Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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
AFSPA BENEFITS PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 01/01/2009

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)
AMERICAN FOREIGN SERVICE PROTECTIVE ASSOCIATION

1620 L STREET N.W.
SUITE 800
WASHINGTON, DC 20036

2b Employer Identification Number (EIN)
53-0200270

2c Plan Sponsor's telephone number
202-833-4910

2d Business code (see instructions)
813000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/27/2026	CHRISTOPHER KYLE LONGTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	5581
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	5574
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	5890
b	Retired or separated participants receiving benefits	**6b**	7
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	5897
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4B 4D 4H 4L 4Q

9a Plan funding arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 5
- **(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_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
AFSPA BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN FOREIGN SERVICE PROTECTIVE ASSOCIATION

D Employer Identification Number (EIN)
53-0200270

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 AND AFFILIATES CIGNA

(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	3217088	701	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
77428	0

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

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

GABLE, MAURICE
PO BOX 13169
PITTSBURGH, PA 15243-9998

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
77428			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)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [X] Dental
- **c** [ ] 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** [X] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	708633
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
AFSPA BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN FOREIGN SERVICE PROTECTIVE ASSOCIATION

D Employer Identification Number (EIN)
53-0200270

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
MUTUAL OF OMAHA 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
47-0246511	71412	G0002Y67	620	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	52692

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

AMERICAN FOREIGN SERVICE
1620 L ST NW STE 800
WASHINGTON, DC 20036

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	52692	ADMINISTRATION	5

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	561813
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
AFSPA BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN FOREIGN SERVICE PROTECTIVE ASSOCIATION

D Employer Identification Number (EIN)
53-0200270

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
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	42001	3940	09/01/2024	08/31/2025

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

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] Life insurance
- **e** [ ] 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** [X] Other (specify) ▶ VOLUNTARY AD&D CRITICAL ILLNESS

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	672147
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
AFSPA BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN FOREIGN SERVICE PROTECTIVE ASSOCIATION

D Employer Identification Number (EIN)
53-0200270

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	00040A	847	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
35253	0

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

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

GABLE, MAURICE
PO BOX 13169
PITTSBURGH, PA 15243-9998

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
35253	0	SALES & SERVICES	

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	440658
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
AFSPA BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN FOREIGN SERVICE PROTECTIVE ASSOCIATION

D Employer Identification Number (EIN)
53-0200270

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
DOMINION NATIONAL

(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
54-1808292	95657	181391	161	10/01/2024	09/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [X] Dental
- **c** [ ] 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** [X] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	80079
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE H
(Form 5500)

Department of the Treasury
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
AFSPA BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN FOREIGN SERVICE PROTECTIVE ASSOCIATION

D Employer Identification Number (EIN)
53-0200270

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	2516701	2448675
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2041550	2798780
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)	9619800	12770948
(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)	1481042	1125816
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2169150	1250171

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e	8021603	7524251
1f Total assets (add all amounts in lines 1a through 1e)	1f	25849846	27918641
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	2084894	2520994
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	11104565	9678385
1k Total liabilities (add all amounts in lines 1g through1j)	1k	13189459	12199379
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	12660387	15719262

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	2724393	
(C) Others (including rollovers)	2a(1)(C)	18854457	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		21578850
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	31819	
(B) U.S. Government securities	2b(1)(B)	33193	
(C) Corporate debt instruments	2b(1)(C)	40032	
(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)		105044
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	199987	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	51294	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		251281
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	4343564	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4150973	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		192591
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	904503	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		904503

		(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)		157671
c Other income	2c		20000
d Total income. Add all **income** amounts in column (b) and enter total	2d		23209940
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)	2605745	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2605745
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)	12280210	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	132805	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	130240	
(6) Bank or trust company trustee/custodial fees	2i(6)	19917	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	86147	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	4896001	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		17545320
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		20151065
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3058875
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: JOHNSON LAMBERT, LLP **(2)** EIN: 52-1446779

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		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.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

JohnsonLambert LLP
cpas + consultants

AFSPA Benefits Plan

Audited Financial Statements and Other Financial Information

Years ended December 31, 2025 and 2024
with Report of Independent Auditors

AFSPA Benefits Plan

Audited Financial Statements and Other Financial Information

Years ended December 31, 2025 and 2024

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Report of Independent Auditors

Board of Directors
American Foreign Service Protective Association, Inc.
Washington, DC

Opinion

We have audited the financial statements of AFSPA Benefits Plan (the 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 as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and cash flows 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 of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits and its cash flows 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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 the Plan's internal control. Accordingly, no such opinion is expressed.

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

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

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

Supplemental Schedule - Detail of Activities

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Detail of Activities for the year ended December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, line 4i - Schedule of Assets Held for Investment (at End of Year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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



Woodbridge, New Jersey
July 13, 2026

AFSPA Benefits Plan

Statements of Net Assets Available for Benefits

	December 31, 2025	December 31, 2024
Assets		
Cash and cash equivalents	$ 2,448,675	$ 2,516,701
Investments, at fair value	15,146,935	12,906,610
Accounts receivable	4,154	7,786
Prepaid expenses	311,342	291,613
FEHBP reimbursement receivable, net of allowance for credit losses	2,483,284	1,742,151
Fixed assets, net	1,105,994	420,566
Other assets	-	350,629
Deferred compensation plan assets	-	363,382
Right-of-use assets	6,418,257	7,250,408
Total assets	$ 27,918,641	$ 25,849,846
Liabilities and net assets available for benefits		
Liabilities:		
Accounts payable and other liabilities	$ 2,396,257	$ 1,923,306
Deferred revenue	903,932	918,123
Deferred compensation plan liability	-	363,382
Retiree HRA plan obligation	746,814	856,145
Lease liabilities	8,027,639	8,966,915
Total liabilities	12,074,642	13,027,871
Net assets available for benefits	15,843,999	12,821,975
Total liabilities and net assets available for benefits	$ 27,918,641	$ 25,849,846

See accompanying notes to the financial statements.

AFSPA Benefits Plan

Statements of Changes in Net Assets Available for Benefits

	Years ended December 31, 2025	2024
Investment Income:		
Net investment income	$ 457,383	$ 964,949
Net change in fair value of investments	1,026,397	119,457
Total investment income	1,483,780	1,084,406
Additions:		
Administrative expense reimbursement	15,261,608	13,624,190
Member contributions	2,724,393	2,873,393
Service and administrative charges	3,592,849	2,904,555
Miscellaneous income	20,000	20,000
Total additions	21,598,850	19,422,138
Deductions:		
Employee compensation and related expenses	12,280,210	11,162,612
Administrative and general	4,978,558	4,542,588
Premiums paid to insurance carriers	2,642,596	2,735,788
Depreciation and amortization	279,049	241,722
Loss on disposal of fixed assets	2,930	-
Total deductions	20,183,343	18,682,710
Change in net assets available for benefits before change in retiree HRA plan obligation and other net periodic retiree HRA plan costs	2,899,287	1,823,834
Change in retiree HRA plan obligation other than net periodic retiree HRA plan costs	208,694	101,571
Other net periodic retiree HRA plan costs	(85,957)	(80,772)
Total change in net assets available for benefits	3,022,024	1,844,633
Net assets available for benefits, beginning of year	12,821,975	10,977,342
Net assets available for benefits, end of year	$ 15,843,999	$ 12,821,975

See accompanying notes to the financial statements.

AFSPA Benefits Plan

Statements of Cash Flows

	Years ended December 31, 2025	2024
Cash flows from operating activities		
Change in net assets available for benefits	$ 3,022,024	$ 1,844,633
Adjustments to reconcile change in net assets available for benefits to net cash from operating activities:		
Depreciation and amortization	279,049	241,722
Noncash lease expense	832,151	810,440
Net change in fair value of investments	(1,026,397)	(119,457)
Changes in operating assets and liabilities:		
Accounts receivable	3,632	12,275
Prepaid expenses	(19,729)	82,095
FEHBP reimbursement receivable	(741,133)	(143,319)
Other assets	350,629	-
Accounts payable and other liabilities	472,951	339,456
Deferred revenue	(14,191)	740,217
Retiree HRA plan obligation	(109,331)	5,429
Lease liabilities	(939,276)	(569,240)
Total cash flows from operating activities	2,110,379	3,244,251
Cash flows from investing activities		
Additions to fixed assets	(964,477)	(222,930)
Additions to fixed assets not yet in service	-	(350,629)
Purchases of investments	(6,707,402)	(5,236,264)
Maturities and sales of investments	5,493,474	3,899,396
Total cash flows from investing activities	(2,178,405)	(1,910,427)
Net change in cash and cash equivalents	(68,026)	1,333,824
Cash and cash equivalents, beginning of year	2,516,701	1,182,877
Cash and cash equivalents, end of year	$ 2,448,675	$ 2,516,701

See accompanying notes to the financial statements.

AFSPA Benefits Plan

Notes to Financial Statements

Years ended December 31, 2025 and 2024

Note A - Plan Description and Summary of Significant Accounting Policies

Description of the Plan
The following description of the AFSPA Benefits Plan (the Plan) provides only general information. Participants should refer to the Plan Document for a complete description of the Plan's provisions.

The Plan Document was restated in its entirety effective January 1, 2014. No significant amendments to the Plan Document have been executed since that date.

The Plan is sponsored by the American Foreign Service Protective Association, Inc. (AFSPA), a not-for-profit corporation organized to provide insurance benefits to its members, principally foreign service employees of the United States federal government. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

As further described in Note D, the Plan provides life, long-term care, accidental death and dismemberment and dental benefits to members of AFSPA and their beneficiaries and covered dependents. Benefits are funded solely by premiums charged to participants and are fully insured. Prudential Insurance Company of America issues the master group policies with respect to accidental death and dismemberment, life benefits, and term life insurance. General Life Insurance Company (CIGNA) administers global and domestic dental benefits and Dominion Dental underwrites domestic dental benefits under a master group policy. CIGNA and Lloyd's of London underwrite individual disability benefits. The Lloyd's of London and Cigna disability plans were terminated effective January 1, 2025. Since 2013, the Plan no longer provides long-term care benefits to new members; however, existing plan participants at the time of termination continue to receive coverage through Mutual of Omaha.

As further described in Note C, AFSPA also sponsors the Foreign Service Benefit Plan (the FSBP), a health plan, under a contract with the United States Office of Personnel Management (OPM) pursuant to the Federal Employee Health Benefits Act of 1959, as amended.

Basis of Reporting
The financial statements of the Plan have been prepared in accordance with accounting principles generally accepted in the United States (GAAP). Preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Pursuant to the bylaws of AFSPA, certain assets of AFSPA may be used to fund plan benefits. As such, these assets and any related liabilities are included in these Plan financial statements.

Note A - Plan Description and Summary of Significant Accounting Policies (Continued)

Basis of Reporting
In accordance with the contract with the OPM, the assets and liabilities of the FSBP cannot be commingled with those of other plans, therefore the accounts of the FSBP are not included in these financial statements. However, as described in Note C to the financial statements, amounts related to administrative services provided to the FSBP by AFSPA personnel are reflected in these financial statements.

Measure of Operations
The statements of changes in net assets available for benefits reports all changes in plan assets, including changes from operating and nonoperating activities. Operating activities consist of those items attributable to the Plan's ongoing operations, investment income and change in fair value of investments. Nonoperating activities consist of the change in Retiree Health Reimbursement Arrangement (HRA) plan assets and obligation and other Retiree HRA plan costs, which includes the components of net periodic Retiree HRA plan costs other than service cost.

Administrative Expense Reimbursement
In accordance with the performance obligation of AFSPA's contract with OPM to administer part of the Federal Employees Health Benefits Program (FEHBP), AFSPA allocates administrative expenses in the period they are incurred, including a cost of capital allowance, to the FSBP subject to an annual maximum limitation. Reimbursement of these expenses is reflected in administrative expense reimbursement on the statements of changes in net assets available for benefits and is also described in Note C. Administrative expense reimbursements from the OPM are recognized monthly by AFSPA as revenue when eligible expenses are incurred.

Member Contributions
Member contributions for each benefit offered are determined by the management of AFSPA based on rates negotiated with insurance carriers. The Plan collects premiums from its members and remits the premiums to the various insurance carriers. Premiums received via payroll deduction from members are recognized as collected. Premiums billed directly to members are recognized monthly over the term of the billing period, generally quarterly or annually. See Note D for further description of the group life and other insurance policies.

Service and Administrative Charges
Service charge revenue is recorded by AFSPA on a monthly basis based on a fixed amount as stated in the FEHBP contract that AFSPA has entered into with the OPM. Payment for the service charge is received from the OPM on a monthly basis. The service revenue is earned in accordance with the fulfillment of the performance obligation of this contract including the administering of the group health contract as described above in the administrative expense reimbursement policy.

Note A - Plan Description and Summary of Significant Accounting Policies (Continued)

Administrative charge revenue is recognized as revenue over the billing period of the related premium. Reimbursement for administrative expenses is received on a monthly basis. AFSPA earns administrative charge revenue in accordance with the fulfillment of the performance obligations of their contracts with respective insurance carriers.

Cash and Cash Equivalents
All highly liquid investments with a maturity of three months or less when purchased are considered to be cash equivalents.

Investments
The Plan carries its investments at fair value as further described in Note F. Realized investment gains or losses are determined using the specific identification method. Gains or losses, realized and unrealized, are reported in the statements of changes in net assets available for benefits as the net change in fair value of investments. Investment income is reported net of the related expenses on the statements of changes in net assets available for benefits.

Concentration of Credit Risk and Uncertainties
The Federal Deposit Insurance Corporation (FDIC) insures amounts on deposit with each financial institution up to limits as prescribed by law. The Plan may hold funds with institutions in excess of the FDIC insured amount. However, management does not consider the cash balances above the FDIC insured limit to be a significant credit risk.

Fixed Assets
Fixed assets are stated at cost. The Plan capitalizes purchased assets with costs equal to or greater than $1,500. Depreciation is calculated on furniture, fixtures, and equipment using the straight-line method over their estimated useful lives ranging from 3 to 7 years and 3 years for computers and software. Leasehold improvements are recorded at cost and are amortized over the shorter of their useful lives or the remaining term of the lease.

The Plan capitalizes the cost of computer software developed or obtained for internal use. Expenses incurred related to internal use software that was not yet placed into service as of December 31, 2024 was recorded as fixed assets not yet in service, which is included in "other assets" on the balance sheet. All internal use software was placed into service as of December 31, 2025.

Note A - Plan Description and Summary of Significant Accounting Policies (Continued)

Capitalized computer software costs consist primarily of consulting costs incurred during the application development stage. The Plan expenses costs related to preliminary project assessments, research and development, re-engineering, training and application maintenance as they are incurred. Capitalized software costs are amortized on a straight-line basis over an estimated life of seven years upon being placed in service. The capitalization and ongoing assessment of recoverability of development costs requires considerable judgment by management with respect to certain external factors, including, but not limited to, technological and economic feasibility, and estimated economic life.

FEHBP Reimbursement Receivable
FEHBP Reimbursement receivable consists of amounts owed from the OPM. Receivables are reported net of an allowance for credit losses. AFSPA did not record an allowance for credit losses as of December 31, 2025 and 2024. There were no write-offs or recoveries of previous write-offs recorded during the year.

Credit Losses
AFSPA measures expected credit losses on financial assets held at amortized cost, and records an allowance for credit loss when management determines a credit loss exists. Allowances for credit losses are recorded as contra-assets that reduce the corresponding financial assets on the statements of net assets available for benefits. As the estimate of expected credit losses changes with subsequent evaluations, those increases and decreases are recognized in the statements of changes in net assets available for benefits. AFSPA writes off uncollectible amounts against the allowance for credit losses when it determines that a financial asset is partially or fully uncollectible.

Federal Income Taxes
AFSPA has received an exemption letter from the Internal Revenue Service dated October 6, 1981 stating that the trust is exempt from taxation under the provisions of Section 501(c)(9) of the Internal Revenue Code (IRC) as a Voluntary Employee Beneficiary Association. The Plan and trust are required to operate in compliance with the applicable requirements of the IRC. The trust has been amended since receiving this determination letter. Management believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes the trust is tax exempt. Management has concluded that there are no uncertain tax positions as of December 31, 2025.

Note A - Plan Description and Summary of Significant Accounting Policies (Continued)

Leases
AFSPA determines if an arrangement is a lease or contains a lease at inception of a contract and classifies each lease as an operating or finance lease. A contract is determined to be or contain a lease if the contract conveys the right to control the use of identified property, plant, or equipment (an identified asset) in exchange for consideration. AFSPA records a right-of-use (ROU) asset for the right to use an underlying asset for the lease term and a lease liability, on a discounted basis, for the obligation to make lease payments arising from the lease. AFSPA has elected the risk free rate as the discount rate for all its underlying leased assets. The lease term includes options to extend or to terminate the lease; however, AFSPA is not reasonably certain to exercise. ROU assets are subject to review for impairment.

For operating leases, lease expense relating to fixed payments is recognized on a straight-line basis over the lease term and lease expense relating to variable payments is expensed as incurred. For finance leases, the amortization of the ROU asset is recognized over the shorter of the lease term or useful life of the underlying asset and interest expense is recorded using the effective interest rate method. AFSPA did not record any finance leases for the years ended December 31, 2025 and 2024. AFSPA has elected as an accounting policy not to record ROU assets and lease liabilities that arise from short-term leases for any class of underlying asset.

Plan Termination
Although AFSPA has not expressed any intention to do so, it has the right under the Plan Document to terminate the Plan. In the event the Plan terminates, AFSPA may use Plan assets to pay covered expenses, as defined by the summary plan description, outstanding as of the later of the date the termination is adopted or is effective, and AFSPA expenses. Any remaining assets will be allocated by a Board of Directors' resolution that conforms with applicable law and does not adversely affect the Section 501(c)(9) qualified status of AFSPA.

Subsequent Events
Management has performed an evaluation of subsequent events through July 13, 2026, which is the date the financial statements were available to be issued and has considered any relevant matters in the preparation of the financial statements and notes.

Note B - Fixed Assets

A summary of fixed assets, net as of December 31 is as follows:

	2025	2024
Computers and software	$ 1,378,160	$ 1,197,962
Furniture, fixtures and equipment	522,820	546,792
Leasehold improvements	981,226	981,226
	2,882,206	2,725,980
Accumulated depreciation and amortization	(1,776,212)	(2,305,414)
Fixed assets, net	$ 1,105,994	$ 420,566

AFSPA had disposals of fixed assets totaling $811,180 with related accumulated depreciation of $808,250 for the year ending December 31, 2025.

Note C - Transactions with the Foreign Service Benefit Plan

AFSPA is the underwriter of the FSBP and has obtained stop-loss insurance from Aetna Life Insurance Company to protect against excess risk from its sponsorship of the FSBP. Claims Administration Corp (CAC) provides administrative services for the FSBP. OPM deposits enrollment premiums collected from federal employees to a letter of credit account, from which CAC draws to pay claims and administrative expenses. AFSPA is reimbursed for health insurance program administrative expenses by reporting funding requirements to CAC, which executes a pass-through draw transaction.

The group health underwriting contract, as required by the contract with OPM, is experience rated. The excess or deficiency of health premiums received and accrued over administrative expenses and health claims incurred is reflected in a special reserve held by OPM and is not included in these financial statements. The special reserve balance at December 31, 2025 and 2024 is $168.4 million and $103.4 million, respectively. The special reserve may only be used to fund future health claims or administrative expenses and reverts to the federal government if the contract with OPM is terminated. A portion of enrollment premiums is withheld from the FSBP by OPM and is set aside as a contingency reserve. These funds may subsequently be made available to the FSBP by transferring amounts to the special reserve account. The contingency reserve balance at December 31, 2025 and 2024 is $289.5 million and $396.9 million, respectively. The contract with OPM automatically renews each January 1, unless notice of cancellation is given 60 days prior to renewal.

Under its contract with OPM, AFSPA may allocate administrative expenses, including a cost of capital allowance, to the health plan subject to an annual maximum limitation. The maximum limitation was $77,160,954 and $64,402,766 for the years ended December 31, 2025 and 2024, respectively. AFSPA allocated direct and indirect expenses to the health plan of $15,261,608 and $13,624,190 in 2025 and 2024, respectively. The reimbursement of these expenses is reflected in administrative expense reimbursement on the statements of changes in net assets available for benefits.

Note C - Transactions with the Foreign Service Benefit Plan (Continued)

Administrative expenses incurred by AFSPA during the year and owed from the OPM as of December 31, 2025 and 2024 are included in FEHB reimbursement receivable on the statements of net assets available for benefits. The opening and closing receivable balances for 2025 and 2024 are as follows:

	January 1, 2024	December 31, 2024	December 31, 2025
FEHB reimbursement receivable	$ 1,598,832	$ 1,742,151	$ 2,483,284

Note D - Group Life and Other Insurance Policies

AFSPA purchases group insurance policies to cover the benefits provided by the life insurance, the accidental death and dismemberment insurance, long-term care, dental and disability plans. As a normal course of business, the Plan collects premiums from its members and remits the premiums to the various insurance carriers less an administrative fee. The total premiums earned were $2,724,393 and $2,873,393, in 2025 and 2024, respectively. The total premium expense incurred was $2,605,745 and $2,775,962, in 2025 and 2024, respectively.

Note E - Benefit Obligation

The following tables present the components of the Plan's benefit obligation and the related changes in the Plan's benefit obligation at December 31 and for the years then ended.

	2025	2024
Benefit obligation		
Premiums due to insurers	$ 124,737	$ 161,588

	2025	2024
Change in benefit obligation		
Benefit obligation, beginning of year	$ 161,588	$ 121,414
Premiums incurred	2,605,745	2,775,962
Insurance premiums paid	(2,642,596)	(2,735,788)
Benefit obligation, end of year	$ 124,737	$ 161,588

Note F - Investments and Fair Value Measurements

Investments, at fair value at December 31 were comprised of the following:

	2025	2024
Mutual funds	$ 1,125,816	$ 1,481,042
Common stocks	12,770,948	9,619,800
Fixed income securities	298,369	896,042
Structured products	93,625	511,013
Mortgage-backed securities	858,177	398,713
Total investments, at fair value	$ 15,146,935	$ 12,906,610

Investments in common stocks and exchange traded mutual funds are reported at quoted market prices. Mortgage backed securities are fixed income bonds reported at fair value. Investments in fixed income securities are reported at fair value. The Plan invests in structured products, which are securities that are reported at fair value and sold by institutions (usually banks) and have a fixed maturity date. These structured products are created by and backed by the corporate credit of the issuing institution. They are not exchange traded and have limited liquidity in the secondary market. The investment returns of the structured products held by the Plan were derived from the performance of APA Corporation (APA) at December 31, 2025. The investment returns of the structured products held by the Plan were derived from the performance of Floor & Decor Holdings, Inc. (FND), APA Corporation (APA), Crowdstrike Holdings (CRWD), and MSCI World ESG Quality (MXWOEQLV) at December 31, 2024. The valuation of these securities at year end is calculated using proprietary bond and option models where each component of the note is priced separately. The main inputs into these models are the credit quality of the issuer, the value of the underlying index, the length of time until maturity and other features specific to each note such as principal protection or multiplier participation. It is at least reasonably possible that the Plan could potentially lose some or all of its invested principal in these securities.

Investments are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

GAAP establishes a three-level hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy requires the use of observable market data when available and establishes the following three levels:

Level 1- Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities traded in active markets that the Plan has the ability to access.

Note F - Investments and Fair Value Measurements (Continued)

Level 2- Inputs to the valuation methodology included quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for substantially the entire period for the assets or liability and market-corroborated inputs.

Level 3- inputs to the valuation methodology are unobservable for the asset or liability and are significant to the fair value measurement.

The following table provides how the Plan's financial assets are reported at fair value as of December 31, 2025:

	Quoted Prices in Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Total
Mutual funds	$ 1,125,816	$ -	$ 1,125,816
Common stocks	12,770,948	-	12,770,948
Fixed income securities	-	298,369	298,369
Structured products	-	93,625	93,625
Mortgage-backed securities	-	858,177	858,177
	$ 13,896,764	$ 1,250,171	$ 15,146,935

The following table provides how the Plan's financial assets are reported at fair value as of December 31, 2024:

	Quoted Prices in Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Total
Mutual funds	$ 1,481,042	$ -	1,481,042
Common stocks	9,619,800	-	9,619,800
Fixed income securities	-	896,042	896,042
Structured products	-	511,013	511,013
Mortgage-backed securities	-	398,713	398,713
	$ 11,100,842	$ 1,805,768	$ 12,906,610

Note F - Investments and Fair Value Measurements (Continued)

The total investment income at December 31 is as follows:

	2025	2024
Interest and dividends	$ 356,325	$ 359,115
Realized gains on investments	231,298	717,960
Investment fees	(130,240)	(112,126)
Net investment income	457,383	964,949
Net change in fair value of investments	1,026,397	119,457
Total investment income	$ 1,483,780	$ 1,084,406

Note G - Employee Benefits

AFSPA has an employee-directed 401(k) plan. Qualified employees are those who are at least twenty-one years of age with one year of service completed. Employees may elect to contribute a percentage of their salaries up to the maximum allowed by current retirement plan regulations. Total expense for employer contributions for 2025 and 2024 was $396,753 and $370,078, respectively, which includes matching and discretionary contributions.

Additionally, AFSPA maintains a non-qualified supplemental retirement plan for the benefit of permitting a member of senior management to make salary deferrals. A deferred compensation plan is an unsecured contractual commitment by an employer to an employee to pay compensation in future tax years and therefore is subject to the general creditors of the organization. Deferred compensation assets held under the non-qualified plan for which the employee is 100% vested total $0 and $363,382 at December 31, 2025 and 2024, respectively. These assets and the corresponding liability are recorded in the statements of net assets available for benefits. Contributions to the plan are made solely by the employee. AFSPA has the ability to make employer contributions; however, no such contributions were made during the years ending December 31, 2025 and 2024. The compensation assets held under the non-qualified plan were fully distributed during the year ended December 31, 2025. The deferred compensation assets as of December 31, 2025 and 2024 consist of the following:

	2025	2024	Fair Value Hierarchy Level
Mutual fund	$ -	$ 363,382	1

Note H - Retiree HRA Plan

Effective June 1, 2018, eligible retirees may participate in the Retiree HRA plan if the individual is an AFSPA employee that regularly worked 30 hours or more per week and is at least 55 years of age with a minimum of 15 years of service as an employee with AFSPA. The amount of the Retiree HRA plan benefit varies based on years of service.

GAAP requires an employer or plan sponsor to fully recognize the obligations associated with retiree healthcare in the financial statements by recognizing, in its statement net of assets available for benefits, an asset for a plan's overfunded status or a liability for a plan's underfunded status rather than only disclosing the funded status in the footnotes to the financial statements. GAAP also requires that an employer or plan sponsor recognizes changes in the funded status of a retiree healthcare plan in the year in which the changes occur.

The accrued Retiree HRA plan obligation and related cost for the years ended December 31 are as follows:

Accrued retiree HRA plan obligation and related cost	2025	2024
January 1	$ 856,145	$ 850,716
Service cost	50,443	52,296
Interest cost	47,059	41,874
Actuarial gain	(182,711)	(72,803)
Benefits paid	(24,122)	(15,938)
December 31	$ 746,814	$ 856,145

Change in HRA plan assets	2025	2024
January 1	$ -	$ -
Employer contributions	24,122	15,938
Benefits paid	(24,122)	(15,938)
December 31	$ -	$ -

The plan was underfunded as of December 31, 2025 and 2024. Weighted-average assumed discount rates of 5.63% and 5.63% were used to measure the projected Retiree HRA plan benefit obligation as of December 31, 2025 and 2024, respectively. The weight-average assumed discount rates of 5.63% and 5.00% were used to measure the net periodic benefit costs for 2025 and 2024, respectively. The mortality assumption was updated from the Pri-2012 Total Dataset Mortality Table with Scale MP-2021 for the year ended December 31, 2024 to the Pri-2012 White Collar Dataset Headcount Weighted Mortality Table with Scale MP-2021 for the year ended December 31, 2025. The HRA usage assumption was updated from 100% use of eligible reimbursement each year for the year ended December 31, 2024 to 80% use of eligible reimbursement each year for the year ended December 31, 2025.

Note H - Retiree HRA Plan (Continued)

Components of Net Periodic Retiree HRA Plan Cost	2025	2024
Service cost	$ 50,443	$ 52,296
Interest cost	47,059	41,874
Amortization of net prior service cost	38,898	38,898
Amortization of net gain	(12,915)	(10,130)
Net periodic Retiree HRA plan cost	123,485	122,938

Change in Retiree HRA Plan Obligation and Recognized in Net Assets Available for Benefits		
Net gain	(182,711)	(72,803)
Net amortization of net gain	12,915	10,130
Net amortization of net prior service cost	(38,898)	(38,898)
Total recognized in change in Retiree HRA plan obligation	(208,694)	(101,571)
Total recognized in net assets available for benefits	$ (85,209)	$ 21,367

Estimated Amortization for Next Fiscal Year	2025	2024
Prior service credit	$ 38,898	$ 38,898
Total estimated amortization - next fiscal year	$ 38,898	$ 38,898

The net employer payments are expected to be paid as follows:

Year ending December 31,	
2026	$ 35,269
2027	36,803
2028	39,236
2029	40,026
2030	40,633
2031-2035	241,086
	$ 433,053

Note I - Line of Credit Payable

The Plan has a line of credit available with Truist Bank with interest determined by the Secured Overnight Financing Rate plus 1.5% per annum payable monthly. The available line of credit to the Plan is $250,000. All business assets of the Plan have been pledged as collateral for the line of credit. The Plan has not borrowed against the line of credit during the years ended December 31, 2025 and 2024.

Note J - Lease Commitments

Office Lease
AFSPA has an operating lease for office space in Washington, DC that commenced on October 1, 2015. During June 2022, AFSPA amended the lease agreement to decrease the office space. The amended agreement began February 1, 2023 and expires on January 31, 2034. As AFSPA had the right to use the office space when the new amendment was made, the lease was reassessed at the June 2022 date and was not considered to be a separate contract.

AFSPA also has an operating lease for office space in Maryland that commenced on February 1, 2020 and and was set to expire January 31, 2027. The office space was renewed on March 5, 2026 and will expire on June 30, 2032. The lease agreement contains a renewal option that management is not reasonably certain to exercise.

AFSPA's lease costs, terms and discount rate are as follows for the year ending December 31, 2025:

	2025	2024
Operating lease cost:		
Lease cost	$ 1,079,962	$ 1,078,528
Total lease cost	$ 1,079,962	$ 1,078,528
Other Information		
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from operating leases	$ 1,182,524	$ 834,198
Weighted-average remaining lease term - operating leases	8 years	10 years
Weighted-average discount rate - operating leases	2.90 %	2.87 %

Note J - Lease Commitments (Continued)

Future minimum lease payments and reconciliation to the statement of financial position as of December 31, 2025 are as follows:

	Operating
2026	$ 1,215,255
2027	1,038,832
2028	1,045,977
2029	1,072,127
2030	1,098,930
Thereafter	3,563,214
Total undiscounted future lease payments	9,034,335
Less: present value adjustment	(1,006,696)
Lease liability	$ 8,027,639

Note K - Related Parties and Parties in Interest

AFSPA provides management and administrative services to the Senior Living Foundation of the American Foreign Service, Inc. (SLF). AFSPA has requested and received payments of $20,000 from SLF for these services for each of the years ended December 31, 2025 and 2024. The actual costs borne by AFSPA for the years ended December 31, 2025 and 2024 were $300,812 and $258,774, respectively. Included in employee compensation in 2025 and 2024 is $214,461 and $164,044, respectively, which represents salary costs for AFSPA's employees based on their time worked on behalf of SLF, and $86,351 and $94,730, respectively, which represents other expenses paid by the Plan on behalf of SLF.

Note L - Concentration of Additions

AFSPA receives a significant portion of its Additions on the Statements of Changes in Net Assets Available for Benefits from agreements with the OPM. These include the administrative expense reimbursement additions and $3,350,468 and $2,676,693 of service charges for the years ended December 31, 2025 and 2024, respectively.

Note M - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2025 and 2024 to Schedule H of Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	$ 15,843,999	$ 12,821,975
Premiums payable to insurance carriers	(124,737)	(161,588)
Net assets available for benefits per Form 5500	$ 15,719,262	$ 12,660,387

The following is a reconciliation of the change in net assets available for benefits per the financial statements for the years ended December 31, 2025 and 2024 to Schedule H of Form 5500:

	2025	2024
Change in net assets available for benefits per the financial statements	$ 3,022,024	$ 1,844,633
Change in premiums payable to insurance carriers	36,851	(40,174)
Change in net assets available for benefits per Form 5500	$ 3,058,875	$ 1,804,459

AFSPA Benefits Plan

Detail of Activities

For the year ended December 31, 2025

	FSBP Services	Benefit Plans	Eliminating Entries	Combined
Investment Income:				
Net investment income	$ -	$ 457,383	$ -	$ 457,383
Net change in fair value of investments	-	1,026,397	-	1,026,397
Total investment income	-	1,483,780	-	1,483,780
Additions:				
Administrative expense reimbursement	15,261,608	24,260	(24,260)	15,261,608
Member contributions	-	2,724,393	-	2,724,393
Service and administrative charges	3,350,468	242,381	-	3,592,849
Miscellaneous income	-	20,000	-	20,000
Total additions	18,612,076	3,011,034	(24,260)	21,598,850
Deductions:				
Employee compensation and related expenses	10,690,627	1,589,583	-	12,280,210
Administrative and general	4,283,371	695,187	-	4,978,558
Premiums paid to insurance carriers	-	2,642,596	-	2,642,596
Depreciation and amortization	263,370	15,679	-	279,049
Loss on disposal of fixed assets	-	2,930	-	2,930
Cost of capital expense	24,260	-	(24,260)	-
Total deductions	15,261,628	4,945,975	(24,260)	20,183,343
Change in net assets available for benefits before change in retiree HRA obligation and other net periodic retiree HRA plan costs	3,350,448	(451,161)	-	2,899,287
Change in retiree HRA obligation other than net periodic retiree HRA plan costs	-	208,694	-	208,694
Other net periodic retiree HRA plan costs	-	(85,957)	-	(85,957)
Total change in net assets available for benefits	3,350,448	(328,424)	-	3,022,024
Net assets available for benefits, beginning of year				12,821,975
Net assets available for benefits, end of year				$ 15,843,999

AFSPA Benefits Plan

Schedule H, Line 4i - Schedule of Assets Held for Investment (at End of Year)
Plan Sponsor EIN 53-0200270, Plan Number 501

As of December 31, 2025

(a) Party in Interest	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Adobe Inc Common Stock	Common Stock	$ 19,123	$ 43,749
	Adyen N V Unsponsored ADR	Common Stock	22,258	20,929
	Aerovironment Inc	Common Stock	113,266	120,945
	Aia Group LTD Sponsored ADR	Common Stock	36,030	43,114
	Air Liquide-ADR	Common Stock	9,051	17,053
	Air Products & Chemicals Inc	Common Stock	126,102	111,900
	Airbnb Inc Class A Common Stock	Common Stock	61,154	61,753
	Alcon Inc Ordinary Shares	Common Stock	45,801	58,162
	Alfa Laval Ab Unsponsored ADR	Common Stock	14,790	32,431
	Allianz Se Unsponsored ADR	Common Stock	28,488	57,649
	Alphabet Inc Class C Capital Stock	Common Stock	51,208	99,788
	Amazon.com Inc	Common Stock	125,120	207,969
	American Electric Power Company Inc. Common Stock	Common Stock	84,759	92,248
	American International Group Inc	Common Stock	47,333	53,212
	American WTR WKS Co Inc	Common Stock	40,356	40,194
	Ameriprise Finl Inc	Common Stock	19,200	62,764
	Ametek Inc New	Common Stock	55,432	61,593
	Amgen Inc.	Common Stock	113,115	172,492
	Analog Devices Inc	Common Stock	31,916	93,835
	Apple, Inc.	Common Stock	79,183	325,145
	Ares Management Corporation Class A Common Stock	Common Stock	61,530	62,066
	Asml Holding N V N Y Registry SHS 2012	Common Stock	46,019	62,052
	Assa Abloy Ab ADR	Common Stock	11,602	20,595
	Atlas Copco Ab-Sponsored ADR Repstg Ser A Test6 RS	Common Stock	9,689	15,815
	Atmos Energy Corp	Common Stock	50,540	68,896
	Banco Bilbao Vizcaya Argentaria S A Sponsored ADR	Common Stock	9,371	36,760
	Bank of Montreal	Common Stock	17,154	38,937
	Berkshire Hathaway Inc Del CL B	Common Stock	41,338	81,429
	BlackRock Inc Common Stock	Common Stock	44,272	96,331
	Blackstone Inc Common Stock	Common Stock	32,613	44,701
	Boston Scientific Corp	Common Stock	54,035	47,675
	Bristol Myers Squibb Co	Common Stock	27,387	26,970
	Broadcom Inc Common Stock	Common Stock	138,331	446,469
	Cadence Design Systems Inc	Common Stock	65,264	69,705
	Canadian National Railway Co	Common Stock	8,061	11,368
	Capital One Financial Corp	Common Stock	40,463	96,702
	Carlyle Group Inc (the) Common Stock	Common Stock	58,339	118,220
	Carrier Global Corporation Common Stock	Common Stock	83,468	67,265
	Charles Schwab Corp New	Common Stock	133,006	183,734
	Chevron Corporation	Common Stock	139,076	154,239
	Chubb LTD Com	Common Stock	40,901	43,206
	Chugai Pharmaceutical LTD Unsponsored ADR	Common Stock	25,842	37,153
	Cincinnati Financial Corp	Common Stock	27,438	53,362
	Cisco Systems Inc	Common Stock	56,116	126,175
	Citigroup Inc 6.75% Due Dec 31, 2149	Corporate Bond	204,506	205,365
	Coca Cola Company (the)	Common Stock	64,605	97,874
	Coloplast A S American Depositary Receipts	Common Stock	12,788	9,047

- Continued -

AFSPA Benefits Plan

Schedule H, Line 4i - Schedule of Assets Held for Investment (at End of Year)
Plan Sponsor EIN 53-0200270, Plan Number 501

As of December 31, 2025

(a) Party in Interest	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Compass Group PLC American Depositary Receipts	Common Stock	16,084	14,945
	Constellation Brands Inc CL A	Common Stock	84,493	47,872
	Contemporary Amperex Technology Co LTD Unsponsored	Common Stock	29,283	31,124
	Corning Inc	Common Stock	77,129	127,487
	Corteva Inc Common Stock	Common Stock	41,758	74,671
	Coterra Energy Inc Common Stock	Common Stock	33,597	45,007
	Credicorp LTD	Common Stock	11,976	23,821
	Crowdstrike Holdings Inc Class A Common Stock	Common Stock	114,853	128,909
	Crown Castle International Corp	Mutual Fund	126,146	108,510
	Cullen Frost Bankers Inc	Common Stock	25,016	35,330
	Cummins Inc	Common Stock	66,513	79,630
	CVS Health Corporation	Common Stock	66,440	79,360
	Daifuku Co LTD American Depositary Receipts	Common Stock	11,797	17,984
	Danaher Corporation	Common Stock	111,063	124,707
	Dassault Systems S A Sponsored ADR	Common Stock	12,979	12,684
	Datadog Inc Class A Common Stock	Common Stock	54,607	60,244
	DBS Group Holdings LTD Sponsored ADR	Common Stock	28,379	66,265
	Diamondback Energy Inc Com	Common Stock	67,240	75,165
	Digital Realty Trust Inc	Mutual Fund	123,472	116,948
	Disco Corp American Depositary Receipts	Common Stock	54,210	55,992
	Dominion Energy Inc Common Stock	Common Stock	89,553	80,854
	Duke Energy Corporation Holding Company	Common Stock	108,893	111,350
	Dynatrace Inc Common Stock	Common Stock	50,140	47,501
	Ecolab Inc	Common Stock	103,343	116,357
	Emerson Electric Co	Common Stock	56,648	78,305
	Epiroc Aktiebolag American Depositary Receipts	Common Stock	11,760	23,133
	Equifax Inc	Common Stock	70,877	62,924
	Equity Lifestyle Properties Inc	Mutual Fund	30,069	31,602
	Exxon Mobil Corp	Common Stock	41,753	60,170
	Fastenal Co	Common Stock	47,192	123,199
	FHLMC Remic Series 5521 LY	Mortgage-backed Security	128,541	127,890
	Fomento Economico Mexicano Sab De CV Spon ADR 1 Unit	Common Stock	35,265	42,146
	G N M A Pass Thru Pool#ma6870m	Mortgage-backed Security	25,332	23,159
	G N M A Pass Thru Pool#ma9966c	Mortgage-backed Security	140,595	139,427
	G N M A Pass Thru Pool#mb0208m	Mortgage-backed Security	61,624	60,266
	Gallagher Arthur J & Co	Common Stock	92,278	82,813
	GE Vernova LLC Common Stock	Common Stock	63,146	130,714
	General Dynamics Corp	Common Stock	65,183	112,781
	General Electric Company Common Stock	Common Stock	41,647	65,070
	General Motors Company	Common Stock	20,400	52,858
	Genmab A S Ads	Common Stock	26,700	21,160
	Gilead Sciences Inc	Common Stock	77,790	138,083
	Ginnie Mae Remic Trust Ser 2024-203 CL GL	Mortgage-backed Security	68,431	70,077
	GNMA Remic Trust Ser 2024-184	Mortgage-backed Security	27,708	27,148
	GNMA Remic Trust Ser 2024-196 CL L	Mortgage-backed Security	119,856	122,534
	Government Natl MTG Assn GTD Ser 2025-157 CL QL	Mortgage-backed Security	250,194	242,594
	Government Natl MTG Assn Ser 2021-177 CL MG	Mortgage-backed Security	83,580	45,083

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AFSPA Benefits Plan

Schedule H, Line 4i - Schedule of Assets Held for Investment (at End of Year)
Plan Sponsor EIN 53-0200270, Plan Number 501

As of December 31, 2025

(a) Party in Interest	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Grupo Financiero Banorte Sab De CV Sponsored ADR	Common Stock	12,780	15,775
	Haier Smart Home Co LTD American Depositary Receipts	Common Stock	17,978	17,132
	Haleon PLC American Depositary Shares	Common Stock	29,067	32,261
	HDFC BK LTD ADR Repstg 3 SHS	Common Stock	39,983	48,964
	HSBC BK USA N A MC Lean Va C/D Fdic Ins To Limts	Common Stock	96,646	93,004
	Huntington Bancshares Inc	Common Stock	61,760	82,274
	Intuit Inc	Common Stock	107,483	107,974
	Intuitive Surgical Inc Com	Common Stock	66,467	77,591
	iShares iBoxx $ Investment Grade Corporate Bond ETF	Mutual Fund	43,748	42,864
	iShares TIPS Bond ETF	Mutual Fund	64,205	54,955
	iShares Trust iShares MSCI USA Esg Select	Mutual Fund	41,544	83,607
	Johnson & Johnson	Common Stock	58,132	83,194
	JPMorgan Chase & Co	Common Stock	20,359	112,777
	JP Morgan Chase Financial Co. Contingent Inc Autocall 10.30% Due Jul 1, 2027	Structured Product	100,000	93,625
	KKR & Co Inc Common Stock	Common Stock	92,782	92,550
	L Oreal Co-ADR	Common Stock	26,601	37,803
	Lasertec Corporation American Depositary Receipts	Common Stock	38,968	37,713
	Lennar Corp CL A	Common Stock	27,660	47,288
	Lowes Companies Inc	Common Stock	78,944	118,168
	Lukoil PJSC American Depositary Receipts	Common Stock	-	12,860
	M&T Bank Corp 7.50%dep SHS Rep 1/400TH Int Non Cum Perp PFD	Common Stock	100,000	106,200
	M3 Inc American Depositary Receipts	Common Stock	15,722	13,911
	Manulife Financial Corp	Common Stock	16,868	33,196
	Marriott International Class A	Common Stock	36,565	93,072
	Martin Marietta Materials Inc	Common Stock	23,449	66,002
	Marvell Technology Inc Common Stock	Common Stock	47,873	56,512
	Mastercard Incorporated	Common Stock	88,190	85,632
	Medtronic PLC Com	Common Stock	31,033	36,676
	Mercadolibre Inc	Common Stock	19,847	24,171
	Merck & Co Inc	Common Stock	41,573	43,823
	Microchip Technology Inc	Common Stock	18,182	40,207
	Microsoft Corp	Common Stock	228,651	439,127
	Mitsubishi UFJ Financial Group Inc American DPSRTY SHS	Common Stock	20,341	56,049
	Monolithic Power SYS Inc	Common Stock	63,831	70,818
	Netease Inc Sponsored ADR	Common Stock	19,696	24,221
	Nextera Energy Inc	Common Stock	97,585	120,420
	Nice LTD American Depositary Shares	Common Stock	31,432	28,260
	Nintendo Co LTD-ADR New	Common Stock	63,901	72,260
	Norfolk Southern Corp	Common Stock	69,442	109,136
	Northrop Grumman Corp	Common Stock	164,445	175,625
	Novartis AG American Depositary Shares	Common Stock	14,749	17,647
	Novozymes A/S ADR	Common Stock	9,548	11,799
	Nvidia Corp	Common Stock	256,571	362,929
	Obc Co LTD American Depositary Shares	Common Stock	21,038	18,449
	Oshkosh Corporation	Common Stock	29,329	35,302
	P T Telekomunikasi Indonesia Sponsored ADR	Common Stock	19,290	17,029

- Continued -

AFSPA Benefits Plan

Schedule H, Line 4i - Schedule of Assets Held for Investment (at End of Year)
Plan Sponsor EIN 53-0200270, Plan Number 501

As of December 31, 2025

(a) Party in Interest	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Parker Hannifin Corp	Common Stock	32,915	131,844
	Paychex Inc	Common Stock	29,395	46,443
	Paypal Holdings Inc Com	Common Stock	75,242	64,218
	Ping An Insurance Group Co Of China LTD Sponsored ADR	Common Stock	15,076	12,606
	PNC Financial SVCS Group Inc	Common Stock	31,398	50,721
	Price T Rowe Group Inc	Common Stock	63,380	49,142
	Procter & Gamble Co	Common Stock	36,429	36,831
	Progressive Corp-Ohio	Common Stock	116,212	151,206
	Public Storage	Common Stock	57,527	51,900
	Qualcomm Inc	Common Stock	67,422	130,438
	Raytheon Technologies Corporation Common Stock	Common Stock	37,049	95,368
	Rio Tinto PLC Sponsored ADR	Common Stock	24,507	33,373
	Roche Holding LTD Sponsored ADR Repstg Ord	Common Stock	26,225	38,164
	RPM International Inc	Common Stock	34,550	43,056
	Ryanair HLDGS PLC Sponsored ADR New	Common Stock	16,025	20,502
	S F HLDG Co LTD American Depositary Receipts	Common Stock	13,867	12,265
	Safran SA Unsponsored ADR	Common Stock	16,643	17,377
	Samsara Inc Class A Common Stock	Common Stock	52,955	48,496
	Schlumberger LTD	Common Stock	105,948	90,863
	Schneider Electric Se Unsponsored ADR	Common Stock	27,569	39,561
	Sea Limited American Depositary SHS Each	Common Stock	16,358	11,099
	Select Sector SPDR Trust The Industrial Select Sector	Mutual Fund	10,986	46,381
	Servicenow Inc Com	Common Stock	37,976	55,914
	Shell PLC American Depositary Shares	Common Stock	33,895	45,117
	Shionogi & Co LTD Unsponsored ADR	Common Stock	16,493	16,477
	Shopify Inc CL A	Common Stock	34,033	46,842
	Snowflake Inc Class A Common Stock	Common Stock	50,682	51,330
	Sonova Holding AG Unsponsored ADR	Common Stock	8,001	11,345
	Sony Finl Group Inc American Depositary Receipts	Common Stock	1,312	1,339
	Sony Group Corporation ADR	Common Stock	58,789	100,634
	Spectrum Brands Holdings Inc Common Stock	Common Stock	85,408	70,896
	Spotify Technology S A SHS Spotify Tech SA Ord Reg	Common Stock	87,966	78,396
	Ssga Active Trust SPDR Blackstone Senior	Mutual Fund	58,490	53,651
	Starbucks Corp	Common Stock	55,517	49,684
	Symrise AG Unsponsored ADR	Common Stock	11,123	12,236
	Synopsys Inc	Common Stock	58,195	51,669
	Sysmex Corporation Unsponsored ADR	Common Stock	30,349	15,234
	Taiwan Semiconductor MFG Co LTD-Sponsored ADR Repstg 5 Com	Common Stock	117,405	194,999
	Target Corp	Common Stock	55,384	61,583
	Te Connectivity LTD	Common Stock	66,704	124,448
	Techtronic Industries Co LTD-Sponsored ADR	Common Stock	14,204	11,319
	Teledyne Technologies Inc	Common Stock	44,655	50,052
	Tencent Holdings Limited Unsponsored ADR Representing B	Common Stock	49,617	59,335
	Texas Instruments Incorporated	Common Stock	70,809	117,626
	Totalenergies Se American Depositary SHS Each	Common Stock	44,801	45,205
	Truist Financial Corporation Common Stock	Common Stock	40,566	61,513
	Uber Technologies Inc Common Stock	Common Stock	95,190	100,912

- Continued -

AFSPA Benefits Plan

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	Unicharm Corp Sponsored ADR	Common Stock	21,710	11,514
	Unitedhealth Group Inc	Common Stock	62,933	59,750
	US Bancorp Del Com	Common Stock	38,322	61,531
	Vanguard Money Market Reserves Inc-Federal Portfolio	Mutual Fund	504,402	504,402
	Vanguard Sector Index FDS Vanguard Financials ETF	Mutual Fund	19,958	82,897
	Veralto Corporation Common Stock	Common Stock	53,683	51,554
	Verisk Analytics Inc Com	Common Stock	62,736	53,686
	Verizon Communications	Common Stock	43,046	41,097
	Visa Inc CL A Common Stock	Common Stock	85,152	125,905
	Wells Fargo & Co	Common Stock	86,618	137,750
	West Pharmaceutical SVCS Inc Com	Common Stock	70,241	70,986
	Williams Companies Inc	Common Stock	23,795	72,132
	Xcel Energy Inc Common Stock	Common Stock	45,194	48,380
			$ 11,550,262	$ 15,146,935

*Party in interest

AFSPA Benefits Plan

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As of December 31, 2025

(a) Party in Interest	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Adobe Inc Common Stock	Common Stock	$ 19,123	$ 43,749
	Adyen N V Unsponsored ADR	Common Stock	22,258	20,929
	Aerovironment Inc	Common Stock	113,266	120,945
	Aia Group LTD Sponsored ADR	Common Stock	36,030	43,114
	Air Liquide-ADR	Common Stock	9,051	17,053
	Air Products & Chemicals Inc	Common Stock	126,102	111,900
	Airbnb Inc Class A Common Stock	Common Stock	61,154	61,753
	Alcon Inc Ordinary Shares	Common Stock	45,801	58,162
	Alfa Laval Ab Unsponsored ADR	Common Stock	14,790	32,431
	Allianz Se Unsponsored ADR	Common Stock	28,488	57,649
	Alphabet Inc Class C Capital Stock	Common Stock	51,208	99,788
	Amazon.com Inc	Common Stock	125,120	207,969
	American Electric Power Company Inc. Common Stock	Common Stock	84,759	92,248
	American International Group Inc	Common Stock	47,333	53,212
	American WTR WKS Co Inc	Common Stock	40,356	40,194
	Ameriprise Finl Inc	Common Stock	19,200	62,764
	Ametek Inc New	Common Stock	55,432	61,593
	Amgen Inc.	Common Stock	113,115	172,492
	Analog Devices Inc	Common Stock	31,916	93,835
	Apple, Inc.	Common Stock	79,183	325,145
	Ares Management Corporation Class A Common Stock	Common Stock	61,530	62,066
	Asml Holding N V N Y Registry SHS 2012	Common Stock	46,019	62,052
	Assa Abloy Ab ADR	Common Stock	11,602	20,595
	Atlas Copco Ab-Sponsored ADR Repstg Ser A Test6 RS	Common Stock	9,689	15,815
	Atmos Energy Corp	Common Stock	50,540	68,896
	Banco Bilbao Vizcaya Argentaria S A Sponsored ADR	Common Stock	9,371	36,760
	Bank of Montreal	Common Stock	17,154	38,937
	Berkshire Hathaway Inc Del CL B	Common Stock	41,338	81,429
	BlackRock Inc Common Stock	Common Stock	44,272	96,331
	Blackstone Inc Common Stock	Common Stock	32,613	44,701
	Boston Scientific Corp	Common Stock	54,035	47,675
	Bristol Myers Squibb Co	Common Stock	27,387	26,970
	Broadcom Inc Common Stock	Common Stock	138,331	446,469
	Cadence Design Systems Inc	Common Stock	65,264	69,705
	Canadian National Railway Co	Common Stock	8,061	11,368
	Capital One Financial Corp	Common Stock	40,463	96,702
	Carlyle Group Inc (the) Common Stock	Common Stock	58,339	118,220
	Carrier Global Corporation Common Stock	Common Stock	83,468	67,265
	Charles Schwab Corp New	Common Stock	133,006	183,734
	Chevron Corporation	Common Stock	139,076	154,239
	Chubb LTD Com	Common Stock	40,901	43,206
	Chugai Pharmaceutical LTD Unsponsored ADR	Common Stock	25,842	37,153
	Cincinnati Financial Corp	Common Stock	27,438	53,362
	Cisco Systems Inc	Common Stock	56,116	126,175
	Citigroup Inc 6.75% Due Dec 31, 2149	Corporate Bond	204,506	205,365
	Coca Cola Company (the)	Common Stock	64,605	97,874
	Coloplast A S American Depositary Receipts	Common Stock	12,788	9,047

- Continued -

AFSPA Benefits Plan

Schedule H, Line 4i - Schedule of Assets Held for Investment (at End of Year)
Plan Sponsor EIN 53-0200270, Plan Number 501

As of December 31, 2025

(a) Party in Interest	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Compass Group PLC American Depositary Receipts	Common Stock	16,084	14,945
	Constellation Brands Inc CL A	Common Stock	84,493	47,872
	Contemporary Amperex Technology Co LTD Unsponsored	Common Stock	29,283	31,124
	Corning Inc	Common Stock	77,129	127,487
	Corteva Inc Common Stock	Common Stock	41,758	74,671
	Coterra Energy Inc Common Stock	Common Stock	33,597	45,007
	Credicorp LTD	Common Stock	11,976	23,821
	Crowdstrike Holdings Inc Class A Common Stock	Common Stock	114,853	128,909
	Crown Castle International Corp	Mutual Fund	126,146	108,510
	Cullen Frost Bankers Inc	Common Stock	25,016	35,330
	Cummins Inc	Common Stock	66,513	79,630
	CVS Health Corporation	Common Stock	66,440	79,360
	Daifuku Co LTD American Depositary Receipts	Common Stock	11,797	17,984
	Danaher Corporation	Common Stock	111,063	124,707
	Dassault Systems S A Sponsored ADR	Common Stock	12,979	12,684
	Datadog Inc Class A Common Stock	Common Stock	54,607	60,244
	DBS Group Holdings LTD Sponsored ADR	Common Stock	28,379	66,265
	Diamondback Energy Inc Com	Common Stock	67,240	75,165
	Digital Realty Trust Inc	Mutual Fund	123,472	116,948
	Disco Corp American Depositary Receipts	Common Stock	54,210	55,992
	Dominion Energy Inc Common Stock	Common Stock	89,553	80,854
	Duke Energy Corporation Holding Company	Common Stock	108,893	111,350
	Dynatrace Inc Common Stock	Common Stock	50,140	47,501
	Ecolab Inc	Common Stock	103,343	116,357
	Emerson Electric Co	Common Stock	56,648	78,305
	Epiroc Aktiebolag American Depositary Receipts	Common Stock	11,760	23,133
	Equifax Inc	Common Stock	70,877	62,924
	Equity Lifestyle Properties Inc	Mutual Fund	30,069	31,602
	Exxon Mobil Corp	Common Stock	41,753	60,170
	Fastenal Co	Common Stock	47,192	123,199
	FHLMC Remic Series 5521 LY	Mortgage-backed Security	128,541	127,890
	Fomento Economico Mexicano Sab De CV Spon ADR 1 Unit	Common Stock	35,265	42,146
	G N M A Pass Thru Pool#ma6870m	Mortgage-backed Security	25,332	23,159
	G N M A Pass Thru Pool#ma9966c	Mortgage-backed Security	140,595	139,427
	G N M A Pass Thru Pool#mb0208m	Mortgage-backed Security	61,624	60,266
	Gallagher Arthur J & Co	Common Stock	92,278	82,813
	GE Vernova LLC Common Stock	Common Stock	63,146	130,714
	General Dynamics Corp	Common Stock	65,183	112,781
	General Electric Company Common Stock	Common Stock	41,647	65,070
	General Motors Company	Common Stock	20,400	52,858
	Genmab A S Ads	Common Stock	26,700	21,160
	Gilead Sciences Inc	Common Stock	77,790	138,083
	Ginnie Mae Remic Trust Ser 2024-203 CL GL	Mortgage-backed Security	68,431	70,077
	GNMA Remic Trust Ser 2024-184	Mortgage-backed Security	27,708	27,148
	GNMA Remic Trust Ser 2024-196 CL L	Mortgage-backed Security	119,856	122,534
	Government Natl MTG Assn GTD Ser 2025-157 CL QL	Mortgage-backed Security	250,194	242,594
	Government Natl MTG Assn Ser 2021-177 CL MG	Mortgage-backed Security	83,580	45,083

- Continued -

AFSPA Benefits Plan

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	Grupo Financiero Banorte Sab De CV Sponsored ADR	Common Stock	12,780	15,775
	Haier Smart Home Co LTD American Depositary Receipts	Common Stock	17,978	17,132
	Haleon PLC American Depositary Shares	Common Stock	29,067	32,261
	HDFC BK LTD ADR Repstg 3 SHS	Common Stock	39,983	48,964
	HSBC BK USA N A MC Lean Va C/D Fdic Ins To Limts	Common Stock	96,646	93,004
	Huntington Bancshares Inc	Common Stock	61,760	82,274
	Intuit Inc	Common Stock	107,483	107,974
	Intuitive Surgical Inc Com	Common Stock	66,467	77,591
	iShares iBoxx $ Investment Grade Corporate Bond ETF	Mutual Fund	43,748	42,864
	iShares TIPS Bond ETF	Mutual Fund	64,205	54,955
	iShares Trust iShares MSCI USA Esg Select	Mutual Fund	41,544	83,607
	Johnson & Johnson	Common Stock	58,132	83,194
	JPMorgan Chase & Co	Common Stock	20,359	112,777
	JP Morgan Chase Financial Co. Contingent Inc Autocall 10.30% Due Jul 1, 2027	Structured Product	100,000	93,625
	KKR & Co Inc Common Stock	Common Stock	92,782	92,550
	L Oreal Co-ADR	Common Stock	26,601	37,803
	Lasertec Corporation American Depositary Receipts	Common Stock	38,968	37,713
	Lennar Corp CL A	Common Stock	27,660	47,288
	Lowes Companies Inc	Common Stock	78,944	118,168
	Lukoil PJSC American Depositary Receipts	Common Stock	-	12,860
	M&T Bank Corp 7.50%dep SHS Rep 1/400TH Int Non Cum Perp PFD	Common Stock	100,000	106,200
	M3 Inc American Depositary Receipts	Common Stock	15,722	13,911
	Manulife Financial Corp	Common Stock	16,868	33,196
	Marriott International Class A	Common Stock	36,565	93,072
	Martin Marietta Materials Inc	Common Stock	23,449	66,002
	Marvell Technology Inc Common Stock	Common Stock	47,873	56,512
	Mastercard Incorporated	Common Stock	88,190	85,632
	Medtronic PLC Com	Common Stock	31,033	36,676
	Mercadolibre Inc	Common Stock	19,847	24,171
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*Party in interest

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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
AFSPA BENEFITS PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 01/01/2009

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)
AMERICAN FOREIGN SERVICE PROTECTIVE ASSOCIATION

1620 L STREET N.W.
SUITE 800
WASHINGTON DC 20036

2b Employer Identification Number (EIN) 53-0200270

2c Plan Sponsor's telephone number 202-833-4910

2d Business code (see instructions) 813000

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

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

SIGN HERE	Signed by: Christopher "Kyle" Longton DAF506842E9747B...	7/27/2026	CHRISTOPHER "KYLE" LONGTON
	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