

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan G&A PARTNERS EMPLOYEE WELFARE BENEFIT PLAN (520)
1b	Three-digit plan number (PN) ▶ 520
1c	Effective date of plan 01/01/2022
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) G&A OUTSOURCING, INC. DBA G&A PARTNERS 17220 KATY FREEWAY SUITE 350 HOUSTON, TX 77094
2b	Employer Identification Number (EIN) 76-0461926
2c	Plan Sponsor's telephone number 713-784-1181
2d	Business code (see instructions) 561300

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.	07/16/2026	AARON CALL
	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 ☒ 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 1989
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) 1977 6a(2) 2242 6b 5 6c 0 6d 2247 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 Characteristic Codes in the instructions:

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

4A

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☐ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☐ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 1
- (4)** ☐ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code 135811807

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A Name of plan G&A PARTNERS EMPLOYEE WELFARE BENEFIT PLAN (520)	B Three-digit plan number (PN) ▶ 520
C Plan sponsor's name as shown on line 2a of Form 5500 G&A OUTSOURCING, INC. DBA G&A PARTNERS	D Employer Identification Number (EIN) 76-0461926

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

(a) Name of insurance carrier
UNITEDHEALTHCARE 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
36-2739571	79413	1531426	2970	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid 428953	(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
G&A BENEFICIAL, LLC
17220 KATY FREEWAY
SUITE 350
HOUSTON, TX 77094

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
246159	0	N/A	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ALLIANT INSURANCE SERVICES INC
701 B STREET
FL 6
SAN DIEGO, CA 92101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
182794	0	N/A	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	24375879
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. ▶

G&A Outsourcing Health and Welfare Plan
EIN - 76-0461926; Plan Number 520
Plan Year Ended: December 31st, 2025

Form 5500, Line A, Multiple Employer Plans - SCEC

Client Name	Tax-ID
	81-0880494
4MEDIAGROUP, INC	810880494
ACUTYADVISAL	43-1192856
AIRCLEANINGSPECIALISTS, INC	47-1878109
AMZME INC	37-1553679
AMRISTARCONSULTINGLLC	43-1334862
BIOTECHPHARMACEUTICAL, INC	43-1664669
BOS & GIRLS CLUB OF THE OZARKS	431664669
BOWNS BODY SHOP	47-2449813
BUILDING ON THE MOUNTAIN, LLC	84-4626039
C&C WELDING CORP	93-1561707
CALCASQUILLO, LLC	93-1561707
CES	1231023
CHERRING INC	86-2029201
CHIROUT VETERINARY, LLC	

	83-1614144
CHILDRENS BEHAVIORAL SERVICES LLC	11-3671439
COMMUNITY ENGINEERING & BUILDING SERVICES	46-1994903
CRJ Aviation, LLC	84-5134892
CUNEX INCUSQ LLC	810880494
Cherry Blossom PACE	47-5598792
Complex Technologies, LLC	68-1498336
DB Company	46-5229029
DAIX LLC	88-0818331
DH Hotels, LLC	8808331
DE CRAFT	92-1291465
DOE RECOVERY	92-129465
DZZee IT Services	43-189486
ECOWOOD SOLUTIONS	88-1017564
ELECTRONICQ LLC	58-2410988
EMCO OUTDOOR LLC	39-4530173
EMCO OUTDOOR LLC	

	33-4641070
ENHANCED HEALTH SERVICES LLC	
	33-2419288
EPIC ENTERPRISE MANAGEMENT LLC	
	85-4000271
EPHOLIS	
	39-4457235
EVERADE PROPERTY MANAGEMENT LLC	
	88-2251417
Freedom Management Group, LLC	
	43-1450326
Grand Center, Inc.	
	47-1707257
HEARTLAND ALIATION LLC	
	90-1141183
HETON ELECTRIC LLC	
	43-1755319
HUBBLY PUMING AND HUIING	
	43-1786565
HUIHOUSE SERVICE INC	
	35-1537665
HROS & COMPANY COMMUNICATIONS INC	
	20-8472065
HOLADAY CONSTRUCTION GROUP, LLC	
	82-3430722
HONSTARS HOME SERVICES	
	99-0524700
HYPHEN A, INC	
	99-0362005
ICON ROBOTICS INC	
	33-2407999
IMAGINE PROPERTY MANAGEMENT SOLUTIONS LLC	

	83-4293214
IMMEDIATE SOLUTIONS INC	
	99-2750298
INNOVATIVE AUTOMATIONS LLC	
	35-2066074
INTECARE INC	
	82-1443901
Imagine Commercial Solutions, LLC	
	86-2929765
Immersive Hub Operations, LLC	
	85-2929765
JENAB CLEANING SOLUTIONS	
	86-1122744
Jobba Trade Technologies, Inc.	
	20-4710750
KF DWMER ENTERPRISES, LLC	
	204710750
KANSAS BENDING LLC	
	43-1927828
KIDS HARBOR INC	
	41-1590869
KITCHEN CLASSICS, LTD	
	47-5021154
KOHN CONSTRUCTION SERVICES, INC	
	86-1249816
KOUTSKADIS MILLERY INC	
	99-5066699
KOOLIS	
	99-4038421
LIFE FAMILY LLC	
	25-0990591
LIFE NORTHWESTERN PENNSYLVANIA LLC	

	93-3730818
LIVE ACTIVE MANAGEMENT LLC	63-1160366
LUKE & COMPANY LLC	27-5337169
MAR BRAND CONTRACTING	61-2212292
MARSHAL PETRO LLC	35-2066074
MARTIN PLUMBING HEATING & COOLING	47-3401844
MORNINGSIDELCHURCHMANAGEMENT, INC	47-3401697
MORNINGSIDELCHURCHPRODUCTIONS, INC	47-3401984
MORNINGSIDELCHURCHRETREAT, INC	47340084
MOUNTAIN VIEW PACE	204710750
MOWER	82-5510319
McGowan Built Properties, LLC	73-1540176
NEW PROSPECT COMPANY	46-4354274
OMNITRADE CONTRACTING LLC	464354274
ONE LOGISTICS NETWORK	87-2089475
ONE SENSOR CORE INC	99-0738703
ONE SENSOR CORE HQ LLC	

	48-1170475
OALCON CHERRY, INC	88-1627068
Oz Operations, LLC	38-2034307
PARKS MAINTENANCE INC	46-2441525
PATERSON AND SONS, INC	43-1730907
PEOPLES BANK OF SENECA, INC	4373007
PICKS GALLERY	2703265
PINNACLE ADVISORS	473401844
PICO	45-1887555
POWELL LLC	23-2865040
PRIMEND SERVICES, INC	20-1486272
PRIMO TRANSPORTATION MANAGEMENT, INC	58-2492811
PROCHANT LLC	58-2492811
Precision Auto	87-2243534
Prochant Holdings, Inc.	43-1457536
Pulaski County Ambulance District	47-2250433
QUANTUS CORP	

	82-5356631
REDINE RESOURCES, LLC	
	87-1653721
RESTORATIVE BRANCH ENTER, INC	
	45-3282513
REINVENTING FREEDOM, INC	
	39-1591361
RF TECHNOLOGIES INC	
	84-2556669
SUMMIT EYE CARE OF WISCONSIN SC	
	81-4048336
SWIFTONER, INC	
	84-3770359
Show Me Supports, LLC	
	26-1936382
SideGars, Inc.	
	20-5202906
Sustainable Bands, LLC	
	99-3890943
TANDE INC	
	88-0979864
THE TIME LLC	
	82-0737803
TECHNORACE EMPLOYERS, LLC	
	99-6315025
TFC MANAGEMENT TRUST INC	
	83-3252907
THE BHAWORTH LLP, LLC	
	20-5124142
THOMSON COMPANIES, INC	
	20-512442
TIPCO Technologies	

	92-1010671
TRANSFORMATION PACKING LLC	
	99-3479404
TRANSPORT PARTY SERVICES LLC	
	81-3009080
TRUCK REPAIR DOCK, PLLC	
	47-1824852
UPROR	
	453282513
VERBURY VILLAGE OF LOMRA	
	32-0555514
VRUE ENERGY SERVICES	
	83-4697536
WELNESS ANIMAL HOSPITAL	
	99-3006179
WELZOL LLC	
	84-3770359
WIDEBAND LABS, LLC DBA POWERSHOTS	
	38-2439721
WILMOTH ELEC INC	
	43-0910552
WOMACK MONUMENT COMPANY	
	81-2915471
WORKPLACE SOLUTIONS LLC	
	61-2245875
XNNE INDUSTRIES INC	
	27-4823959
reDesign LLC	