

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>ALLIED GOVERNMENT SOLUTIONS, INC. RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/2013</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>27-4329708</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>603-590-9993</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>541600</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>06/01/2013</u>		2b Employer Identification Number (EIN) <u>27-4329708</u>		2c Plan Sponsor's telephone number <u>603-590-9993</u>		2d Business code (see instructions) <u>541600</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>06/01/2013</u>											
2b Employer Identification Number (EIN) <u>27-4329708</u>											
2c Plan Sponsor's telephone number <u>603-590-9993</u>											
2d Business code (see instructions) <u>541600</u>											
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) <u>ALLIED GOVERNMENT SOLUTIONS, INC.</u> <u>PO BOX 1275</u> <u>DOVER, NH 03821</u>											

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.	11/04/2022	ROY ABOODY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	11/04/2022	ROY ABOODY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ 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	180
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)	68
a(2) Total number of active participants at the end of the plan year		6a(2)	87
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	82
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	169
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	169
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	120
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2T 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
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		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan ALLIED GOVERNMENT SOLUTIONS, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIED GOVERNMENT SOLUTIONS, INC.	D Employer Identification Number (EIN) 27-4329708

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

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	808834-000	120	01/01/2021	12/31/2021

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	1042

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
COMPASS RETIREMENT CONSULTING GROUP 118 PORTSMOUTH AVENUE SUITE D201
STRATHAM, NH 03885

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1042		5

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	2065557

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	0
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	128460
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c	Additions: (1) Contributions deposited during the year	7c(1)	32735	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	1115	
	(4) Transferred from separate account.....	7c(4)	12464	
	(5) Other (specify below)	7c(5)	10533	

▶ **EBA CREDITS, LOAN INTEREST AND PRINCIPAL**

(6) Total additions	7c(6)	56847
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	185307
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e Deductions:

	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	10374	
	(2) Administration charge made by carrier.....	7e(2)	710	
	(3) Transferred to separate account.....	7e(3)	0	
	(4) Other (specify below)	7e(4)	10704	

▶ **FEES**

(5) Total deductions	7e(5)	21788
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	163519
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
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	
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 ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan ALLIED GOVERNMENT SOLUTIONS, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIED GOVERNMENT SOLUTIONS, INC.	D Employer Identification Number (EIN) 27-4329708	

Part I	Service Provider Information (see instructions)
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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
TRANSAMERICA LIFE INSURANCE COMPANY
39-0989781

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

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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)

EDWARD D JONES & COMPANY

43-0345811

(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?
27	INVESTMENT ADVISORY-PLAN	10223	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	2263	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

COMPASS RETIREMENT CONSULTING GROUP

20-4795685

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64	RECORDKEEPER	150	Yes ☒ No ☐	Yes ☒ No ☐	92	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)

MESIROW FINANCIAL, INC.

36-3194849

(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?
27	INVESTMENT ADVISORY-PLAN	419	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 ☐

(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
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(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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>ALLIED GOVERNMENT SOLUTIONS, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>001</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ALLIED GOVERNMENT SOLUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>27-4329708</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALGER CAPITAL APPRECIATION RET OPT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-0989781-132</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>44146</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CENTURY DISCIPLINED GROWTH</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-0989781-570</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>44424</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS WASHINGTON MUTUAL IN</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-0989781-235</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>34829</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DFA U.S. TARGETED VALUE PORTFOLIO R</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-0989781-527</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10130</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JANUS HENDERSON TRITON RET OPT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-0989781-583</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17851</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMORGAN CORE BOND RET OPT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-0989781-292</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>174628</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMORGAN U.S. EQUITY RET OPT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-0989781-297</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36305</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN U.S. SMALL COMPANY RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-774	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8878
a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT TOTAL RETURN RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-589	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 181351
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTERNATIONAL INDEX RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-035	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45356
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MID CAP INDEX RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-036	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9834
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD SMALL-CAP INDEX RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-107	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22458
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TOTAL STOCK MARKET INDE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-114	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70313
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA INTERNATIONAL EQUITY R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-791	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27575
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA SMARTCOURSE 2025 WITH		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-654	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 182119
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA SMARTCOURSE 2030 WITH		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-655	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110907
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA SMARTCOURSE 2035 WITH		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-656	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70315

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA SMARTCOURSE 2040 WITH

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-657	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71058
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA SMARTCOURSE 2045 WITH

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-658	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58408
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA SMARTCOURSE 2050 WITH

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-659	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 238542
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA SMARTCOURSE 2055 WITH

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-660	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 420846
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA SMARTCOURSE 2060 WITH

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-091	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38636
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA SMARTCOURSE RETIREMENT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-661	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61614
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a Name of MTIA, CCT, PSA, or 103-12 IE: VIRTUS CEREDX LARGE-CAP VALUE EQUI

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-477	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85033
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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
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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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan ALLIED GOVERNMENT SOLUTIONS, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIED GOVERNMENT SOLUTIONS, INC.	D Employer Identification Number (EIN) 27-4329708	

Part I	Asset and Liability Statement
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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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	88927	86700
(2) Participant contributions.....	1b(2)	0	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	4319	0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1873282	2065557
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	125909	160769
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2092437	2313026

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2092437	2313026
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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)	153057	
(B) Participants	2a(1)(B)	93694	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	246751
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	128	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		128
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		245183
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		492062
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	252252	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		252252
f Corrective distributions (see instructions).....	2f		6386
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	12835	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		12835
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		271473
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		220589
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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **FRYE & COMPANY, CPAS**

(2) EIN: **45-4199441**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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?	X		200000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
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 _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>ALLIED GOVERNMENT SOLUTIONS, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALLIED GOVERNMENT SOLUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>27-4329708</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>39-0989781</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Frye & Company, CPAs



ALLIED
GOVERNMENT
SOLUTIONS

**ALLIED GOVERNMENT SOLUTIONS, INC.
RETIREMENT PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2021 & 2020

F&C

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INDEPENDENT AUDITORS' REPORT ON FINANCIAL STATEMENTS

To the Participants and Trustee
Allied Government Solutions, Inc. Retirement Plan

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

We have performed an audit of the financial statements of Allied Government Solutions, Inc. Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note E to the financial statements, is complete and accurate.

Opinion

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



To the Participants and Trustee
Allied Government Solutions, Inc. Retirement Plan

Opinion – Continued

- the amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

To the Participants and Trustee
Allied Government Solutions, Inc. Retirement Plan

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Allied Government Solutions, Inc. Retirement 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 Allied Government Solutions, Inc. Retirement Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America. Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

To the Participants and Trustee
Allied Government Solutions, Inc. Retirement Plan

Auditors' Responsibilities for the Audit of the Financial Statements – Continued

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.

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) 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 Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion –

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



Frye & Company, CPAs
Manassas, Virginia
October 31, 2022

To the Participants and Trustee
Allied Government Solutions, Inc. Retirement Plan

INDEPENDENT AUDITORS' REPORT ON FINANCIAL STATEMENTS

To the Participants and Trustee
Allied Government Solutions, Inc. Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Allied Government Solutions, Inc. Retirement Plan, which comprise the statement net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph below, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by the plan trustee and investment custodian, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the plan trustee and investment custodian hold the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the plan trustee and investment custodian as of and for the years ended December 31, 2021 and 2020 that the information provided to the plan administrator by the plan trustee and investment custodian is complete and accurate.

To the Participants and Trustee
Allied Government Solutions, Inc. Retirement Plan

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer Opinion, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year), which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the plan trustee and investment custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Frye & Company, CPAs
Manassas, Virginia
October 31, 2022

**ALLIED GOVERNMENT SOLUTIONS, INC.
RETIREMENT PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31, 2021 & 2020

	<u>2021</u>	<u>2020</u>
Assets		
Plan investments, participant directed:		
Investments at fair value:		
Investment in pooled separate accounts	\$ 2,065,557	\$ 1,873,282
Investment in cash management account	<u>160,769</u>	<u>125,909</u>
Total plan investments at fair value	2,226,326	1,999,191
Plan receivables:		
Participant contribution receivable	-	-
Employer contribution receivable	86,700	88,927
Notes receivable from participants	<u>-</u>	<u>4,319</u>
Total plan receivables	<u>86,700</u>	<u>93,246</u>
Total assets	2,313,026	2,092,437
Liabilities		
Accounts payable and accrued expenses	-	-
Excess contributions payable	<u>1,390</u>	<u>6,386</u>
Total liabilities	<u>1,390</u>	<u>6,386</u>
Net Assets Available for Benefits	<u><u>\$ 2,311,636</u></u>	<u><u>\$ 2,086,051</u></u>

See accompanying auditors' report and notes to financial statements.

**ALLIED GOVERNMENT SOLUTIONS, INC.
RETIREMENT PLAN**

STATEMENTS OF CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2021 & 2020

	<u>2021</u>	<u>2020</u>
Additions		
Investment income (loss):		
Net appreciation (depreciation) in investments	\$ 245,183	\$ 221,800
Interest income on notes receivable from participants	128	275
Contributions:		
Participant deferrals	93,694	106,536
Employer profit sharing	86,700	86,251
Employer prevailing wage	66,357	205,010
Participant roll-overs	<u>-</u>	<u>10,217</u>
Total contributions	246,751	408,014
Other income	<u>-</u>	<u>-</u>
Total additions	492,062	630,089
Deductions		
Benefits paid to participants	253,642	359,736
Administrative expenses	<u>12,835</u>	<u>11,639</u>
Total deductions	<u>266,477</u>	<u>371,375</u>
Net Increase (Decrease)	225,585	258,714
Net assets available for benefits, beginning of year	<u>2,086,051</u>	<u>1,827,337</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 2,311,636</u></u>	<u><u>\$ 2,086,051</u></u>

See accompanying auditors' report and notes to financial statements.

ALLIED GOVERNMENT SOLUTIONS, INC.
RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 & 2020

Note A – Plan Description and Summary of Significant Accounting Policies

General: The following information and description of Allied Government Solutions, Inc. Retirement Plan (the Plan) is provided for informational purposes only. Participants should refer to the actual plan document, contractual agreements, and summary plan description as provided by the plan sponsor, Allied Government Solutions, Inc. (the Corporation), for more complete and current information.

Description: The Plan was established in January 2014 by the Corporation's management and was recently amended to comply with various regulatory and legislative changes. The Plan is a defined contribution plan intended to qualify under Section 401(k) of the Internal Revenue Code (IRC) and is subject to applicable provisions of the Employee Retirement Income Security Act (ERISA) of 1974. The Plan covers employees with a minimum age of 18 from their initial date of employment for both employee deferrals and employer matching and profit-sharing contributions. Employees are eligible to participate on their initial date of employment and the Plan had approximately 200 participants as of December 31, 2021.

Plan Administration: The Corporation's president and chief executive officers are the trustees of the Plan. The trustees retained Transamerica Life Insurance Company (Transamerica) as the independent plan trustee and investment custodian, which holds the plan assets in trust and executes investment transactions on the behalf of participants. The trustees also retained Compass Retirement Consulting Group, Inc. as the third-party administrator to provide administrative, compliance, and recordkeeping services.

Basis of Accounting: The Plan prepares its financial statements on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Under the accrual basis of accounting, revenue is recognized when earned and expenses when obligations are incurred. Investments are reported at fair value (except for fully benefit response investment contracts reported at contract value) with interest, dividends, net realized and unrealized gains and losses (i.e., market appreciation and depreciation) reported as components of investment income. Participant and employer contributions, which are reported when compensation is paid to participating employee and contributions are withheld and payable to the Plan, and employer matching and profit-sharing contributions are similarly determinable. Excess contributions or qualified non-elective contributions resulting from non-discrimination and compliance testing are reported when incurred.

Income Tax Status: The Plan is designed to be qualified under the IRC Section 401(k) and exempt from income taxes. The prototype plan adopted by the Plan received an updated determination letter from the IRS effective December 2018 setting forth the prototype plan's tax-exempt status. However, the plan document has been amended since to comply with various regulatory and legislative changes. Accordingly, no provision for income taxes is reflected.

ALLIED GOVERNMENT SOLUTIONS, INC.
RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 & 2020

Note A – Plan Description and Summary of Significant Accounting Policies – Continued

Income Tax Status – Continued: Although the Plan has not received any notice of intent to examine its tax returns, the Plan's tax returns remain subject to examination or review by tax authorities pursuant to various statutes of limitations. No assurances can be given regarding any plan amendments until such time the amendment is reviewed and approved by the IRS.

Plan Eligibility: The Plan's eligibility requirements are a minimum age of 18 with no minimum length of service required for employee deferrals and employer matching and profit-sharing contributions. Employees are eligible to participate on their initial day of employment. Certain eligibility requirements, such as active employment and minimum hours of service, may be applicable to employer discretionary matching or profit sharing contributions.

Participant Accounts: Individual accounts are maintained for each plan participant and include the participant's pre, post, and catch-up contributions, any roll-over contributions, any employer matching contributions, including any additional discretionary contributions, plan earnings, including any interest, dividends, realized and unrealized gains or losses on the participant directed investments, and reduced by any allocable administrative fees, expenses or withdrawals.

Participant Contributions: Participants may make pre and post-tax contributions from their compensation each pay period up to statutory limits per the Internal Revenue Code (IRC). Distributions from other qualified retirement plans can also be contributed as rollover contributions. Participants are fully vested in their salary deferral and rollover contributions.

Employer Contributions: The Corporation has not elected a non-discretionary matching provision but does allow for discretionary matching and profit sharing contributions. During the years ended December 31, 2021 and 2020, the Corporation made discretionary profit-sharing contributions of approximately \$86,700 and \$86,300, respectively. The Plan is also designed to accept excess prevailing wage contributions on the behalf of employees working on contracts subject to the Service Contract Act (SCA), David-Bacon Act (DBA), or other similar federal, state, or municipal prevailing wage requirement. During the years ended December 31, 2021 and 2020, the Corporation made excess prevailing wage contributions totaling approximately \$66,400 and \$205,000, respectively. Contributions receivable associated with the employer profit sharing and prevailing wage contributions totaled approximately \$86,700 and \$88,900, respectively, as of December 31, 2021 and 2020.

Vesting: Plan participant are immediately and fully vested in all employee deferral, rollover, and company safe harbor matching contributions. Excess prevailing wage contributions are similarly not subject to vesting but are immediately and fully vested. The Corporation may also elect to make additional discretionary matching or profit-sharing contributions to the Plan.

ALLIED GOVERNMENT SOLUTIONS, INC.
RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 & 2020

Note A – Plan Description and Summary of Significant Accounting Policies – Continued

Vesting – Continued: Discretionary matching and profit-sharing contributions are not subject to vesting but may require active employment as of the end of the year and minimum hours of service.

Terminating Participants and Forfeitures: Participants who terminate their employment with the Corporation forfeit the non-vested portion of any employer discretionary matching and profit-sharing contributions. Forfeitures are first used to reduce employer contributions to the Plan and then may be used to offset plan administrative costs. Any remaining forfeitures would be allocated to plan participants. As of December 31, 2021 and 2020, the Plan reported unallocated funds of approximately \$20 and \$400, respectively, and approximately \$400 and \$-0-, respectively of forfeitures were used to offset employer contributions during the years then ended.

Distributions to Participants: Amounts credited to an individual participant's account in which they are vested are eligible for distribution upon termination of employment, retirement, death, or total and permanent disability, generally as lump sum distributions. Distributions due to termination or disability may be deferred until the participant retires if the value of their account exceeds or has exceeded \$1,000. The Plan may distribute participant balances of less than \$1,000 to terminated participants. Terminated participants with balances of \$1,000 to \$5,000 may be rolled into IRA accounts in the name and for the benefit of terminated participants. Distributions upon death must be made to all beneficiaries within five years. Participant benefits eligible for distribution must be distributed based upon age and date of retirement as set forth in the IRC. Benefit payments and distribution to participants are recorded and reflected as plan deductions in the accompanying financial statements when paid to plan participants.

Investment Valuation and Recognition: Investments are reported at fair value (except for fully benefit response investment contracts reported at contract value as a practical expedient of estimated fair value). Fair value is generally determined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Certain investments may be valued at net asset value as a practical expedient of estimated fair value. The Plan reports interest, dividends, net realized and unrealized gains and losses (i.e., market appreciation and depreciation) as components of investment income. Purchases and sales of investments are recorded on a trade-date basis, interest income is recorded when earned, and dividends on an ex-dividend date basis.

Notes Receivable from Participants: The Plan allows participant to borrow against their vested account balances subject to IRC restrictions. Loans are typically limited to a maximum of \$50,000 or 50% of the participant's vested account balance and are secured by the investments within the participant's account. The promissory notes have terms of 60 months or less unless the loan was made for purchase of the participant's primary residence and require periodic payments of principal and interest generally through payroll deductions.

ALLIED GOVERNMENT SOLUTIONS, INC.
RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 & 2020

Note A – Plan Description and Summary of Significant Accounting Policies – Continued

Notes Receivable from Participants – Continued: Loans are considered a direct investment of the participant's account and have annual interest rates based upon the prime lending rate plus one percent at the time of the loan, which were approximately 5.25% to 7.5% as of December 31, 2021 and 2020. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon provisions of the plan document. As of December 31, 2021 and 2020, the Plan reported notes receivable from participants outstanding of approximately \$-0- and \$4,300, respectively. Interest income on notes receivable totaled approximately \$100 and \$300, respectively, during the years ended December 31, 2021 and 2020.

Excess Contributions Payable: Amounts payable to participants for contributions in excess of amounts allowed by the DOL and IRS rules and regulations, including any excess matching or profit sharing contributions, are reflected as liabilities in the accompanying financial statements with a corresponding amount reflected as benefits paid to participant for the corrective distributions or a reduction in employer matching contributions in the case of excess matching contributions. As of December 31, 2021 and 2020, the Plan reported excess contributions payable totaling approximately \$1,400 and \$6,400, respectively.

Benefits Paid and Expenses: Benefit distributions are recorded generally when paid, except for in the case of excess contributions and matching on excess contributions. Certain expenses of maintaining the Plan are paid by the Corporation and are, therefore, excluded from the accompanying financial statements. Investment related expenses are generally included in the net appreciate (depreciation) in investments. Fees associated with administering the Plan and notes receivable to participants and benefit distributions to participants are included in administrative fees in the accompanying financial statements and charged directly to participant accounts.

Hardship Withdrawals: The Plan also allows, in certain hardship situations as defined by DOL and IRS regulations, participants to withdrawal portions of their vested account balance subject to taxation and other IRC restrictions. Any withdrawals reduce participant vested account balance and are reflected as plan deductions and in the accompanying financial statements.

Fair Value Measurements: The Plan adopted a framework for measuring and disclosing fair value that prioritizes the inputs to valuation methodologies used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) or other observable inputs (Level 2) and the lowest priority to unobservable inputs (Level 3). Management uses a fair value measurement hierarchy based upon the lowest level of any input that is significant to the measurement with Level 3 being the lowest level of recognition. Management also attempts to maximize the use of observable inputs (Level 1 and 2) and minimize unobservable inputs (Level 3).

ALLIED GOVERNMENT SOLUTIONS, INC.
RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 & 2020

Note A – Plan Description and Summary of Significant Accounting Policies – Continued

Fair Value Measurements – Continued: Fair value measurement disclosures are required for assets and liabilities measured and reported at fair value and consist of the following three levels:

- *Level 1* – valuation methodology based upon unadjusted quoted prices for identical assets or liabilities traded in an active market that the Plan has the ability to access;
- *Level 2* – valuation methodology based upon unadjusted quoted prices for similar assets and liabilities traded in active markets or identical or similar assets and liabilities in inactive markets, observable market inputs for assets and liabilities not traded in active markets, observable market inputs derived or corroborated principally by correlation or other means, or Level 1 instruments where there is a contractual restriction; and
- *Level 3* – valuation methodology is unobservable and significant to the fair value measurement.

As of December 31, 2021 and 2020, the Plan determined that its investments in pooled separate accounts and the cash management account are valued at net asset value or per unit net asset value as provided and certified by the plan trustee and investment custodian as a practical expedient of estimated fair value. Net asset value is generally determined based upon the fair value of the underlying assets held by the fund less its liabilities and is reported outside of the fair market hierarchy explained above. Disclosures about fair values and fair value measurements were determined by the Plan based upon pertinent market data and other information available as of December 31, 2021 and 2020. Considerable judgment is necessary to interpret market and financial data and to develop fair value measurements in certain circumstances. Although the Plan is unaware of any factors that would significantly affect their estimates, the Plan's estimates of fair values may not be indicative of amounts realized.

Plan Termination: The Corporation has the right under the plan document to discontinue its contributions to the Plan and to even terminate the Plan subject to the provisions of DOL and IRS regulations. In the event of the plan termination, participants become fully vested in their account balances. The Corporation has not expressed any interest in terminating the Plan.

Accounting Estimates: The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America, requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Significant estimates may be required in the determination of fair value in certain circumstances. Accordingly, actual results could differ from those estimates and the difference may be material.

**ALLIED GOVERNMENT SOLUTIONS, INC.
RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 & 2020**

Note B – Related Party and Party-in-Interest Transactions

Plan Sponsor: The Corporation may, at management's discretion, pay certain administrative and professional expenses of the Plan. During the years ended December 31, 2021 and 2020, the Corporation paid for services provided to the Plan by professional service providers, the third-party administrator, and other compliance related costs. Plan investment advisory and management service fees may be assessed to the Plan and allocated and charged against the participant account balances as allowed by the plan document and DOL and IRS regulations. Certain fees paid by the Plan for investment management services may be netted against the net appreciation (depreciation) in investments as reported in the accompanying financial statements. The Plan may also allocate forfeitures to offset employer contributions or pay plan expenses.

Plan Custodian: The plan trustee and investment custodian, the Transamerica, may be related or affiliated with companies and various subsidiaries that manage investment options offered to plan participants. The trustee and custodian and other related parties may receive commissions and other forms of remuneration through its relationship with the related parties and affiliates.

Note C – Plan Investments

General: The plan trustee and investment custodian, the Transamerica, holds the plan's investments, executes investment transactions, and maintains participant accounts. The plan trustee and investment custodian manages the investment options offered to plan participants through a variety of fund management companies, which may include subsidiaries and other parties related to the plan trustee and investment custodian.

Plan Investments: The Plan has approximately 30 pooled separate accounts and cash management account from which participants may direct their investments in the Plan. Plan participants have investment options covering a wide range of risk, return and retirement objectives. Participants may allocate their contributions across these investment options in any proportion they desire and may change their allocations as set forth in the plan document. Participants may also elect to transfer their account balances between the available investment options. Participants have access to their account balances electronically via the web.

Investment Valuation: The Plan's investments are reported at fair value in the accompanying financial statements. Fair value is generally determined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investments in pooled separate accounts and cash management account are generally valued at net asset value or per unit net asset value as a practical expedient of estimated fair value.

ALLIED GOVERNMENT SOLUTIONS, INC.
RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 & 2020

Note C – Plan Investments – Continued

Investment Valuation – Continued: Net asset value or per unit net asset value is generally determined by the plan trustee and investment custodian based upon the underlying assets less any liabilities or unadjusted quoted prices for similar assets and liabilities traded in active markets or identical or similar assets and liabilities in inactive markets or other observable market inputs, such as various valuation models including discounting cash flows on current yields of similar instruments with comparable terms. The following is a description of the valuation methodologies used by the Plan in determining fair value for financial instruments reported at fair value:

- *Mutual Funds* – valued at the daily closing price as reported by the fund in active markets in which these funds are required to publish their daily net asset value and are generally required to transact at that price. Mutual funds are deemed to be actively traded.
- *Pooled Separate Accounts and Cash Management Account* – valued at per unit net asset value as provided and certified by the plan trustee and investment custodian as a practical expedient of estimated fair value. Net asset value is generally determined based upon the fair value of the underlying assets held by the fund less its liabilities. Net asset value may not be used in situations whereby it is probable that the fund will transact at an amount different than reported net asset value. In certain situations, the plan trustee and investment custodian may temporarily delay withdrawal if necessary to ensure an orderly liquidation.

The preceding valuation methodologies described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Although the Plan believes its 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.

Investment Income: The Plan reports interest, dividends, net realized and unrealized gains and losses (i.e., market appreciation and depreciation) as components of investment income. Purchases and sales of investments are recorded on a trade-date basis, interest income is recorded when earned, and dividends on an ex-dividend date basis. Accordingly, investment income (loss) totaled approximately \$245,200 and \$221,800, respectively, during the years ended December 31, 2021 and 2020.

Note D – Fair Value Measurements

Fair value measurement disclosures are required for assets and liabilities measured and reported at fair value on a recurring basis in the financial statements. As of December 31, 2021 and 2020, the Plan's investments in marketable securities were categorized in accordance with the fair measurement hierarchy described above as follows:

**ALLIED GOVERNMENT SOLUTIONS, INC.
RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 & 2020**

Note D – Fair Value Measurements – Continued

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
December 31, 2021:				
Investment at fair value	\$ -	\$ -	\$ -	\$ -
	-	\$ -	\$ -	\$ -
Investments valued at net asset value as a practical expedient	<u>2,226,326</u>			
Investments at fair value	<u>\$ 2,226,326</u>			
	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
December 31, 2020:				
Investment at fair value	\$ -	\$ -	\$ -	\$ -
	-	\$ -	\$ -	\$ -
Investments valued at net asset value as a practical expedient	<u>1,999,191</u>			
Investments at fair value	<u>\$ 1,999,191</u>			

The Plan reported no significant assets or liabilities reported at fair value using significant unobservable inputs, Level 3 instruments, as of December 31, 2021 and 2020. The following table summarize investments for which fair value was measured using the net asset value per share as a practical expedient of estimated fair value as of December 31, 2021 and 2020:

<u>Investment</u>	<u>Fair Value</u>		<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
	<u>2021</u>	<u>2020</u>			
Pooled Separate Accounts	\$ 2,065,557	\$ 1,873,282	N/A	Daily	Daily
Cash Management Account	\$ 160,769	\$ 125,909	N/A	Daily	Daily

**ALLIED GOVERNMENT SOLUTIONS, INC.
RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 & 2020**

Note E - Information Prepared and Certified by Plan Trustee and Custodian

	<u>2021</u>		<u>2020</u>
Plan investment, participant directed, at fair value:		Plan investment, participant directed, at fair value:	
Pooled separate accounts at unit net asset value:		Pooled separate accounts at unit net asset value:	
JPMorgan Smart Retirement 2055 Fund	\$ 420,846	JPMorgan Smart Retirement 2055 Fund	\$ 431,386
JPMorgan Smart Retirement 2050 Fund	238,542	JPMorgan Smart Retirement 2050 Fund	194,498
JPMorgan Smart Retirement 2025 Fund	182,119	JPMorgan Smart Retirement 2025 Fund	154,311
Lord Abbett Total Return Fund	181,351	Lord Abbett Total Return Fund	142,227
JPMorgan Core Bond Fund	174,628	JPMorgan Core Bond Fund	135,172
JPMorgan Smart Retirement 2030 Fund	110,907	JPMorgan Smart Retirement 2030 Fund	98,349
Virtus Ceredex Large Cap Value Equity Fund	85,033	Virtus Ceredex Large Cap Value Equity Fund	70,557
JPMorgan Smart Retirement 2040 Fund	71,058	JPMorgan Smart Retirement 2040 Fund	65,281
JPMorgan Smart Retirement 2035 Fund	70,315	JPMorgan Smart Retirement 2035 Fund	83,689
TA Vanguard Total Stock Market Index Fund	70,313	TA Vanguard Total Stock Market Index Fund	54,846
JPMorgan Smart Retirement Income Fund	61,614	JPMorgan Smart Retirement Income Fund	114,943
JPMorgan Smart Retirement 2045 Fund	58,408	JPMorgan Smart Retirement 2045 Fund	50,699
State Street International Index Fund	45,356	State Street International Index Fund	40,082
American Century Disciplined Growth Fund	44,424	American Century Disciplined Growth Fund	32,379
Alger Capital Appreciation Fund	44,146	Alger Capital Appreciation Fund	32,738
JPMorgan Smart Retirement 2060 Fund	38,636	JPMorgan Smart Retirement 2060 Fund	34,535
JPMorgan U.S. Equity Fund	36,305	JPMorgan U.S. Equity Fund	25,290
AF Washington Mutual Investors Fund	34,829	AF Washington Mutual Investors Fund	24,870
Transamerica International Equity Fund	27,575	Transamerica International Equity Fund	24,549
TA Vanguard Small Cap Index Fund	22,458	TA Vanguard Small Cap Index Fund	19,920
Janus Henderson Triton Fund	17,851	Janus Henderson Triton Fund	16,918
DFA U.S. Targeted Value Portfolio Fund	10,131	DFA U.S. Targeted Value Portfolio Fund	9,025
State Street S&P Md Cap Index Fund	9,834	State Street S&P Md Cap Index Fund	8,661
JPMorgan U.S. Small Company Fund	8,878	JPMorgan U.S. Small Company Fund	8,357
Total pooled separate accounts	2,065,557	Total pooled separate accounts	1,873,282
Cash management account at unit net asset value:		Cash management account at unit net asset value:	
Transamerica Stable Value Core Fund	160,769	Transamerica Stable Value Core Fund	125,909
Total plan investments	<u>\$ 2,226,326</u>	Total plan investments	<u>\$ 1,999,191</u>
Notes receivable from participants (N/A)	<u>\$ -</u>	Notes receivable from participants (5.25% - 6.75%)	<u>\$ 4,319</u>

**ALLIED GOVERNMENT SOLUTIONS, INC.
RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 & 2020

Note E – Information Prepared and Certified by Plan Trustee and Custodian – Continued

The above schedule details financial information and related data with respect to the Plan's investments and related investment earnings and the notes receivable from participants were obtained or derived from information provided and certified by the plan trustee and investment custodian, Transamerica. As permitted by Department of Labor rules and regulations and reporting and disclosure under ERISA, the following summarized financial information and related data with respect to plan investments and notes receivable from participants was certified by Transamerica, respectively, as complete and accurate as of and for the years ended December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Plan investments, participant directed:		
Investment in pooled separate accounts	\$ 2,065,557	\$ 1,873,282
Investment in cash management account	160,769	125,909
	<u>\$ 2,226,326</u>	<u>\$ 1,999,191</u>
Notes receivable from participants	<u>\$ -</u>	<u>\$ 4,319</u>

The following summarized information with respect to investment income and interest income on notes receivable from participants was obtained or derived from information certified as complete and accurate by the plan trustee and investment custodian, Transamerica, respectively, for the years ended December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Investment income:		
Net appreciation (depreciation) in investments	<u>\$ 245,183</u>	<u>\$ 221,800</u>
Interest on notes receivable from participants	<u>\$ 128</u>	<u>\$ 275</u>

Note F – Corrective Benefit Distributions

As of December 31, 2021 and 2020, the Plan reported excess contributions payable of approximately \$1,400 and \$6,400, respectively, required for the Plan to satisfy relevant non-discrimination provisions of the plan document and certain required compliance tests. The corrective distributions of the same amounts were reported as benefits paid to participants in the accompanying financial statements to properly reflect the distribution of excess deferrals.

**ALLIED GOVERNMENT SOLUTIONS, INC.
RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 & 2020**

Note G – Reconciliation of the Financial Statements to Federal Form 5500

The following schedule reconciles the net assets available for benefits per the accompanying financial statements to the net assets as reflected in Part I, *Assets and Liability Statement*, of Schedule H in the Federal Form 5500 as of December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per financial statements	\$ 2,311,636	\$ 2,086,051
Excess contributions payable at end of year	<u>1,390</u>	<u>6,386</u>
Net assets available for benefits per Federal Form 5500	<u><u>\$ 2,313,026</u></u>	<u><u>\$ 2,092,437</u></u>

The following schedule reconciles net increase (decrease) in net assets available for benefits per the accompanying financial statements to net income (loss) per Part II, *Income and Expense Statement*, of Schedule H to Federal Form 5500 for the years ended December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Net increase (decrease) in net assets available for benefits per financial statements	\$ 225,585	\$ 258,714
Excess contributions payable at beginning of year	(6,386)	(11,718)
Excess contributions payable at end of year	<u>1,390</u>	<u>6,386</u>
Net income (loss) per Federal Form 5500	<u><u>\$ 220,589</u></u>	<u><u>\$ 253,382</u></u>

Note H – Income Tax Considerations

Income Tax Status: The Plan is designed to be qualified under the IRC Section 401(k) and exempt from income taxes. The prototype plan adopted by the Plan received an updated determination letter from the IRS effective December 2018. However, the plan document has been amended since to comply with various regulatory and legislative changes. Modifications and amendments may be required to comply with various legislative and regulatory changes or for the Plan to modify various elections available under the prototype plan document. The plan sponsor and administrator believe the plan is designed and operating in compliance with the plan's tax exemption status as a qualified retirement plan. No assurances can be provided until such modifications and amendments are reviewed and approved by the IRS.

ALLIED GOVERNMENT SOLUTIONS, INC.
RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 & 2020

Note H – Income Tax Considerations – Continued

Income Tax Status – Continued: Given the tax exempt status of the Plan, no provision for income taxes has been included in the accompanying financial statements.

Tax Contingencies: Although the Plan has not received any notice of intent to examine its tax returns, the Plan's tax returns remain subject to examination or review by tax authorities pursuant to various statutes of limitations. Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and to recognize a tax liability (or asset) if the Plan has taken uncertain tax positions that would more likely than not be sustained upon examination. Management is unaware of any significant uncertain tax positions arising during the years ended December 31, 2021 and 2020 that are more likely than not to be sustained should the Plan's tax returns be subject to examination. Accordingly, the Plan did not incur or accrue any penalties or interest associated with uncertain tax positions during the years ended December 31, 2021 and 2020.

Note I – Plan Termination

The Corporation has the right under the plan document to discontinue contributions to the Plan and to even terminate the Plan subject to the provisions of DOL and IRS regulations. In the event of the Plan's termination, participants become fully vested in their account balances. The Corporation has not expressed any interest in discontinuing contributions or terminating the Plan, including the safe harbor matching contribution adopted by the Plan.

Note J – Risks and Uncertainties

Plan participants invest in various investment securities that are exposed to various interest rates, economic, market and other credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect participant account balances and plan investments as reported in the accompanying financial statements. Additionally, the plan sponsor may elect to change the investment options available to plan participants in the Plan and the investment options may include various affiliates, subsidiaries, and parties related to the plan trustee and custodian or the investment brokerage. The Plan also utilizes valuation methodologies that may employ significant estimates and produce fair value estimates that may not be indicative of net realizable value or reflective of future fair values. Although the Plan believes its 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.

ALLIED GOVERNMENT SOLUTIONS, INC.
RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 & 2020

Note J – Risks and Uncertainties – Continued

No assurance can be provided regarding the realization of Plan assets which are subject to market, credit, and other risks and various valuation methodologies and assumptions.

Note K – Subsequent Events Evaluation

Management has evaluated subsequent events for the period January 1, 2022 through October 31, 2022, the date on which these financial statements were available to be issued and during this period, the Plan continues to operate under the novel coronavirus public health emergency as declared by the World Health Plan (WHO) and others. As such, there continues to be mandates from international, federal, state and local authorities requiring social distancing, travel and other public health requirements and restrictions. These requirements and restrictions continue to impact the manner in which business is conducted and could negatively impact administration of the Plan. While the closures and limitations on movement, domestically and internationally, are expected to be temporary, the duration of these disruptions, and related financial impact, cannot be estimated at this time. Management continues to evaluate the impact of the COVID-19 pandemic on the operation and administration of the Plan and while it is possible that the novel coronavirus could have a negative effect on the Plan, management is currently unable to determine the specific impact as of the date of these financial statements. The financial statements do not include any adjustments that might result from the outcome of this uncertainty.

ALLIED GOVERNMENT SOLUTIONS, INC.
RETIREMENT PLAN
REQUIRED SUPPLEMENTAL SCHEDULES
AS OF DECEMBER 31, 2021

Schedule of Assets (Held at End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar part	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
			2021	2021
(*)	Transamerica	Pooled Separate Accounts:		
		JPMorgan Smart Retirement 2055 Fund	N/A	\$ 420,846
		JPMorgan Smart Retirement 2050 Fund	N/A	238,542
		JPMorgan Smart Retirement 2025 Fund	N/A	182,119
		Lord Abbett Total Return Fund	N/A	181,351
		JPMorgan Core Bond Fund	N/A	174,628
		JPMorgan Smart Retirement 2030 Fund	N/A	110,907
		Virtus Ceredex Large Cap Value Equity Fund	N/A	85,033
		JPMorgan Smart Retirement 2040 Fund	N/A	71,058
		JPMorgan Smart Retirement 2035 Fund	N/A	70,315
		TA Vanguard Total Stock Market Index Fund	N/A	70,313
		JPMorgan Smart Retirement Income Fund	N/A	61,614
		JPMorgan Smart Retirement 2045 Fund	N/A	58,408
		State Street International Index Fund	N/A	45,356
		American Century Disciplined Growth Fund	N/A	44,424
		Alger Capital Appreciation Fund	N/A	44,146
		JPMorgan Smart Retirement 2060 Fund	N/A	38,636
		JPMorgan U.S. Equity Fund	N/A	36,305
		AF Washington Mutual Investors Fund	N/A	34,829
		Transamerica International Equity Fund	N/A	27,575
		TA Vanguard Small Cap Index Fund	N/A	22,458
		Janus Henderson Triton Fund	N/A	17,851
		DFA U.S. Targeted Value Portfolio Fund	N/A	10,131
		State Street S&P Md Cap Index Fund	N/A	9,834
		JPMorgan U.S. Small Company Fund	N/A	8,878
(*)	Transamerica	Cash Management Account:		
		Transamerica Stable Value Core Fund	N/A	160,769
(*)	Participants	Notes Receivable from Participants:		
		Participant Loans (N/A)	N/A	-

See accompanying auditors' report.

**ALLIED GOVERNMENT SOLUTIONS, INC.
RETIREMENT PLAN
REQUIRED SUPPLEMENTAL SCHEDULES
AS OF DECEMBER 31, 2020**

Schedule of Assets (Held at End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar part	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
			2020	2020
(*)	Transamerica	Pooled Separate Accounts:		
		JPMorgan Smart Retirement 2055 Fund	N/A	\$ 431,386
		JPMorgan Smart Retirement 2050 Fund	N/A	194,498
		JPMorgan Smart Retirement 2025 Fund	N/A	154,311
		Lord Abbett Total Return Fund	N/A	142,227
		JPMorgan Core Bond Fund	N/A	135,172
		JPMorgan Smart Retirement Income Fund	N/A	114,943
		JPMorgan Smart Retirement 2030 Fund	N/A	98,349
		JPMorgan Smart Retirement 2035 Fund	N/A	83,689
		Virtus Ceredex Large Cap Value Equity Fund	N/A	70,557
		JPMorgan Smart Retirement 2040 Fund	N/A	65,281
		TA Vanguard Total Stock Market Index Fund	N/A	54,846
		JPMorgan Smart Retirement 2045 Fund	N/A	50,699
		State Street International Index Fund	N/A	40,082
		JPMorgan Smart Retirement 2060 Fund	N/A	34,535
		Alger Capital Appreciation Fund	N/A	32,738
		American Century Disciplined Growth Fund	N/A	32,379
		JPMorgan U.S. Equity Fund	N/A	25,290
		AF Washington Mutual Investors Fund	N/A	24,870
		Transamerica International Equity Fund	N/A	24,549
		TA Vanguard Small Cap Index Fund	N/A	19,920
		Janus Henderson Triton Fund	N/A	16,918
		DFA U.S. Targeted Value Portfolio Fund	N/A	9,025
		State Street S&P Md Cap Index Fund	N/A	8,661
		JPMorgan U.S. Small Company Fund	N/A	8,357
(*)	Transamerica	Cash Management Account:		
		Transamerica Stable Value Core Fund	N/A	125,909
(*)	Participants	Notes Receivable from Participants:		
		Participant Loans (5.25% - 6.75%)	N/A	4,319

See accompanying auditors' report.

**ALLIED GOVERNMENT SOLUTIONS, INC.
RETIREMENT PLAN
REQUIRED SUPPLEMENTAL SCHEDULES
AS OF DECEMBER 31, 2021**

Schedule of Assets (Held at End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar part	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
			2021	2021
(*)	Transamerica	Pooled Separate Accounts:		
		JPMorgan Smart Retirement 2055 Fund	N/A	\$ 420,846
		JPMorgan Smart Retirement 2050 Fund	N/A	238,542
		JPMorgan Smart Retirement 2025 Fund	N/A	182,119
		Lord Abbett Total Return Fund	N/A	181,351
		JPMorgan Core Bond Fund	N/A	174,628
		JPMorgan Smart Retirement 2030 Fund	N/A	110,907
		Virtus Ceredex Large Cap Value Equity Fund	N/A	85,033
		JPMorgan Smart Retirement 2040 Fund	N/A	71,058
		JPMorgan Smart Retirement 2035 Fund	N/A	70,315
		TA Vanguard Total Stock Market Index Fund	N/A	70,313
		JPMorgan Smart Retirement Income Fund	N/A	61,614
		JPMorgan Smart Retirement 2045 Fund	N/A	58,408
		State Street International Index Fund	N/A	45,356
		American Century Disciplined Growth Fund	N/A	44,424
		Alger Capital Appreciation Fund	N/A	44,146
		JPMorgan Smart Retirement 2060 Fund	N/A	38,636
		JPMorgan U.S. Equity Fund	N/A	36,305
		AF Washington Mutual Investors Fund	N/A	34,829
		Transamerica International Equity Fund	N/A	27,575
		TA Vanguard Small Cap Index Fund	N/A	22,458
		Janus Henderson Triton Fund	N/A	17,851
		DFA U.S. Targeted Value Portfolio Fund	N/A	10,131
		State Street S&P Md Cap Index Fund	N/A	9,834
		JPMorgan U.S. Small Company Fund	N/A	8,878
(*)	Transamerica	Cash Management Account:		
		Transamerica Stable Value Core Fund	N/A	160,769
(*)	Participants	Notes Receivable from Participants:		
		Participant Loans (N/A)	N/A	-

See accompanying auditors' report.

**ALLIED GOVERNMENT SOLUTIONS, INC.
RETIREMENT PLAN
REQUIRED SUPPLEMENTAL SCHEDULES
AS OF DECEMBER 31, 2020**

Schedule of Assets (Held at End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar part	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
			2020	2020
(*)	Transamerica	Pooled Separate Accounts:		
		JPMorgan Smart Retirement 2055 Fund	N/A	\$ 431,386
		JPMorgan Smart Retirement 2050 Fund	N/A	194,498
		JPMorgan Smart Retirement 2025 Fund	N/A	154,311
		Lord Abbett Total Return Fund	N/A	142,227
		JPMorgan Core Bond Fund	N/A	135,172
		JPMorgan Smart Retirement Income Fund	N/A	114,943
		JPMorgan Smart Retirement 2030 Fund	N/A	98,349
		JPMorgan Smart Retirement 2035 Fund	N/A	83,689
		Virtus Ceredex Large Cap Value Equity Fund	N/A	70,557
		JPMorgan Smart Retirement 2040 Fund	N/A	65,281
		TA Vanguard Total Stock Market Index Fund	N/A	54,846
		JPMorgan Smart Retirement 2045 Fund	N/A	50,699
		State Street International Index Fund	N/A	40,082
		JPMorgan Smart Retirement 2060 Fund	N/A	34,535
		Alger Capital Appreciation Fund	N/A	32,738
		American Century Disciplined Growth Fund	N/A	32,379
		JPMorgan U.S. Equity Fund	N/A	25,290
		AF Washington Mutual Investors Fund	N/A	24,870
		Transamerica International Equity Fund	N/A	24,549
		TA Vanguard Small Cap Index Fund	N/A	19,920
		Janus Henderson Triton Fund	N/A	16,918
		DFA U.S. Targeted Value Portfolio Fund	N/A	9,025
		State Street S&P Md Cap Index Fund	N/A	8,661
		JPMorgan U.S. Small Company Fund	N/A	8,357
(*)	Transamerica	Cash Management Account:		
		Transamerica Stable Value Core Fund	N/A	125,909
(*)	Participants	Notes Receivable from Participants:		
		Participant Loans (5.25% - 6.75%)	N/A	4,319

See accompanying auditors' report.