300088
TIMOTHY J ANDERSON DBA T & A PERFORMANCE LLC	27-4455543
TOM CLARK SOLUTIONS	46-3630494
TRI-STRATEGIES LTD	36-4890228
TUESDAY BRANDS INC DBA R TOWN PIZZA	85-3016944
VILLAGE PHARMACY INC	88-0481675
VILLAGE SKI LOFT	88-0133486
VIRGINIA FAMILY CARE CENTER INC.	03-0523406
VISIONARY SURGERY CENTER OF NEVADA	83-2017500
WARREN W. REED INSURANCE INC.	88-0110572
WELCH DENTISTRY	47-1631812
WELD-PRO SOLUTIONS	99-0752993
WEST COAST X-RAY INC	20-0834554
WESTERN INSPIRATIONAL BROADCASTERS INC. DBA PILGRIM RADIO	23-7032845
WHITE PINE METALS USA INC	88-2740362
WILLIAM J ALT LLC	27-4322325
WILLIAM J. DURANT MD	88-0293764
ZEPHYR BUSINESS VENTURES DBA VODA CLEANING AND RESTORATION	33-1295914

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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning <u>03/01/2025</u> and ending <u>08/31/2025</u>	

A This return/report is for:

☐ a multiemployer plan	☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
☐ a single-employer plan	☐ a DFE (specify) _____

B This return/report is:

☐ the first return/report	☐ the final return/report
☐ an amended return/report	☒ a short plan year return/report (less than 12 months)

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

D Check box if filing under:

☐ Form 5558	☐ automatic extension	☐ the DFVC program
☐ special extension (enter description) _____		

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐

Part II Basic Plan Information—enter all requested information					
1a Name of plan Reno + Sparks Chamber Service Committee Association Health Plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">503</td> </tr> <tr> <td colspan="2">1c Effective date of plan 03/01/2021</td> </tr> </table>	1b Three-digit plan number (PN) ▶	503	1c Effective date of plan 03/01/2021	
1b Three-digit plan number (PN) ▶	503				
1c Effective date of plan 03/01/2021					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Reno + Sparks Chamber of Commerce 4065 S. Virginia Street Suite 101 Reno NV 89502	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 88-0041905</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 775-636-9550</td> </tr> <tr> <td>2d Business code (see instructions) 813000</td> </tr> </table>	2b Employer Identification Number (EIN) 88-0041905	2c Plan Sponsor's telephone number 775-636-9550	2d Business code (see instructions) 813000	
2b Employer Identification Number (EIN) 88-0041905					
2c Plan Sponsor's telephone number 775-636-9550					
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.

SIGN HERE		<u>3-12-2026</u> Date	Ann Silver Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2025)
v. 250312

3a Plan administrator's name and address ☐ Same as Plan Sponsor Service Committee Administration 4065 South Virginia Street Suite 101 Reno NV 89502	3b Administrator's EIN 88-0041905 3c Administrator's telephone number 775-636-9550
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2,044
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c. e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e. g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 2,028 6a(2) 1,215 6b 15 6c 0 6d 1,230 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
 4A 4Q

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) - Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☐ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ A (Insurance Information) - Number Attached <u>1</u> (4) ☐ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 000177248052