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.)
- [ ] a single-employer plan
- [X] a DFE (specify) G

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

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
BOYS & GIRLS CLUB WORKERS ASSOCIATION

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 02/02/1927

2a Plan sponsor's name (employer, if for a single-employer plan)
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)
BOYS & GIRLS CLUBS OF AMERICA

230 LEXINGTON GREEN CIRCLE, STE 400
LEXINGTON, KY 40503

230 LEXINGTON GREEN CIRCLE, SUITE
LEXINGTON, KY 40503

2b Employer Identification Number (EIN)
13-6176007

2c Plan Sponsor's telephone number
859-226-1765

2d Business code (see instructions)
813000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	STEPHANIE E. COOLEY
	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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	7281
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)**	7281
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	7222
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	7222
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
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)**	
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)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A 4B 4D 4E 4F 4H 4Q

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(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)** [ ] **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.) ..... [X] 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.) ..... [X] 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 179344124

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
BOYS & GIRLS CLUB WORKERS ASSOCIATION

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOYS & GIRLS CLUBS OF AMERICA

D Employer Identification Number (EIN)
13-6176007

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5123390	64246	00553830	3503	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
179563	87291

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
104693	87291	FEES	3

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

CENTRO BENEFITS RESEARCH LLC
325 N KIRKWOOD ROAD, SUITE 300
KIRKWOOD, MO 63122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
74870			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

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** [X] Dental
- **c** [X] 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)	
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)	
(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)	
(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	2495669
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] 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
BOYS & GIRLS CLUB WORKERS ASSOCIATION

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOYS & GIRLS CLUBS OF AMERICA

D Employer Identification Number (EIN)
13-6176007

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5123390	64246	00554610	5343	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
319045	76802

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
250586	76802	FEES	3

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

CENTRO BENEFITS RESEARCH, LLC
325 N KIRKWOOD RD, SUITE 300
KIRKWOOD, MO 63122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
68459			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

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** [X] Life insurance
- **e** [X] Temporary disability (accident and sickness)
- **f** [X] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [X] Other (specify) ▶ AD&D

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)**	
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)**	
(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)**	
(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**	2281968
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 [X] 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
BOYS & GIRLS CLUB WORKERS ASSOCIATION

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOYS & GIRLS CLUBS OF AMERICA

D Employer Identification Number (EIN)
13-6176007

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

1 Coverage Information:

(a) Name of insurance carrier
TOKIO MARINE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-1817054	92711	HCL38090	1985	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
0	0

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

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

(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	

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	(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	

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

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** [X] 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)	
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)	
(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)	
(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	1360226
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] 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
BOYS & GIRLS CLUB WORKERS ASSOCIATION

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOYS & GIRLS CLUBS OF AMERICA

D Employer Identification Number (EIN)
13-6176007

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

RX BENEFITS, INC

63-1157085

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

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

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

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

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

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

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

UMR, INC

39-1995276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	1805996	Yes [X] No [ ]	Yes [ ] No [X]	20477	Yes [ ] No [X]

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

REGIONS

2050 PARKWAY OFFICE CIRCLE, 6TH FLO
BIRMINGHAM, AL 35244

(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?
28 21	NONE	64356	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LEWIS & ELLIS

6600 CHASE OAKS BLVD, SUITE 150
PLANO, TX 75023

(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?
11	NONE	22658	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

DEAN DORTON ALLEN FORD PLLC

27-3858252

(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?
10	NONE	22500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
BOYS & GIRLS CLUB WORKERS ASSOCIATION

B Three-digit plan number (PN) ▶ 501

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOYS & GIRLS CLUBS OF AMERICA

D Employer Identification Number (EIN)
13-6176007

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:

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)

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	BOYS & GIRLS CLUB OF AMERICA		
b Name of plan sponsor		**c** EIN-PN	13-5562976-
a Plan name	BGC OF GREENWICH		
b Name of plan sponsor		**c** EIN-PN	06-0646655-
a Plan name	BGC OF HARTFORD		
b Name of plan sponsor		**c** EIN-PN	06-6026005-
a Plan name	BGC OF MERIDEN		
b Name of plan sponsor		**c** EIN-PN	06-1013015-
a Plan name	BGC OF RIDGEFIELD		
b Name of plan sponsor		**c** EIN-PN	06-0653182-
a Plan name	BGC OF STAMFORD		
b Name of plan sponsor		**c** EIN-PN	06-0646911-
a Plan name	BGC OF GREATER WATERVILLE AT		
b Name of plan sponsor		**c** EIN-PN	04-3341661-
a Plan name	ARLINGTON BGC		
b Name of plan sponsor		**c** EIN-PN	04-2149320-
a Plan name	BGC OF GREATER BILLERICA, INC		
b Name of plan sponsor		**c** EIN-PN	23-7106468-
a Plan name	BLACKSTONE VALLEY BGC		
b Name of plan sponsor		**c** EIN-PN	04-3200499-
a Plan name	BGC OF CHICOPEE		
b Name of plan sponsor		**c** EIN-PN	04-2166805-
a Plan name	BGC OF DORCHESTER		
b Name of plan sponsor		**c** EIN-PN	23-7076465-

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

a Plan name	BGC OF WEBSTER-DUDLEY		
b Name of plan sponsor		**c** EIN-PN	04-2238069-
a Plan name	THOMAS CHEW MEMORIAL BGC		
b Name of plan sponsor		**c** EIN-PN	04-2103923-
a Plan name	BGC OF GREATER HAVERHILL		
b Name of plan sponsor		**c** EIN-PN	02-4111215-
a Plan name	LUDLOW BGC		
b Name of plan sponsor		**c** EIN-PN	04-2089767-
a Plan name	BGC OF LYNN INC		
b Name of plan sponsor		**c** EIN-PN	04-2103924-
a Plan name	BGC OF METROWEST		
b Name of plan sponsor		**c** EIN-PN	04-2387225-
a Plan name	BGC OF ASSABET VALLEY		
b Name of plan sponsor		**c** EIN-PN	23-7105393-
a Plan name	JOHN M BARRY BGC OF NEWTON		
b Name of plan sponsor		**c** EIN-PN	04-2144095-
a Plan name	SPRINGFIELD BGC		
b Name of plan sponsor		**c** EIN-PN	04-1858620-
a Plan name	BGC OF STONEHAM, INC.		
b Name of plan sponsor		**c** EIN-PN	23-7025777-
a Plan name	WALTHAM BGC		
b Name of plan sponsor		**c** EIN-PN	04-2103927-
a Plan name	WATERTOWN BGC, INC		
b Name of plan sponsor		**c** EIN-PN	04-6134699-

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

a Plan name	BGC OF WEST SPRINGFIELD		
b Name of plan sponsor		**c** EIN-PN	04-2105827-
a Plan name	BGC OF WORCESTER		
b Name of plan sponsor		**c** EIN-PN	04-2105851-
a Plan name	BGC OF CENTRAL NH		
b Name of plan sponsor		**c** EIN-PN	02-0259874-
a Plan name	BGC OF GREATER DERRY INC		
b Name of plan sponsor		**c** EIN-PN	23-7090084-
a Plan name	BGC OF GREATER NASHUA		
b Name of plan sponsor		**c** EIN-PN	23-7058376-
a Plan name	BGC OF MONMOUTH COUNTY		
b Name of plan sponsor		**c** EIN-PN	21-0694373-
a Plan name	BGC OF ATLANTIC CITY		
b Name of plan sponsor		**c** EIN-PN	23-7253748-
a Plan name	BGC OF CLIFTON		
b Name of plan sponsor		**c** EIN-PN	22-1589377-
a Plan name	BGC OF GARFIELD		
b Name of plan sponsor		**c** EIN-PN	22-1660518-
a Plan name	BGC OF HUDSON CO		
b Name of plan sponsor		**c** EIN-PN	22-1918943-
a Plan name	BGC OF LOWER BERGEN COUNTY INC		
b Name of plan sponsor		**c** EIN-PN	22-1632037-
a Plan name	BGC OF PATERSON & PASSAIC		
b Name of plan sponsor		**c** EIN-PN	22-1726665-

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

a Plan name	BGC OF MERCER COUNTY		
b Name of plan sponsor		**c** EIN-PN	21-0634556-
a Plan name	BGC OF NORTHWEST NEW JERSEY		
b Name of plan sponsor		**c** EIN-PN	22-2169444-
a Plan name	BGC OF BINGHAMTON INC		
b Name of plan sponsor		**c** EIN-PN	15-0539040-
a Plan name	BGC OF EAST AURORA, INC.		
b Name of plan sponsor		**c** EIN-PN	16-1523653-
a Plan name	EMW BOYS & GIRLS CLUB		
b Name of plan sponsor		**c** EIN-PN	16-1023305-
a Plan name	BGC OF GENEVA		
b Name of plan sponsor		**c** EIN-PN	16-1481026-
a Plan name	BGC OF HOLLAND		
b Name of plan sponsor		**c** EIN-PN	23-7129495-
a Plan name	DEPEW-LANCASTER BGC INC		
b Name of plan sponsor		**c** EIN-PN	16-1313581-
a Plan name	GRENVILLE BAKER BGC		
b Name of plan sponsor		**c** EIN-PN	11-1660855-
a Plan name	BGC OF NEW ROCHELLE		
b Name of plan sponsor		**c** EIN-PN	13-1943644-
a Plan name	BGC OF METRO QUEENS		
b Name of plan sponsor		**c** EIN-PN	11-1966067-
a Plan name	VARIETY BGC OF QUEENS INC		
b Name of plan sponsor		**c** EIN-PN	11-6014770-

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	NIAGARA FALLS BGC		
b Name of plan sponsor		**c** EIN-PN	16-0743093-
a Plan name	OGDENSBURG BGC		
b Name of plan sponsor		**c** EIN-PN	16-0874412-
a Plan name	BGC OF OYSTER BAY-EAST NORWICH		
b Name of plan sponsor		**c** EIN-PN	11-2136505-
a Plan name	TIOGA COUNTY BGC		
b Name of plan sponsor		**c** EIN-PN	15-0610883-
a Plan name	BGC OF ROCHESTER INC		
b Name of plan sponsor		**c** EIN-PN	16-1001619-
a Plan name	BGC OF SCHENECTADY		
b Name of plan sponsor		**c** EIN-PN	14-1364595-
a Plan name	BGC OF THE NORTHTOWNS		
b Name of plan sponsor		**c** EIN-PN	16-0755733-
a Plan name	LANSINGBURGH BGC		
b Name of plan sponsor		**c** EIN-PN	14-1338445-
a Plan name	TOWN OF WALLKILL BGC		
b Name of plan sponsor		**c** EIN-PN	13-3741014-
a Plan name	BGC OF ALLENTOWN		
b Name of plan sponsor		**c** EIN-PN	23-1352042-
a Plan name	BGC OF BETHLEHEM		
b Name of plan sponsor		**c** EIN-PN	23-6298476-
a Plan name	BGC OF EASTON		
b Name of plan sponsor		**c** EIN-PN	23-1941228-

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	NORTH PENN VALLEY BGC		
b Name of plan sponsor		**c** EIN-PN	23-7164617-
a Plan name	SARAH HEINZ HOUSE		
b Name of plan sponsor		**c** EIN-PN	25-0965390-
a Plan name	OLIVET BGC		
b Name of plan sponsor		**c** EIN-PN	23-1365380-
a Plan name	BGC OF ST MARYS PA INC		
b Name of plan sponsor		**c** EIN-PN	25-0965253-
a Plan name	BGC OF NORTHEASTERN PA		
b Name of plan sponsor		**c** EIN-PN	24-0796420-
a Plan name	BGC OF NORTHERN RHODE ISLAND		
b Name of plan sponsor		**c** EIN-PN	05-0280121-
a Plan name	BGC OF NEWPORT COUNTY, INC		
b Name of plan sponsor		**c** EIN-PN	05-0281572-
a Plan name	BGC OF PAWTUCKET		
b Name of plan sponsor		**c** EIN-PN	05-0258924-
a Plan name	BGC OF WARWICK		
b Name of plan sponsor		**c** EIN-PN	05-6019193-
a Plan name	BGC OF BURLINGTON INC		
b Name of plan sponsor		**c** EIN-PN	03-0179307-
a Plan name	BGC OF PUERTO RICO		
b Name of plan sponsor		**c** EIN-PN	66-0327584-
a Plan name	BGC OF SARASOTA		
b Name of plan sponsor		**c** EIN-PN	59-6211876-

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

a Plan name	BGC OF THE BIG BEND		
b Name of plan sponsor		**c** EIN-PN	59-3076558-
a Plan name	BGC OF TAMPA BAY INC		
b Name of plan sponsor		**c** EIN-PN	59-0624368-
a Plan name	BGC OF PALM BEACH COUNTY		
b Name of plan sponsor		**c** EIN-PN	23-7060561-
a Plan name	BGC OF EAST CENTRAL ALABAMA		
b Name of plan sponsor		**c** EIN-PN	63-0516163-
a Plan name	BGC OF NORTH ALABAMA		
b Name of plan sponsor		**c** EIN-PN	63-0360026-
a Plan name	BGC OF THE RIVER REGION		
b Name of plan sponsor		**c** EIN-PN	63-0302108-
a Plan name	BGC OF EAST ALABAMA		
b Name of plan sponsor		**c** EIN-PN	58-1875904-
a Plan name	BGC OF SE ALABAMA		
b Name of plan sponsor		**c** EIN-PN	58-2010059-
a Plan name	BGC OF WEST ALABAMA INC		
b Name of plan sponsor		**c** EIN-PN	63-0452285-
a Plan name	BGC OF CITRUS COUNTY		
b Name of plan sponsor		**c** EIN-PN	59-3124840-
a Plan name	BGC OF VOLUSIA/FLAGLER COUNTY		
b Name of plan sponsor		**c** EIN-PN	59-3158162-
a Plan name	BGC OF ST LUCIE CO		
b Name of plan sponsor		**c** EIN-PN	65-0505369-

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

a Plan name	BGC OF POLK COUNTY		
b Name of plan sponsor		**c** EIN-PN	59-0171815-
a Plan name	BGC OF BAY COUNTY, INC		
b Name of plan sponsor		**c** EIN-PN	59-1114292-
a Plan name	BGC OF NORTH CENTRAL FLORIDA		
b Name of plan sponsor		**c** EIN-PN	59-2973927-
a Plan name	BGC OF ALBANY		
b Name of plan sponsor		**c** EIN-PN	58-6046393-
a Plan name	BGC OF ATHENS		
b Name of plan sponsor		**c** EIN-PN	58-0830085-
a Plan name	BGC OF SOUTHEAST GEORGIA		
b Name of plan sponsor		**c** EIN-PN	58-0973039-
a Plan name	BGC OF MITCHELL COUNTY		
b Name of plan sponsor		**c** EIN-PN	58-1976071-
a Plan name	BGC OF BARTOW COUNTY		
b Name of plan sponsor		**c** EIN-PN	58-1892111-
a Plan name	BGC OF CHATTAHOOCHEE VALLEY		
b Name of plan sponsor		**c** EIN-PN	58-1174393-
a Plan name	BGC OF CENTRAL GEORGIA		
b Name of plan sponsor		**c** EIN-PN	58-0621444-
a Plan name	BGC OF BALDWIN & JONES COUNTY		
b Name of plan sponsor		**c** EIN-PN	58-1671393-
a Plan name	BGC OF NORTHWEST GEORGIA		
b Name of plan sponsor		**c** EIN-PN	58-0632795-

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	FRANK CALLEN BGC		
b Name of plan sponsor		**c** EIN-PN	58-0622969-
a Plan name	BGC OF VALDOSTA, INC		
b Name of plan sponsor		**c** EIN-PN	23-7067775-
a Plan name	BGC OF ACADIANA		
b Name of plan sponsor		**c** EIN-PN	72-0940072-
a Plan name	BGC OF METRO LOUISIANA		
b Name of plan sponsor		**c** EIN-PN	72-0928014-
a Plan name	BGC OF NORTH LOUISIANA		
b Name of plan sponsor		**c** EIN-PN	72-1375839-
a Plan name	BGC OF NORTHEAST MISSISSIPPI		
b Name of plan sponsor		**c** EIN-PN	64-0389412-
a Plan name	BGC OF CENTRAL MISSISSIPPI		
b Name of plan sponsor		**c** EIN-PN	64-0331635-
a Plan name	BGC OF SOUTHWEST MISSISSIPPI		
b Name of plan sponsor		**c** EIN-PN	64-0806571-
a Plan name	BGC OF JACKSON COUNTY MS		
b Name of plan sponsor		**c** EIN-PN	58-2016844-
a Plan name	BGC OF NORTH MISSISSIPPI		
b Name of plan sponsor		**c** EIN-PN	64-0880602-
a Plan name	BGC OF THE MOUNTAIN EMPIRE		
b Name of plan sponsor		**c** EIN-PN	54-0653489-
a Plan name	BGC OF SOUTHEAST VIRGINIA		
b Name of plan sponsor		**c** EIN-PN	54-0515764-

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

a Plan name	BGC OF METRO RICHMOND		
b Name of plan sponsor		**c** EIN-PN	54-0564901-
a Plan name	BGC OF CHATTANOOGA		
b Name of plan sponsor		**c** EIN-PN	62-0557179-
a Plan name	BGC OF JACKSON TN		
b Name of plan sponsor		**c** EIN-PN	62-0784907-
a Plan name	BGC OF GREATER KINGSPORT		
b Name of plan sponsor		**c** EIN-PN	62-0481370-
a Plan name	BGC OF THE SMOKY MOUNTAINS		
b Name of plan sponsor		**c** EIN-PN	62-1507789-
a Plan name	BGC OF RUTHERFORD COUNTY INC		
b Name of plan sponsor		**c** EIN-PN	62-1583332-
a Plan name	BGC OF ALPENA		
b Name of plan sponsor		**c** EIN-PN	38-1405280-
a Plan name	BGC OF GREATER HOLLAND		
b Name of plan sponsor		**c** EIN-PN	38-2756671-
a Plan name	BGC OF TROY		
b Name of plan sponsor		**c** EIN-PN	23-7390931-
a Plan name	BGC OF SPRINGFIELD		
b Name of plan sponsor		**c** EIN-PN	44-0513659-
a Plan name	BGC OF HAMILTON, INC		
b Name of plan sponsor		**c** EIN-PN	31-0616383-
a Plan name	BGC OF MASSILLON		
b Name of plan sponsor		**c** EIN-PN	34-0726102-

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	ORRVILLE AREA BOYS/GIRLS CLUB		
b Name of plan sponsor		**c** EIN-PN	34-1003436-
a Plan name	BGC OF THE UMPQUA VALLEY		
b Name of plan sponsor		**c** EIN-PN	91-1788798-
a Plan name	BGC OF GREATER NRTHWST INDIANA		
b Name of plan sponsor		**c** EIN-PN	35-1262439-
a Plan name	BGC OF KENTUCKIANA		
b Name of plan sponsor		**c** EIN-PN	61-0568789-
a Plan name	BGC OF GREATER FLINT		
b Name of plan sponsor		**c** EIN-PN	38-3381808-
a Plan name	BGC OF GREATER KALAMAZOO		
b Name of plan sponsor		**c** EIN-PN	38-1627080-
a Plan name	BGC OF LANSING		
b Name of plan sponsor		**c** EIN-PN	38-1788281-
a Plan name	BGC OF CENTRAL OHIO		
b Name of plan sponsor		**c** EIN-PN	31-4387575-
a Plan name	BGC OF DAYTON		
b Name of plan sponsor		**c** EIN-PN	31-0536657-
a Plan name	BGC OF TOLEDO		
b Name of plan sponsor		**c** EIN-PN	34-4427933-
a Plan name	BGC OF THE TWIN CITIES		
b Name of plan sponsor		**c** EIN-PN	41-0842657-
a Plan name	UNION LEAGUE BGC		
b Name of plan sponsor		**c** EIN-PN	36-2167939-

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

a Plan name	BGC OF GREATER MILWAUKEE		
b Name of plan sponsor		**c** EIN-PN	39-0806292-
a Plan name	FOUNDATION FOR YTH BARTHOLOMEW		
b Name of plan sponsor		**c** EIN-PN	35-0873340-
a Plan name	BGC OF ADAMS COUNTY		
b Name of plan sponsor		**c** EIN-PN	35-1807774-
a Plan name	BGC OF EVANSVILLE		
b Name of plan sponsor		**c** EIN-PN	35-1007558-
a Plan name	BGC OF FORT WAYNE		
b Name of plan sponsor		**c** EIN-PN	35-1778767-
a Plan name	CLINTON COUNTY BGC		
b Name of plan sponsor		**c** EIN-PN	35-7172553-
a Plan name	BGC OF JOHNSON COUNTY		
b Name of plan sponsor		**c** EIN-PN	31-0896365-
a Plan name	BGC OF ELKHART COUNTY INC		
b Name of plan sponsor		**c** EIN-PN	35-1033735-
a Plan name	LYN TREECE BGC OF TIPPECANOE		
b Name of plan sponsor		**c** EIN-PN	35-1262269-
a Plan name	BGC OF LA PORTE COUNTY, INC		
b Name of plan sponsor		**c** EIN-PN	35-1992851-
a Plan name	BGC OF MUNCIE		
b Name of plan sponsor		**c** EIN-PN	35-0869060-
a Plan name	BGC OF NOBLESVILLE		
b Name of plan sponsor		**c** EIN-PN	35-1054426-

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

a Plan name	BGC OF MARSHALL COUNTY		
b Name of plan sponsor		**c** EIN-PN	35-1955489-
a Plan name	BGC OF RUSH CO		
b Name of plan sponsor		**c** EIN-PN	23-7170004-
a Plan name	BGC OF SEYMOUR		
b Name of plan sponsor		**c** EIN-PN	35-0909245-
a Plan name	BGC OF BOONE COUNTY, INC		
b Name of plan sponsor		**c** EIN-PN	35-1750659-
a Plan name	BGC OF BLOOMINGTON-NORMAL		
b Name of plan sponsor		**c** EIN-PN	37-1308723-
a Plan name	BGC OF CICERO		
b Name of plan sponsor		**c** EIN-PN	36-2154018-
a Plan name	BGC OF PEKIN		
b Name of plan sponsor		**c** EIN-PN	37-0800532-
a Plan name	CLIFF HAGAN BGC		
b Name of plan sponsor		**c** EIN-PN	61-0663746-
a Plan name	BGC OF PARKERSBURG		
b Name of plan sponsor		**c** EIN-PN	55-0476226-
a Plan name	BGC OF THE NORTHLAND		
b Name of plan sponsor		**c** EIN-PN	41-0969947-
a Plan name	BGC OF STORY COUNTY		
b Name of plan sponsor		**c** EIN-PN	42-0888428-
a Plan name	BGC OF CEDAR RAPIDS		
b Name of plan sponsor		**c** EIN-PN	42-1434056-

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

a Plan name	BGC OF GREATER DUBUQUE		
b Name of plan sponsor		**c** EIN-PN	42-0710263-
a Plan name	BGC OF SIOUXLAND, INC		
b Name of plan sponsor		**c** EIN-PN	42-0940032-
a Plan name	BGC OF THE CEDAR VALLEY		
b Name of plan sponsor		**c** EIN-PN	42-6083723-
a Plan name	DAR BGC		
b Name of plan sponsor		**c** EIN-PN	38-1392687-
a Plan name	BGC OF LAC COURTE OREILLES		
b Name of plan sponsor		**c** EIN-PN	39-1832703-
a Plan name	BGC OF SHEBOYGAN COUNTY		
b Name of plan sponsor		**c** EIN-PN	39-1246782-
a Plan name	BGC OF JANESVILLE, INC		
b Name of plan sponsor		**c** EIN-PN	39-1645796-
a Plan name	BGC OF KENOSHA, INC		
b Name of plan sponsor		**c** EIN-PN	39-1732935-
a Plan name	BGC OF OSHKOSH		
b Name of plan sponsor		**c** EIN-PN	39-6120658-
a Plan name	BGC OF SPARTA INC		
b Name of plan sponsor		**c** EIN-PN	39-1798177-
a Plan name	BGC OF THE WAUSAU AREA		
b Name of plan sponsor		**c** EIN-PN	39-1850386-
a Plan name	BGC OF THE EASTERN PANHANDLE		
b Name of plan sponsor		**c** EIN-PN	20-2257657-

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

a Plan name	BGC OF ALTON		
b Name of plan sponsor		**c** EIN-PN	36-4142577-
a Plan name	BGC OF FOND DU LAC		
b Name of plan sponsor		**c** EIN-PN	39-1896496-
a Plan name	BGC OF FAULKNER COUNTY		
b Name of plan sponsor		**c** EIN-PN	71-0678783-
a Plan name	FORT SMITH BGC		
b Name of plan sponsor		**c** EIN-PN	71-0270690-
a Plan name	BGC OF MAGNOLIA		
b Name of plan sponsor		**c** EIN-PN	71-0305932-
a Plan name	BGC OF ARKANSAS RIVER VALLEY		
b Name of plan sponsor		**c** EIN-PN	71-0681999-
a Plan name	VAN BUREN BGC		
b Name of plan sponsor		**c** EIN-PN	71-0327975-
a Plan name	BGC OF CRITTENDEN COUNTY		
b Name of plan sponsor		**c** EIN-PN	71-0352307-
a Plan name	BGC OF HUTCHINSON		
b Name of plan sponsor		**c** EIN-PN	48-1088026-
a Plan name	BGC OF YELLOWSTONE COUNTY		
b Name of plan sponsor		**c** EIN-PN	81-0308003-
a Plan name	BGC OF THE N CHEYENNE NATION		
b Name of plan sponsor		**c** EIN-PN	36-3945776-
a Plan name	BGC OF CENTRAL NEW MEXICO		
b Name of plan sponsor		**c** EIN-PN	85-0106943-

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

a Plan name	BGC OF FARMINGTON		
b Name of plan sponsor		**c** EIN-PN	85-0161421-
a Plan name	BGC OF HOBBS, INC		
b Name of plan sponsor		**c** EIN-PN	85-0170908-
a Plan name	BGC OF LAS CRUCES		
b Name of plan sponsor		**c** EIN-PN	85-0167102-
a Plan name	BGC OF BARTLESVILLE		
b Name of plan sponsor		**c** EIN-PN	73-0618201-
a Plan name	BGC OF ABILENE		
b Name of plan sponsor		**c** EIN-PN	75-1001991-
a Plan name	BGC OF ALICE		
b Name of plan sponsor		**c** EIN-PN	74-1463071-
a Plan name	MAVERICK BGC		
b Name of plan sponsor		**c** EIN-PN	75-0808760-
a Plan name	BGC OF BROWN COUNTY		
b Name of plan sponsor		**c** EIN-PN	74-2721815-
a Plan name	BGC OF BRAZOS VALLEY		
b Name of plan sponsor		**c** EIN-PN	74-6079584-
a Plan name	BGC OF EL CAMPO		
b Name of plan sponsor		**c** EIN-PN	76-0364956-
a Plan name	BGC OF BRAZORIA COUNTY		
b Name of plan sponsor		**c** EIN-PN	74-1688545-
a Plan name	BGC OF NORTHEAST TEXAS		
b Name of plan sponsor		**c** EIN-PN	75-2174005-

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

a Plan name	BGC OF HARLINGEN		
b Name of plan sponsor		**c** EIN-PN	74-1546529-
a Plan name	BGC OF KINGSVILLE		
b Name of plan sponsor		**c** EIN-PN	74-1499178-
a Plan name	LAMESA BGC		
b Name of plan sponsor		**c** EIN-PN	75-1076737-
a Plan name	LUBBOCK BGC		
b Name of plan sponsor		**c** EIN-PN	75-1037228-
a Plan name	BGC OF THE BIG PINES		
b Name of plan sponsor		**c** EIN-PN	75-2318241-
a Plan name	BGC OF COLLIN COUNTY		
b Name of plan sponsor		**c** EIN-PN	75-1296869-
a Plan name	BGC OF DEEP EAST TEXAS		
b Name of plan sponsor		**c** EIN-PN	75-2254579-
a Plan name	BGC OF VERNON		
b Name of plan sponsor		**c** EIN-PN	75-1052556-
a Plan name	BGC OF WICHITA FALLS		
b Name of plan sponsor		**c** EIN-PN	75-0883102-
a Plan name	BGC OF SILOAM SPRINGS AR INC.		
b Name of plan sponsor		**c** EIN-PN	62-1666732-
a Plan name	BGC OF SOUTHCENTRAL ALASKA		
b Name of plan sponsor		**c** EIN-PN	92-0036082-
a Plan name	BGC OF THE KENAI PENINSULA		
b Name of plan sponsor		**c** EIN-PN	94-3067142-

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

a Plan name	BGC OF SANTA CRUZ COUNTY - AZ		
b Name of plan sponsor		**c** EIN-PN	86-0671818-
a Plan name	ALAMEDA BGC		
b Name of plan sponsor		**c** EIN-PN	94-1312299-
a Plan name	BGC OF GREATER ANAHEIM-CYPRESS		
b Name of plan sponsor		**c** EIN-PN	95-2920990-
a Plan name	BGC OF PLACER COUNTY		
b Name of plan sponsor		**c** EIN-PN	68-0321820-
a Plan name	BGC OF BURBANK & GTR EAST VLY		
b Name of plan sponsor		**c** EIN-PN	95-4485745-
a Plan name	BGC OF CAMARILLO		
b Name of plan sponsor		**c** EIN-PN	95-6194547-
a Plan name	BGC OF THE NORTH VALLEY		
b Name of plan sponsor		**c** EIN-PN	68-0294846-
a Plan name	BGC OF EAST COUNTY		
b Name of plan sponsor		**c** EIN-PN	95-2088013-
a Plan name	BGC OF THE SEQUOIAS		
b Name of plan sponsor		**c** EIN-PN	77-0469369-
a Plan name	BGC OF FRESNO COUNTY		
b Name of plan sponsor		**c** EIN-PN	94-1149171-
a Plan name	BGC OF FULLERTON		
b Name of plan sponsor		**c** EIN-PN	95-1855645-
a Plan name	BGC OF THE COASTSIDE		
b Name of plan sponsor		**c** EIN-PN	94-3193725-

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

a Plan name	BGC OF HOLLYWOOD		
b Name of plan sponsor		**c** EIN-PN	95-1775142-
a Plan name	BGC OF HUNTINGTON VALLEY		
b Name of plan sponsor		**c** EIN-PN	95-6192466-
a Plan name	BGC OF LAGUNA BEACH		
b Name of plan sponsor		**c** EIN-PN	95-1878822-
a Plan name	BGC OF LA HABRA		
b Name of plan sponsor		**c** EIN-PN	95-1922180-
a Plan name	BGC OF LONG BEACH		
b Name of plan sponsor		**c** EIN-PN	95-1643977-
a Plan name	VARIETY BOYS & GIRLS CLUB		
b Name of plan sponsor		**c** EIN-PN	95-1919219-
a Plan name	BGC OF MANTECA		
b Name of plan sponsor		**c** EIN-PN	94-2751177-
a Plan name	BGC OF WEST SAN GABRIEL VALLEY		
b Name of plan sponsor		**c** EIN-PN	95-2782501-
a Plan name	BGC OF MOORPARK & SIMI VALLEY		
b Name of plan sponsor		**c** EIN-PN	77-0112701-
a Plan name	BGC OF NAPA VALLEY		
b Name of plan sponsor		**c** EIN-PN	94-6033413-
a Plan name	BGC OF THE ANTELOPE VALLEY		
b Name of plan sponsor		**c** EIN-PN	95-4290055-
a Plan name	BGC OF GRTR REDLANDS/RIVERSIDE		
b Name of plan sponsor		**c** EIN-PN	95-6187083-

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

a Plan name	BGC OF SONOMA-MARIN		
b Name of plan sponsor		**c** EIN-PN	68-0309534-
a Plan name	BGC OF ST HELENA & CALISTOGA		
b Name of plan sponsor		**c** EIN-PN	68-0226714-
a Plan name	BGC OF THE SOUTH COAST AREA		
b Name of plan sponsor		**c** EIN-PN	95-6111998-
a Plan name	BGC OF SAN MARCOS		
b Name of plan sponsor		**c** EIN-PN	95-3330218-
a Plan name	BGC OF THE LA HARBOR		
b Name of plan sponsor		**c** EIN-PN	95-1661682-
a Plan name	BGC OF SANTA CRUZ COUNTY - CA		
b Name of plan sponsor		**c** EIN-PN	94-6129075-
a Plan name	BGC OF SANTA CLARA VALLEY		
b Name of plan sponsor		**c** EIN-PN	95-2497853-
a Plan name	BGC OF STANTON		
b Name of plan sponsor		**c** EIN-PN	95-2913402-
a Plan name	BGC OF SOUTHWEST COUNTY		
b Name of plan sponsor		**c** EIN-PN	33-0475756-
a Plan name	BGC OF TRACY		
b Name of plan sponsor		**c** EIN-PN	68-0028682-
a Plan name	BGC OF GREATER VENTURA		
b Name of plan sponsor		**c** EIN-PN	95-2248919-
a Plan name	BGC OF WESTMINSTER - CA		
b Name of plan sponsor		**c** EIN-PN	95-2919799-

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

a Plan name	BGC OF WHITTIER		
b Name of plan sponsor		**c** EIN-PN	95-6151763-
a Plan name	BGC OF THE BIG ISLAND		
b Name of plan sponsor		**c** EIN-PN	81-0575345-
a Plan name	BGC OF HAWAII		
b Name of plan sponsor		**c** EIN-PN	99-6005407-
a Plan name	BGC OF ADA COUNTY		
b Name of plan sponsor		**c** EIN-PN	82-0481687-
a Plan name	BGC OF MAGIC VALLEY		
b Name of plan sponsor		**c** EIN-PN	94-3176622-
a Plan name	BGC OF TRUCKEE MEADOWS		
b Name of plan sponsor		**c** EIN-PN	88-0142068-
a Plan name	BGC OF BEND		
b Name of plan sponsor		**c** EIN-PN	93-1127536-
a Plan name	BGC OF CORVALLIS		
b Name of plan sponsor		**c** EIN-PN	23-7153987-
a Plan name	BGC OF THE ROGUE VALLEY		
b Name of plan sponsor		**c** EIN-PN	93-0588108-
a Plan name	BGC OF THE GREATER SANTIAM		
b Name of plan sponsor		**c** EIN-PN	52-1043668-
a Plan name	BGC OF NORTHERN UTAH		
b Name of plan sponsor		**c** EIN-PN	87-0529606-
a Plan name	BGC OF BELLEVUE		
b Name of plan sponsor		**c** EIN-PN	91-0776451-

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

a Plan name	BGC OF WHATCOM COUNTY		
b Name of plan sponsor		**c** EIN-PN	91-0836427-
a Plan name	BGC OF BENTON/FRANKLIN COUNTY		
b Name of plan sponsor		**c** EIN-PN	91-1673327-
a Plan name	BGC OF THE OLYMPIC PENINSULA		
b Name of plan sponsor		**c** EIN-PN	91-1376766-
a Plan name	BGC OF GREENVILLE & GREENE CTY		
b Name of plan sponsor		**c** EIN-PN	62-1706248-
a Plan name	BGC OF ENNIS		
b Name of plan sponsor		**c** EIN-PN	75-2746070-
a Plan name	BGC OF THE DANVILLE AREA		
b Name of plan sponsor		**c** EIN-PN	54-1880308-
a Plan name	WELLS COMMUNITY BGC		
b Name of plan sponsor		**c** EIN-PN	31-1253620-
a Plan name	BGC OF CAPE COD		
b Name of plan sponsor		**c** EIN-PN	04-3273141-
a Plan name	BGC OF FAYETTEVILLE		
b Name of plan sponsor		**c** EIN-PN	71-0254287-
a Plan name	BGC OF JEFFERSON CITY		
b Name of plan sponsor		**c** EIN-PN	43-1733063-
a Plan name	BGC GRAND RAPIDS YOUTH COMMON		
b Name of plan sponsor		**c** EIN-PN	38-0593958-
a Plan name	BGC OF WESTERN NEVADA		
b Name of plan sponsor		**c** EIN-PN	88-0269139-

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

a Plan name	BGC OF HUNTINGTON CNTY		
b Name of plan sponsor		**c** EIN-PN	35-2094506-
a Plan name	BGC OF THE MISSOURI RIVER AREA		
b Name of plan sponsor		**c** EIN-PN	46-0445099-
a Plan name	BGC OF WEST CENTRAL WISCONSIN		
b Name of plan sponsor		**c** EIN-PN	39-1962065-
a Plan name	BGC OF POPLAR BLUFF		
b Name of plan sponsor		**c** EIN-PN	43-1831638-
a Plan name	BGC OF NOWATA		
b Name of plan sponsor		**c** EIN-PN	73-1569974-
a Plan name	BGC OF EMERALD VALLEY		
b Name of plan sponsor		**c** EIN-PN	93-1264722-
a Plan name	BLACK CANYON BGC		
b Name of plan sponsor		**c** EIN-PN	84-1508048-
a Plan name	BGC OF WALKER COUNTY		
b Name of plan sponsor		**c** EIN-PN	03-0476151-
a Plan name	BGC OF GREATER VERGENNES		
b Name of plan sponsor		**c** EIN-PN	03-0359691-
a Plan name	BGC OF TRANSYLVANIA COUNTY		
b Name of plan sponsor		**c** EIN-PN	56-2142829-
a Plan name	BGC OF SOUTHWEST GEORGIA		
b Name of plan sponsor		**c** EIN-PN	58-2426833-
a Plan name	BGC OF RUSK COUNTY		
b Name of plan sponsor		**c** EIN-PN	75-2730664-

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

a Plan name	BGC OF LENAWEE		
b Name of plan sponsor		**c** EIN-PN	38-3558470-
a Plan name	BGC OF GREATER CHIPPEWA VALLEY		
b Name of plan sponsor		**c** EIN-PN	39-2032491-
a Plan name	BGC OF DURHAM AND ORANGE CTY		
b Name of plan sponsor		**c** EIN-PN	56-6001906-
a Plan name	BGC OF EDEN		
b Name of plan sponsor		**c** EIN-PN	56-0711026-
a Plan name	BGC OF GREATER GASTON		
b Name of plan sponsor		**c** EIN-PN	56-1419498-
a Plan name	BGC OF WAYNE COUNTY INC NC		
b Name of plan sponsor		**c** EIN-PN	56-0706013-
a Plan name	BGC OF HENDERSON COUNTY		
b Name of plan sponsor		**c** EIN-PN	56-1803125-
a Plan name	BGC OF WAKE COUNTY		
b Name of plan sponsor		**c** EIN-PN	56-0863051-
a Plan name	BGC OF THE TAR RIVER REGION		
b Name of plan sponsor		**c** EIN-PN	56-0934910-
a Plan name	BGC OF CENTRAL CAROLINA		
b Name of plan sponsor		**c** EIN-PN	56-1923703-
a Plan name	ORANGEBURG AREA B&G CLUB		
b Name of plan sponsor		**c** EIN-PN	57-0834510-
a Plan name	BGC OF CLEVELAND CO		
b Name of plan sponsor		**c** EIN-PN	56-0858863-

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

a Plan name	BGC OF GREATER HIGH POINT		
b Name of plan sponsor		**c** EIN-PN	56-2094591-
a Plan name	BGC OF THE SANDHILLS		
b Name of plan sponsor		**c** EIN-PN	91-1877405-
a Plan name	BGC OF SOUHEGAN VALLEY		
b Name of plan sponsor		**c** EIN-PN	02-0450773-
a Plan name	BGC OF SOUTH LOGAN CO		
b Name of plan sponsor		**c** EIN-PN	71-0848678-
a Plan name	BGC OF LOWER MERRIMACK VALLEY		
b Name of plan sponsor		**c** EIN-PN	04-3474114-
a Plan name	BGC OF PORTAGE COUNTY		
b Name of plan sponsor		**c** EIN-PN	73-1630506-
a Plan name	BGC OF THE TEXAS HILL COUNTRY		
b Name of plan sponsor		**c** EIN-PN	74-2758055-
a Plan name	BGC OF BISBEE		
b Name of plan sponsor		**c** EIN-PN	86-0986317-
a Plan name	BGC OF BARRON COUNTY		
b Name of plan sponsor		**c** EIN-PN	39-2025211-
a Plan name	BGC OF BANDERA COUNTY		
b Name of plan sponsor		**c** EIN-PN	74-2728659-
a Plan name	BGC OF CHAMPION VALLEY		
b Name of plan sponsor		**c** EIN-PN	06-1674854-
a Plan name	BGC OF SPOKANE COUNTY		
b Name of plan sponsor		**c** EIN-PN	91-1983357-

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

a Plan name	BGC OF UKIAH		
b Name of plan sponsor		**c** EIN-PN	68-0340783-
a Plan name	BGC OF THURSTON COUNTY		
b Name of plan sponsor		**c** EIN-PN	91-2124629-
a Plan name	BGC OF THE HI LINE		
b Name of plan sponsor		**c** EIN-PN	81-0408011-
a Plan name	BGC OF MARSHFIELD, INC		
b Name of plan sponsor		**c** EIN-PN	04-3525938-
a Plan name	BGC OF EDEN NY		
b Name of plan sponsor		**c** EIN-PN	33-0996412-
a Plan name	BGC OF GLOUCESTER COUNTY INC		
b Name of plan sponsor		**c** EIN-PN	54-2075655-
a Plan name	BGC OF CUMBERLAND COUNTY		
b Name of plan sponsor		**c** EIN-PN	22-3604451-
a Plan name	BGC OF THE PIEDMONT		
b Name of plan sponsor		**c** EIN-PN	20-3237215-
a Plan name	VACAVILLE NEIGHBORHOOD BGC		
b Name of plan sponsor		**c** EIN-PN	13-4223488-
a Plan name	BGC OF THE MISSISSIPPI DELTA		
b Name of plan sponsor		**c** EIN-PN	45-0469376-
a Plan name	BGC OF THE DIAMOND HILLS-ALMA		
b Name of plan sponsor		**c** EIN-PN	74-3072145-
a Plan name	BGC OF WASHINGTON COUNTY TX		
b Name of plan sponsor		**c** EIN-PN	75-3071779-

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

a Plan name	BGC OF MASON VALLEY		
b Name of plan sponsor		**c** EIN-PN	88-0407331-
a Plan name	BGC OF NORTHWEST COLORADO		
b Name of plan sponsor		**c** EIN-PN	75-3124416-
a Plan name	BGC OF PHILLIPS COUNTY		
b Name of plan sponsor		**c** EIN-PN	06-1757016-
a Plan name	BGC OF MORGAN COUNTY		
b Name of plan sponsor		**c** EIN-PN	36-4541410-
a Plan name	BGC OF THE NORTHERN NECK		
b Name of plan sponsor		**c** EIN-PN	20-4887254-
a Plan name	BGC OF CHAFFEE COUNTY		
b Name of plan sponsor		**c** EIN-PN	55-0907901-
a Plan name	BGC OF SOUTH PARK		
b Name of plan sponsor		**c** EIN-PN	68-0538363-
a Plan name	BGC OF NORTH GEORGIA, INC		
b Name of plan sponsor		**c** EIN-PN	20-2957153-
a Plan name	BGC OF N CENTRAL N CAROLINA		
b Name of plan sponsor		**c** EIN-PN	56-2525793-
a Plan name	BGC OF MALIBU		
b Name of plan sponsor		**c** EIN-PN	95-4774844-
a Plan name	BGC OF KENNEBEC VALLEY		
b Name of plan sponsor		**c** EIN-PN	60-0001275-
a Plan name	BGC OF THE ALBEMARLE		
b Name of plan sponsor		**c** EIN-PN	61-1546080-

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

a Plan name	BGC OF JACKSON COUNTY GA		
b Name of plan sponsor		**c** EIN-PN	26-1889825-
a Plan name	BGC OF CHESTER		
b Name of plan sponsor		**c** EIN-PN	23-1490049-
a Plan name	BGC OF MOULTRIE/COLQUITT CTY		
b Name of plan sponsor		**c** EIN-PN	26-3586811-
a Plan name	BGC OF THE BLUE RIDGE, INC		
b Name of plan sponsor		**c** EIN-PN	26-3166453-
a Plan name	BGC OF LAKE EUFAULA		
b Name of plan sponsor		**c** EIN-PN	26-4093561-
a Plan name	BGC OF FREMONT COUNTY INC		
b Name of plan sponsor		**c** EIN-PN	27-1610981-
a Plan name	BGC OF NORTH CENTRAL GEORGIA		
b Name of plan sponsor		**c** EIN-PN	27-1029072-
a Plan name	BGC OF DOUGLAS		
b Name of plan sponsor		**c** EIN-PN	27-0716777-
a Plan name	BGC OF MILFORD		
b Name of plan sponsor		**c** EIN-PN	27-0786009-
a Plan name	BGC OF FREEPORT/STEPHENSON CO		
b Name of plan sponsor		**c** EIN-PN	35-2313105-
a Plan name	BGC OF THE GRAND STRAND		
b Name of plan sponsor		**c** EIN-PN	57-1051611-
a Plan name	BGC OF CENTRAL COAST		
b Name of plan sponsor		**c** EIN-PN	95-2468116-

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

a Plan name	BGC OF HARRISON-CRAWFORD CNTY		
b Name of plan sponsor		**c** EIN-PN	35-1983078-
a Plan name	BGC OF ROSEBUD		
b Name of plan sponsor		**c** EIN-PN	46-0453641-
a Plan name	BGC OF HARLEM		
b Name of plan sponsor		**c** EIN-PN	13-3102951-
a Plan name	BURKBURNETT BGC		
b Name of plan sponsor		**c** EIN-PN	75-1478734-
a Plan name	BOYS & GIRLS CLUBS IN NJ, INC		
b Name of plan sponsor		**c** EIN-PN	27-0185288-
a Plan name	BGC OF WINNEMUCCA		
b Name of plan sponsor		**c** EIN-PN	47-1394471-
a Plan name	BGC OF WESTMINSTER, INC		
b Name of plan sponsor		**c** EIN-PN	27-4271480-
a Plan name	BGC OF RED RIVER VALLEY OK		
b Name of plan sponsor		**c** EIN-PN	27-2922456-
a Plan name	BGC OF MCGEHEE AR		
b Name of plan sponsor		**c** EIN-PN	71-0813343-
a Plan name	BGC OF THE GULF COAST		
b Name of plan sponsor		**c** EIN-PN	64-0539145-
a Plan name	BGC OF LAWRENCE COUNTY		
b Name of plan sponsor		**c** EIN-PN	30-0759844-
a Plan name	WOODLAND BGC		
b Name of plan sponsor		**c** EIN-PN	39-1423945-

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

a Plan name	BGC OF LEWIS COUNTY		
b Name of plan sponsor		**c** EIN-PN	26-3482643-
a Plan name	BGC OF CENTRAL ORANGE COAST		
b Name of plan sponsor		**c** EIN-PN	95-1893417-
a Plan name	BGC OF ADAIR COUNTY SCHOOLS		
b Name of plan sponsor		**c** EIN-PN	90-0632014-
a Plan name	BGC OF ST. CHARLES COUNTY		
b Name of plan sponsor		**c** EIN-PN	43-0714369-
a Plan name	BGC OF BULLOCH COUNTY INC		
b Name of plan sponsor		**c** EIN-PN	58-2606951-
a Plan name	BGC OF AUSTIN COUNTY		
b Name of plan sponsor		**c** EIN-PN	76-0640686-
a Plan name	BGC OF FLAGSTAFF		
b Name of plan sponsor		**c** EIN-PN	43-3083785-
a Plan name	BGC OF ELKO		
b Name of plan sponsor		**c** EIN-PN	86-0858401-
a Plan name	BGC OF GALLUP		
b Name of plan sponsor		**c** EIN-PN	81-1650341-
a Plan name	BGC OF GREATER WEST PLAINS		
b Name of plan sponsor		**c** EIN-PN	27-4455082-
a Plan name	BGC OF THE RED RIVER VALLEY		
b Name of plan sponsor		**c** EIN-PN	75-0800621-
a Plan name	BGC OF THE SAN LUIS VALLEY		
b Name of plan sponsor		**c** EIN-PN	84-1215393-

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

a Plan name	BGC IN INDIANA, INC		
b Name of plan sponsor		**c** EIN-PN	81-4118364-
a Plan name	BGC OF THE LEECH LAKE AREA		
b Name of plan sponsor		**c** EIN-PN	41-1929446-
a Plan name	BGC OF AMERICAN SAMOA		
b Name of plan sponsor		**c** EIN-PN	66-0759053-
a Plan name	BGC OF OTTAWA COUNTY		
b Name of plan sponsor		**c** EIN-PN	73-1352753-
a Plan name	BGC OF LIVINGSTON COUNTY		
b Name of plan sponsor		**c** EIN-PN	37-0975574-
a Plan name	BGC OF THE TRI COUNTY AREA		
b Name of plan sponsor		**c** EIN-PN	82-0721270-
a Plan name	BGC OF TIPTON COUNTY		
b Name of plan sponsor		**c** EIN-PN	35-1871264-
a Plan name	BGC OF GREATER LACROSSE INC		
b Name of plan sponsor		**c** EIN-PN	39-6084791-
a Plan name	BGC OF JACKSONVILLE		
b Name of plan sponsor		**c** EIN-PN	27-2480374-
a Plan name	BGC OF SWEETWATER COUNTY		
b Name of plan sponsor		**c** EIN-PN	27-3565963-
a Plan name	BGC OF METRO SOUTH, INC		
b Name of plan sponsor		**c** EIN-PN	22-2963214-
a Plan name	BGC OF CUMBERLAND COUNTY,INC		
b Name of plan sponsor		**c** EIN-PN	56-0896317-

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

a Plan name	BGC OF GREATER TARRANT COUNTY		
b Name of plan sponsor		**c** EIN-PN	75-0808785-
a Plan name	BGC OF GLASGOW-BARREN COUNTY		
b Name of plan sponsor		**c** EIN-PN	45-4693954-
a Plan name	BGC OF WASHINGTON CO 91139		
b Name of plan sponsor		**c** EIN-PN	45-3445754-
a Plan name	JOHN W HEREFORD BGC		
b Name of plan sponsor		**c** EIN-PN	55-0439995-
a Plan name	BGC OF HIGHLANDS COUNTY		
b Name of plan sponsor		**c** EIN-PN	59-3468588-
a Plan name	BGC OF ST. JOSEPH COUNTY		
b Name of plan sponsor		**c** EIN-PN	35-1329625-
a Plan name	LODI BGC		
b Name of plan sponsor		**c** EIN-PN	94-1570121-
a Plan name	BGC OF CENTRAL AZ-PRESCOTT		
b Name of plan sponsor		**c** EIN-PN	86-0964489-
a Plan name	BGC OF KOOTENAI COUNTY		
b Name of plan sponsor		**c** EIN-PN	84-1635505-
a Plan name	FLORIDA ALLIANCE OF BGC, INC		
b Name of plan sponsor		**c** EIN-PN	65-0839955-
a Plan name	BGC OF SEQUOYAH COUNTY		
b Name of plan sponsor		**c** EIN-PN	73-1128670-
a Plan name	BGC OF ST.THOMAS/ST.JOHN,INC		
b Name of plan sponsor		**c** EIN-PN	66-0902531-

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

a Plan name	BGC OF CAMPBELL COUNTY		
b Name of plan sponsor		**c** EIN-PN	86-1006303-
a Plan name	BGC OF HILL COUNTY INC		
b Name of plan sponsor		**c** EIN-PN	74-2801002-
a Plan name	BGC OF GREATER KANSAS CITY		
b Name of plan sponsor		**c** EIN-PN	43-6072065-
a Plan name	OSCAR CROSS BGC OF PADUCAH KY		
b Name of plan sponsor		**c** EIN-PN	61-1001392-
a Plan name	SANTA FE BGC INC		
b Name of plan sponsor		**c** EIN-PN	85-0102948-
a Plan name	BGC OF SHELBY COUNTY IN		
b Name of plan sponsor		**c** EIN-PN	35-0957039-
a Plan name	BGC OF APPALACHIA		
b Name of plan sponsor		**c** EIN-PN	31-1793599-
a Plan name	BGC OF THE BAY & LAKES REGION		
b Name of plan sponsor		**c** EIN-PN	39-6102943-
a Plan name	BGC OF THE HATCHIE RIVER REG		
b Name of plan sponsor		**c** EIN-PN	27-3459151-
a Plan name	BGC OF METRO ATLANTA		
b Name of plan sponsor		**c** EIN-PN	58-0566123-
a Plan name	BGC OF WESTERN LANE COUNTY		
b Name of plan sponsor		**c** EIN-PN	93-1236854-
a Plan name	BGC OF PROVIDENCE		
b Name of plan sponsor		**c** EIN-PN	05-0258929-

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

a Plan name	BGC OF NORTHERN CHAUTAUQUA CTY		
b Name of plan sponsor		**c** EIN-PN	16-1532389-
a Plan name	WEST VALLEY BGC INC		
b Name of plan sponsor		**c** EIN-PN	95-4419365-
a Plan name	BGC OF ORCHARD PARK		
b Name of plan sponsor		**c** EIN-PN	16-1094894-
a Plan name	BGC OF THE KEYS AREA		
b Name of plan sponsor		**c** EIN-PN	65-0678071-
a Plan name	BGC OF GENERATIONAL EMPOWERMEN		
b Name of plan sponsor		**c** EIN-PN	92-0412893-
a Plan name	BGC OF SAN LEANDRO		
b Name of plan sponsor		**c** EIN-PN	94-6003774-
a Plan name	BGC OF SOUTHEAST MISSOURI		
b Name of plan sponsor		**c** EIN-PN	43-0817669-
a Plan name	BGC OF BLOOMINGTON -IN		
b Name of plan sponsor		**c** EIN-PN	35-0997525-
a Plan name	BGC OF INDIANAPOLIS		
b Name of plan sponsor		**c** EIN-PN	35-0888754-
a Plan name	BGC OF MERCER CO FOUNDATIONINC		
b Name of plan sponsor		**c** EIN-PN	47-5552013-
a Plan name	BGC OF THE FOX VALLEY		
b Name of plan sponsor		**c** EIN-PN	39-1225709-
a Plan name	BGC OF BRATTLEBORO		
b Name of plan sponsor		**c** EIN-PN	03-0309528-

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

a Plan name	BGC OF POCATELLO	
b Name of plan sponsor		**c** EIN-PN 93-3139568-
a Plan name	BGC OF MONTGOMERY COUNTY	
b Name of plan sponsor		**c** EIN-PN 35-6007302-
a Plan name	BGC OF COOKE CO	
b Name of plan sponsor		**c** EIN-PN 75-2255185-
a Plan name	BGC OF RUTHERFORD COUNTY INC	
b Name of plan sponsor		**c** EIN-PN 99-4362883-
a Plan name	BGC OF THE CHARLOTTE REGION	
b Name of plan sponsor		**c** EIN-PN 33-4836658-
a Plan name		
b Name of plan sponsor		**c** EIN-PN
a Plan name		
b Name of plan sponsor		**c** EIN-PN
a Plan name		
b Name of plan sponsor		**c** EIN-PN
a Plan name		
b Name of plan sponsor		**c** EIN-PN
a Plan name		
b Name of plan sponsor		**c** EIN-PN
a Plan name		
b Name of plan sponsor		**c** EIN-PN
a Plan name		
b Name of plan sponsor		**c** EIN-PN
a Plan name		
b Name of plan sponsor		**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
BOYS & GIRLS CLUB WORKERS ASSOCIATION

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOYS & GIRLS CLUBS OF AMERICA

D Employer Identification Number (EIN)
13-6176007

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	1
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2209217	2327413
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1172207	238169
(2) U.S. Government securities	1c(2)	0	1116610
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	366657
(B) All other	1c(3)(B)	0	1135137
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	5933671	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5156181	6612388
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		231133

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	14471276	12027508
Liabilities			
1g Benefit claims payable	1g	3225702	3167946
1h Operating payables	1h	727667	1670958
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	58693	102056
1k Total liabilities (add all amounts in lines 1g through1j)	1k	4012062	4940960
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	10459214	7086548

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)	32215483	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		32215483
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	56445	
(B) U.S. Government securities	2b(1)(B)	4865	
(C) Corporate debt instruments	2b(1)(C)	7351	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	5323	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		73984
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	51963	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	245239	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		297202
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	7397702	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6190529	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1207173
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-1697086	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-1697086

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1446253
c Other income	2c		28800
d Total income. Add all **income** amounts in column (b) and enter total	2d		33571809
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	30341342	
(2) To insurance carriers for the provision of benefits	2e(2)	4544098	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		34885440
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1805996	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	22500	
(5) Investment advisory and investment management fees	2i(5)	41509	
(6) Bank or trust company trustee/custodial fees	2i(6)	22847	
(7) Actuarial fees	2i(7)	25658	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	140525	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2059035
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		36944475
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-3372666
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: DEAN DORTON ALLEN FORD, PLLC **(2)** EIN: 27-3858252

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
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**			
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**			
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**			
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**			
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**			
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**			
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**			
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**			

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

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

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

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

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

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

Financial Statements and Supplemental Schedules

for

BOYS & GIRLS CLUB WORKERS ASSOCIATION

As of December 31, 2025 and 2024 and
for the Year Ended December 31, 2025
with Independent Auditor's Report

DEANDORTON

CONTENTS

Pages

Independent Auditor's Report.....1 - 3

Financial Statements:
- Statements of Benefit Obligations and Net Assets Available for Benefits.....4
- Statement of Changes in Benefit Obligations and Net Assets Available for Benefits.....5

Notes to the Financial Statements.....6 - 12

Supplemental Schedules:
- Schedule H, line 4i - Schedule of Assets (Held at End of Year).....13 - 20
- Schedule H, line 4j - Schedule of Reportable Transactions.....21

DEANDORTON

Independent Auditor's Report

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

Opinion

We have audited the accompanying financial statements of Boys and Girls Club Workers Association (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in benefit obligations and net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the benefit obligations and net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its benefit obligations and net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions as of and for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements

Supplemental Schedules Required by ERISA, continued

themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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

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

Dean Dorton Allen Ford, PLLC

Lexington, Kentucky
October 15, 2026

BOYS & GIRLS CLUB WORKERS ASSOCIATION

Statements of Benefit Obligations and Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Benefit Obligations		
Medical and short-term disability claims incurred but not paid	**$ 3,167,946**	$ 3,225,702
Assets		
Cash on deposit with third-party administrator	**136,069**	795,432
Investments, at fair value	**9,564,026**	11,466,627
Receivables:		
Premiums due from member clubs	**201,586**	378,525
Pharmacy rebate	**557,564**	558,355
Reinsurance reimbursement due	**1,553,329**	1,264,989
Accrued investment income	**12,534**	4,948
Royalty payments receivable	**2,400**	2,400
Total receivables	**2,327,413**	2,209,217
Total assets	**12,027,508**	14,471,276
Liabilities		
Accounts payable for administrative expenses	**975,126**	124,851
Accounts payable to carriers	**695,832**	602,816
Unearned premiums	**102,056**	58,693
Total liabilities	**1,773,014**	786,360
Net assets available for benefits	**10,254,494**	13,684,916
Excess of net assets available for benefits over benefit obligations	**$ 7,086,548**	$ 10,459,214

See accompanying notes.

BOYS & GIRLS CLUB WORKERS ASSOCIATION

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

Year ended December 31, 2025

Net Increase in Benefit Obligations:	
Decrease in medical and short-term disability claims incurred but not reported	**$ (57,756)**
Net Increase in Net Assets Available for Benefits:	
Additions:	
Contributions from member clubs	**32,215,483**
Net appreciation in fair value of investments	**956,340**
Interest and dividends	**371,186**
Royalty income	**28,800**
Total additions	**33,571,809**
Deductions:	
Medical and short-term disability claims paid	**30,399,098**
Insurance carriers - premiums, net of provider refunds of $166,664	**4,544,098**
Administrative expenses	**2,059,035**
Total deductions	**37,002,231**
Net increase in net assets available for benefits	**(3,430,422)**
Increase in excess of net assets available for benefits over benefit obligations	**(3,372,666)**
Excess of net assets available for benefits over benefit obligations:	
Beginning of year	**10,459,214**
End of year	**$ 7,086,548**

See accompanying notes.

BOYS & GIRLS CLUB WORKERS ASSOCIATION

Notes to the Financial Statements

1. Description of the Organization and Plan

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

The Plan is facilitated by UMR, Inc. d/b/a Administrative Services Group, Inc. (the Contract Administrator). The Plan had 7,222 and 7,281 participating employees as of December 31, 2025 and 2024, respectively. The Plan is filed as a group insurance arrangement as defined in the applicable sections of Department of Labor (DOL) regulations.

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

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

(a) Comprehensive Major Medical

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

(b) Life Insurance

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

1. Description of the Organization and Plan, continued

(c) Accidental Death and Dismemberment

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

(d) Other Benefits

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

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

2. Summary of Significant Accounting Policies

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

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains or losses on investments bought and sold as well as held during the year.

Contributions

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

2. Summary of Significant Accounting Policies, continued

Refunds

Refunds due from the Plan's PBM are recorded when earned. Refunds due as of the financial statement date have been reported as a receivable, with the offset being netted against claims paid. Pharmacy rebates totaling $2,097,356 have been netted with claims paid in the accompanying statement of changes in benefit obligations and net assets available for benefits for the year ended December 31, 2025.

Benefit Obligations

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

Administrative Expenses

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

Risks and Uncertainties

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

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

Income Tax Status

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

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

2. Summary of Significant Accounting Policies, continued

Subsequent Events

The Plan's management has evaluated subsequent events for accounting and disclosure requirements through October 15, 2026, the date that the financial statements were available to be issued.

3. Fair Value Measurements

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

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

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

U.S. government and municipal securities: Fair values are based on quoted market prices of similar instruments in active or inactive markets.

Asset backed bond securities: Valued using pricing models that incorporate observable market inputs, including benchmark yields, reported trades, broker/dealer quotes, issuer spreads, benchmark securities, bids, offers, and other market-related data.

Corporate bonds: Valued using a yield curve matrix derived from quoted prices for similar asset in active markets.

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

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

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

3. Fair Value Measurements, continued

There were no changes in the methodologies used to measure fair value at December 31, 2025 and 2024.

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

	Fair Value	Level 1	Level 2	Level 3
2025				
Money market accounts	**$ 102,100**	**$ 102,100**	**$ -**	**$ -**
U.S. government securities	**1,116,611**	**-**	**1,116,611**	**-**
Asset backed bond securities	**366,657**	**-**	**366,657**	**-**
Corporate bonds	**1,263,831**	**-**	**1,263,831**	**-**
Municipal securities	**102,439**	**-**	**102,439**	**-**
Mutual funds - fixed income	**591,541**	**591,541**	**-**	**-**
Mutual funds - equities	**6,020,847**	**6,020,847**	**-**	**-**
	$ 9,564,026	**$ 6,714,488**	**$ 2,849,538**	**$ -**
2024				
Money market accounts	$ 376,775	$ 376,775	$ -	$ -
Mutual funds	5,156,181	5,156,181	-	-
Common stocks	5,933,671	5,933,671	-	-
	$ 11,466,627	$ 11,466,627	$ -	$ -

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. The Plan's management evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. During the year ended December 31, 2025, there were no significant transfers between the levels.

4. Benefit Obligations

The liability provided for unpaid claims is based on an actuarial estimate using claims experience. The amount of expected future payments reserved as of December 31, 2025 and 2024 was $3,167,946 and $3,225,702, respectively.

5. Royalty Income

Under an agreement between the Plan and a third party the Plan receives royalties from the third party for the use of its name, logo, and goodwill. The annual royalty is equal to one percent of the premium cost of the coverage or $7,000, whichever is greater. Royalty income was $28,800 for the year ended December 31, 2025.

6. Administrative Expenses

For the year ended December 31, 2025, administrative expenses of the Plan include the following:

Office administrative costs:	
Contract Administrator fees	**$ 1,805,996**
Investment expenses	**41,509**
Miscellaneous	**18,050**
Bank fees	**22,847**
Travel expenses	**72,598**
Medical state surcharge expenses	**49,877**
Professional services:	
Actuaries	**25,658**
Audit and tax return fees	**22,500**
Total administrative expenses	**$ 2,059,035**

7. Related Party and Party-in-Interest Transactions

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

The Contract Administrator is compensated for services by administrative fees based on the number of participating employees and by other fees charged periodically for services rendered. Total fees paid during the year ended December 31, 2025 are disclosed in Note 6.

The Plan's investments are managed by Fifth Third, National Association (Fifth Third Bank) and Regions Financial Corporation (Regions Bank) and as of December 31, 2025 and 2024, respectively. Regions Bank and Fifth Third Bank are trustees, as defined by the Plan, and therefore, these transactions qualify as exempt party-in-interest transactions under ERISA. Total investment expenses paid during the year ended December 31, 2025 are disclosed in Note 6.

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

8. Reconciliation of Financial Statements to Form 5500

The following reconciles net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2025 and 2024:

	2025	2024
Net assets available for benefits per the financial statements	**$10,254,494**	$13,684,916
Benefit obligations currently payable	**(3,167,946)**	(3,225,702)
Net assets per the Form 5500	**$ 7,086,548**	$10,459,214

The following reconciles medical and short-term disability claims paid for participants per the financial statements to the Form 5500 for the year ended December 31, 2025:

Medical and short-term disability claims paid per the financial statements	**$30,399,098**
Add: Benefit obligations currently payable at end of year	**3,167,946**
Less: Benefit obligations currently payable at beginning of year	**(3,225,702)**
Benefit payments directly to participants per Form 5500	**$30,341,342**

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

Boys & Girls Club Workers Association

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

December 31, 2025

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
CASH						
MONEY MARKET INVESTMENTS						
102,099	FEDERATED GOVERNMENT OBLIGATIONS PREMIER	$102,099.00	$102,099.00	$102,099.00		
	TOTAL MONEY MARKET INVESTMENTS	$102,099.00	$102,099.00	$102,099.00	0.00	0.00
BONDS						
U.S. GOVERNMENT BONDS						
70,000	UNITED STATES TREASURY BONDS 11/15/12 2.750 11/15/42	54,733.98	53,790.80	54,733.98	$943.18-	$249.93
115,000	UNITED STATES TREASURY BONDS 08/31/20 1.125 08/15/40	73,334.96	72,225.75	73,334.96	1,109.21-	488.67
110,000	UNITED STATES TREASURY BONDS 11/30/21 2.000 11/15/41	78,147.26	76,772.30	78,147.27	1,374.97-	285.64
160,000	UNITED STATES TREASURY NOTES 11/01/21 1.125 10/31/26	156,131.25	156,780.80	156,131.25	649.55	308.29
85,000	UNITED STATES TREASURY NOTES 05/02/22 2.750 04/30/27	83,937.50	84,176.35	83,937.50	238.85	400.35
165,000	UNITED STATES TREASURY NOTES 08/15/22 2.750 08/15/32	153,933.40	153,804.75	153,933.40	128.65-	1,713.89
110,000	UNITED STATES TREASURY NOTES 02/15/24 4.000 02/15/34	109,995.71	109,656.80	109,995.71	338.91-	1,661.96
100,000	UNITED STATES TREASURY NOTES 04/01/24 4.500 03/31/26	100,230.47	100,211.00	100,230.47	19.47-	1,149.73
155,000	UNITED STATES TREASURY NOTES 09/03/24 3.750 08/31/26	154,987.89	155,167.40	154,987.89	179.51	1,974.97
165,000	UNITED STATES TREASURY NOTES 08/15/19 1.625 08/15/29	153,578.91	154,024.20	153,578.91	445.29	1,012.75
	TOTAL U.S. GOVERNMENT BONDS	$1,119,011.33	$1,116,610.15	$1,119,011.34	$2,401.19-	$9,246.18
ASSET BACKED SECURITIES						

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
65,000	BMW VEHICLE LEASE TRUST 2025-1 06/10/25 4.430 06/26/28 SERIES 2025-1 CL A-3	$65,373.24	$65,561.60	$65,373.24	$188.36	$47.99
75,000	FEDERAL HOME LOAN MORTGAGE CORP. 12/01/18 VAR 10/25/28 SERIES K-085 CL A-2	75,492.19	75,366.00	75,492.19	126.19-	253.75
75,000	FEDERAL HOME LOAN BANKS 11/01/21 1.777 10/25/31 SERIES K-G06 CL A-2	66,515.60	66,038.25	66,515.60	477.35-	111.06
75,000	FEDERAL HOME LOAN BANKS 12/01/21 VAR 11/25/31 SERIES K-SG2 CL A-2	67,324.20	66,765.00	67,324.20	559.20-	130.69
67,000	FIRST NATIONAL MASTER NOTE TRUST 09/22/23 5.770 09/17/29 SERIES 2023-2 CL A	68,049.50	67,852.24	68,049.50	197.26-	171.82
25,000	FORD CREDIT FLOORPLAN MASTER 10/16/25 4.060 09/15/30 SERIES 2025-2 CL A-1	24,996.97	25,073.75	24,996.97	76.78	45.11
	TOTAL ASSET BACKED SECURITIES	$367,751.70	$366,656.84	$367,751.70	$1,094.86-	$760.42
	CORPORATE BONDS					
30,000	AT&T INC 05/28/20 3.500 06/01/41 OPT CALL 12/01/2040 @ 100.00	24,278.10	23,598.00	24,278.10	680.10-	87.50
30,000	ADOBE INC 04/04/24 4.950 04/04/34 OPT CALL 01/04/2034 @ 100.00	31,098.00	31,000.80	31,098.00	97.20-	358.88
30,000	ALLY FINANCIAL INC. 11/02/21 2.200 11/02/28 OPT CALL 09/03/2028 @ 100.00	28,029.90	28,375.50	28,029.90	345.60	108.17
10,000	ALPHABET INC. 11/06/25 5.350 11/15/45 OPT CALL 05/15/2045 @ 100.00	10,065.00	9,936.80	10,065.00	128.20-	81.74
40,000	AMAZON.COM, INC. 06/03/20 2.500 06/03/50 OPT CALL 12/03/2049 @ 100.00	25,280.40	23,907.20	25,280.40	1,373.20-	77.78

Boys & Girls Club Workers Association

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

December 31, 2025

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
30,000	AMERICAN EXPRESS COMPANY 02/16/24 5.098 02/16/28 OPT CALL 02/16/2027 @ 100.00	$30,382.50	$30,348.60	$30,382.50	$33.90-	$573.52
30,000	ELEVANCE HEALTH INC. 09/15/25 4.000 09/15/28 OPT CALL 08/15/2028 @ 100.00	29,886.90	29,954.70	29,886.90	67.80	353.33
30,000	APPLE INC. 05/11/20 2.650 05/11/50 OPT CALL 11/11/2049 @ 100.00	19,631.40	18,754.20	19,631.40	877.20-	110.42
35,000	BANK OF AMERICA CORP. 09/21/21 2.482 09/21/36 OPT CALL 09/21/2031 @ 100.00	30,565.85	30,714.60	30,565.85	148.75	241.31
40,000	BERKSHIRE HATHAWAY FINANCE CORP 01/15/21 2.500 01/15/51 OPT CALL 07/15/2050 @ 100.00	25,036.00	23,889.60	25,036.00	1,146.40-	461.11
25,000	BLACKROCK INC. 03/14/24 5.250 03/14/54 OPT CALL 09/14/2053 @ 100.00	24,914.50	23,960.25	24,914.50	954.25-	390.10
30,000	BP CAPITAL MARKETS AMERICA, INC. 11/06/18 4.234 11/06/28 OPT CALL 08/06/2028 @ 100.00	30,192.60	30,192.60	30,192.60		194.06
30,000	CHEVRON USA INC 02/26/25 4.980 04/15/35 OPT CALL 01/15/2035 @ 100.00	30,905.10	30,733.50	30,905.10	171.60-	315.40
30,000	CHUBB INA HOLDINGS LLC 08/06/25 4.900 08/15/35 OPT CALL 05/15/2035 @ 100.00	30,274.20	30,127.20	30,274.20	147.00-	592.08
30,000	CITIGROUP INC. 09/19/24 5.411 09/19/39 OPT CALL 09/19/2034 @ 100.00	30,164.10	30,189.30	30,164.10	25.20	459.93
20,000	COCA-COLA CO (THE) 05/13/24 5.300 05/13/54 OPT CALL 11/13/2053 @ 100.00	20,376.20	19,632.60	20,376.20	743.60-	141.33
15,000	DEERE & COMPANY 01/16/25 5.700 01/19/55 OPT CALL 07/19/2054 @ 100.00	16,101.75	15,503.25	16,101.75	598.50-	384.75

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
20,000	EOG RESOURCES INC. 11/21/24 5.650 12/01/54 OPT CALL 06/01/2054 @ 100.00	$20,321.40	$19,561.20	$20,321.40	$760.20-	$94.17
30,000	ENTERPRISE PRODS OPER LLC DISC 06/20/25 4.600 01/15/31 OPT CALL 12/15/2030 @ 100.00	30,409.50	30,368.70	30,409.50	40.80-	732.17
35,000	EXXON MOBIL CORP. 08/16/19 3.095 08/16/49 OPT CALL 02/16/2049 @ 100.00	24,874.15	23,902.90	24,874.15	971.25-	406.22
20,000	FLORIDA POWER & LIGHT CO. 02/21/25 5.700 03/15/55 OPT CALL 09/15/2054 @ 100.00	21,252.20	20,264.60	21,252.20	987.60-	335.67
30,000	GE HEALTHCARE TECHNOLOGIES INC. 06/09/25 4.800 01/15/31 OPT CALL 12/15/2030 @ 100.00	30,577.50	30,554.70	30,577.50	22.80-	808.00
10,000	GENERAL MOTORS FINANCIAL CO INC 01/17/17 4.350 01/17/27	10,019.90	10,020.70	10,019.90	.80	198.17
30,000	HOME DEPOT INC. 09/15/25 4.650 09/15/35 OPT CALL 06/15/2035 @ 100.00	30,106.50	29,741.70	30,106.50	364.80-	410.75
30,000	JPMORGAN CHASE & CO. 07/23/25 5.576 07/23/36 OPT CALL 07/23/2035 @ 100.00	31,224.30	31,033.50	31,224.30	190.80-	734.17
25,000	KLA CORP. 02/28/20 3.300 03/01/50 OPT CALL 09/01/2049 @ 100.00	18,269.50	17,355.00	18,269.50	914.50-	275.00
30,000	ELI LILLY & CO. 02/27/23 4.700 02/27/33 OPT CALL 11/27/2032 @ 100.00	30,687.90	30,627.60	30,687.90	60.30-	485.67
35,000	LOWES COMPANIES, INC. 10/22/20 1.700 10/15/30 OPT CALL 07/15/2030 @ 100.00	30,936.50	31,087.00	30,936.50	150.50	125.61
30,000	MARRIOTT INTERNATIONAL, INC. 08/20/25 5.250 10/15/35 OPT CALL 07/15/2035 @ 100.00	30,686.10	30,405.00	30,686.10	281.10-	332.50
25,000	MICROSOFT CORP. 06/01/20 2.525 06/01/50 OPT CALL 12/01/2049 @ 100.00	16,232.00	15,263.75	16,232.00	968.25-	52.60

Boys & Girls Club Workers Association

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

December 31, 2025

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
35,000	MORGAN STANLEY 09/16/21 2.484 09/16/36 OPT CALL 09/16/2031 @ 100.00	$30,583.00	$30,775.85	$30,583.00	$192.85	$253.58
30,000	ORACLE CORP. 09/27/24 4.200 09/27/29 OPT CALL 08/27/2029 @ 100.00	29,795.40	29,401.80	29,795.40	393.60-	329.00
30,000	PAYCHEX INC 04/10/25 5.100 04/15/30 OPT CALL 03/15/2030 @ 100.00	30,874.20	30,885.30	30,874.20	11.10	323.00
25,000	PEPSICO INC 10/09/19 2.875 10/15/49 OPT CALL 04/15/2049 @ 100.00	17,243.25	16,443.25	17,243.25	800.00-	151.74
30,000	QUALCOMM INC. 05/21/25 5.000 05/20/35 OPT CALL 02/20/2035 @ 100.00	30,704.40	30,462.90	30,704.40	241.50-	170.83
30,000	REGIONS FINANCIAL CORPORATION 08/12/21 1.800 08/12/28 OPT CALL 06/12/2028 @ 100.00	28,147.80	28,386.30	28,147.80	238.50	208.50
30,000	SHELL FINANCE US INC. 10/08/24 3.750 09/12/46	24,275.40	23,373.00	24,275.40	902.40-	340.62
30,000	STATE STREET CORP. 11/01/19 3.031 11/01/34 OPT CALL 11/01/2029 @ 100.00	28,247.70	28,300.50	28,247.70	52.80	151.55
25,000	T-MOBILE USA, INC. 09/15/22 5.200 01/15/33 OPT CALL 10/15/2032 @ 100.00	25,831.25	25,803.75	25,831.25	27.50-	599.44
25,000	TEXAS INSTRUMENTS INC. 09/15/21 2.700 09/15/51 OPT CALL 03/15/2051 @ 100.00	16,001.25	15,289.75	16,001.25	711.50-	198.75
30,000	TRUIST FINANCIAL CORP. 01/26/23 5.122 01/26/34 OPT CALL 01/26/2033 @ 100.00	30,481.50	30,566.40	30,481.50	84.90	661.59
35,000	U.S. BANCORP. 11/03/21 2.491 11/03/36 OPT CALL 11/03/2031 @ 100.00	30,295.65	30,546.95	30,295.65	251.30	140.46
25,000	VERIZON COMMUNICATIONS INC. 09/03/21 2.850 09/03/41 OPT CALL 03/03/2041 @ 100.00	18,454.50	18,018.00	18,454.50	436.50-	233.54

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
25,000	WALMART INC 09/22/21 2.650 09/22/51 OPT CALL 03/22/2051 @ 100.00	$16,389.00	$15,760.75	$16,389.00	$628.25-	$182.19
35,000	WELLS FARGO & CO. 04/25/22 4.611 04/25/53 OPT CALL 04/25/2052 @ 100.00	30,957.85	30,117.50	30,957.85	840.35-	295.87
	TOTAL CORPORATE BONDS	$1,151,062.10	$1,135,137.05	$1,151,062.10	$15,925.05-	$14,162.77
	MUNICIPAL BONDS					
50,000	CALIFORNIA ST 03/15/23 5.200 03/01/43	49,767.50	50,113.00	49,767.50	345.50	866.67
70,000	MASSACHUSETTS ST 09/12/19 2.813 09/01/43	52,069.50	52,326.40	52,069.50	256.90	656.37
	TOTAL MUNICIPAL BONDS	$101,837.00	$102,439.40	$101,837.00	$602.40	$1,523.04
	FOREIGN BONDS					
30,000	BANK OF MONTREAL 12/12/17 3.803 12/15/32 OPT CALL 12/15/2027 @ 100.00	29,513.40	29,643.90	29,513.40	130.50	50.71
15,000	ENBRIDGE INC. 04/05/24 5.950 04/05/54 OPT CALL 10/05/2053 @ 100.00 ISIN US29250NCD57	15,658.35	15,184.50	15,658.35	473.85-	213.21
25,000	PFIZER INVEST ENTE PTE LTD. 05/19/23 5.110 05/19/43 OPT CALL 11/19/2042 @ 100.00	24,690.75	24,057.50	24,690.75	633.25-	149.04
30,000	THE TORONTO-DOMINION BANK 09/15/16 VAR 09/15/31	29,793.90	29,829.30	29,793.90	35.40	320.21
30,000	WESTPAC BANKING CORP. 11/23/16 4.322 11/23/31	29,937.60	29,978.70	29,937.60	41.10	136.86
	TOTAL FOREIGN BONDS	$129,594.00	$128,693.90	$129,594.00	$900.10-	$870.03

BOND FUNDS

MUTUAL BOND FUNDS

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
51,779.682	BLACKROCK FDS I I STRG OPP INSTL	$507,489.75	$505,887.49	$507,489.75	$1,602.26-	
2,289.030	COHEN & STEERS PFD SECURITIES & INCOME FUND CLASS I	28,957.55	28,864.67	28,957.55	92.88-	
2,606.916	STONE RIDGE HIGH YIELD CL I	23,805.38	23,227.62	23,805.38	577.76-	
866.986	VIRTUS ALLIANZGI CONVERTIBLE FD	36,681.55	33,561.03	36,681.55	3,120.52-	
	TOTAL MUTUAL BOND FUNDS	$596,934.23	$591,540.81	$596,934.23	$5,393.42-	0.00
EQUITY FUNDS						
	MUTUAL EQUITY FUNDS					
2,511.851	AQR DIVERSIFIED ARBITRAGE FUND	32,357.48	32,201.93	32,357.48	155.55-	
6,033.428	BAILLIE GIFFORD EMRG MKTS K	158,590.23	160,066.84	158,590.23	1,476.61	
1,805.208	COHEN & STEERS REALTY SHARES I	121,510.68	118,511.91	121,510.68	2,998.77-	
2,943.912	CONESTOGA FDS SMALL CAP INSTL	213,594.31	198,007.52	213,594.31	15,586.79-	
10,046.672	DODGE & COX INTL STOCK FUND	166,936.01	165,368.22	166,936.01	1,567.79-	
5,468.179	FIDELITY INTERNATIONAL INDEX FUND	9,753.22	332,465.28	270,877.01	61,588.27	
1,258.469	FIDELITY EXTENDED MARKET INDEX FUND	129,304.17	126,690.07	129,304.17	2,614.10-	
16,443.334	FIDELITY 500 INDEX FD INST PREMIUM	3,849,995.70	3,908,909.36	3,849,995.70	58,913.66	
10,118.799	SEAFARER OVERSEAS GR AND INCOME INSTITUTIONAL SHARES	145,910.90	150,365.35	145,910.90	4,454.45	
2,931	ISHARES S&P GLOB INFRAS INDEX FD	180,391.05	179,846.16	180,391.05	544.89-	
2,992	ISHARES CORE MSCI EMK ETF	201,294.27	201,122.24	201,294.27	172.03-	
4,100.436	MFS INTERNATIONAL EQUITY FUND	167,780.17	166,395.69	167,780.17	1,384.48-	
2,355.043	NEUBERGER BERMAN LONG SHORT INST	47,130.71	47,312.81	47,130.71	182.10	
2,510.735	RBB FD ABBEY CP STR I	27,723.73	27,718.51	27,723.73	5.22-	

Boys & Girls Club Workers Association

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

December 31, 2025

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
4,514.592	ALLSPRING SPECIAL MID CAP VALUE FUND CLASS INSTL	$229,679.52	$205,865.40	$229,679.52	$23,814.12-	
	TOTAL MUTUAL EQUITY FUNDS	$5,681,952.15	$6,020,847.29	$5,943,075.94	$77,771.35	0.00
TOTAL INVESTMENTS		$9,250,241.51	$9,564,024.44	$9,511,365.31	$52,659.13	$26,562.44
TOTAL CASH			$1.19			
TOTAL ASSETS			$9,565,025.63			

BOYS & GIRLS CLUB WORKERS ASSOCIATION

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

Year ended December 31, 2025

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

(a)	(b)		(c)	(d)	(g)	(h)	(i)
Identity of Party	**Description of Assets**	**Number of Sales / Purchases**	**Purchase Price**	**Selling Price**	**Cost of Asset**	**Current Value of Asset on Transaction Date**	**Gain (Loss) on Sale**
Individual Transactions:							
Fidelity Investments	Fidelity Government Portfolio	1	$ 1,395,440	$ -	$ 1,395,440	$ 1,395,440	$ -
Fidelity Investments	Fidelity Government Portfolio	1	-	1,500,000	1,500,000	1,500,000	-
Fidelity Investments	Fidelity International Index Fund	1	1,613,400	-	1,613,400	1,613,400	-
Fidelity Investments	Fidelity Advisor Investment Grade Bond Z	1	-	1,120,583	1,159,650	1,120,583	(39,067)
Blackrock	Ishares Core S&P 500 ETF	1	-	1,387,767	490,161	1,387,767	897,606
Baird	Aggregate Bond Fund-IS	1	-	957,777	986,742	957,777	(28,965)
Fidelity Investments	Fidelity 500 Index Fund	1	4,237,000	-	4,237,000	4,237,000	-
Federated Hermes	Federated Government Obligations	1	-	657,379	657,379	657,379	-
Federated Hermes	Federated Government Obligations	1	704,057	-	704,057	704,057	-
Series of Transactions in Same Security:							
Fidelity Investments	Fidelity Government Portfolio	61	-	2,567,172	2,567,172	2,567,172	-
Fidelity Investments	Fidelity Government Portfolio	234	2,190,397	-	2,190,397	2,190,397	-
Fidelity Investments	Fidelity 500 Index Fund	2	4,360,706		4,360,706	4,360,706	-
Fidelity Investments	Fidelity 500 Index Fund	1	-	517,718	510,710	517,718	7,008
Fidelity Investments	Fidelity International Index Fund	1	1,613,400	-	1,613,400	1,613,400	-
Fidelity Investments	Fidelity International Index Fund	8	-	1,629,835	1,353,655	1,629,835	276,180
Federated Hermes	Federated Government Obligations	6	759,479	-	759,468	759,468	-
Federated Hermes	Federated Government Obligations	1	-	657,379	657,379	657,379	-
Series of Transactions with the same Broker:							
SEI Investments and Vritu Americas	Various	274	864,172	-	864,172	864,172	-
SEI Investments and Vritu Americas	Various	341	-	2,231,346	1,833,896	2,231,346	397,450
Mutual Funds Trading Broker	Various	37	6,663,769	-	6,663,769	6,663,769	-
Mutual Funds Trading Broker	Various	46	-	7,122,413	6,631,160	7,122,413	491,253
Cowen and Company	Various	4	200,443	-	200,443	200,443	-
Cowen and Company	Various	164	-	4,135,592	2,594,882	4,135,592	1,540,710
Wells Fargo Securities, LLC	Various	7	644,856	-	644,856	644,856	-
Wells Fargo Securities, LLC	Various	5	-	177,928	180,536	177,928	(2,608)

** All individual transactions or series of transactions which, when aggregated, exceed 5% of Plan Assets as of January 1, 2025.*

Boys & Girls Club Workers Association

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

December 31, 2025

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
CASH						
MONEY MARKET INVESTMENTS						
102,099	FEDERATED GOVERNMENT OBLIGATIONS PREMIER	$102,099.00	$102,099.00	$102,099.00		
	TOTAL MONEY MARKET INVESTMENTS	$102,099.00	$102,099.00	$102,099.00	0.00	0.00
BONDS						
U.S. GOVERNMENT BONDS						
70,000	UNITED STATES TREASURY BONDS 11/15/12 2.750 11/15/42	54,733.98	53,790.80	54,733.98	$943.18-	$249.93
115,000	UNITED STATES TREASURY BONDS 08/31/20 1.125 08/15/40	73,334.96	72,225.75	73,334.96	1,109.21-	488.67
110,000	UNITED STATES TREASURY BONDS 11/30/21 2.000 11/15/41	78,147.26	76,772.30	78,147.27	1,374.97-	285.64
160,000	UNITED STATES TREASURY NOTES 11/01/21 1.125 10/31/26	156,131.25	156,780.80	156,131.25	649.55	308.29
85,000	UNITED STATES TREASURY NOTES 05/02/22 2.750 04/30/27	83,937.50	84,176.35	83,937.50	238.85	400.35
165,000	UNITED STATES TREASURY NOTES 08/15/22 2.750 08/15/32	153,933.40	153,804.75	153,933.40	128.65-	1,713.89
110,000	UNITED STATES TREASURY NOTES 02/15/24 4.000 02/15/34	109,995.71	109,656.80	109,995.71	338.91-	1,661.96
100,000	UNITED STATES TREASURY NOTES 04/01/24 4.500 03/31/26	100,230.47	100,211.00	100,230.47	19.47-	1,149.73
155,000	UNITED STATES TREASURY NOTES 09/03/24 3.750 08/31/26	154,987.89	155,167.40	154,987.89	179.51	1,974.97
165,000	UNITED STATES TREASURY NOTES 08/15/19 1.625 08/15/29	153,578.91	154,024.20	153,578.91	445.29	1,012.75
	TOTAL U.S. GOVERNMENT BONDS	$1,119,011.33	$1,116,610.15	$1,119,011.34	$2,401.19-	$9,246.18
ASSET BACKED SECURITIES						

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
65,000	BMW VEHICLE LEASE TRUST 2025-1 06/10/25 4.430 06/26/28 SERIES 2025-1 CL A-3	$65,373.24	$65,561.60	$65,373.24	$188.36	$47.99
75,000	FEDERAL HOME LOAN MORTGAGE CORP. 12/01/18 VAR 10/25/28 SERIES K-085 CL A-2	75,492.19	75,366.00	75,492.19	126.19-	253.75
75,000	FEDERAL HOME LOAN BANKS 11/01/21 1.777 10/25/31 SERIES K-G06 CL A-2	66,515.60	66,038.25	66,515.60	477.35-	111.06
75,000	FEDERAL HOME LOAN BANKS 12/01/21 VAR 11/25/31 SERIES K-SG2 CL A-2	67,324.20	66,765.00	67,324.20	559.20-	130.69
67,000	FIRST NATIONAL MASTER NOTE TRUST 09/22/23 5.770 09/17/29 SERIES 2023-2 CL A	68,049.50	67,852.24	68,049.50	197.26-	171.82
25,000	FORD CREDIT FLOORPLAN MASTER 10/16/25 4.060 09/15/30 SERIES 2025-2 CL A-1	24,996.97	25,073.75	24,996.97	76.78	45.11
	TOTAL ASSET BACKED SECURITIES	$367,751.70	$366,656.84	$367,751.70	$1,094.86-	$760.42
	CORPORATE BONDS					
30,000	AT&T INC 05/28/20 3.500 06/01/41 OPT CALL 12/01/2040 @ 100.00	24,278.10	23,598.00	24,278.10	680.10-	87.50
30,000	ADOBE INC 04/04/24 4.950 04/04/34 OPT CALL 01/04/2034 @ 100.00	31,098.00	31,000.80	31,098.00	97.20-	358.88
30,000	ALLY FINANCIAL INC. 11/02/21 2.200 11/02/28 OPT CALL 09/03/2028 @ 100.00	28,029.90	28,375.50	28,029.90	345.60	108.17
10,000	ALPHABET INC. 11/06/25 5.350 11/15/45 OPT CALL 05/15/2045 @ 100.00	10,065.00	9,936.80	10,065.00	128.20-	81.74
40,000	AMAZON.COM, INC. 06/03/20 2.500 06/03/50 OPT CALL 12/03/2049 @ 100.00	25,280.40	23,907.20	25,280.40	1,373.20-	77.78

Boys & Girls Club Workers Association

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

December 31, 2025

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
30,000	AMERICAN EXPRESS COMPANY 02/16/24 5.098 02/16/28 OPT CALL 02/16/2027 @ 100.00	$30,382.50	$30,348.60	$30,382.50	$33.90-	$573.52
30,000	ELEVANCE HEALTH INC. 09/15/25 4.000 09/15/28 OPT CALL 08/15/2028 @ 100.00	29,886.90	29,954.70	29,886.90	67.80	353.33
30,000	APPLE INC. 05/11/20 2.650 05/11/50 OPT CALL 11/11/2049 @ 100.00	19,631.40	18,754.20	19,631.40	877.20-	110.42
35,000	BANK OF AMERICA CORP. 09/21/21 2.482 09/21/36 OPT CALL 09/21/2031 @ 100.00	30,565.85	30,714.60	30,565.85	148.75	241.31
40,000	BERKSHIRE HATHAWAY FINANCE CORP 01/15/21 2.500 01/15/51 OPT CALL 07/15/2050 @ 100.00	25,036.00	23,889.60	25,036.00	1,146.40-	461.11
25,000	BLACKROCK INC. 03/14/24 5.250 03/14/54 OPT CALL 09/14/2053 @ 100.00	24,914.50	23,960.25	24,914.50	954.25-	390.10
30,000	BP CAPITAL MARKETS AMERICA, INC. 11/06/18 4.234 11/06/28 OPT CALL 08/06/2028 @ 100.00	30,192.60	30,192.60	30,192.60		194.06
30,000	CHEVRON USA INC 02/26/25 4.980 04/15/35 OPT CALL 01/15/2035 @ 100.00	30,905.10	30,733.50	30,905.10	171.60-	315.40
30,000	CHUBB INA HOLDINGS LLC 08/06/25 4.900 08/15/35 OPT CALL 05/15/2035 @ 100.00	30,274.20	30,127.20	30,274.20	147.00-	592.08
30,000	CITIGROUP INC. 09/19/24 5.411 09/19/39 OPT CALL 09/19/2034 @ 100.00	30,164.10	30,189.30	30,164.10	25.20	459.93
20,000	COCA-COLA CO (THE) 05/13/24 5.300 05/13/54 OPT CALL 11/13/2053 @ 100.00	20,376.20	19,632.60	20,376.20	743.60-	141.33
15,000	DEERE & COMPANY 01/16/25 5.700 01/19/55 OPT CALL 07/19/2054 @ 100.00	16,101.75	15,503.25	16,101.75	598.50-	384.75

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
20,000	EOG RESOURCES INC. 11/21/24 5.650 12/01/54 OPT CALL 06/01/2054 @ 100.00	$20,321.40	$19,561.20	$20,321.40	$760.20-	$94.17
30,000	ENTERPRISE PRODS OPER LLC DISC 06/20/25 4.600 01/15/31 OPT CALL 12/15/2030 @ 100.00	30,409.50	30,368.70	30,409.50	40.80-	732.17
35,000	EXXON MOBIL CORP. 08/16/19 3.095 08/16/49 OPT CALL 02/16/2049 @ 100.00	24,874.15	23,902.90	24,874.15	971.25-	406.22
20,000	FLORIDA POWER & LIGHT CO. 02/21/25 5.700 03/15/55 OPT CALL 09/15/2054 @ 100.00	21,252.20	20,264.60	21,252.20	987.60-	335.67
30,000	GE HEALTHCARE TECHNOLOGIES INC. 06/09/25 4.800 01/15/31 OPT CALL 12/15/2030 @ 100.00	30,577.50	30,554.70	30,577.50	22.80-	808.00
10,000	GENERAL MOTORS FINANCIAL CO INC 01/17/17 4.350 01/17/27	10,019.90	10,020.70	10,019.90	.80	198.17
30,000	HOME DEPOT INC. 09/15/25 4.650 09/15/35 OPT CALL 06/15/2035 @ 100.00	30,106.50	29,741.70	30,106.50	364.80-	410.75
30,000	JPMORGAN CHASE & CO. 07/23/25 5.576 07/23/36 OPT CALL 07/23/2035 @ 100.00	31,224.30	31,033.50	31,224.30	190.80-	734.17
25,000	KLA CORP. 02/28/20 3.300 03/01/50 OPT CALL 09/01/2049 @ 100.00	18,269.50	17,355.00	18,269.50	914.50-	275.00
30,000	ELI LILLY & CO. 02/27/23 4.700 02/27/33 OPT CALL 11/27/2032 @ 100.00	30,687.90	30,627.60	30,687.90	60.30-	485.67
35,000	LOWES COMPANIES, INC. 10/22/20 1.700 10/15/30 OPT CALL 07/15/2030 @ 100.00	30,936.50	31,087.00	30,936.50	150.50	125.61
30,000	MARRIOTT INTERNATIONAL, INC. 08/20/25 5.250 10/15/35 OPT CALL 07/15/2035 @ 100.00	30,686.10	30,405.00	30,686.10	281.10-	332.50
25,000	MICROSOFT CORP. 06/01/20 2.525 06/01/50 OPT CALL 12/01/2049 @ 100.00	16,232.00	15,263.75	16,232.00	968.25-	52.60

Boys & Girls Club Workers Association

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

December 31, 2025

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
35,000	MORGAN STANLEY 09/16/21 2.484 09/16/36 OPT CALL 09/16/2031 @ 100.00	$30,583.00	$30,775.85	$30,583.00	$192.85	$253.58
30,000	ORACLE CORP. 09/27/24 4.200 09/27/29 OPT CALL 08/27/2029 @ 100.00	29,795.40	29,401.80	29,795.40	393.60-	329.00
30,000	PAYCHEX INC 04/10/25 5.100 04/15/30 OPT CALL 03/15/2030 @ 100.00	30,874.20	30,885.30	30,874.20	11.10	323.00
25,000	PEPSICO INC 10/09/19 2.875 10/15/49 OPT CALL 04/15/2049 @ 100.00	17,243.25	16,443.25	17,243.25	800.00-	151.74
30,000	QUALCOMM INC. 05/21/25 5.000 05/20/35 OPT CALL 02/20/2035 @ 100.00	30,704.40	30,462.90	30,704.40	241.50-	170.83
30,000	REGIONS FINANCIAL CORPORATION 08/12/21 1.800 08/12/28 OPT CALL 06/12/2028 @ 100.00	28,147.80	28,386.30	28,147.80	238.50	208.50
30,000	SHELL FINANCE US INC. 10/08/24 3.750 09/12/46	24,275.40	23,373.00	24,275.40	902.40-	340.62
30,000	STATE STREET CORP. 11/01/19 3.031 11/01/34 OPT CALL 11/01/2029 @ 100.00	28,247.70	28,300.50	28,247.70	52.80	151.55
25,000	T-MOBILE USA, INC. 09/15/22 5.200 01/15/33 OPT CALL 10/15/2032 @ 100.00	25,831.25	25,803.75	25,831.25	27.50-	599.44
25,000	TEXAS INSTRUMENTS INC. 09/15/21 2.700 09/15/51 OPT CALL 03/15/2051 @ 100.00	16,001.25	15,289.75	16,001.25	711.50-	198.75
30,000	TRUIST FINANCIAL CORP. 01/26/23 5.122 01/26/34 OPT CALL 01/26/2033 @ 100.00	30,481.50	30,566.40	30,481.50	84.90	661.59
35,000	U.S. BANCORP. 11/03/21 2.491 11/03/36 OPT CALL 11/03/2031 @ 100.00	30,295.65	30,546.95	30,295.65	251.30	140.46
25,000	VERIZON COMMUNICATIONS INC. 09/03/21 2.850 09/03/41 OPT CALL 03/03/2041 @ 100.00	18,454.50	18,018.00	18,454.50	436.50-	233.54

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
25,000	WALMART INC 09/22/21 2.650 09/22/51 OPT CALL 03/22/2051 @ 100.00	$16,389.00	$15,760.75	$16,389.00	$628.25-	$182.19
35,000	WELLS FARGO & CO. 04/25/22 4.611 04/25/53 OPT CALL 04/25/2052 @ 100.00	30,957.85	30,117.50	30,957.85	840.35-	295.87
	TOTAL CORPORATE BONDS	$1,151,062.10	$1,135,137.05	$1,151,062.10	$15,925.05-	$14,162.77
	MUNICIPAL BONDS					
50,000	CALIFORNIA ST 03/15/23 5.200 03/01/43	49,767.50	50,113.00	49,767.50	345.50	866.67
70,000	MASSACHUSETTS ST 09/12/19 2.813 09/01/43	52,069.50	52,326.40	52,069.50	256.90	656.37
	TOTAL MUNICIPAL BONDS	$101,837.00	$102,439.40	$101,837.00	$602.40	$1,523.04
	FOREIGN BONDS					
30,000	BANK OF MONTREAL 12/12/17 3.803 12/15/32 OPT CALL 12/15/2027 @ 100.00	29,513.40	29,643.90	29,513.40	130.50	50.71
15,000	ENBRIDGE INC. 04/05/24 5.950 04/05/54 OPT CALL 10/05/2053 @ 100.00 ISIN US29250NCD57	15,658.35	15,184.50	15,658.35	473.85-	213.21
25,000	PFIZER INVEST ENTE PTE LTD. 05/19/23 5.110 05/19/43 OPT CALL 11/19/2042 @ 100.00	24,690.75	24,057.50	24,690.75	633.25-	149.04
30,000	THE TORONTO-DOMINION BANK 09/15/16 VAR 09/15/31	29,793.90	29,829.30	29,793.90	35.40	320.21
30,000	WESTPAC BANKING CORP. 11/23/16 4.322 11/23/31	29,937.60	29,978.70	29,937.60	41.10	136.86
	TOTAL FOREIGN BONDS	$129,594.00	$128,693.90	$129,594.00	$900.10-	$870.03

BOND FUNDS

MUTUAL BOND FUNDS

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
51,779.682	BLACKROCK FDS I I STRG OPP INSTL	$507,489.75	$505,887.49	$507,489.75	$1,602.26-	
2,289.030	COHEN & STEERS PFD SECURITIES & INCOME FUND CLASS I	28,957.55	28,864.67	28,957.55	92.88-	
2,606.916	STONE RIDGE HIGH YIELD CL I	23,805.38	23,227.62	23,805.38	577.76-	
866.986	VIRTUS ALLIANZGI CONVERTIBLE FD	36,681.55	33,561.03	36,681.55	3,120.52-	
	TOTAL MUTUAL BOND FUNDS	$596,934.23	$591,540.81	$596,934.23	$5,393.42-	0.00
EQUITY FUNDS						
	MUTUAL EQUITY FUNDS					
2,511.851	AQR DIVERSIFIED ARBITRAGE FUND	32,357.48	32,201.93	32,357.48	155.55-	
6,033.428	BAILLIE GIFFORD EMRG MKTS K	158,590.23	160,066.84	158,590.23	1,476.61	
1,805.208	COHEN & STEERS REALTY SHARES I	121,510.68	118,511.91	121,510.68	2,998.77-	
2,943.912	CONESTOGA FDS SMALL CAP INSTL	213,594.31	198,007.52	213,594.31	15,586.79-	
10,046.672	DODGE & COX INTL STOCK FUND	166,936.01	165,368.22	166,936.01	1,567.79-	
5,468.179	FIDELITY INTERNATIONAL INDEX FUND	9,753.22	332,465.28	270,877.01	61,588.27	
1,258.469	FIDELITY EXTENDED MARKET INDEX FUND	129,304.17	126,690.07	129,304.17	2,614.10-	
16,443.334	FIDELITY 500 INDEX FD INST PREMIUM	3,849,995.70	3,908,909.36	3,849,995.70	58,913.66	
10,118.799	SEAFARER OVERSEAS GR AND INCOME INSTITUTIONAL SHARES	145,910.90	150,365.35	145,910.90	4,454.45	
2,931	ISHARES S&P GLOB INFRAS INDEX FD	180,391.05	179,846.16	180,391.05	544.89-	
2,992	ISHARES CORE MSCI EMK ETF	201,294.27	201,122.24	201,294.27	172.03-	
4,100.436	MFS INTERNATIONAL EQUITY FUND	167,780.17	166,395.69	167,780.17	1,384.48-	
2,355.043	NEUBERGER BERMAN LONG SHORT INST	47,130.71	47,312.81	47,130.71	182.10	
2,510.735	RBB FD ABBEY CP STR I	27,723.73	27,718.51	27,723.73	5.22-	

Boys & Girls Club Workers Association

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

December 31, 2025

SHARES/ PAR VALUE	SECURITY	HISTORICAL COST BASIS	MARKET VALUE	ERISA COST BASIS	UNREALIZED GAIN/LOSS	ACCRUED INCOME
4,514.592	ALLSPRING SPECIAL MID CAP VALUE FUND CLASS INSTL	$229,679.52	$205,865.40	$229,679.52	$23,814.12-	
	TOTAL MUTUAL EQUITY FUNDS	$5,681,952.15	$6,020,847.29	$5,943,075.94	$77,771.35	0.00
TOTAL INVESTMENTS		$9,250,241.51	$9,564,024.44	$9,511,365.31	$52,659.13	$26,562.44
TOTAL CASH			$1.19			
TOTAL ASSETS			$9,565,025.63			

Filing Authorization
For the 2025 Form 5500

Name of Plan: BOYS & GIRLS CLUB WORKERS ASSOCIATION

EIN / PN: 13-6176007 / 501

Plan Year Ending: DECEMBER 31, 2025 Client ID: 11828.0

PART I Authorization of Practitioner to Electronically Sign and File

I hereby authorize Dean Dorton Allen Ford, PLLC ("DDAF") to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

- I/we must manually sign and date page 1 of the Form 5500 and provide a copy of that signature to DDAF before the electronic filing can be initiated;
- DDAF will retain a copy of this written authorization in its records;
- DDAF will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and
- A copy of my signature, as it appears on page 1 of the form 5500, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- DDAF shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator: Stephanie Cooley Date: 10/14/2026

Employer/Plan Sponsor: _____ Date: _____
(if not the Plan Administrator)

PART II Acknowledgement of Receipt of Authorization

On behalf of DDAF, I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from unauthorized disclosure.

For DDAF: _____ Date: _____
(signature and title)

The designated service provider must retain this authorization.
Do not submit this form to the DOL unless requested to do so.

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.)
☐ a single-employer plan ☒ a DFE (specify) G

B This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)

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

D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description)

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
BOYS & GIRLS CLUB WORKERS ASSOCIATION

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 02/02/1927

2a Plan sponsor's name (employer, if for a single-employer plan)
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)
BOYS & GIRLS CLUBS OF AMERICA

230 LEXINGTON GREEN CIRCLE, STE 400

LEXINGTON KY 40503

2b Employer Identification Number (EIN) 13-6176007

2c Plan Sponsor's telephone number 8592261765

2d Business code (see instructions) 813000

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

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

SIGN HERE	Stephanie Cooley	10/14/2026	STEPHANIE E. COOLEY
	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**	7,281
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)**	7,281
a (2) Total number of active participants at the end of the plan year	**6a(2)**	7,222
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	7,222
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	
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)**	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9b Plan benefit arrangement (check all that apply)
- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (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) [ ] **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.) ..... [X] 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.) ... [X] 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 000179344124

Dean Dorton E-signature Request

Final Audit Report October 14, 2026

Created:	October 14, 2026
By:	Dean Dorton Allen Ford, PLLC(AFrench@DeanDorton.com)
Status:	ESigned
Transaction ID:	57EFW2J7JGAMC5VU8U4U3NAHXR
Documents:	Efile authorizations - BGC.pdf

"Dean Dorton E-signature Request" History

Document emailed to Stephanie Cooley(stephanie.cooley@uhc.com) for signature
10/14/2026 09:51:25 AM Eastern Daylight Time

Document viewed by Stephanie Cooley(stephanie.cooley@uhc.com)
10/14/2026 19:34:35 PM Eastern Daylight Time - IP address: 107.11.216.175

Document e-signed by Stephanie Cooley(stephanie.cooley@uhc.com)
Signature Date: 10/14/2026 19:35:07 PM Eastern Daylight Time - IP address: 107.11.216.175

Document Signed
10/14/2026 19:35:07 PM Eastern Daylight Time

BOYS & GIRLS CLUB WORKERS ASSOCIATION

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

Year ended December 31, 2025

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

(a)	(b)		(c)	(d)	(g)	(h)	(i)
Identity of Party	**Description of Assets**	**Number of Sales / Purchases**	**Purchase Price**	**Selling Price**	**Cost of Asset**	**Current Value of Asset on Transaction Date**	**Gain (Loss) on Sale**
Individual Transactions:							
Fidelity Investments	Fidelity Government Portfolio	1	$ 1,395,440	$ -	$ 1,395,440	$ 1,395,440	$ -
Fidelity Investments	Fidelity Government Portfolio	1	-	1,500,000	1,500,000	1,500,000	-
Fidelity Investments	Fidelity International Index Fund	1	1,613,400	-	1,613,400	1,613,400	-
Fidelity Investments	Fidelity Advisor Investment Grade Bond Z	1	-	1,120,583	1,159,650	1,120,583	(39,067)
Blackrock	Ishares Core S&P 500 ETF	1	-	1,387,767	490,161	1,387,767	897,606
Baird	Aggregate Bond Fund-IS	1	-	957,777	986,742	957,777	(28,965)
Fidelity Investments	Fidelity 500 Index Fund	1	4,237,000	-	4,237,000	4,237,000	-
Federated Hermes	Federated Government Obligations	1	-	657,379	657,379	657,379	-
Federated Hermes	Federated Government Obligations	1	704,057	-	704,057	704,057	-
Series of Transactions in Same Security:							
Fidelity Investments	Fidelity Government Portfolio	61	-	2,567,172	2,567,172	2,567,172	-
Fidelity Investments	Fidelity Government Portfolio	234	2,190,397	-	2,190,397	2,190,397	-
Fidelity Investments	Fidelity 500 Index Fund	2	4,360,706		4,360,706	4,360,706	-
Fidelity Investments	Fidelity 500 Index Fund	1	-	517,718	510,710	517,718	7,008
Fidelity Investments	Fidelity International Index Fund	1	1,613,400	-	1,613,400	1,613,400	-
Fidelity Investments	Fidelity International Index Fund	8	-	1,629,835	1,353,655	1,629,835	276,180
Federated Hermes	Federated Government Obligations	6	759,479	-	759,468	759,468	-
Federated Hermes	Federated Government Obligations	1	-	657,379	657,379	657,379	-
Series of Transactions with the same Broker:							
SEI Investments and Vritu Americas	Various	274	864,172	-	864,172	864,172	-
SEI Investments and Vritu Americas	Various	341	-	2,231,346	1,833,896	2,231,346	397,450
Mutual Funds Trading Broker	Various	37	6,663,769	-	6,663,769	6,663,769	-
Mutual Funds Trading Broker	Various	46	-	7,122,413	6,631,160	7,122,413	491,253
Cowen and Company	Various	4	200,443	-	200,443	200,443	-
Cowen and Company	Various	164	-	4,135,592	2,594,882	4,135,592	1,540,710
Wells Fargo Securities, LLC	Various	7	644,856	-	644,856	644,856	-
Wells Fargo Securities, LLC	Various	5	-	177,928	180,536	177,928	(2,608)

** All individual transactions or series of transactions which, when aggregated, exceed 5% of Plan Assets as of January 1, 2025.*