

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 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>GEBA BENEFIT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>501</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>GOVERNMENT EMPLOYEES' BENEFIT ASSOCIATION, INC.</u> <u>1362 MELLON ROAD SUITE 100</u> <u>HANOVER, MD 21076</u>	1c Effective date of plan <u>10/01/1965</u> 2b Employer Identification Number (EIN) <u>52-6051763</u> 2c Plan Sponsor's telephone number <u>410-657-8060</u> 2d Business code (see instructions) <u>525100</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.	10/09/2025	GREG KLINGLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	15784
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	15784
	6a(2)	15618
	6b	
	6c	
	6d	15618
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>3</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan GEBA BENEFIT PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 GOVERNMENT EMPLOYEES' BENEFIT ASSOCIATION, INC.		D Employer Identification Number (EIN) 52-6051763

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

1 Coverage Information:

(a) Name of insurance carrier
NEW YORK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	29344	1001	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 137360
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
GOVERNMENT EMPLOYEES' BENEFIT ASSOC **1362 MELLON ROAD SUITE 100**
HANOVER, MD 21076

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	137360		3

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** 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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	686800
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan GEBA BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 GOVERNMENT EMPLOYEES' BENEFIT ASSOCIATION, INC.</p>	<p>D Employer Identification Number (EIN) 52-6051763</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
NEW YORK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	29555	4443	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">944562</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

GOVERNMENT EMPLOYEES' BENEFIT ASSOC **1362 MELLON ROAD SUITE 100**
HANOVER, MD 21076

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	944562		3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** 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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	4722809
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. ▶

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan GEBA BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 GOVERNMENT EMPLOYEES' BENEFIT ASSOCIATION, INC.</p>	<p>D Employer Identification Number (EIN) 52-6051763</p>	

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-0723970	65498	ACT-22	66	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
GOVERNMENT EMPLOYEES' BENEFIT ASSOC **1362 MELLON ROAD SUITE 100**
HANOVER, MD 21076

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	150007
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan GEBA BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 GOVERNMENT EMPLOYEES' BENEFIT ASSOCIATION, INC.	D Employer Identification Number (EIN) 52-6051763	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

GEBA STAFF

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 30 50	EMPLOYEES	984201	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NEXUS DIRECT

780 LYNNHAVEN PARKWAY, SUITE 400
VIRGINIA BEACH, VA 23452

(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?
49 50	NONE	794437	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

B/NET SYSTEMS

652 HOWARDS LOOP
ANNAPOLIS, MD 21401

(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?
50 15 49	NONE	273155	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

VIRTUAL BENEFITS ADMINISTRATOR

11711 RIVER LANE
GERMANTOWN, WI 53022

(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?
70 50	NONE	166408	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BORMEL, GRICE & HUYETT, P.A.

14409 GREENVIEW DRIVE, SUITE 201
LAUREL, MD 20708

52-1544136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	91414	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

POINT CLICK

4030 WAKE FOREST ROAD, SUITE 300
RALEIGH, NC 27609

(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?
50 15 49	NONE	68760	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

BALTIMORE ORIOLES

333 W. CAMDEN STREET
BALTIMORE, MD 21201

(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?
49 50	NONE	48625	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NSA/CIVILIAN WELFARE FUND (CWF)

9800 SAVAGE ROAD, SUITE 6105
FORT MEADE, MD 20755

(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?
49 50	NONE	39900	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ADOPT A HIGHWAY

3158 RED HILL AVE, SUITE 200
COSTA MESA, CA 92626

(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?
49 50	NONE	36969	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

FEEA

1641 PRINCE STREET
ALEXANDRIA, VA 22314

(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?
49 50	NONE	20000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KOHAN STRATEGIC MEDIA LLC

6522 ABBEY WAY
BALTIMORE, MD 21212

(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?
50 38	NONE	18950	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ATTAIN SPORTS & ENTERTAINMENT

4101 CRAIN HIGHWAY
BOWIE, MD 20716

(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?
49 50	NONE	18800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

PRINTING PRODUCTIONS

1333-E SHEPARD DRIVE
STERLING, VA 20164

(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?
36 50	NONE	18055	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MOUNT ROYAL PRINTING

6310 BLAIR HILL LANE
BALTIMORE, MD 21209

(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?
36 50	NONE	14904	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GOVERNMENT EXECUTIVE MEDIA

P.O. BOX 69029
BALTIMORE, MD 21264

(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?
50 38	NONE	14825	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

THE CYPHERS AGENCY

1682 VILLAGE GREEN
CROFTON, MD 21114

(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?
50 38	NONE	13080	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ASTRIATA

P.O. BOX 65271
BALTIMORE, MD 21209

(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?
50 49	NONE	8140	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan GEBA BENEFIT PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 GOVERNMENT EMPLOYEES' BENEFIT ASSOCIATION, INC.	D Employer Identification Number (EIN) 52-6051763

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.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1315197	1435915
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	368706	350224
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	20693519	21261653
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	358071	358071

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	514693	135512
f Total assets (add all amounts in lines 1a through 1e).....	1f	23250186	23541375
Liabilities			
g Benefit claims payable.....	1g	425000	425000
h Operating payables.....	1h	181150	374421
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2463363	1904609
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3069513	2704030
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	20180673	20837345

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)		
(B) Participants.....	2a(1)(B)	10972145	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		10972145
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1407	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1407
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	707793	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		707793
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	565518	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-565518
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-3016067	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-3016067

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4070008
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		12169768

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3996085	
(2) To insurance carriers for the provision of benefits	2e(2)	4332179	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		8328264
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	235787	
(3) Recordkeeping fees	2i(3)	258846	
(4) IQPA audit fees	2i(4)	41136	
(5) Investment advisory and investment management fees	2i(5)	350	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	23142	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2625571	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3184832
j Total expenses. Add all expense amounts in column (b) and enter total	2j		11513096

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		656672
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: **BORMEL, GRICE & HUYETT, P.A.**

(2) EIN: **52-1544136**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		500000
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	
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?		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?		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		
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.)	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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.		X	

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 _____.

**GEBA BENEFIT PLAN
FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2024**

GEBa BENEFIT PLAN
REPORT ON AUDIT OF FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2024

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors
GEBA Benefit Plan
Hanover, Maryland

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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 could reasonably be expected to influence the economic decisions of users on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 GEBA Benefit 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 GEBA Benefit Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i - schedule of assets held at end of year, December 31, 2024 and Schedule H, Line 4j – schedule of reportable transactions, December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Bornel, Grace + Huyett, P.C.

Laurel, Maryland
August 5, 2025

GEBa BENEFIT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AND BENEFIT OBLIGATIONS
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Cash and cash equivalents	\$ 1,435,915	\$ 1,315,197
Investments - cash and cash equivalents	12,547,501	5,246
Investments in mutual funds, at fair value	8,714,152	20,688,273
Marketing reimbursement	237,839	244,724
	<u>22,935,407</u>	<u>22,253,440</u>
Other		
Prepaid expenses	112,385	123,982
Property and equipment, net	132,771	511,708
Intangible assets, net	2,741	2,985
Cost stabilization reserve	358,071	358,071
	<u>605,968</u>	<u>996,746</u>
TOTAL ASSETS	<u>23,541,375</u>	<u>23,250,186</u>
LIABILITIES		
Other payables and accrued expenses	374,421	181,150
Due to Government Employees' Mutual Benefit Association, Inc.	838,135	1,333,341
	<u>1,212,556</u>	<u>1,514,491</u>
TOTAL LIABILITIES	<u>1,212,556</u>	<u>1,514,491</u>
TOTAL NET ASSETS AVAILABLE FOR BENEFITS	<u>22,328,819</u>	<u>21,735,695</u>
BENEFIT OBLIGATIONS		
Premiums due to insurers	1,066,475	1,130,022
Reserve for dental insurance program	425,000	425,000
	<u>1,491,475</u>	<u>1,555,022</u>
TOTAL BENEFIT OBLIGATIONS	<u>1,491,475</u>	<u>1,555,022</u>
EXCESS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS OVER BENEFIT OBLIGATIONS	<u>\$ 20,837,344</u>	<u>\$ 20,180,673</u>

The accompanying notes are an integral part of these financial statements

GEBa BENEFIT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS AND BENEFIT OBLIGATIONS
YEAR ENDED DECEMBER 31, 2024

NET CHANGE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

Additions

Investment income

Net increase in fair value of investments \$ 1,053,941

Interest and dividends 709,200

Member contributions 10,406,627

Total additions to net assets available for plan benefits 12,169,768

Deductions

Benefits paid to or for members

Insurance premiums 4,395,726

Benefit payments for self funded programs 3,996,085

Administrative service fees 235,787

Total benefits paid 8,627,598

Administrative expenses

Advertising and promotions 360,922

Board and staff travel 25,986

Data processing 76,666

Depreciation 64,883

Disposal of fixed assets 565,518

Employee benefits 112,683

Insurance 48,495

Newsletter and member mailings 114,236

Office expenses and other 143,135

Professional services 323,124

Salaries and related taxes 1,056,437

Rent and storage 56,961

Total administrative expenses 2,949,046

Total deductions from net assets available for plan benefits 11,576,644

NET INCREASE TO NET ASSETS AVAILABLE FOR PLAN BENEFITS 593,124

NET DECREASE TO BENEFIT OBLIGATIONS

Decrease in premiums due to insurers (63,547)

NET CHANGE IN BENEFIT OBLIGATIONS (63,547)

INCREASE IN EXCESS OF NET ASSETS AVAILABLE FOR PLAN
BENEFITS OVER BENEFIT OBLIGATIONS

656,671

Net Assets - Beginning of Year 20,180,673

Net Assets - End of Year \$ 20,837,344

The accompanying notes are an integral part of these financial statements

GEBA BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

Note 1 - Description of Plan

The following description of the GEBA Benefit Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

Government Employees’ Benefit Association, Inc. (“GEBA” or the “Company”) established the Plan effective as of October 1, 1965. GEBA exists to educate and promote the financial security, general welfare and well-being of its members by principally, but not exclusively, making available various types of insurance and other benefits and services. GEBA was established for the purpose of offering benefit programs in accordance with section 501(c)(9) of the Internal Revenue Code and other applicable laws. In this connection, the GEBA organization and/or its designated agents negotiates all contracts with underwriting companies or agents who fulfill the requirements of applicable Federal, State, and Association laws.

GEBA is the named fiduciary of the Plan, with full authority to control and manage the operation and administration of the Plan. The Plan is a contributory welfare plan, subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan provides various health and welfare programs to regular and associate (as defined) members of GEBA and eligible retirees as defined by the Plan Document.

Membership in GEBA is open to civilians who are actively employed by the United States Government. In January 2017, the Plan amended its bylaws to include civilians actively employed by any branch, department, or agency of the U.S. Government including, without limitation, the U.S. Postal Service and U.S. Courts.

The various programs of the Plan and related contributions policies are described as follows:

Term Life Insurance Program

Provides life insurance coverage, along with accidental death and dismemberment coverage, for enrolled members. Contributions are paid by the member in an amount necessary to pay premiums for the insurance coverage.

Dependent Life Insurance Program

Provides life insurance for an enrolled member’s spouse and dependents. Contributions are paid by the member in an amount necessary to pay premiums for the insurance coverage.

Long-Term Disability Insurance Program

Provides long-term insurance coverage, which pays 66.67% of salary (up to \$7,500 per month) for enrolled members who experience long-term disabilities. Contributions are paid by the member in an amount necessary to pay premiums for the insurance coverage.

Long-Term Care Insurance Program

Provides long-term insurance coverage, which pays up to \$500 per day for enrolled members to reimburse costs associated with assistance needed for simple activities (such as bathing, dressing and eating) to skilled care that is provided by nurses, therapists or other professionals. Contributions are paid by the member in an amount necessary to pay premiums for the insurance coverage. New policies under the long-term care program are now provided by Government Employees’ Mutual Benefit Association, Inc. (“GEMBA”), a related party. All existing policies under GEBA remain in force.

Vision Insurance Program

Provides coverage for routine services for eye exams, lenses, or contacts. Contributions are paid by the enrolled member in an amount necessary to pay premiums for the insurance coverage.

National Vision Administrators, LLC (“NVA”) administers, and processes vision claims and pays the provider’s office. The Plan pays NVA insurance premiums, which cover the claims and administrative fees for each individual enrolled.

Note 1 - Description of Plan (Continued)

Emergency Travel Insurance Program

Provides emergency travel coverage, which pays up to 80% (up to \$1,500 per person per year) of round-trip coach air or train fare to respond to the serious illness, death or injury of a family member. Contributions to the program are made by the enrolled member. GEBA determines the amount of contributions necessary to meet the program's funding requirements.

Dental Benefits Program

Provides dental benefits for enrolled members with a family coverage option. Contributions to the program are made by the enrolled member. GEBA determines the amount of contributions based on a similar amount that would be charged by Delta Dental of Pennsylvania ("Delta Dental") if the program was fully insured.

Insured Benefits

The Plan fully insures the life insurance benefits (basic and dependent), long-term care benefits, and long-term disability benefits. The GEBA purchases insurance contracts for these insured benefits. Premiums for these insurance programs are paid to the insurance company from the assets of the Plan.

Self-Insured Benefits

Dental, emergency travel and vision benefits are self-insured. The claims for self-insured dental and vision benefits are processed by the Plan's third-party claims processor under administrative services only ("ASO") arrangements. The claims processor pays claims directly to or on behalf of participants and are then reimbursed by the Plan. Despite the Plan's utilization of the third-party claims processor, ultimate responsibility for payments to providers and participants is retained by the Plan.

Delta Dental and NVA process dental and vision claims respectively and, on behalf of the trustee, disburses payments in accordance with the provisions of the Plan to the participant or designated assignee. The Plan pays Delta Dental and NVA an administrative fee based on the number of enrolled members.

Note 2 - Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting.

Investments

The Plan's investments are stated at fair value. Mutual fund investments are valued based on quoted market prices, which represent the net asset value of shares held by the Fund at year-end. Purchases and sales of investment securities are recorded on a trade-date basis. Realized gains or losses from the sale of investment securities and the change in unrealized gains and losses for investments held at year-end are presented together as net appreciation in fair value of investments. Realized gains and losses from security transactions are determined using the average cost method. Dividend income is recorded on the ex-dividend date and interest income is recorded on the accrual basis. See Note 3 for discussion of fair value measurements.

Investments are exposed to certain risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, changes in the value of investment securities could occur in the near term, and these changes could materially affect the amounts reported in the accompanying financial statements.

Investment Policy Statement

The Plan adopted an investment policy statement (IPS) that was to become effective in 2023 but was delayed until after December 31, 2023. An updated and revised policy was approved by the Board in May 2024. The original and revised IPS was adopted by the Board to set forth an understanding of the investment policy for the management and monitoring of the Plan's reserve fund assets (Reserve). The investment policy statement includes guidelines, objectives, risk tolerance, and time constraints for the investment of these assets. The Reserve under the IPS will consist of three funds: 1) the long-term/core fund to ensure the short-term operational continuity and member service in the event of adverse financial events, 2) self-insured claims fund to fund potential and/or incurred but unreported claims for GEBA self-insured plans, and 3) undesignated assets reserve fund to hold assets not required to fund the long-term/core and self-insured claims funds. The asset allocation of the Reserve's assets is governed by the IPS and investment asset mix is to be reviewed periodically and rebalanced as needed to ensure that the asset mix is meeting the guidelines, objectives, risk tolerance and time constraints of the IPS.

Note 2 - Significant Accounting Policies (Continued)

Cash and Cash Equivalents

Cash and cash equivalents consist of highly liquid debt instruments purchased with original maturities of three months or less when purchased.

Accounts Receivable

Accounts receivable (marketing reimbursement and other) generally consist of fees due from administrative services and are non-interest bearing. The Plan evaluates receivables for collectability based on the age of the receivable, the credit history of the customer and past collection experience.

Property and Equipment, net

Property and equipment are recorded at cost when acquired or fair market value, if donated. Depreciation of property and equipment are provided for using the straight-line method over the estimated useful lives of the assets, ranging from three to seven years. Expenditures for improvements and betterments, which increase the useful life or substantially increase serviceability of the asset are capitalized. When equipment is sold or otherwise disposed of, the cost and related accumulated depreciation are removed from their respective accounts, and any resulting gain or loss is included in the statement of changes in net assets available for benefits and benefit obligations. Cumulative expenses in the amount of \$565,518 that had been capitalized for internal database upgrade were disposed of in 2024. For the year ended December 31, 2024, depreciation expense totaled \$64,883.

Trademark, net

Intangible assets subject to amortization include trademark costs, which are amortized using a straight-line basis over ten years.

Payment of Benefits

Premiums paid by the Plan are recorded as insurance premium payments. Dental and vision claim payments are recorded when paid by the Plan to the third-party claims processor. Amounts due to the claims processor that have yet to be reimbursed by the Plan are included in benefit obligations.

Administrative Expenses

Administrative fees are paid to a third party for performing certain administrative functions. All other expenses are paid directly by the Plan.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Reclassifications

Certain reclassifications have been made to prior year amounts to conform to the current year presentation.

Note 3 - Fair Value Measurements

The Plan's investments are reported at fair (current) value in the accompanying statements of net assets available for benefits and benefit obligations. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The FASB Accounting Standards Codification ("ASC") establishes a framework for measuring fair value. That framework provides a three-level fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value in the disclosure of investments recorded at fair value. The classification of investments within the hierarchy is based on whether the inputs to the valuation methodology used for measurement are observable or unobservable. Observable inputs reflect market-derived or market-based information obtained from independent sources. Unobservable inputs would reflect the Plan's own assumptions about risk. The three levels for measuring fair value are based on the reliability of inputs and are as follows:

Note 3 - Fair Value Measurements (Continued)

- Level 1 - Quoted prices are available in active markets for identical investments as of the reporting date. The types of investments included in Level 1 are publicly traded securities.
- Level 2 - Other significant observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.
- Level 3 - Significant unobservable inputs that reflect a reporting entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The assets or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The inputs or methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities. The following is a summary of the inputs used to value the Plan's net assets as of:

	Fair Value Measurement at December 31, 2024			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents				
Cash	\$ 258,543	\$ -	\$ -	\$ 258,543
U.S. Government money fund	5,146,495	-	-	5,146,495
U.S. Treasury obligation fund	7,142,463	-	-	7,142,463
Mutual Funds				
Bond Funds				
Short-term bond	427,232	-	-	427,232
Income fund	2,313,330	-	-	2,313,330
Equity index funds				
500 index	2,702,425	-	-	2,702,425
Extended market index fund	940,066	-	-	940,066
Equity income fund				
Total return fund	2,331,099	-	-	2,331,099
	<u>\$ 21,261,653</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 21,261,653</u>
	Fair Value Measurement at December 31, 2023			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents				
Cash	\$ 5,246	\$ -	\$ -	\$ 5,246
Mutual funds				
Bond funds				
Short-term bond	2,596,204	-	-	2,596,204
Intermediate bond fund	3,596,358	-	-	3,596,358
Equity index funds				
500 index	8,816,172	-	-	8,816,172
Extended market index fund	1,740,796	-	-	1,740,796
Equity income fund				
Total return fund	3,938,743	-	-	3,938,743
	<u>\$ 20,693,519</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 20,693,519</u>

Level 1 Fair Value Measurements

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2024 and 2023.

Mutual funds are valued at the quoted market price of shares held by the Plan at year-end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, 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.

Note 4 - Retirement Plan

The Plan maintains a 401(k) profit sharing plan, which covers substantially all employees who are employed by the Plan. The Plan matches employee contributions up to five percent (5%) of compensation after completing one year of service. In addition, the Plan has elected to make employer qualified non-elective contributions of one percent (1%) of participants' compensation. Retirement plan expenses for the year ended December 31, 2024 totaled \$58,323.

Note 5 - Cost Stabilization Reserve

In August 2022, the Plan entered into an agreement with New York Life Insurance Company to create a Cost Stabilization Reserve (CSR) as part of the long-term disability insurance program described in Note 1. The agreement automatically renews annually on August 1st. The CSR was established for the purpose of stabilizing member premiums. The reserve can be drawn against to reduce future premiums caused by an increase or change in the program's experience rating.

The full funding of the CSR occurs when the value of the reserve matches the expected annual premium (EAP) of the program as determined actuarially by New York Life. To establish the reserve, the Plan paid 25% of the EAP of \$178,342 in 2022 with another 25% of the EAP of \$179,729 paid in 2023. At the end of 2023 and 2024, New York Life held a total of \$358,071, representing approximately 50% of the EAP. The remaining 50% will be accumulated by payment of the annual calculated dividend, as specified in the agreement, until such time the CSR equals or exceeds the EAP.

Any amount in the CSR that exceeds the EAP at the end of each accounting period will be transferred to the Dividend on Deposit Account (DOD). Interest will be credited on the CSR and DOD balance at the beginning of each accounting period, (August 1st to July 31st). Negative balances from the prior period will be carried over and will incur interest 2024 charges.

The reserve is nonforfeitable should the contract with New York Life terminate. There have been no withdrawals for the years ending December 31, 2024 and 2023, respectfully.

Note 6 - Related Party Transactions

The Plan has the same Board of Directors as Government Employees' Mutual Benefit Association, Inc. ("GEMBA"), a related organization. GEMBA was formed for the purpose of promoting the general welfare of its members by making available to them types of insurance services and investments that focus on retirement and education. The Plan and GEMBA incur certain administrative expenses, which are common to both the Plan and to GEMBA. These common administrative expenses were allocated to the Plan at approximately 45%, based upon usage. Unreimbursed administrative expenses outstanding at the end of the year are reflected as Due to Government Employees' Mutual Benefit Association, Inc. in the accompanying statements of net assets available for benefits and benefit obligations. At December 31, 2024 and 2023, administrative fees of \$838,135 and \$1,333,341, respectively, were due to GEMBA.

The Plan shares office space with Government Employees' Mutual Benefit Association, Inc. ("GEMBA"). GEMBA, a related party, signed a five and half-year lease, which was set to expire on July 1, 2026, with the first six months of the lease rent abated. GEMBA signed an amendment to the original lease to extend the lease for an additional three and a half years to January 31, 2030. The Plan reimburses GEMBA for its portion of the base rent. The lease also includes a provision for shared additional rents, which are based on square footage and are calculated annually when operating expenses and real estate taxes exceed the 2021 base year of expenses and taxes. The Plan also reimburses GEMBA for its portion of additional rents.

As described in Note 1, the Plan has several arrangements with service providers. The Plan pays administrative fees to a third-party claims administrator. These expenses are reported on the statement of changes in net assets available for benefits and benefit obligations as administrative service fees. These transactions are party-in-interest transactions under ERISA. For the year ended December 31, 2024, administrative service fees totaled \$235,787.

Note 7 - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits according to the financial statements to Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for plan benefits per the financial statements	\$ 22,328,820	\$ 21,735,695
Benefit obligations	<u>(1,491,475)</u>	<u>(1,555,022)</u>
Net assets available for plan benefits per Form 5500	<u>\$ 20,837,345</u>	<u>\$ 20,180,673</u>

The following is a reconciliation of benefits paid to participants per the financial statements to Form 5500:

Insurance premium payments per the financial statements	\$ 4,395,726
Benefit payments for self-funded programs per the financial statements	<u>3,996,085</u>
	8,391,811
Add: benefit obligations at end of year	1,491,475
Less: benefit obligations at beginning of year	<u>(1,555,022)</u>
Benefit payments per Form 5500	<u>\$ 8,328,264</u>

Note 8 - Concentrations of Credit Risk

Financial instruments which potentially subject the Plan to concentrations of credit risk consist principally of cash deposits in excess of the Federal Deposit Insurance Corporation insured limit of \$250,000. The Plan generally limits its exposure by placing its deposits with quality financial institutions. At December 31, 2024 and 2023, the Plan exceeded the insured limits by approximately \$1,219,000 and \$961,000, respectively.

The Plan also maintains cash and cash equivalents in brokerage firms. The funds maintained by these brokerage firms are insured against theft and fraud by the Securities Investor Protection Act (SIPA) for amounts up to \$500,000 per institution, including up to \$250,000 for cash and cash equivalents. At December 31, 2024 and 2023, the Plan did not exceed the SIPA insured limit for cash and cash equivalents.

Note 9 - Commitments and Contingencies

Emergency Travel Plan

The Plan provides an Emergency Travel Insurance Program to its members for which it is self-insured. The Plan is responsible for collecting premiums and processing claims for payments under this insurance program. The maximum claim liability per insured is \$1,500 with a limit of one claim per insured during a twelve-month period. The Plan accrues for claims exposure, which are probable of occurrence and can be reasonably estimated. As of December 31, 2024 and 2023, the Plan believes no accrual is deemed necessary.

Dental Plan

The Plan also provides a dental insurance program (the "Program") to its members for which it is self-insured. The plan year, which commenced on January 1, 2013, begins January 1 of each year and is funded by premium payments from members. The Plan utilizes a third-party administrator to enroll members into the program and pay claims. The maximum exposure to the Program ranges from \$4,000 (basic) to \$35,000 (enhanced) per member depending on the Program options selected. As of December 31, 2024 and 2023, the amount for estimated future claims under the Program was approximately \$425,000 for the years ending 2024 and 2023. The reserve reflects the Plan's best estimate of its liability for claims, which were incurred prior to the consolidated statements of financial position date. The Plan considers all relevant information, such as prior claims history and the knowledge of claims submitted, in the calculation of the estimated liability.

Vision Plan

The Plan utilizes a third-party administrator to enroll members into the programs and pay claims. Consideration of a recorded reserve reflects the Plan's best estimate of its liability for claims, which were incurred prior to the consolidated statements of financial position date, which are probable in occurrence, can be reasonably estimated, and material to the financial statements. The Plan considers all relevant information, such as prior claims history and the knowledge of claims submitted, in the calculation of the estimated liability. As of December 31, 2024 and 2023, the Plan believes no accrual is deemed necessary.

Term Life

In 2017, the Plan made the decision to pay the death benefits of members ninety years of age and over, as the current term life insurance carrier no longer agreed to cover these policies. All other members with term life coverage are insured directly through insurance contracts purchased by the Plan. Approximately \$29,000 and \$102,000 in death benefits were paid in 2024 and 2023, respectively. The Plan accrues for claims exposure, which are probable of occurrence and can be reasonably estimated. As of December 31, 2024 and 2023, the Plan believes no accrual is deemed necessary.

Note 10 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and 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 changes could materially affect the amounts reported in the statements of net assets available for benefits and benefit obligations.

Note 11 - Plan Termination

Although it has not expressed any intent to do so, GEBA has the right to terminate the Plan. If the Plan is terminated, GEBA may use Plan assets to pay Covered Expenses (as defined in the Summary Plan Description) outstanding as of the later of the date the termination is adopted or is effective, and GEBA expenses. Any remaining assets will be allocated by a Board of Directors' resolution that conforms with applicable law and does not adversely affect the Code Section 501(c)(9) qualified status of GEBA. If the Plan is merged with another plan or Plan assets are transferred to another plan, Plan assets will be allocated according to the merger or acquisition agreement's terms.

Note 12 - Tax Status

The trust established under the Plan to hold the Plan's assets has received an exemption letter from the Internal Revenue Service (IRS) dated May 29, 1979, stating that the trust is tax exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (IRC) and, therefore, the trust's net investment income is exempt from federal income taxes. The Plan and the trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the accompanying financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2022.

Note 13 - Subsequent Events

The Plan has performed an analysis of the activities and transactions subsequent to December 31, 2024 to determine the need for any adjustments to and/or disclosures within the financial statements for the year ended December 31, 2024. Management has performed its analysis through August 5, 2025, the date the financial statements were available to be issued. Activities subsequent to this date have not been evaluated by management. Management has concluded that no subsequent adjustments are required.

**GEBA BENEFIT PLAN
SUPPLEMENTAL SCHEDULES
YEAR ENDED DECEMBER 31, 2024**

GEBA BENEFIT PLAN
 EIN 52-6051763
 PLAN NUMBER 501
 SCHEDULE H, Line 4i - SCHEDULE OF ASSETS
 HELD AT END OF YEAR
 DECEMBER 31, 2024

(a) Party- in- interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Schwab Bank Sweep Fund	Cash Sweep	\$ 258,543	\$ 258,543
	Schwab Treasury Obligation Fund	Money Fund	7,142,463	7,142,463
	Schwab Government Money Fund	Money Fund	<u>5,146,495</u>	<u>5,146,495</u>
	Subtotal cash and cash equivalents		<u>12,547,501</u>	<u>12,547,501</u>
	Dodge and Cox Income Fund	Mutual Fund	2,600,588	2,331,099
	Fidelity Spartan Extended Market Index Fund	Mutual Fund	635,796	940,066
	Vanguard 500 Index Fund	Mutual Fund	745,593	2,702,425
	Vanguard Short-Term Bond Investment Fund	Mutual Fund	217,611	213,449
	Vanguard Short-Term Bond Index Fund	Mutual Fund	218,855	213,783
	ALPS/Smith Total Return Bond Fund	Mutual Fund	<u>2,327,896</u>	<u>2,313,330</u>
	Subtotal mutual funds		<u>6,746,339</u>	<u>8,714,152</u>
	Total funds		<u>\$ 19,293,840</u>	<u>\$ 21,261,653</u>

See independent auditors' report

GEBa BENEFIT PLAN
EIN 52-6051763
PLAN NUMBER 501
SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Charles Schwab	Vanguard 500 Index Fund	\$ 2,217,518	\$ 7,300,000	\$ -	\$ -	\$ 2,217,518	\$ 7,300,000	\$ 5,082,482
Charles Schwab	Dodge & Cox Income Fund	1,842,209	1,649,000	-	-	1,842,209	1,649,000	(193,209)
Charles Schwab	Vanguard Short-Term Bond Index Bond Fund	1,207,661	1,168,000	-	-	1,207,661	1,168,000	(39,661)
Charles Schwab	Western Asset Core Plus Bond Fund	<u>4,548,357</u>	<u>3,565,176</u>	<u>-</u>	<u>-</u>	<u>4,548,357</u>	<u>3,565,176</u>	<u>(983,181)</u>
		<u>\$ 9,815,745</u>	<u>\$ 13,682,176</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 9,815,745</u>	<u>\$ 13,682,176</u>	<u>\$ 3,866,431</u>

See independent auditors' report

GEBA BENEFIT PLAN
 EIN 52-6051763
 PLAN NUMBER 501
 SCHEDULE H, Line 4i - SCHEDULE OF ASSETS
 HELD AT END OF YEAR
 DECEMBER 31, 2024

(a) Party- in- interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Schwab Bank Sweep Fund	Cash Sweep	\$ 258,543	\$ 258,543
	Schwab Treasury Obligation Fund	Money Fund	7,142,463	7,142,463
	Schwab Government Money Fund	Money Fund	<u>5,146,495</u>	<u>5,146,495</u>
	Subtotal cash and cash equivalents		<u>12,547,501</u>	<u>12,547,501</u>
	Dodge and Cox Income Fund	Mutual Fund	2,600,588	2,331,099
	Fidelity Spartan Extended Market Index Fund	Mutual Fund	635,796	940,066
	Vanguard 500 Index Fund	Mutual Fund	745,593	2,702,425
	Vanguard Short-Term Bond Investment Fund	Mutual Fund	217,611	213,449
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	ALPS/Smith Total Return Bond Fund	Mutual Fund	<u>2,327,896</u>	<u>2,313,330</u>
	Subtotal mutual funds		<u>6,746,339</u>	<u>8,714,152</u>
	Total funds		<u>\$ 19,293,840</u>	<u>\$ 21,261,653</u>

See independent auditors' report

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [X] a single-employer plan [] a DFE (specify)
B This return/report is: [X] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here []
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information - enter all requested information

1a Name of plan: GEBA BENEFIT PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 10/01/1965
2a Plan sponsor's name (employer, if for a single-employer plan): GOVERNMENT EMPLOYEES' BENEFIT ASSOCIATION, INC.
2b Employer Identification Number (EIN): 52-6051763
2c Plan Sponsor's telephone number: 410-657-8060
2d Business code (see instructions): 525100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: SIGN HERE, [Signature], 10/9/25, GREG KLINGLER. Row 2: SIGN HERE, Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: 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 (2024) v. 240311

GEBa BENEFIT PLAN
EIN 52-6051763
PLAN NUMBER 501
SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Charles Schwab	Vanguard 500 Index Fund	\$ 2,217,518	\$ 7,300,000	\$ -	\$ -	\$ 2,217,518	\$ 7,300,000	\$ 5,082,482
Charles Schwab	Dodge & Cox Income Fund	1,842,209	1,649,000	-	-	1,842,209	1,649,000	(193,209)
Charles Schwab	Vanguard Short-Term Bond Index Bond Fund	1,207,661	1,168,000	-	-	1,207,661	1,168,000	(39,661)
Charles Schwab	Western Asset Core Plus Bond Fund	<u>4,548,357</u>	<u>3,565,176</u>	<u>-</u>	<u>-</u>	<u>4,548,357</u>	<u>3,565,176</u>	<u>(983,181)</u>
		<u>\$ 9,815,745</u>	<u>\$ 13,682,176</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 9,815,745</u>	<u>\$ 13,682,176</u>	<u>\$ 3,866,431</u>

See independent auditors' report