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

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] 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
BLUEPRINTS RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1998

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)
BLUEPRINTS

150 WEST BEAU STREET
STE 304
WASHINGTON, PA 15301

2b Employer Identification Number (EIN) 25-1153028

2c Plan Sponsor's telephone number 724-225-9550

2d Business code (see instructions) 624100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	JORDAN LINCK
	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 [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	358
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	**6a(1)**	316
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	299
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	47
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	347
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	347
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	443
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	342
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
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:

2F 2G 2L 2S 2T 3B 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[ ] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] 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)

a Pension Schedules

- **(1)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 3
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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_____

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

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BLUEPRINTS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BLUEPRINTS

D Employer Identification Number (EIN)
25-1153028

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
AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
35-0145825	60895	G76777	342	01/01/2025	12/31/2025

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	**(b)** Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	8506
5	Current value of plan's interest under this contract in separate accounts at year end	5	7913543

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 ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	6365
c	Additions: (1) Contributions deposited during the year	7c(1)	9374		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	1179		
	(4) Transferred from separate account	7c(4)	526077		
	(5) Other (specify below)	7c(5)	961		
	▶ LOAN REPAYMENT				
	(6)Total additions			7c(6)	537591
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	543956
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1714		
	(2) Administration charge made by carrier	7e(2)	212		
	(3) Transferred to separate account	7e(3)	533524		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	535450
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	8506

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**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. ▶

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

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BLUEPRINTS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BLUEPRINTS

D Employer Identification Number (EIN)
25-1153028

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
TIAA-CREF

(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
13-1624203	69345	368609	118	01/01/2025	12/31/2025

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	**(b)** Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	426296
5	Current value of plan's interest under this contract in separate accounts at year end	5	1414221

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	Balance at the end of the previous year			7b	467472
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	18136		
	(4) Transferred from separate account	7c(4)	1460		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6)Total additions			7c(6)	19596
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	487068
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	44392		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	7857		
	(4) Other (specify below)	7e(4)	8523		
	▶ TRANSFER TO OUTSIDE SOURCE				
	(5) Total deductions			7e(5)	60772
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	426296

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**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. ▶

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

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BLUEPRINTS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BLUEPRINTS

D Employer Identification Number (EIN)
25-1153028

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
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-5581829	65978	1095109	22	01/01/2025	12/31/2025

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	**(b)** Total amount of fees paid

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

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

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

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

(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	

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	(c) Amount	**(d)** Purpose	

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	400820
5	Current value of plan's interest under this contract in separate accounts at year end	5	928500

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 ▶ UNALLOCATED FUNDS

b	Balance at the end of the previous year			7b	387666
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	13194		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6)Total additions			7c(6)	13194
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	400860
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	40		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	40
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	400820

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**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. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BLUEPRINTS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BLUEPRINTS

D Employer Identification Number (EIN)
25-1153028

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).. . . . . [X] 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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

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

TIAA

13-1624203

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

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

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

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)

CARNEGIE CAPITAL ASSET MGT

26-4766975

(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?
26 27 28 50 51	NONE	29344	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 64 66 67 38	NONE	4933	Yes [X] No [ ]	Yes [ ] No [X]	23919	Yes [ ] No [X]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	66 67	23919
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN UNITED LIFE INSURANCE CO 35-0145825	ASSET CHARGE	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BLUEPRINTS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BLUEPRINTS

D Employer Identification Number (EIN)
25-1153028

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

a Name of MTIA, CCT, PSA, or 103-12 IE: AUL AMERICAN UNIT TRUST

b Name of sponsor of entity listed in (a): AMERICAN UNITED LIFE INSURANCE CO

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)
35-0145825-000	P	7913543

a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA REAL ESTATE

b Name of sponsor of entity listed in (a): TIAA-CREF

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)
13-1624203-004	P	68118

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

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a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BLUEPRINTS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BLUEPRINTS

D Employer Identification Number (EIN)
25-1153028

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	86114	167815
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	68371	68118
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8399829	10188146
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	861503	835622
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	9415817	11259701
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	9415817	11259701

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	316419	
(B) Participants	2a(1)(B)	647815	
(C) Others (including rollovers)	2a(1)(C)	21576	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		985810
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	3842	
(F) Other	2b(1)(F)	32509	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		36351
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1502219
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		2524380
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	646785	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		646785
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	4367	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	29344	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		33711
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		680496
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1843884
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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)** [X] 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) [X] 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: GUTHRIE BELCZYK & ASSOCIATES PC **(2)** EIN: 25-1714998

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
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.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BLUEPRINTS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BLUEPRINTS

D Employer Identification Number (EIN)
25-1153028

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 35-0145825 13-1624203

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 |

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
	b	Enter the amount contributed by the employer to the plan for this plan year	6b
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☐ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☐ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 22 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J501067A .

BLUEPRINTS RETIREMENT PLAN

Audited Financial Statements
and Supplemental Schedule

As of December 31, 2025 and 2024
and for the year ended December 31, 2025

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GUTHRIE, BELCZYK & ASSOCIATES, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

CHARLES R. GUTHRIE, CPA
R. CARLYN BELCZYK, CPA
MARK G. WINIECKI, CPA, MST

SANDRA K. GUTHRIE, CPA, CFE
MICHAEL K. WARNE, CPA, MST

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
BLUEPRINTS RETIREMENT PLAN
Washington, Pennsylvania

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

We have performed audits of the accompanying financial statements of **BLUEPRINTS RETIREMENT PLAN**, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for plan benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 generally accepted auditing standards 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 generally accepted auditing standards, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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 Schedule Required by ERISA

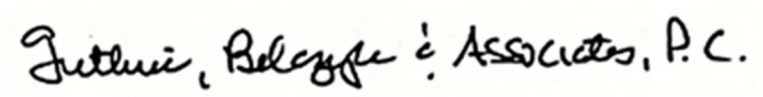
The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to 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 generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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



Guthrie, Belczyk, & Associates, P.C.
Eighty Four, Pennsylvania
October 6, 2026

BLUEPRINTS RETIREMENT PLAN

Statements of Net Assets Available for Plan Benefits

December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value	$ 10,256,264	$ 8,468,200
Investments, at contract value	835,622	861,503
Total Investments	11,091,886	9,329,703
Receivables:		
Notes receivable from participants	167,815	86,114
TOTAL ASSETS	11,259,701	9,415,817
LIABILITIES		
Liabilities – none	0	0
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 11,259,701	$ 9,415,817

See the accompanying *Notes to the Financial Statements*

BLUEPRINTS RETIREMENT PLAN

Statement of Changes in Net Assets Available for Plan Benefits

For the year ended December 31, 2025

	2025
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment Income:	
Net appreciation (depreciation) in fair value of investments	$ 1,502,219
Investment gain (loss) on Insurance contracts	32,509
Net Investment Income (Loss)	1,534,728
Interest income on notes receivable from participants	3,842
Contributions:	
Employer	316,419
Participant	647,815
Rollovers	21,576
Total Contributions	985,810
Total Additions	2,524,380
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	646,785
Administrative expenses	33,711
Total Deductions	680,496
Net Increase (Decrease) in Net Assets	1,843,884
Net assets available for plan benefits – beginning of year	9,415,817
NET ASSETS AVAILABLE FOR PLAN BENEFITS – END OF YEAR	$ 11,259,701

See the accompanying *Notes to the Financial Statements*

Note 1 – Description of Plan

Blueprints (the Organization) is a nonprofit agency organized in 1965 to help families and individuals in Washington and Greene Counties in Pennsylvania, and the state of West Virginia, achieve self-sufficiency. The Organization manages over 50 programs combined under the following service categories: Education, Senior Services, Family Economic Success, Nutrition, and Foster Care.

The **BLUEPRINTS RETIREMENT PLAN** is the resultant survivor plan from the February 21, 2018, merger of the Organization's three then existing pension plans. All assets of the merged plans were administratively transferred into the survivor on that date.

The accompanying financial statements include only the activity and financial position of the Plan and are not intended to reflect the activities of the Organization as a whole.

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

General

The Plan is a 403(b) defined contribution, tax deferred annuity plan covering all employees of the Organization. Employees are eligible to make elective salary deferrals (including Roth deferrals) to the Plan beginning on their date of hire.

Non-management employees of the Organization who have completed one year of service, with a minimum of 1,000 hours of service during the year, as defined by the Plan, are eligible to receive employer contributions. Management employees become eligible to receive employer contributions on their date of hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Participants may elect to contribute, pre-tax, a portion of their compensation to the Plan, subject to certain limitations as described in the Plan and imposed by law. Such amounts are deducted from the participant's compensation each payroll period. Rollover contributions and Roth elective deferrals are also permitted by the Plan. Newly hired employees are subject to an automatic enrollment at 3% of compensation unless they opt out or change their percentage. In addition, employee contribution rates automatically escalate 1% per year to a maximum of 10%.

All contributions are required to be invested in **BLUEPRINTS RETIREMENT PLAN** investment options at OneAmerica.

The employer contribution rates are 4% and 2% of eligible compensation for management and non-management employees, respectively.

All contributions may be directed daily at the discretion of each participant into the various investment options offered by the Plan.

Note 1 – Description of Plan (continued)

Participant Accounts

Each participant's account is credited with: (a) the participant's elective deferral contributions; (b) the employer contribution made on the participant's behalf; (c) any employee rollover contributions; and (d) an allocation of Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participants' account balances. The benefit to which a participant is entitled is equal to the participant's vested account balance.

Vesting

Participants (other than noted below) are immediately vested in all employee and employer contributions (including rollovers) plus actual earnings thereon; therefore, no portion of the participant account balance will be forfeited upon termination of employment.

For purposes of matching and nonelective contributions, the following vesting schedule applies to any former employee of Try-Again Homes, Inc. who participated in the Section 403(b) Retirement Plan for Try-Again Homes, Inc. plan, and did not complete an hour of service with Blueprints on or after April 15, 2018:

Less than 1 year of service	0%
1 year of service	50%
2 years of service	75%
3 or more years of service	100%

Plan Loans

"Plan loans", as they are referred to by TIAA, are issued directly from funds owned by TIAA and not directly from a participant's account. These plan loans are not considered to be assets of the Plan. Adequate security is required and a portion of the participant's account is reserved, or held in collateral, to cover 110% of the outstanding plan loan in case of default. The collateral is held in the TIAA Traditional Annuity as either part of a GSRA contract or as a separate Retirement Loan contract. The plan loan interest rate for these plan loans may be fixed or variable and the initial rate is determined by the terms of the controlling contract, as are the rate adjustment details and frequency. For plan loans that have collateral held in a GSRA contract, principal repayments increase the amount of TIAA Traditional Funds available for the participant's use. For Retirement Loan contracts, principal repayments are transferred to the CREF Money Market investment option in the participant's RA or GRA contract. For all plan loans, interest is paid directly to TIAA. The total amount of outstanding plan loans at December 31, 2025 and 2024, was $2,367 and $3,765 respectively. No new loans are permitted through TIAA post-merger.

Notes Receivable from Participants (AUL)

Participants may borrow from their OneAmerica fund accounts for any purpose. Loans will only be granted from funds held at American United Life Insurance Company. Loans may not be greater than $50,000 nor less than $1,000 and are limited to 50% of the participant's vested account balance. Participants are only permitted one loan outstanding at any one time. This includes a defaulted loan not yet offset with a participant's account.

Note 1 – Description of Plan (continued)

Notes Receivable from Participants (AUL) (continued)

Loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the plan administrator. The interest rate on all outstanding loans during the years ended December 31, 2025 and 2024, was 5%. Principal and interest must be repaid over a period not to exceed five years and are repaid ratably through payroll deductions not less frequently than quarter annually.

Investment Options

Upon enrollment in the Plan, a participant may direct their contributions into a variety of investment options, as more fully described in the Plan's literature.

Payment of Benefits

Participant distributions can be made due to death, disability, hardship or retirement (both normal age and early) based on certain plan restrictions. Normal retirement age is 65; however, early retirement can be elected any time after the participant reaches the age of 59½. Benefit payments must generally begin by the later of April 1st of the calendar year following the year in which the participant attains the age of 70½ (72 or later for certain individuals) or retirees.

A participant may elect to receive: (a) a lump sum; (b) partial payments; (c) installment payments; or (d) an annuity contract. The individual agreements governing the specific investment option chosen may further restrict the distribution method available.

Plan Fiduciary

American United Life Insurance Company served as plan fiduciary from April 15, 2018 through January 2, 2025. Effective January 2, 2025, American United Life Insurance Company sold its retirement plan business to Voya Financial Inc. There was no change in the custody of plan assets as a result of this transaction. The Plan, in its current construction, has three (3) entities acting as custodians over various components of its investments: TIAA and CREF, Metropolitan Life Insurance Company, and American Life Insurance Company.

Forfeited Accounts

Forfeited nonvested accounts are applied to reduce employer contributions or pay plan expenses. For all participants other than former Try-Again Homes, Inc. employees, no portion of their account is subject to forfeiture upon termination of employment. Former Try-Again Homes, Inc. employees are subject to the vesting schedule noted in the "Vesting" section above. Forfeited nonvested accounts at December 31, 2025 and December 31, 2024, totaled $0.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the **BLUEPRINTS RETIREMENT PLAN** have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Net Appreciation (Depreciation)

The Plan presents, in the statement of changes in net assets available for plan benefits, the net appreciation (depreciation) in the value of its investments, reported at fair value, which consists of the realized gains and losses and the unrealized appreciation and depreciation on those investments.

Investment Valuation

Plan assets (other than the TIAA Traditional Annuity, the MetLife Annuity, and the OneAmerica Annuity) are reported at Fair Value in accordance with Financial Accounting Standards Board Codification (ASC) 820-10, *Fair Value Measurements*. Fair Value is defined as 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, and establishes a framework for measuring fair value.

TIAA Traditional Annuity/MetLife Annuity/OneAmerica Annuity

Plan assets invested in insurance contracts are reported at contract value in accordance with Accounting Standards Codification (ASC) 962, Plan Accounting-Defined Contribution Pension Plans, as updated by ASU 2015-12.

Income Recognition

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the cash basis. Dividends are recorded on the ex-dividend date.

Notes Receivable From Participants (AUL Accounts)

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2025.

Note 2 – Summary of Significant Accounting Policies (continued)

Excess Contributions Payable

Amounts refundable by the Plan to participants for contributions made in excess of limits prescribed by the Internal Revenue Service are recorded as liabilities. These amounts are captioned as "Corrective Distributions" on the statements of net assets available for plan benefits and are used to reduce contributions in the respective year. There were no excess contributions for either of the years ended December 31, 2025 and 2024.

Payment of Benefits

Benefits are recorded when paid to participants.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Organization. Expenses that are paid by the Organization are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Statement Reclassifications

Certain reclassifications may have been made in the prior year's amounts to conform with current year statement presentation.

Subsequent Events

Subsequent events have been evaluated through October 6, 2026, which is the date the financial statements were available to be issued.

Note 3 – Investment Contracts with Insurance Companies

The Plan currently is invested in Investment Contracts with the following insurance companies:

- TIAA and CREF
- Metropolitan Life Insurance Company
- American United Life Insurance Company

Details of each contract are as follows:

Investment Contract With Insurance Company (TIAA and CREF)

The TIAA Traditional Annuity (Annuity) is a fixed annuity contract that is fully and unconditionally guaranteed by TIAA. The Annuity guarantees principal and a minimum interest rate, plus the opportunity for additional amounts of interest in excess of the guaranteed rate. These additional amounts, when declared by the TIAA Board of Trustees, remain in effect for the "declaration year." The declaration year begins each March 1st. Interest credited to the Annuity accumulations includes a guaranteed rate, plus additional amounts that are established on a year-to-year basis. The guaranteed annual interest rate is 3% for all premiums remitted since 1979.

Note 3 – Investment Contracts with Insurance Companies (continued)

Investment Contract With Insurance Company (TIAA and CREF) (continued)

The TIAA Traditional Annuity is composed of both fully benefit-responsive and non-fully benefit-responsive contracts, and is included in the financial statements at contract value (calculated as contributions made under the contract, plus earnings, less withdrawals, and administrative expenses) for both types of contracts. Participants can ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract does not allow lump-sum cash withdrawals from the TIAA Traditional Annuity and transfers are required to be spread over a period of ten annual installments. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

The value of the non-benefit-responsive investment contract at December 31, 2025 and 2024 was $299,830 and $337,069, respectively. The value of the benefit-responsive investment contract was $126,466 and $130,403 at December 31, 2025 and 2024, respectively. The effective annual yield and the crediting interest rate for the years ended December 31, 2025 and 2024, was approximately 3%. Interest is compounded daily and is periodically adjusted by TIAA; however, the interest rate may not be less than 3.0%.

Crediting rates are a combination of a guaranteed rate and an annually established discretionary rate. Additionally, the discretionary rate applied to contributions received during the reporting period may vary from the discretionary rate applied to account balances at the end of the prior reporting period. Contract value approximates a discounted cash flow value calculated using an appropriate risk-adjusted market discount rate which correlates closely with TIAA Traditional Annuity's historical crediting rates.

Certain events may limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan); (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan; or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that the occurrence of any such event that would limit the Plan's ability to transact at contract value with participants is probable.

TIAA is responsible for maintaining the balance due to each of the eligible participants in the Plan. The net assets available for plan benefits include assets available to current eligible employees as well as terminated employees who have not yet been paid their benefit by the Plan. TIAA is also responsible for the proper payout of benefits to eligible terminated employees per the terms of the Plan documents.

Note 3 – Investment Contracts with Insurance Companies (continued)

Investment Contract With Insurance Company (TIAA and CREF) (continued)

The following table summarizes information relative to the TIAA Traditional Annuity at December 31:

	2025	2024
Balance – Beginning of Year	$ 467,472	$ 575,016
Transfers out	(16,380)	(110,319)
Interest and dividends	18,136	22,713
Purchases and (sales) – net	(44,392)	(108,766)
Transfers in	1,460	88,828
Balance – End of Year	$ 426,296	$ 467,472

Investment gain (loss) on insurance contracts reflected on the statement of changes in net assets available for plan benefits consists of the interest income credited and any realized/unrealized gains and losses occurring during the plan year.

Investment Contract With Insurance Company (MetLife)

The MetLife Traditional Annuity (Annuity) is a fixed annuity contract that is fully and unconditionally guaranteed by MetLife. The Annuity guarantees principal and a minimum interest rate. Interest credited to the Annuity accumulations is established on an annual basis.

The MetLife Traditional Annuity is included in the financial statements at contract value (calculated as contributions made under the contract, plus earnings, less withdrawals and administrative expenses) for the annuity contracts. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract does not allow lump-sum withdrawals from the traditional annuity and transfers are required to be spread over a period of ten annual installments. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2025 and 2024, was $400,820 and $387,666, respectively. The effective annual yield and the crediting interest rate for both of the years ending December 31, 2025 and 2024, was approximately 3%. Interest is compounded daily and periodically adjusted by MetLife.

The discretionary rates credited to the participants' accounts are established annually. Additionally, the discretionary rate applied to contributions received during the reporting period may vary from the discretionary rate applied to account balances at the end of the prior reporting period. Contract value approximates a discounted cash flow value calculated using an appropriate risk-adjusted market discount rate which correlates closely with MetLife's traditional annuity's historical crediting rates.

Note 3 – Investment Contracts with Insurance Companies(continued)

Investment Contract With Insurance Company (MetLife) (continued)

Certain events may limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents, including complete or partial Plan termination or merger with another plan; (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; (3) bankruptcy of the Plan sponsor or other Plan sponsor events that cause a significant withdrawal from the Plan; or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

The plan administrator does not believe that the occurrence of any such event that would limit the Plan's ability to transact at contract value with participants is probable.

MetLife is responsible for maintaining the balances due to each of the eligible participants in the Plan. The net assets available for plan benefits include assets available to current eligible employees as well as terminated employees who had not yet been paid their benefit by the Plan. MetLife Financial Group is also responsible for the proper payout of benefits to eligible terminated employees per the terms of the Plan documents.

The following table summarizes information relative to the MetLife Traditional Annuity at December 31:

	2025	2024
Balance – Beginning of Period/Year	$ 387,666	$ 362,227
Transfers in	0	13,309
Transfers out	0	0
Interest and dividends	13,194	12,743
Purchases and (sales) – net	0	(553)
Fees	(40)	(60)
Balance – End of Period/Year	$ 400,820	$ 387,666

Investment gain (loss) on insurance contracts reflected on the statement of changes in net assets available for plan benefits consists of the interest income credited and any realized/unrealized gains and losses occurring during the plan year.

Investment Contract With Insurance Company (AUL)

The AUL (America United Life Insurance Company) Fixed Interest Account is an interest-earning investment option, backed by AUL's group annuity contract general account assets. Funds allocated to this fixed interest account are invested in accordance with AUL's general account investment policy. The objective of this investment policy is to maximize long-term, risk-adjusted returns. AUL's general account assets are predominately fixed-income investments (bonds, mortgages, and private placements). The average maturities for these assets are approximately 10 years.

Note 3 – Investment Contracts with Insurance Companies(continued)

Investment Contract With Insurance Company (AUL) (continued)

Following are the pertinent features and characteristics of the Fixed Option:

- Interest rates are established and declared for new contributions that will be received in a calendar quarter. The rate is based on the return AUL expects to receive on new investments made by AUL and held within the AUL general account. The rate will always equal or exceed the contractually guaranteed rate. The guaranteed annual effective interest rate was 1.0% at both December 31, 2025 and 2024.
- All contributions received during the quarter will earn that declared interest rate until the end of the calendar year next following the current year. Each quarter's contributions and the corresponding interest rate are tracked together administratively in a separate quarterly interest rate pocket (Quarterly Pocket). At the end of the calendar year next following the current year, the Quarterly Pockets established in the current year are converted to an annual interest rate pocket (Annual Pocket).
- At the beginning of each year, a new interest rate is established and declared for each Annual Pocket. This rate is based on past general account investments, adjusted for portfolio turnover and withdrawals for benefit payments.
- All benefit responsive Plan benefit payments (as outlined in the Contract) made prior to Contract liquidation are made at book value (principal invested plus interest earned).
- Depending on the provisions of the specific Contract, one of the following restrictions on transfers from the Fixed Option applies. Under one transfer restriction, a participant may transfer any amount from the Fixed Option. However, he/she may transfer funds to the Fixed Option only after 90 days have elapsed since the date of his/her last transfer from the Fixed Option. Under the alternate transfer restriction, no more than 20% of the participant's Fixed Option Account Value as of the first day of that Contract Year may be transferred during that Contract Year (unless such Fixed Option Account Value is less than $2,500 on the first day of that Contract Year, in which case the participant may transfer any amount from the Fixed Option during that Contact Year).

The Fixed Option is included in the financial statements at Contract Value (calculated as principal invested plus interest earned (also known as the participant's Fixed Option "Account Value"). Participant-initiated benefit responsive Plan withdrawals from the Fixed Option and transfers between the Fixed Option and the variable investment options, as allowed under the terms of the Plan and the Contract, are performed at contract value. The Contract's Fixed Option has no liquid market value because it is not tradable or assignable, and there are no defined maturities of the cash flows. The reported values for the Fixed Option are reported daily based on the valuation formula disclosed in the Contract, as calculated by AUL.

Liquidation of the entire Contract may cause a one-time adjustment to the aggregate contract value of the Fixed Option, resulting in a fair value different from the contract value. This total liquidation is a contingent event, which cannot be initiated by the Plan participants, and can only be initiated by the Plan Trustee upon termination of the Plan or complete termination of the Contract.

Note 3 – Investment Contracts with Insurance Companies(continued)

Investment Contract With Insurance Company (AUL) (continued)

AUL is responsible for maintaining the balance due to each of the eligible participants in the Plan. The net assets available for plan benefits include assets available to current eligible employees as well as terminated employees who have not yet been paid their benefit by the Plan. AUL is also responsible for the proper payout of benefits to eligible terminated employees per the terms of the Plan documents.

The following table summarizes information relative to the AUL Fixed Interest Annuity at December 31:

	2025	2024
Balance – Beginning of Period/Year	$ 6,365	$ 486,949
Transfers in	527,038	684
Transfers out	(533,524)	(496,049)
Contributions	9,374	12,504
Interest and dividends	1,179	5,923
Purchases and (sales) – net	(1,714)	(2,821)
Fees	(212)	(825)
Balance – End of Period/Year	$ 8,506	$ 6,365

Investment gain (loss) on insurance contracts reflected on the statement of changes in net assets available for plan benefits consists of the interest income credited and any realized/unrealized gains and losses occurring during the plan year.

Summary of Information

The following table summarizes information relative to all Insurance Contracts at December 31:

	2025	2024
Balance – Beginning of Period/Year	$ 861,503	$ 1,424,192
Transfers in	528,498	102,821
Transfers out	(549,904)	(606,368)
Contributions	9,374	12,504
Interest and dividends	32,509	41,379
Purchases and (sales) – net	(46,106)	(112,140)
Fees	(252)	(885)
Balance – End of Period/Year	$ 835,622	$ 861,503

Note 4 – Fair Value Measurements

The Plan has adopted the provisions of Fair Value Measurement, Accounting Standards Codification (ASC) 820-10. This topic requires disclosures about fair value measurements in financial statements based on hierarchical levels directly related to the amount of subjectivity associated with the inputs used to determine the fair value of financial instruments. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements.)

In determining fair value, the Organization utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and/or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated or generally unobservable inputs and minimize the use of unobservable inputs. The Plan utilizes valuation techniques that maximize the use of observable inputs and minimizes the use of unobservable inputs.

The inputs or methodologies used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

Accounting Standards Codification (ASC) 820-10 establishes a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

- **Level 1** - Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.
- **Level 2** - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
  - quoted prices for similar assets or liabilities in active markets
  - quoted prices for identical or similar assets or liabilities in inactive markets
  - inputs other than quoted prices that are observable for the asset or liability
  - inputs that are derived principally from or corroborated by observable market data by correlation or other means
- **Level 3** - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

Note 4 – Fair Value Measurements (continued)

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

***Registered Investment Companies* –** Interest in the variable annuity accounts is valued at fair value, which is primarily derived from the market quotations or prices, obtained from independent pricing sources, of the underlying equity, fixed income, and short-term investments

Pooled Separate Accounts – PSAs directly investing in fixed maturity securities were measured based on the pricing data provided by outside valuation service providers and were classified in Level 2.

The following tables present the Plan's investments carried at fair value as of December 31, 2025 and 2024, in accordance with ASC 820-10 valuation hierarchy defined above:

	December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
TIAA and CREF				
Interest in pooled separate account	$ 0	$ 68,117	$ 0	$ 68,117
Registered investment companies	1,346,104	0	0	1,346,104
Total TIAA and CREF Investments	1,346,104	68,117	0	1,414,221
MetLife				
Registered investment companies	928,500	0	0	928,500
Total MetLife Investments	928,500	0	0	928,500
OneAmerica				
Registered investment companies	0	7,913,543	0	7,913,543
Total OneAmerica Investments (AUL)	0	7,913,543	0	7,913,543
TOTAL INVESTMENTS AT FAIR VALUE	$ 2,274,604	$ 7,981,660	$ 0	$ 10,256,264

Note 4 – Fair Value Measurements (continued)

	December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
TIAA and CREF				
Interest in pooled separate account	$ 0	$ 68,371	$ 0	$ 68,371
Registered investment companies	1,178,362	0	0	1,178,362
Total TIAA and CREF Investments	1,178,362	68,371	0	1,246,733
MetLife				
Registered investment companies	831,754	0	0	831,754
Total MetLife Investments	831,754	0	0	831,754
OneAmerica				
Registered investment companies	0	6,389,713	0	6,389,713
Total OneAmerica Investments (AUL)	0	6,389,713	0	6,389,713
TOTAL INVESTMENTS – AT FAIR VALUE	$ 2,010,116	$ 6,458,084	$ 0	$ 8,468,200

Note 5 – Plan Termination

Although it has not expressed any intent to do so, the Organization has reserved the right to terminate or to amend the Plan at any time, subject to the provisions of ERISA.

Note 6 – Tax Status

403(b) plans currently are not required to submit plans to the Internal Revenue Service for determination. However, the plan administrator believes that the Plan was designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code.

Note 6 – Tax Status (continued)

The Plan has adopted Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740-10, *Accounting for Uncertainty in Income Taxes*, which clarifies the accounting for uncertainty in income taxes by prescribing the recognition threshold a tax position is required to meet before being recognized in the financial statements. The standard also provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition.

Management has reviewed the impact of ASC 740-10 on the accompanying financial statements and has determined that there are no material uncertain tax positions or unrecognized tax benefits and there is no material impact on the financial statements. In addition, there were no penalties or interest recognized on the statement of changes in net assets available for plan benefits.

The Plan's ASC 740-10 evaluation was performed for the tax years 2022 through 2025. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7 - Information Prepared and Certified by the Custodians (Unaudited)

The following information included in the accompanying financial statements and supplemental schedule (assets held at end of year) was obtained from data that has been prepared and certified to as complete and accurate by TIAA and CREF, Metropolitan Life Insurance Company and American United Life Insurance Company:

1. Investments by fund group, at fair value
2. Fully benefit-responsive contracts
3. Non-fully benefit–responsive contracts
4. Dividend income
5. Interest income
6. Net appreciation (depreciation) in fair value of investments
7. Reportable transactions
8. Participant loans
9. Administrative expenses

Note 8 – Party-in-Interest

Certain Plan investments in the pooled separate accounts, the insurance contracts, and the registered investment companies are managed by TIAA and CREF, Metropolitan Life and American United. These entities are the custodians and record keepers for the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Note 9 - Risks and Uncertainties

The Plan invests in a variety of investment securities. Investments in general are exposed to various risks, such as interest rate, market, credit, and overall volatility risk. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of the investment securities will occur in the near-term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits.

Loans are granted to Plan participants that meet certain criteria. See Notes 1 and 2. The market value of the account used to collateralize each loan is subject to fluctuations based on market conditions.

Note 10 – Concentration of Credit Risk

The Plan's investments are held and transactions occur within various custodial organizations (the Custodians). Plan assets are afforded certain protection under the Securities Investor Protection Corporation in the amount of $500,000 per account type. Plan assets exceeded this amount as of December 31, 2025 and 2024.

Note 11 – Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for plan benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statement of changes in net assets available for plan benefits.

Note 12 – Subsequent Events

On January 2, 2025, Voya Financial, Inc. (Voya) completed its acquisition of OneAmerica Financials' full-service retirement plan business, which includes the recordkeeping and administration of the Plan. Following the acquisition, the migration of individual plan records, trust assets, and platform administration from OneAmerica to Voya was scheduled in staggered waves. The conversion and transition of the Plan's accounts and operational records to the Voya system were officially completed in 2026.

SUPPLEMENTARY INFORMATION

BLUEPRINTS RETIREMENT PLAN

Schedule H, Line 4i

Schedule of Assets (Held at End of Year)

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	TIAA Traditional Benefit Responsive	Insurance Co. Gen. Contract	0	$ 126,466
*	TIAA Traditional Non-Benefit Responsive	Insurance Co. Gen. Contract	0	297,464
*	Plan Loan Default Fund	Insurance Co. Gen. Contract	0	2,367
*	TIAA Real Estate	Pooled Separate	0	68,118
*	CREF Stock	Registered Investment Company	0	363,763
*	CREF Money Market	Registered Investment Company	0	104,992
*	CREF Responsible Balanced	Registered Investment Company	0	173,141
*	CREF Core Bond	Registered Investment Company	0	27,103
*	CREF Global Equities	Registered Investment Company	0	71,744
*	CREF Growth	Registered Investment Company	0	412,981
*	CREF Equity Index	Registered Investment Company	0	39,868
*	CREF Inflation-Linked Bond	Registered Investment Company	0	41,167
*	TIAA Access Nuveen Lifecycle 2010 T4	Registered Investment Company	0	49
*	TIAA Access Nuveen Lifecycle 2015 T4	Registered Investment Company	0	50
*	TIAA Access Nuveen Lifecycle 2020 T4	Registered Investment Company	0	165
*	TIAA Access Nuveen Lifecycle 2025 T4	Registered Investment Company	0	788
*	TIAA Access Nuveen Lifecycle 2030 T4	Registered Investment Company	0	33,141
*	TIAA Access Nuveen Lifecycle 2035 T4	Registered Investment Company	0	8,057
*	TIAA Access Nuveen Lifecycle 2040 T4	Registered Investment Company	0	28,006
*	TIAA Access Nuveen Lifecycle 2045 T4	Registered Investment Company	0	4,490
*	TIAA Access Nuveen Lifecycle 2050 T4	Registered Investment Company	0	22,571
*	TIAA Access Nuveen Lifecycle 2055 T4	Registered Investment Company	0	3,706
*	TIAA Access Nuveen Lifecycle 2060 T4	Registered Investment Company	0	356
*	TIAA Access Nuveen Lifecycle Retirement Income	Registered Investment Company	0	279
*	TIAA Access Nuveen Core Plus Bond T4	Registered Investment Company	0	5,909
*	TIAA Access Nuveen Equity Index T4	Registered Investment Company	0	275
*	TIAA Access Nuveen Core Equity T4	Registered Investment Company	0	275
*	TIAA Access Nuveen International Equity T4	Registered Investment Company	0	282
*	TIAA Access Nuveen Large Cap Growth T4	Registered Investment Company	0	357
*	TIAA Access Nuveen Large Cap Value T4	Registered Investment Company	0	449
*	TIAA Access Nuveen Mid-Cap Growth T4	Registered Investment Company	0	284
*	TIAA Access Nuveen Mid-Cap Value T4	Registered Investment Company	0	467
*	TIAA Access Nuveen Real Estate SECS T4	Registered Investment Company	0	288
*	TIAA Access Nuveen Small Cap BL Index T4	Registered Investment Company	0	267
*	TIAA Access Nuveen Quant Small Cap Equity	Registered Investment Company	0	444
*	TIAA Access Nuveen Large Cap Responsible Equity T4	Registered Investment Company	0	389
	Total Assets (Held at End of Year) (TIAA and CREF)			1,840,518

BLUEPRINTS RETIREMENT PLAN

Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (continued)

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
*	Fixed Interest	Insurance Co. Gen. Contract	0	400,820
	American Funds Growth-Income Fund	Registered Investment Company	0	208,325
	Brighthouse Asset Allocation 80	Registered Investment Company	0	125,481
	Brighthouse Asset Allocation 60	Registered Investment Company	0	82,164
	Loomis Sayles Small Cap Growth Portfolio	Registered Investment Company	0	139,587
	American Funds Growth Fund	Registered Investment Company	0	169,766
	Harris Oakmark International	Registered Investment Company	0	51,467
	American Funds Global Small Cap Fund	Registered Investment Company	0	11,491
	MetLife Stock Index Portfolio	Registered Investment Company	0	50,715
	Brighthouse Asset Allocation 40	Registered Investment Company	0	30,793
	T. Rowe Price Mid-Cap Growth Portfolio	Registered Investment Company	0	55,162
	Baillie International Stock Portfolio	Registered Investment Company	0	2,443
	Brighthouse Asset Allocation 20	Registered Investment Company	0	1,106
	Total Assets (Held at End of Year) (MetLife)			1,329,320
*	Fixed Interest	Insurance Co. Gen. Contract	0	8,506
	AmerFDS New Perspective R6	Registered Investment Company	0	113,285
	AmerFDS New World R7	Registered Investment Company	0	16,905
	DFA International Core Equity	Registered Investment Company	0	64,743
	Federated Hermes Total Return Bond R6	Registered Investment Company	0	114,287
	JPMorgan Mid-Cap Growth R6	Registered Investment Company	0	23,496
	Nuveen Large Cap Growth Index	Registered Investment Company	0	5,937
	Putnam Large Cap Growth R6	Registered Investment Company	0	87,702
	Vanguard 500 Index	Registered Investment Company	0	674,244
	Vanguard Growth Index	Registered Investment Company	0	314,136
	Vanguard REIT Index	Registered Investment Company	0	29,711
	Vanguard Small Cap Index	Registered Investment Company	0	23,707
	Vanguard Infl-Prot Sec Adm	Registered Investment Company	0	28,474
	Vanguard Target Retirement 2020	Registered Investment Company	0	178,479
	Vanguard Target Retirement 2025	Registered Investment Company	0	696,714
	Vanguard Target Retirement 2030	Registered Investment Company	0	409,180
	Vanguard Target Retirement 2035	Registered Investment Company	0	671,652
	Vanguard Target Retirement 2040	Registered Investment Company	0	890,789
	Vanguard Target Retirement 2045	Registered Investment Company	0	1,363,873
	Vanguard Target Retirement 2050	Registered Investment Company	0	774,316
	Vanguard Target Retirement 2055	Registered Investment Company	0	731,219
	Vanguard Target Retirement 2060	Registered Investment Company	0	571,248

BLUEPRINTS RETIREMENT PLAN

Schedule H, Line 4i

Schedule of Assets (Held at End of Year) (continued)

December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	**Description of Investment**	**Cost**	**Current Value**
	Vanguard Target Retirement 2065	Registered Investment Company	0	77,384
	Vanguard Target Retirement 2070	Registered Investment Company	0	8,460
	Vanguard Target Retirement Inc Inv	Registered Investment Company	0	19,338
	Vanguard Extended Market Index	Registered Investment Company	0	24,263
	Participant Loans	Various maturity dates not greater than 5 years, 5% interest rate on all loans	0	167,815
	Total Assets (Held at End of Year) (AUL)			8,089,863
	Total Assets (Held at End of Year)			$ 11,259,701

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan: BLUEPRINTS RETIREMENT PLAN
Employer Identification Number: 25-1153028
For plan year (beginning/ending): 01-01-2025 TO 12-31-2025 Plan number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	AMERICAN FUNDS	AMERFDS NEW PERSPECTIVE R6 MUTUAL FUND SHARES	0	113,285
	AMERICAN FUNDS	AMERFDS NEW WORLD R6 MUTUAL FUND SHARES	0	16,905
*	AMERICAN UNITED LIFE INS CO	AUL STABLE VALUE ACCOUNT	0	8,506
	DFA	DFA INTL CORE EQUITY 2 MUTUAL FUND SHARES	0	64,743
	FEDERATED	FED HERM TOTAL RETURN BOND R6 MUTUAL FUND SHARES	0	114,287
	JPMORGAN	JPMORGAN MID CAP GROWTH R6 MUTUAL FUND SHARES	0	23,496
*	PARTICIPANTS	LOANS 5% TO 5%	0	167,815
	NUVEEN	NUVEEN LARGE CAP GR IDX R6 MUTUAL FUND SHARES	0	5,937
	FRANKLIN/TEMPLETON	PUTNAM LARGE CAP GROWTH R6 MUTUAL FUND SHARES	0	87,702
	VANGUARD	VANGUARD 500 INDEX ADM MUTUAL FUND SHARES	0	674,244
	VANGUARD	VANGUARD EXTENDED MKT IDX ADM MUTUAL FUND SHARES	0	24,263
	VANGUARD	VANGUARD GROWTH INDEX ADM MUTUAL FUND SHARES	0	314,137
	VANGUARD	VANGUARD INFL-PROT SECS ADM MUTUAL FUND SHARES	0	28,474
	VANGUARD	VANGUARD REIT INDEX ADM MUTUAL FUND SHARES	0	29,712
	VANGUARD	VANGUARD SMALL CAP INDEX ADM MUTUAL FUND SHARES	0	23,707
	VANGUARD	VANGUARD TRGT RETIRE 2055 INV MUTUAL FUND SHARES	0	731,219
	VANGUARD	VANGUARD TRGT RETIRE 2020 INV MUTUAL FUND SHARES	0	178,479
	VANGUARD	VANGUARD TRGT RETIRE 2025 INV MUTUAL FUND SHARES	0	696,714
	VANGUARD	VANGUARD TRGT RETIRE 2030 INV MUTUAL FUND SHARES	0	409,180
	VANGUARD	VANGUARD TRGT RETIRE 2035 INV MUTUAL FUND SHARES	0	671,652
	VANGUARD	VANGUARD TRGT RETIRE 2040 INV MUTUAL FUND SHARES	0	890,790
	VANGUARD	VANGUARD TRGT RETIRE 2045 INV MUTUAL FUND SHARES	0	1,363,873
	VANGUARD	VANGUARD TRGT RETIRE 2050 INV MUTUAL FUND SHARES	0	774,316
	VANGUARD	VANGUARD TRGT RETIRE 2060 INV MUTUAL FUND SHARES	0	571,248
	VANGUARD	VANGUARD TRGT RETIRE INC INV MUTUAL FUND SHARES	0	19,338
	VANGUARD	VANGUARD TRGT RETIRE 2065 INV MUTUAL FUND SHARES	0	77,384
	VANGUARD	VANGUARD TRGT RETIRE 2070 INV MUTUAL FUND SHARES	0	8,460
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA TRADITIONAL BENEFIT RESPONSIVE	0	126,466
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA TRADITIONAL NON BENEFIT RESPONSIVE	0	297,464
	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	PLAN LOAN DEFAULT FUND	0	2,367
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	CREF TOTAL GLOBAL STOCK R1	0	363,762
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	CREF MONEY MARKET R1	0	104,992
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	CREF RESPONSIBLE BALANCED R1	0	173,140
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	CREF CORE BOND R1	0	27,103
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	CREF GLOBAL EQUITIES R1	0	71,744

*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	CREF GROWTH R1	0	412,981
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	CREF S&P 500 INDEX R1	0	39,867
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	CREF INFLATION-LINKED BOND R1	0	41,167
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA REAL ESTATE	0	68,118
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA ACCESS NUV CORE BOND PLUS T4	0	5,909
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA ACCESS NUV EQUITY INDEX T4	0	275
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA ACCESS NUV CORE EQUITY T4	0	275
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA ACCESS NUV INTL EQUITY T4	0	282
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA ACCESS NUV LFCYLE RTMT INC T4	0	279
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA ACCESS NUV LG-CAP GR T4	0	357
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA ACCESS NUV LG-CAP VAL T4	0	449
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA ACCESS NUV LIFECYCLE 2010 T4	0	49
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA ACCESS NUV LIFECYCLE 2015 T4	0	50
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA ACCESS NUV LIFECYCLE 2020 T4	0	165
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA ACCESS NUV LIFECYCLE 2025 T4	0	788
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA ACCESS NUV LIFECYCLE 2030 T4	0	33,141
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA ACCESS NUV LIFECYCLE 2035 T4	0	8,057
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA ACCESS NUV LIFECYCLE 2040 T4	0	28,006
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA ACCESS NUV LIFECYCLE 2045 T4	0	4,490
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA ACCESS NUV LIFECYCLE 2050 T4	0	22,571
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA ACCESS NUV LIFECYCLE 2055 T4	0	3,706
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA ACCESS NUV LIFECYCLE 2060 T4	0	356
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA ACCESS NUV MID-CAP VAL T4	0	467
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA ACCESS NUV QUANT MID CP GROWTH T4	0	284
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA ACCESS NUV QUANT SML CP EQ T4	0	444
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA ACCESS NUV REAL EST SEC SEL T4	0	288
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA ACCESS NUV SM-CAP BL IDX T4	0	267
*	COLLEGE RETIREMENT EQUITIES FUND VARIABLE ANNUITIES	TIAA ACCESS NUV LRG CAP RES EQ T4	0	389
*	METLIFE	FIX INT ACCT	0	400,820
	METLIFE	SEPARATE ACCOUNT	0	928,500