

<p>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>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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.)

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

<p>1a Name of plan <u>ALLIED GOVERNMENT SOLUTIONS HEALTH & WELFARE PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>503</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ALLIED GOVERNMENT SOLUTIONS, INC. WELFARE TRUST</u></p> <p><u>90 WASHINGTON STREET SUITE 211</u> <u>DOVER, NH 03820</u></p>	<p>1c Effective date of plan <u>01/01/2018</u></p> <p>2b Employer Identification Number (EIN) <u>27-4329708</u></p> <p>2c Plan Sponsor's telephone number <u>603-590-9993</u></p> <p>2d Business code (see instructions) <u>561110</u></p>

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.	10/14/2025	MATTHEW ROSE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	ROY ABOODY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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 ALLIED GOVERNMENT SOLUTIONS HEALTH & WELFARE PLAN	B Three-digit plan number (PN) ▶ 503
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIED GOVERNMENT SOLUTIONS, INC. WELFARE TRUST	D Employer Identification Number (EIN) 27-4329708

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

1 Coverage Information:

(a) Name of insurance carrier

RED TREE INSURANCE COMPANY, INC.

(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
27-0175911	13646	000912400	90	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 465	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

CRONIN GERVINO & WARLICK INC
5 DARTHMOUTH DR.
AUBURN, NH 03032

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
404			3

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

COMBINED SERVICES LLC
PO BOX 1320
CONCORD, NH 03302-1320

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
61			3

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

Schedule A (Form 5500) 2024
v. 240311

(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	3964
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE 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 ALLIED GOVERNMENT SOLUTIONS HEALTH & WELFARE PLAN		B Three-digit plan number (PN) ▶ 503
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIED GOVERNMENT SOLUTIONS, INC. WELFARE TRUST		D Employer Identification Number (EIN) 27-4329708

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA HEALTH AND 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
59-1031071	67369	00628028	78	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 1970	(b) Total amount of fees paid 27611
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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
CRONIN & GERVINO INSURANCE
5 DARTHMOUTH DRIVE
AUBURN, NH 03032

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1970	27611		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	7c(6)
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	730144
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 ALLIED GOVERNMENT SOLUTIONS HEALTH & WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶ 503</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ALLIED GOVERNMENT SOLUTIONS, INC. WELFARE TRUST</p>	<p>D Employer Identification Number (EIN) 27-4329708</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
PRINCIPAL 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
42-0127290	61271	1152283	123	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 4054	(b) Total amount of fees paid 390
--	--

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
CRONIN & GERVINO INSURANCE **5 DARTHMOUTH DR. AUBURN, NH 03032**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4054	390		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	7c(6)
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	39046
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 ALLIED GOVERNMENT SOLUTIONS HEALTH & WELFARE PLAN	B Three-digit plan number (PN) ▶	503
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIED GOVERNMENT SOLUTIONS, INC. WELFARE TRUST	D Employer Identification Number (EIN) 27-4329708	

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

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

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

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

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

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

ASSURED PARTNERS GSA NATIONAL

4114 LEGATO RD SUITE 400
FAIRFAX, VA 22033

36-4829385

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	PLAN ADMIN	42076	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)

AAFPCAS, INC.

50 WASHINGTON STREET
WESTBOROUGH, MA 01581

04-2571780

(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	TAX PREPARER	28000	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)

CIGNA HEALTH AND LIFE INSURANCE CO

900 COTTAGE GROVE RD
BLOOMFIELD, CT 06002

59-1031071

(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?
13 23 70 73	ADMINISTRATIVE FEES	27611	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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 ALLIED GOVERNMENT SOLUTIONS HEALTH & WELFARE PLAN		B Three-digit plan number (PN) ▶	503
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIED GOVERNMENT SOLUTIONS, INC. WELFARE TRUST		D Employer Identification Number (EIN) 27-4329708	

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	549329	478027
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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		
f Total assets (add all amounts in lines 1a through 1e).....	1f	549329	478027
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	161999	81878
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	182245	225949
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	344244	307827
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	205085	170200

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)	680297	
(B) Participants.....	2a(1)(B)	199377	
(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)		879674
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)		
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(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)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		879674

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	844482	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		844482
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)	70077	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		70077
j Total expenses. Add all expense amounts in column (b) and enter total	2j		914559

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-34885
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: AAFCPAS, INC.

(2) EIN: 04-2571780

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		300000
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 _____.

**ALLIED GOVERNMENT SOLUTIONS
HEALTH & WELFARE PLAN**

**FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2024 AND 2023**

**ALLIED GOVERNMENT SOLUTIONS
HEALTH & WELFARE PLAN**

Contents
December 31, 2024 and 2023

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Statements of Changes in Net Assets Available for Benefits, Changes in Benefit Obligations, and Excess of Net Assets Available for Benefits Over Benefit Obligations	3
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Independent Auditor's Report

To the Plan Administrator of
Allied Government Solutions Health & Welfare Plan:

Opinion

We have audited the financial statements of Allied Government Solutions Health & Welfare 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, benefit obligations, and excess of net assets available for benefits over benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits, changes in benefit obligations, and excess of net assets available for benefits over benefit obligations for the years then ended, 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, benefit obligations, and excess of net assets available for benefits over benefit obligations of Allied Government Solutions Health & Welfare Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits, change in benefit obligations, and excess of net assets available for benefits over benefit obligations for the years then ended, 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Allied Government Solutions Health & Welfare 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 Allied Government Solutions Health & Welfare Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

AAFCPA, Inc.

Westborough, Massachusetts
October 14, 2025

ALLIED GOVERNMENT SOLUTIONS HEALTH & WELFARE PLAN

Statements of Net Assets Available for Benefits, Benefit Obligations,
and Excess of Net Assets Available for Benefits Over Benefit Obligations
December 31, 2024 and 2023

Assets	2024	2023
Cash and cash equivalents - non-interest bearing	<u>\$ 478,027</u>	<u>\$ 549,329</u>
Total assets	<u>478,027</u>	<u>549,329</u>
Liabilities		
Accounts payable and accrued expenses	3,350	3,682
Accrued retirement rebate	<u>78,528</u>	<u>158,317</u>
Total liabilities	<u>81,878</u>	<u>161,999</u>
Net assets available for benefits	<u><u>\$ 396,149</u></u>	<u><u>\$ 387,330</u></u>
Benefit Obligations		
Accrued premium reserve obligations	<u>\$ 225,949</u>	<u>\$ 182,245</u>
Total benefit obligations	<u><u>\$ 225,949</u></u>	<u><u>\$ 182,245</u></u>
Total excess of net assets available for benefits over benefit obligations	<u><u>\$ 170,200</u></u>	<u><u>\$ 205,085</u></u>

ALLIED GOVERNMENT SOLUTIONS HEALTH & WELFARE PLAN

Statements of Changes in Net Assets Available for Benefits, Changes in Benefit Obligations,
and Excess of Net Assets Available for Benefits Over Benefit Obligations
For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Net Increase in Net Assets Available for Benefits:		
Additions:		
Contributions:		
Employer	\$ 1,000,497	\$ 1,236,242
Less: premium rebates	(320,200)	(485,884)
Net employer contributions	<u>680,297</u>	<u>750,358</u>
Participant	<u>199,377</u>	<u>238,282</u>
Total net additions	<u>879,674</u>	<u>988,640</u>
Deductions:		
Health benefits	718,272	817,828
Administrative expenses	70,077	47,464
Dental benefits	39,483	43,091
Ancillary benefits	39,059	43,582
Vision benefits	3,964	4,907
Total deductions	<u>870,855</u>	<u>956,872</u>
Net increase	8,819	31,768
Net assets available for benefits, beginning of year	<u>387,330</u>	<u>355,562</u>
Net assets available for benefits, end of year	<u>\$ 396,149</u>	<u>\$ 387,330</u>
Net Increase (Decrease) in Benefit Obligations:		
Increase (decrease) during the year attributed to:		
Increase (decrease) in premium reserve	\$ 43,704	\$ (81,841)
Net increase (decrease) in benefit obligations	<u>43,704</u>	<u>(81,841)</u>
Benefit obligations, beginning of year	<u>182,245</u>	<u>264,086</u>
Benefit obligations, end of year	<u>\$ 225,949</u>	<u>\$ 182,245</u>
Change in Excess of Net Assets Available for Benefits over Benefit Obligations		
Beginning of year	\$ 205,085	\$ 91,476
Changes in excess of net assets available for benefits over benefit obligations	<u>(34,885)</u>	<u>113,609</u>
End of year	<u>\$ 170,200</u>	<u>\$ 205,085</u>

ALLIED GOVERNMENT SOLUTIONS HEALTH & WELFARE PLAN

Notes to Financial Statements
December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN

The following description of Allied Government Solutions Health & Welfare Plan (the Plan) provides only general information. Participants should refer to the plan document for a complete description of the Plan's provisions.

General

The Plan was established on January 1, 2018, and is a health and welfare benefit plan that covers all eligible employees of Allied Government Solutions, Inc. (the Corporation). The Plan was designed as a voluntary employees' beneficiary association (VEBA) under section 501(c)(9) of the Internal Revenue Code (IRC). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

The Plan covers employees working under federal contracts covered by the act of union works under collective bargaining agreements. Generally, full-time, part-time, and temporary employees for whom fringe benefits are required to be provided under the McNamara-O'Hara Service Contract Act (the Act) of 1965 (as amended) or collective bargaining agreements are covered under the Plan. Benefits are generally reserved for employee coverage, but employees may purchase additional coverage for spouses and dependents through pre-tax and post-tax deductions as allowable under Internal Revenue Service (IRS) and ERISA rules and regulations.

Benefits

The Plan serves as a funding vehicle for qualified medical and fringe benefit contributions made by the Corporation for employees working on certain contracts with the federal government, some of which are subject to the Act or various collective bargaining agreements. The Act generally requires that wages paid to employees working on federal contracts be at least equal to prevailing wage rates as established by the Department of Labor (DOL) for localities in which the employees are working. The Act also requires employers to provide certain qualified fringe benefits in addition to the prevailing wage rate. The DOL annually establishes health and welfare contribution rate requirements for employers to provide employees covered under the Act. Qualified fringe benefits may include such benefits as health, dental, life and disability, non-statutory paid time off, and other fringe benefits.

Plan Administration

Under the Act, employers are required to ensure compliance with the prevailing wage and health and welfare benefit requirements. Accordingly, many employers establish separate trusts or other funded arrangements which receive and administer the health and welfare contributions. If such contributions are paid to a trust, the trust must preclude the federal contractor from recapturing any of the contributions paid into the trust in meeting the minimum prevailing wage requirement and from diverting any of the funds of the trust for its own benefit or use. The Plan was designed as a VEBA to satisfy the Act requirements. The Plan is managed by trustees, which are primary representatives of the Corporation. The trustees retained the services of a third-party administrator, Government Service Administrators (GSA), which specializes in administrative services for benefit plans and trusts. Currently, the Plan provides health, dental, vision, and life and disability coverage through various service insurance providers.

**ALLIED GOVERNMENT SOLUTIONS
HEALTH & WELFARE PLAN**

Notes to Financial Statements
December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN (Continued)

Contributions

Participants must contribute specified amounts as pre-tax or post-tax deductions from their compensation in order to participate in the Plan. The specified amounts are determined annually by the Corporation effective January 1st of each year and vary depending upon the coverage option elected by the participant, whether the coverage is a single plan or a family plan and the range of hours worked each week by the participant. Employer contributions to the Plan are based on the Corporation's estimate of the amount in excess of participant contributions needed to fund current benefit claims.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The Plan prepares its financial statements in accordance with generally accepted accounting principles (U.S. GAAP) established by the Financial Accounting Standards Board (FASB). References to U.S. GAAP in these notes are to the FSAB Accounting Standards Codification (ASC).

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Benefits

The Plan may provide health benefits, including medical, hospitalization, prescription drug, dental, and vision coverage through various preferred provider options, life and short-term disability insurance, wage replacement, and non-statutory paid time off benefits to employees covered by the Act or the collective bargaining agreements as allowed under IRS and ERISA rules and regulations. The Plan also provides for continuation of health insurance coverage under the Consolidation Omnibus Budget Reconciliation Act (COBRA).

Employer Contributions

Funding is established monthly by the Corporation in accordance with prevailing wage rates and health and welfare contribution rates established by the Act or under the collective bargaining agreements. The Corporation adjusts the wage rate factor annually when contracts covered by the Act are renewed or negotiated under the collective bargaining agreements. The Corporation makes contributions for each hour worked by employees covered by the Act or collective bargaining agreements up to the statutory limitations. Some contracts may require compliance on an average basis for covered employees.

**ALLIED GOVERNMENT SOLUTIONS
HEALTH & WELFARE PLAN**

Notes to Financial Statements
December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Employer Contributions (Continued)

Other contracts require compliance on an individual, per employee, basis. The applicable health and welfare benefit rate is based upon the renewal date of the underlying government contract and is adjusted to the effective rate applicable at the time of contract renewal. The Corporation may also elect to take premium rebate credits for benefits provided by the Corporation outside of the Plan in meeting the health and welfare contribution rate requirement under the Act or benefits under the collective bargaining agreements. The Plan maintains premium reserve accounts for participants where required and as defined by the Plan. The Corporation may also periodically direct excess funds from the premium reserve accounts to retirement trust funds established for the benefit of plan participants. Whether the qualified fringe benefits are provided for employees through the Plan or directly by the Corporation, the Corporation is required to demonstrate compliance with the prevailing wage and health and welfare contribution rate requirements established under the Act or collective bargaining agreement. During the year ended December 31, 2024, the Act's effective health and welfare contribution rates were \$5.36 and \$4.98 per hour for contracts awarded or modified after July 2024 and 2023, respectively. Employer contributions to the Plan totaled \$1,000,497 and \$1,236,242 during the years ended December 31, 2024 and 2023, respectively, net of premium rebates of \$320,200 and \$485,884, respectively, for benefits provided by the Corporation, including the change in unapplied premium rebates obligations for the years then ended.

Participant Contributions

Participants may make pre-tax and post-tax salary reduction contributions from their compensation for additional health insurance and other qualified benefits provided by the Plan for coverage for spouses and qualified dependents as allowed by the IRS and ERISA rules and regulations. Employee contributions for qualified health insurance are withheld on a pre-tax basis for additional coverage for spouses and dependents and remitted to the Plan.

Premium Rebates

The Corporation may elect to take premium rebate credits for benefits provided by the Corporation outside of the Plan in meeting the health and welfare contribution rate requirements under the Act or collective bargaining agreements and as required for the Plan to meet its obligations to plan participants and service providers. The Plan may also direct the Corporation to contribute excess funds in participant premium reserve accounts, as defined by the plan document, to qualified retirement plans established for the benefit of plan participants. Whether the qualified fringe benefits are provided for employees through the Plan or directly by the Corporation, the Corporation is required to demonstrate compliance with the prevailing wage and health and welfare contribution rate requirements. During the years ended December 31, 2024 and 2023, the Corporation applied premium rebate credits totaling \$320,200 and \$485,884, respectively, against the health and welfare contribution requirements for benefits provided directly by the Corporation to plan participants, including the change in unapplied premium rebates benefit obligations for the years then ended.

**ALLIED GOVERNMENT SOLUTIONS
HEALTH & WELFARE PLAN**

Notes to Financial Statements
December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Premium Reserve

Where required, the Plan maintains accounts for each participant working on contracts covered by the Act. Some contracts require the Corporation to demonstrate compliance with the prevailing wage and health and welfare contribution requirements on an individual participant basis and others may require demonstration on an average participant basis. As such, the accrued premium reserve represents the unexpended contributions remaining in the participants' premium reserve accounts, as defined in the plan document. The Corporation makes contributions to premium reserve accounts for employees covered by the Act at the prevailing health and welfare contribution rate established by the Act or collective bargaining agreements up to the statutory limitations. For contracts requiring compliance on an individual participant basis under the Act, the unexpended amounts remaining in the participant premium reserve accounts are reflected as accrued premium reserve obligations in the accompanying financial statements. For contracts requiring compliance on an average basis under the Act, the Plan at least annually assesses the cumulative benefits provided to plan participants working on the specific contracts subject to average based compliance to assess compliance with the applicable health and welfare contribution rate. As of December 31, 2024 and 2023, the outstanding accrued premium reserve obligations were \$225,949 and \$182,245, respectively.

Post-Retirement Benefits

Health and other benefits provided by the Plan generally cease at termination of employment with continuation of health insurance and other benefits as provided for under COBRA. Any accrued premium reserve obligations represent the unexpended balance in participant accounts from contributions made at the prevailing health and welfare contribution rates established under the Act, less the benefit premiums, retirement plan allocations, and other benefit payments made on the behalf of participants. Amounts remaining in the participant premium reserve accounts at termination of employment are generally used to fund qualified fringe benefits or are directed to retirement plans established for the benefit of participants. Currently, the qualified fringe benefits provided by the Plan are fully insured by the providers.

Administrative Expenses

The Plan reports administrative, recordkeeping, accounting, bank and other fees as expenses in the accompanying financial statements as costs are incurred. Additionally, the Corporation may provide administrative support and also pay certain professional and other fees on behalf of the Plan as allowed under IRS and ERISA rules and regulations and therefore such expenses are excluded from these financial statements. During the years ended December 31, 2024 and 2023, the Plan incurred administrative expenses totaling \$70,077 and \$47,464, respectively, consisting primarily of administrative service and professional fees.

Subsequent Events

Subsequent events have been evaluated through October 14, 2025, which is the date the financial statements were available to be issued. There were no events that met the criteria for recognition or disclosure in the financial statements.

**ALLIED GOVERNMENT SOLUTIONS
HEALTH & WELFARE PLAN**

Notes to Financial Statements
December 31, 2024 and 2023

3. CONCENTRATIONS OF RISK

Risks and Uncertainties

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

Cash and Cash Equivalents

A significant portion of the Plan's cash and cash equivalents consist of depository accounts with one financial institution and is insured within the limits of the Federal Deposit Insurance Corporation. Given the nature of the bank accounts, their carrying value approximate their fair value as of December 31, 2024 and 2023. Periodically, the Plan has cash balances in excess of federal insurance available for such accounts. The Plan believes it is not exposed to any significant credit risk of cash and cash equivalents.

Plan Participants

A significant portion of the plan participants are employees of the Corporation working under federal contracts covered by the Act or working under collective bargaining agreements. As such, these federal contracts are subject to termination clauses whereby the government may terminate contracts for cause or convenience, or union employees may also initiate a work stoppage. Any contract terminations, funding delays, or work stoppages affecting employees participating in the Plan may have a significant impact upon the Plan or the Corporation's desire to maintain the Plan.

4. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Plan Sponsor

The Plan Sponsor, Allied Government Solutions, Inc., may at management's discretion pay certain administrative and professional expenses of the Plan. During the years ended December 31, 2024 and 2023, the Corporation paid for certain professional services and compliance related costs associated with the Plan. Additionally, certain administrative functions are performed by officers or employees of the Corporation. No such officer or employee receives compensation from the Plan. Accordingly, these transactions are generally exempt from the party-in-interest transaction prohibitions.

Third-Party Administrator

The Plan retained GSA and related affiliates to provide certain management and administrative services. The Plan incurred management and administrative service fees totaling \$70,077 and \$47,464 during the years ended December 31, 2024 and 2023, respectively, including professional fees. GSA invoices administrative services based upon the number of monthly active plan participants.

GSA is also affiliated with Network Administrators Insurance Agency, which may act as the insurance agency for certain insurance procured by the Plan and may receive commissions or other forms of remuneration from the insurance companies and related affiliates.

**ALLIED GOVERNMENT SOLUTIONS
HEALTH & WELFARE PLAN**

Notes to Financial Statements
December 31, 2024 and 2023

5. CONTRIBUTIONS RECEIVABLES

In accordance with U.S. GAAP, the Plan reports outstanding employer and participant contributions as plan receivables. The Plan determines employer contributions based upon per hour labor factors established annually by the Act or collective bargaining agreements up to statutory limitations as required.

In order to ensure adequate liquidity in the trust, the Plan established a funding policy from inception whereby prior month actual labor hours are used to estimate current month funding by the Corporation. Employer contributions under collective bargaining agreements are determined similarly and as stipulated in the federal contract. The Corporation adjusts the per hour health and welfare contribution rates annually based upon the effective rate established by the DOL at the time of contract renewal. The Corporation may also be required to fund contributions in excess of those required under the Act to ensure adequate liquidity in the Plan as the Plan Sponsor has committed to funding the Plan adequately to meet its financial obligations.

Participant contribution receivables represent pre and post-tax withholdings for participant, spousal, and dependent coverage pending remittance to the Plan by the Corporation. There were no contribution receivables as of December 31, 2024 and 2023.

6. ACCRUED PREMIUM REBATES

The Corporation may elect to take premium rebate credits for benefits provided by the Corporation outside of the Plan in meeting the health and welfare fringe benefit rate requirement under the Act or collective bargaining agreements. The Corporation may also contribute excess funds in the participant premium reserve accounts, as defined by the plan document, to a retirement trust fund established for the benefit of plan participants. Any premium rebate credits unapplied against employer contributions as of the end of the reporting period for eligibility credits earned during the reporting period are reflected as accrued premium rebate obligations. As of December 31, 2024 and 2023, the Plan reported no outstanding accrued premium rebate credits. During the years ended December 31, 2024 and 2023, the Corporation applied premium rebate credits totaling \$320,200 and \$485,884, respectively, for qualified fringe benefits funded directly by the Corporation.

The premium rebate credits may also include retirement contributions made directly by the Corporation not subject to vesting. The premium rebate credits are determined by the Corporation and applied against employer contributions when liquidity allows for such. The Plan may also require the Plan Sponsor to make additional contributions to the Plan to cover benefits participants receive in excess of the health and welfare contributions made on their behalf in accordance with the requirements of the Act or collective bargaining agreements. The Plan may also provide for credits against any additional contributions in excess of those required under the Act or collective bargaining agreements should the required contributions under the Act or collective bargaining agreements cure any deficit in participant premium reserve accounts.

**ALLIED GOVERNMENT SOLUTIONS
HEALTH & WELFARE PLAN**

Notes to Financial Statements
December 31, 2024 and 2023

7. ACCRUED PREMIUM RESERVES

Where required, the Plan maintains accounts for each participant working on contracts covered by the Act or collective bargaining agreements. Some contracts require the Plan Sponsor to demonstrate compliance with the prevailing wage and health and welfare contribution requirements on an individual participant basis and others may require demonstration on an average participant basis. For contracts requiring compliance with the Act on an individual participant basis, the accrued premium reserve represents the accumulated eligibility credits or unexpended contributions remaining in the participants' premium reserve accounts, as defined by the plan document. The Corporation makes contributions to premium reserve accounts for employees covered by the Act or collective bargaining agreements at the prevailing health and welfare fringe contribution rate established by the Act or collective bargaining agreements up to the statutory limitations. The accumulated eligibility credits or unexpended amounts remaining in the participant premium reserve accounts are either used to fund qualified fringe benefits or are directed to retirement trust funds for the benefit of participants.

As such, the unexpended balances in the participant premium reserve accounts are reflected as accrued premium reserve obligations or accumulated eligibility credits in the in the accompanying financial statements until the benefits are provided to plan participants. The accrued eligibility credits for unused premium reserve amounts owed to plan participants were reported as accrued premium reserve obligations as of December 31, as follows:

	<u>2024</u>	<u>2023</u>
Accrued premium reserve obligations	\$ 225,949	\$ 182,245

8. HEALTH INSURANCE AND OTHER BENEFITS

The Plan obtains group health, medical, and other supplemental insurance coverage through various underwriters and insurance companies under insured arrangements. Health, medical, and supplemental insurance are provided primarily through group insurance policies subject to certain restrictions and deductibles. Currently, the health, dental, vision, and life and disability benefits provided by the Plan are fully insured and cease upon termination of employment, subject to continuation under COBRA. Based upon the Plan's basis of accounting, health insurance benefits are reported in the accompanying financial statements at contractual insurance premium rates established annually by the underwriters with monthly insurance premiums expenses as benefits based upon the period of coverage. During the years ended December 31, 2024 and 2023, the Plan incurred health insurance and other employee benefit premiums totaling \$800,778 and \$909,408, respectively.

9. TAX STATUS

The Plan received an exemption letter from the IRS in October 2019 setting forth the Trust's tax exemption under IRC Section 501(c)(9) effective January 1, 2018. Accordingly, the Trust is exempt from the payment of income taxes on its exempt activities. Any activities unrelated to the Trust's exempt status are subject to taxation. The plan document may also be amended from time-to-time to clarify certain provisions or comply with new regulations and such amendments may require IRS approval. The Plan's tax returns are also subject to examination or review pursuant to various statute of limitations.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the applicable taxing authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**ALLIED GOVERNMENT SOLUTIONS
HEALTH & WELFARE PLAN**

Notes to Financial Statements
December 31, 2024 and 2023

10. PLAN TERMINATION

Although it has not expressed any intention to do so, the Corporation has the right under the plan document to amend or terminate the trust at any time subject to the provisions of the IRC and ERISA. In the event of termination, the Plan must first apply assets to plan obligations, with any remaining assets used to provide benefits to plan participants. All of the plan participants are employees of the Corporation working under federal contracts covered by the Act or collective bargaining agreements. As such, federal contracts are subject to termination clauses whereby the government may terminate contracts for cause or convenience or for work stoppages by union employees. Any contract terminations or funding delays or working stoppages by employees participating in the Plan may have a significant impact upon the Plan or the Corporation's desire to maintain the Plan. Pursuant to the plan document, the Corporation is committed to ensuring the Plan is adequately funded to meet its obligations.

11. RECONCILIATION TO THE IRS FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the IRS Form 5500 as of December 31:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per financial statements	\$ 396,149	\$ 387,330
Accrued premium reserve obligations	<u>(225,949)</u>	<u>(182,245)</u>
Net assets available for benefits per IRS Form 5500	<u>\$ 170,200</u>	<u>\$ 205,085</u>

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the IRS Form 5500 as of December 31:

	<u>2024</u>	<u>2023</u>
Net increase in net assets available for benefits per the financial statements	\$ 8,819	\$ 31,768
Change in benefit obligations	<u>(43,704)</u>	<u>81,841</u>
Change in net assets available for benefits per IRS Form 5500	<u>\$ (34,885)</u>	<u>\$ 113,609</u>

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.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ▶
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶

Part II Basic Plan Information - enter all requested information

1a Name of plan ALLIED GOVERNMENT SOLUTIONS HEALTH & WELFARE PLAN	1b Three-digit plan number (PN) ▶ 503
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) ALLIED GOVERNMENT SOLUTIONS, INC. WELFARE TRUST 90 WASHINGTON STREET SUITE 211 DOVER NH 03820	1c Effective date of plan 01/01/2018 2b Employer Identification Number (EIN) 27-4329708 2c Plan Sponsor's telephone number 603-590-9993 2d Business code (see instructions) 561110

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.

Signed by: SIGN HERE <i>Matthew Rose</i> Signature of plan administrator	10/14/2025 Date	MATTHEW ROSE Enter name of individual signing as plan administrator
Signed by: SIGN HERE <i>Roy Aboody</i> Signature of employer/plan sponsor	10/14/2025 Date	ROY ABOODY Enter name of individual signing as employer or plan sponsor
SIGN HERE Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311