

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>VALIANT INTEGRATED SERVICES 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/03/2017</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>02/03/2017</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>02/03/2017</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>VALIANT INTEGRATED SERVICES LLC</u> <u>205 VAN BUREN STREET SUITE 310</u> <u>HERNDON, VA 20170-5336</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>47-4319448</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>312-259-7334</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561210</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>47-4319448</u>	2c Plan Sponsor's telephone number <u>312-259-7334</u>	2d Business code (see instructions) <u>561210</u>	
2b Employer Identification Number (EIN) <u>47-4319448</u>					
2c Plan Sponsor's telephone number <u>312-259-7334</u>					
2d Business code (see instructions) <u>561210</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/22/2022	SUSAN SPIER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/22/2022	SUSAN SPIER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	6788
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)	4578
a(2) Total number of active participants at the end of the plan year		6a(2)	3817
b Retired or separated participants receiving benefits.....		6b	4
c Other retired or separated participants entitled to future benefits		6c	1439
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	5260
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	13
f Total. Add lines 6d and 6e		6f	5273
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	4322
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>3</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A Name of plan VALIANT INTEGRATED SERVICES 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 VALIANT INTEGRATED SERVICES LLC	D Employer Identification Number (EIN) 47-4319448

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	613953	5994	01/01/2020	12/31/2020

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

b	Balance at the end of the previous year	7b	
c	Additions: (1) Contributions deposited during the year	7c(1)	5292901
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	1074691
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)..... ▶ OUTSIDE INVESTMENT TRANSFER, LOAN PAYMENT, ROLLOVER	7c(5)	77972137
	(6) Total additions	7c(6)	84339729
d	Total of balance and additions (add lines 7b and 7c(6))	7d	84339729
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	12962335
	(2) Administration charge made by carrier.....	7e(2)	80874
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)..... ▶ 401(K) EXCESS DEFERRAL, MISTAKE OF FACT REFUND, LOAN WITHDRAWAL	7e(4)	8017862
	(5) Total deductions	7e(5)	21061071
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	63278658

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A Name of plan VALIANT INTEGRATED SERVICES 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 VALIANT INTEGRATED SERVICES LLC	D Employer Identification Number (EIN) 47-4319448

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	723109	5994	01/01/2020	12/31/2020

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	23107402

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)**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)**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f****0**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A Name of plan VALIANT INTEGRATED SERVICES 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 VALIANT INTEGRATED SERVICES LLC	D Employer Identification Number (EIN) 47-4319448

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

(a) Name of insurance carrier
TALCOTT RESOLUTION LIFE INSURANCE CO

(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
06-0974148	88072	GA-812800	1	01/01/2020	12/31/2020

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

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

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

(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	52422
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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

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

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

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

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

b	Balance at the end of the previous year	7b	50895
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	1527	
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			

(6) Total additions	7c(6)	1527
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d Total of balance and additions (add lines 7b and 7c(6))	7d	52422
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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)	
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	52422
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan VALIANT INTEGRATED SERVICES 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 VALIANT INTEGRATED SERVICES LLC	D Employer Identification Number (EIN) 47-4319448	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

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

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	286817	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

GLOBAL RETIREMENT

47-1411118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 50	INV ADV, PARTICIPANTS	76301	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2020 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>VALIANT INTEGRATED SERVICES 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>VALIANT INTEGRATED SERVICES LLC</u>	D Employer Identification Number (EIN) <u>47-4319448</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN CORE PLUS BOND SEP ACCT-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-005</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23107402</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO STABLE VALUE C FD</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK</u>		
c EIN-PN <u>52-2250946-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12323756</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AB US LG CP GR CIT W SRS</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>		
c EIN-PN <u>38-4116831-509</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18461921</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALLIANZGI SMALLCAP CIT CL 1</u>		
b Name of sponsor of entity listed in (a): <u>RELIANCE TRUST COMPANY</u>		
c EIN-PN <u>47-7038164-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>63626</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>VALIANT INTEGRATED SERVICES 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VALIANT INTEGRATED SERVICES LLC</u>	D Employer Identification Number (EIN) <u>47-4319448</u>	

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	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	210469472293
(2) Participant contributions.....		1b(2)	214371339
(3) Other		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other.....		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans		1c(8)	8374092828576
(9) Value of interest in common/collective trusts		1c(9)	30849303
(10) Value of interest in pooled separate accounts		1c(10)	23107402
(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)	23122622152051181
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	400000863331080
(15) Other.....		1c(15)	

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	28191945 272641174
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	28191945 272641174

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	9182370
	(B) Participants	2a(1)(B)	13970083
	(C) Others (including rollovers).....	2a(1)(C)	4255649
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	27408102
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	172686
	(F) Other	2b(1)(F)	1076218
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	1248904
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2557653
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	2557653
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		5076000
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		1820611
(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)		13372038
c Other income	2c		13669
d Total income. Add all income amounts in column (b) and enter total.....	2d		51496977

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	42330730	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)	121491	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		42452221
f Corrective distributions (see instructions)	2f		4883
g Certain deemed distributions of participant loans (see instructions).....	2g		90872
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	1881	
(2) Contract administrator fees	2i(2)	286818	
(3) Investment advisory and management fees	2i(3)	74421	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		363120
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		42911096

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8585881
l Transfers of assets:			
(1) To this plan.....	2l(1)		235863348
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

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

(1) Name: SC&H ATTEST SERVICES P.C.

(2) EIN: 52-1743645

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time

period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a	X		98008

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
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?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
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.	X		
4n	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>		<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020					
A Name of plan VALIANT INTEGRATED SERVICES 401(K) PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 VALIANT INTEGRATED SERVICES LLC				D Employer Identification Number (EIN) 47-4319448	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-0127290 31-4156830					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2020 v. 200204	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**VALIANT INTEGRATED SERVICES
401(k) PLAN**

**Financial Statements
Together with Independent Auditors' Report**

**As of December 31, 2020 and 2019 and
For the Year Ended December 31, 2020**



INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
Valiant Integrated Services 401(k) Plan and its Participants:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Valiant Integrated Services 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Nationwide Financial Services, Inc. (Nationwide), a Custodian and Trustee of the Plan, Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company (Principal), a Custodian and Trustee of the Plan, and Mass Mutual Financial Group (Mass Mutual), a Custodian of the Plan as of December 31, 2020 and for the year ended December 31, 2020, and Nationwide and Mass Mutual as of December 31, 2019, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the Custodians and Trustees hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the Custodians and Trustees as of December 31, 2020 and 2019 and for the year ended December 31, 2020, that the information provided to the Plan administrator by the Custodians and Trustees is complete and accurate.

Disclaimer of Opinion

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

Other Matters

The supplemental schedule of assets (held at end of year) as of December 31, 2020 and the schedule delinquent participant contributions for the year ended December 31, 2020 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

SC+H Attest Services, P.C.

June 21, 2022

VALIANT INTEGRATED SERVICES

401(k) PLAN

Statements of Net Assets Available for Benefits

<i>As of December 31,</i>	<i>2020</i>	<i>2019</i>
Assets		
Investments, at fair value	\$ 205,476,906	\$ 23,122,622
Investments, at contract value	63,331,080	4,000,008
Total Investments	268,807,986	27,122,630
Receivables		
Employee contributions	11,252	21,437
Company contributions	626,717	210,469
Notes receivable from participants	2,828,576	837,409
Total Receivables	3,466,545	1,069,315
Total Assets	272,274,531	28,191,945
Liabilities	-	-
Net Assets Available for Benefits	\$ 272,274,531	\$ 28,191,945

The accompanying notes are an integral part of these financial statements.

VALIANT INTEGRATED SERVICES

401(k) PLAN

Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2020

Changes in Net Assets Available for Benefits Attributable to:

Contributions	
Participants	\$ 13,979,996
Company	9,336,794
Rollovers	4,255,649
Total Contributions	27,572,439
Investment Income	
Interest and dividends	3,633,871
Net appreciation in fair value of investments	19,737,669
Total Investment Income	23,371,540
Interest Income on Notes Receivable from Participants	172,686
Other Income	13,669
Benefits Paid to Participants	(42,547,976)
Administrative Expenses	(363,120)
Net Increase in Net Assets Available for Benefits Before Transfers	8,219,238
Transfers into the Plan (Note 1)	235,863,348
Net Increase in Net Assets Available for Benefits	244,082,586
Net Assets Available for Benefits:	
Beginning of Year	28,191,945
End of Year	\$ 272,274,531

The accompanying notes are an integral part of this financial statement.

VALIANT INTEGRATED SERVICES 401(k) PLAN

Notes to Financial Statements As of December 31, 2020 and 2019 and For the Year Ended December 31, 2020

1. DESCRIPTION OF THE PLAN

The following description of the Valiant Integrated Services 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan is a defined contribution plan, which was established by ABM Government Services, LLC (the Former Plan Sponsor) effective April 1, 1996.

Effective May 31, 2017, Valiant Integrated Services, LLC. (formerly known as Valiant Government Services, Inc. and Nova Global Supply and Services, LLC) (the Plan Sponsor) (the Company) acquired 100% of the ownership interest in ABM Government Services, LLC. All employees in the ABM Governmental Services 401(k) Plan were not acquired by the Plan Sponsor. As a result, such employees were transferred out of the Plan into the unrelated ABM 401(k) Employee Savings Plan in July 2017.

Effective May 30, 2018, the Company became the Plan Sponsor of the Cubic Global Defense, Inc. 401(k) Retirement Plan. On January 6, 2020, the Cubic Global Defense, Inc. 401(k) Retirement Plan merged into the Plan and all remaining eligible employees of Cubic Global Defense, Inc. became participants in the Plan.

The Plan was most recently amended and restated effective January 1, 2020 to incorporate the new Custodian and Trustee and to amend certain eligibility and contribution provisions in the Plan.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

Prior to January 1, 2020, all employees of the Company were covered by the Plan, with the exception of union employees (unless participation is stipulated by an individual collective bargaining agreement), non-resident aliens with no U.S. source income, and part-time, temporary or seasonal employees with less than 1,000 service hours (Note 9). There was no age requirement and employees were immediately eligible to participate in the Plan and could enter the Plan on the first day of the month following their date of hire.

Beginning January 1, 2020, all employees of the Company are covered by the Plan, with the exception of union employees (unless participation is stipulated by an individual collective bargaining agreement), non-resident aliens with no U.S. source income, leased employees or independent contractors. For purposes of contributions other than participant contributions, part-time, temporary or seasonal employees who are regularly scheduled to work less than 1,000 hours of service are also excluded from the Plan. Other than those who are excluded from the Plan, employees are eligible to participate in the Plan on the first day of the month following their date of hire. Service Contract Act or prevailing wage employees are allowed to receive contributions immediately upon hire.

VALIANT INTEGRATED SERVICES 401(k) PLAN

Notes to Financial Statements As of December 31, 2020 and 2019 and For the Year Ended December 31, 2020

1. DESCRIPTION OF THE PLAN – cont'd.

Participant Contributions

Participants may contribute up to the lesser of 90% of the participant's eligible compensation or the maximum allowable contribution under the Internal Revenue Code (the Code), which totaled \$19,500 for the year ended December 31, 2020. The Plan allows Roth elective contributions. A participant's Roth elective contributions are allocated to a separate account maintained for such contributions.

Participants who have attained age 50 before the end of the Plan year may make additional catch-up contributions, subject to limitations imposed by the Code, which totaled \$6,500 for the year ended December 31, 2020. Participants are permitted to make rollover contributions to the Plan.

Company Contributions

The Company contributes to the Plan on behalf of eligible employees. The Company will make a contribution for each employee's Service Contract Act or prevailing wage service based on the hourly contribution rate for the employee's employment classification, net of the amount utilized for health care benefit payments.

Prior to January 1, 2020, the Plan included safe harbor matching contributions. The Company made safe harbor matching contributions to the Plan equal to 100% of the first 3% of participants' elective deferrals of compensation and 50% of the amount of the participants' elective deferrals of compensation that exceeded 3% but did not exceed 5% of the participants' deferrals of compensation. The match was calculated on an annual basis (Note 9). There were no safe harbor matching contributions made during the year ended December 31, 2020.

Effective January 1, 2020, the Plan allows the Company to make discretionary matching contributions equal to a percentage of the participant's elective deferrals determined by the Company. Discretionary contributions will be made based upon the following groups/divisions of employees:

Group	Company
1	Valiant Global Defense Service Employees not listed in Groups 2, 3, 4 or 5 below
2	Abraxas Employees
3	Technical Services Rate Center Employees
4	NEK Employees
5	CWTS Employees
6	Valiant Integrated Services LLC Employees
7	Valiant Government Service, LLC Employees

The discretionary matching contributions are calculated on a per payroll basis and invested in the same manner as those directed by the participant. Participant catch-up contributions are not eligible for a discretionary match. The Plan also made qualified nonelective contributions in 2020 to correct prior year errors from the Cubic Global Defense, Inc. 401(k) Retirement Plan and the Valiant Integrated Services 401(k) Plan.

VALIANT INTEGRATED SERVICES 401(k) PLAN

Notes to Financial Statements As of December 31, 2020 and 2019 and For the Year Ended December 31, 2020

1. DESCRIPTION OF THE PLAN – cont'd.

Company Contributions – cont'd.

The Company may also make discretionary profit sharing contributions to employees. A discretionary profit sharing contribution may be made to eligible employees at a ratio of the participant's eligible compensation to the total compensation of all eligible participants. There were no profit sharing contributions during the year ended December 31, 2020.

Participant Accounts

Each participant's account is participant-directed and is credited with the participant's contributions and Company contributions in accordance with the investment options selected by each participant. Plan earnings, losses, and administrative expenses are allocated to each participant's account based upon the balance in each account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable from Participants

Participants may borrow up to 50% of their vested account balance, not to exceed \$50,000, without regard to the intended use of the funds. The minimum note amount is \$1,000 and only one note may be outstanding at any given time. Participants who had multiple notes outstanding under the Cubic Global Defense, Inc. 401(k) Retirement Plan were permitted to maintain multiple notes after transferring to the Plan. The notes are collateralized by the participant's vested account balance.

Note repayments are to be made on a direct salary deduction or on a direct payment basis with such payments being made at least quarterly with interest at a fixed rate based on the prevailing rate for similar loans at the time of loan issuance. Notes for reasons other than the purchase of a primary residence must be repaid within five years.

Vesting

Participants are immediately vested in participant and Company contributions plus earnings thereon.

Payment of Benefits

Upon termination of service due to death, disability, or normal retirement (age 65), age 59 1/2, or in the event of a Federally declared disaster, a participant or their beneficiary, in the event of death, is entitled to a distribution of his or her vested account balance. Distributions from the Plan are payable in the form of a lump sum payment prior to retirement. Upon termination, if a participant's account balance is less than \$5,000, the Plan administrator may elect to automatically distribute the participant's account balance.

Participants may withdraw deferral or rollover account balances from the Plan at any time.

Upon proof, to the satisfaction of the Plan administrator, of an immediate and heavy financial need, amounts may be withdrawn for a hardship purpose. Hardship withdrawals may be taken from all allowable account balances.

VALIANT INTEGRATED SERVICES 401(k) PLAN

Notes to Financial Statements As of December 31, 2020 and 2019 and For the Year Ended December 31, 2020

1. DESCRIPTION OF THE PLAN – cont'd.

Payment of Benefits – cont'd.

Certain income tax penalties may apply to withdrawals or distributions prior to age 59½. Distributions are subject to the applicable provisions of the Plan agreement. As of December 31, 2020 and 2019, there were no net assets of the Plan allocated to participants who had elected to withdraw from the Plan that had not received such distributions.

Certain benefit payments are protected for Plan participants who were former participants in certain predecessor plans in accordance with the Plan Document.

Plan Expenses

Expenses incurred in the administration of the Plan are required to be paid by the Custodians and Trustees with assets of the Plan unless the Company, at its discretion, elects to pay them. During the year ended December 31, 2020, the Plan paid direct expenses of \$363,120.

Loan and distribution fees are paid by the Plan and its participants. Investment related expenses are included in net appreciation of fair value of investments.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment contracts held by a defined contribution plan are required to be reported at fair value except for benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America, requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan provides for investments in assets that are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the value of investment securities may occur in the near term that materially affect participant account balances and the amounts reported in the statements of net assets available for benefits.

VALIANT INTEGRATED SERVICES 401(k) PLAN

Notes to Financial Statements As of December 31, 2020 and 2019 and For the Year Ended December 31, 2020

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – cont'd.

Investment Valuation and Income Recognition

Investments, with the exception of the fully benefit-responsive investment contracts (Note 6), are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fair Value Measurement

Financial Accounting Standards Board (FASB) Accounting Standards Codification 820, *Fair Value Measurement* (ASC 820), defines fair value and establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

VALIANT INTEGRATED SERVICES 401(k) PLAN

Notes to Financial Statements As of December 31, 2020 and 2019 and For the Year Ended December 31, 2020

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - cont'd.

Fair Value Measurement – cont'd.

The following is a description of the valuation methodologies used for assets measured at fair value:

Interests in registered investment companies: Valued at the closing price of shares held by the Plan at year end. Funds are traded in an active market.

Interests in common/collective trusts: Valued using the net asset value (NAV) of units held by the Plan at year end practical expedient.

Interest in separate accounts: Valued using the net asset value (NAV) of shares held by the Plan at year end practical expedient.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used as of December 31, 2020 and 2019.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2020:

	Level 1	Level 2	Level 3	Total
Interests in registered investment companies	\$ 152,051,181	\$ -	\$ -	\$ 152,051,181
Total investments in the fair value hierarchy	152,051,181	-	-	152,051,181
Interest in separate accounts (a)	n/a	n/a	n/a	23,107,402
Interests in common/collective trusts (a)	n/a	n/a	n/a	30,318,323
Total investments, at fair value	\$ 152,051,181	\$ -	\$ -	\$ 205,476,906

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2019:

	Level 1	Level 2	Level 3	Total
Interests in registered investment companies	\$ 23,122,622	\$ -	\$ -	\$ 23,122,622
Total investments, at fair value	\$ 23,122,622	\$ -	\$ -	\$ 23,122,622

(a) In accordance with ASC 820-10, certain investments that were measured at net asset value per share (or its equivalent practical expedient) have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

VALIANT INTEGRATED SERVICES 401(k) PLAN

Notes to Financial Statements As of December 31, 2020 and 2019 and For the Year Ended December 31, 2020

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - cont'd.

Fair Value Measurement – cont'd.

The following table presents investments measured at fair value using the NAV per share as a practical expedient as of December 31, :

	2020	2019	Redemption Frequency	Redemption Notice Period	Unfunded Commitments
Interests in common/collective trusts (b)	\$ 23,107,402	\$ -	Daily	None	None
Interest in separate accounts (c)	30,318,323	-	Daily	None	None

(b) Funds in this category invest in domestic and international equities, fixed income securities, and in a diversified portfolio of domestic and/or international stocks to achieve a long-term rate of return. Funds in this category also invest in various types of domestic and/or international debt securities to achieve a long-term rate of return while preserving capital. One fund in this category also invests in fixed income portfolios that are wrapped in stable value contracts.

(c) Fund in this category invests in a diversified portfolio of investment grade credit, high yield and bank loans, emerging market debt, and securitized debt to achieve a long-term rate of return.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Delinquent loans are reclassified as distributions in accordance with the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan evaluated for disclosure any subsequent events through June 21, 2022, the date the financial statements were available to be issued, and determined that there were no material subsequent events that required disclosure.

3. CHANGE IN CUSTODIAN AND TRUSTEE

Effective January 1, 2020, the Company changed the Custodian and Trustee of the Plan from Nationwide Financial Services, Inc. to Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company (Principal). As a result of this change, the Plan discontinued service with BMS Consulting as third-party administrator and a blackout period was in effect from December 31, 2019 through January 19, 2020 for loans, distributions, and investment allocation changes. During this time, participants were unable to access their accounts, request a loan or obtain a distribution from the Plan, or direct or diversify their investments. Participants were, however, able to make contributions to the Plan during the blackout period.

VALIANT INTEGRATED SERVICES 401(k) PLAN

Notes to Financial Statements As of December 31, 2020 and 2019 and For the Year Ended December 31, 2020

4. INVESTMENTS

All investment data contained in the accompanying financial statements and supplemental schedules, including assets held as of December 31, 2020 and interest and dividend income and net appreciation in fair value of investments for the year then ended, was obtained or derived from the information supplied to the Plan administrator and certified as complete and accurate by Nationwide Financial Services, Inc. (Nationwide), a Custodian and Trustee of the Plan, Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company (Principal), a Custodian and Trustee of the Plan, and Mass Mutual Financial Group (Mass Mutual), a Custodian of the Plan. All investment data contained in the accompanying financial statements, including assets held as of December 31, 2019, was obtained or derived from the information supplied to the Plan administrator and certified as complete and accurate by Nationwide and Mass Mutual.

5. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by affiliates of Nationwide, Principal, and Mass Mutual as of December 31, 2020 and 2019. The Plan loans funds to its participants according to the applicable provisions of the Plan agreement. The Company provides the Plan with certain accounting and administrative services to the Plan for which no fees are charged. All such transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

6. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

During 2020, the Plan invested in the Principal Fixed Income Guaranteed Option and the Hartford Lifetime Income A Fund, which are traditional investment contracts. During 2019, the Plan invested in the Nationwide Fixed Select Fund and the Hartford Lifetime Income A Fund, which are traditional investment contracts. These contracts meet the fully benefit-responsive investment contract criteria and, therefore, are reported at contract value, which approximates fair value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

With traditional investment contracts, the Plan owns only the contract itself. Traditional investment contracts are designed to accrue interest based on crediting rates established by the contract issuers.

The traditional investment contracts held by the Plan are a group annuity contract and a custodial guaranteed interest contract. The contract issuers are contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than zero. The crediting rate is reviewed on a periodic basis for resetting. The contracts cannot be terminated by the issuer before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuers' ability to meet its contractual obligations may be affected by future economic and regulatory developments.

VALIANT INTEGRATED SERVICES 401(k) PLAN

Notes to Financial Statements As of December 31, 2020 and 2019 and For the Year Ended December 31, 2020

6. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS – cont'd.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuers. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code
2. Premature termination of the contracts
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment options
5. Bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

In addition, certain events allow the issuers to terminate the contracts with the Plan and settle at an amount different from contract value. These events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreements without the consent of the issuer.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

7. INCOME TAX STATUS

Effective January 1, 2020, the Plan operates under a volume submitter document, which received a favorable opinion letter on August 8, 2014. Prior to January 1, 2020, the Plan operated under a different volume submitter document. The Plan has been amended since receiving the favorable opinion letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code (Note 9). Therefore, no provision for income taxes has been included in the Plan's financial statements.

ASC 740, *Income Taxes*, prescribes a recognition threshold and a measurement attribute for the financial statement recognition and measurement of tax positions taken or expected to be taken in a tax return as well as guidance on de-recognition, classification, interest and penalties and financial statement reporting disclosures. For these benefits to be recognized, a tax position must be more-likely-than-not to be sustained upon examination by taxing authorities. Given the Plan is tax exempt and has no unrelated business income, the provisions of ASC 740 do not have an impact on the Plan's financial statements. The Plan recognizes interest and penalties accrued on any unrecognized tax exposures as a component of income tax expense. The Plan does not have any amounts accrued relating to interest and penalties as of December 31, 2020 and 2019.

The Plan is subject to routine audits by the Internal Revenue Service and Department of Labor; however, there are currently no audits for any periods in progress.

VALIANT INTEGRATED SERVICES 401(k) PLAN

Notes to Financial Statements As of December 31, 2020 and 2019 and For the Year Ended December 31, 2020

8. PLAN TERMINATION

Although it has not expressed the intent to do so, the Company has the right under the Plan to discontinue, modify, amend or terminate the Plan in total, or in part, subject to the provisions of ERISA.

9. OPERATIONAL FAILURES

In the course of the audits of the Plan for the 2020, 2019 and 2018 Plan years, the Company became aware that the following operational failures occurred during 2020, 2019 and 2018:

1. On May 31, 2018, the Company acquired Cubic Global Defense, Inc. (Cubic), along with the Cubic Global Defense, Inc. 401(k) Plan (Cubic Plan), which was sponsored by Cubic. Individuals who were employed by Cubic immediately prior to the acquisition remained employees of Cubic after the acquisition, and Cubic continued to hire its own new employees after the acquisition. Cubic employees who were hired before October 15, 2018, became participants in the Cubic Plan (subject to its terms of eligibility) until the merger of the Cubic Plan with the Plan on January 1, 2020. Cubic employees hired on or after October 15, 2018 did not become participants in the Cubic Plan. Instead, such employees were permitted to participate in the Plan, even though the Plan did not provide for participation by Cubic employees until January 1, 2020.
2. During the 2018 and 2019 Plan years, the terms of the Plan excluded employees who were classified as part-time, temporary, or seasonal for purposes of all contributions, provided that any such employee who completed 1,000 hours of service in a Plan year would cease to be excluded. During the 2020 plan year, under the definition of “Eligible Employee”, the 2020 Plan Document excluded employees who were classified as part-time, temporary, or seasonal for purposes of all contributions other than elective deferral contributions, provided that any such employee who completed 1,000 hours of service in a Plan year would cease to be excluded. Notwithstanding such exclusion, during the 2018, 2019 and 2020 Plan years, some part-time employees were permitted to participate in the Plan for the purpose of receiving prevailing wage contributions.
3. During the 2019 and 2018 Plan years, the Plan provided for a safe harbor matching contribution to be made on behalf of eligible participants and stated that such contribution would be calculated on a Plan year basis. The Company made the safe harbor matching contributions for the 2019 and 2018 Plan years on per payroll basis. As a result, the Company should have made a “true up” contribution for each Plan year to account for any difference in matching contributions when calculated on a per payroll basis versus a Plan year basis. Any true up contribution owed for a participant should have been made by the extended due date for the Company’s federal income tax return with respect to the applicable Plan years, which would have been September 15, 2019, for the 2018 Plan year and September 15, 2020 for the 2019 Plan year. The Company did not make any true up contributions for the 2019 and 2018 Plan years as required under the Plan. The Company has identified the participants who should have received true up contributions during the 2019 and 2018 Plan years and has determined the amount of such contributions. The true up for the years ended December 31, 2019 and 2018 totaled \$127,773 and \$49,219, respectively.
4. During the 2019 and 2018 Plan years, union employees were generally treated as being ineligible to receive the safe harbor matching contribution as these contributions are not provided for under the applicable collective bargaining agreement(s). However, the terms of the Plan does not exclude such employees from receiving the contribution.

VALIANT INTEGRATED SERVICES 401(k) PLAN

Notes to Financial Statements As of December 31, 2020 and 2019 and For the Year Ended December 31, 2020

9. OPERATIONAL FAILURES – cont'd.

5. Certain participants appear to have received employer contributions in excess of what they were entitled to during the 2019 and 2018 Plan years.
6. Contributions for certain participants were contributed to Nationwide under the incorrect contribution categories during the 2019 Plan year, respectively. These contribution categories have different tax consequences such as pre-tax versus Roth or employer match versus Roth.
7. Certain participants appear to have not received timely required minimum distributions from the Plan during the 2019 and 2018 Plan years.

The Company intends to correct each of the operational failures described above in accordance with the IRS Employee Plans Compliance Resolution System described most recently in Revenue Procedure 2021-30. Specifically, the Company will file an application for a compliance statement under the IRS Voluntary Compliance Program as soon as practicable and with the assistance of legal counsel. The Company does not expect that the correction of such operational failures will result in any material adjustments to the Plan's financial statements.

10. PROHIBITED TRANSACTIONS

During the years ended December 31, 2020, 2019 and 2018, the Plan Sponsor determined that certain participant deferrals and loan payments were remitted to the Plan outside the required timeframe by the Department of Labor (DOL). The DOL considers late deposits to be prohibited transactions. Those contributions that have been contributed to the Plan as of December 31, 2020 have been reported in supplemental schedule either as corrected if lost earnings have been submitted or as uncorrected if lost earnings still need to be calculated and submitted. As of December 31, 2020, there is an immaterial amount of contributions that have been identified but not been contributed to the Plan. The majority of these submissions are in process as of the report date. These amounts will be reported on the schedule of delinquent contributions in the year in which they are contributed to the Plan.

The Plan Sponsor will calculate lost earnings as soon as administratively feasible.

11. CORONAVIRUS

In December 2019, a novel strain of coronavirus (COVID-19) was reported in Wuhan, China. The World Health Organization declared COVID-19 to constitute a "Public Health Emergency of International Concern." During 2020, COVID-19 began to spread throughout the United States. Efforts to contain COVID-19, including restrictions mandated by the Federal, state and local governments, caused numerous businesses to close or operate remotely in an effort to prevent COVID-19 from spreading more rapidly. As of the report date, the Plan has experienced an immediate impact from COVID-19 due to the volatility of the financial markets. The future extent of the impact of COVID-19 on the Plan's operations including, but not limited to, further market volatility and future Company contributions to the Plan will depend on future developments, including the duration and spread of the outbreak, which is highly uncertain and cannot be predicted.

VALIANT INTEGRATED SERVICES 401(k) PLAN

Notes to Financial Statements As of December 31, 2020 and 2019 and For the Year Ended December 31, 2020

11. CORONAVIRUS – cont'd.

In March 2020, Congress passed the CARES Act (Coronavirus Aid, Relief, and Economic Security Act) in order to help the US economy and workers in the midst of the Coronavirus Pandemic. The CARES Act includes numerous provisions related to retirement plans. The Plan adopted certain provisions of the CARES Act to allow for Coronavirus penalty-free distributions for qualified individuals through December 31, 2020 as well as allowing the maximum loan amount to be taken by a qualified individual to be temporarily increased to \$100,000 from the date the Act is enacted and continuing for 180 days and delaying loan repayments from the date of the Act through December 31, 2020 for qualified individuals. Formal amendments for the CARES Act provisions is not required until December 31, 2022.

12. RECONCILIATION OF THE FINANCIAL STATEMENTS TO THE FORM 5500

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

	2020	2019
Net assets available for benefits reported on the financial statements	\$ 272,274,531	\$ 28,191,945
Employee Contributions Receivable not reported on Form 5500	(9,913)	-
Company Contributions Receivable not reported on Form 5500	(154,424)	-
Fair value adjustment - fully benefit responsive contracts	530,980	-
Net assets available for benefits per Form 5500	\$ 272,641,174	\$ 28,191,945

The following is a reconciliation of the changes in net assets available for benefits reported on the financial statements to the Form 5500 for the year ended December 31, 2020:

Net increase in net assets available for benefits before transfers in reported on the financial statements	\$ 8,219,238
Change in Employee Contributions not reported on Form 5500	(9,913)
Change in Company Contributions not reported on Form 5500	(154,424)
Change in fair value adjustment - fully benefit responsive contracts	530,980
Net increase in net assets available for benefits before transfers in reported on the Form 5500	\$ 8,585,881

SUPPLEMENTAL SCHEDULES PROVIDED
PURSUANT TO THE DEPARTMENT OF LABOR'S
RULES AND REGULATIONS

VALIANT INTEGRATED SERVICES

401(k) PLAN

Plan Sponsor EIN: 47-4319448

Plan Number: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

As of December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment (including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)	(d) Value	(e) Current Value
	Blackrock Total K Return Fund	Interest in registered investment companies	XX	\$ 22,410,699
	DFA Inflation Protected Securities Institutional Fund	Interest in registered investment companies	XX	868,577
	Fidelity 500 Index Fund	Interest in registered investment companies	XX	13,482,608
	Fidelity Mid Cap Index Fund	Interest in registered investment companies	XX	8,033,315
	Fidelity Small Cap Index Fund	Interest in registered investment companies	XX	5,768,632
	Goldman Sachs Smal Cap VI Institutional R6 Fund	Interest in registered investment companies	XX	4,487,301
	Hartford Core Equity R6 Fund	Interest in registered investment companies	XX	7,036,905
	Hartford International Equity R6 Fund	Interest in registered investment companies	XX	11,859,335
	Janus Henderson Triton N Fund	Interest in registered investment companies	XX	802,589
	Janus Henderson Venture N Fund	Interest in registered investment companies	XX	2,567,821
	JP Morgan Emerging Markets Equity R6 Fund	Interest in registered investment companies	XX	3,778,058
	JP Morgan Equity Income R6 Fund	Interest in registered investment companies	XX	21,591,903
	Lord Abbott High Yield R6 Fund	Interest in registered investment companies	XX	2,814,654
	PIMCO International Bond I Fund	Interest in registered investment companies	XX	2,654,069
	T. Rowe Price Mid Cap Growth I Fund	Interest in registered investment companies	XX	7,843,197
	Vanguard Growth Index Institutional Fund	Interest in registered investment companies	XX	9,459,796
	Vanguard Value Index Fund	Interest in registered investment companies	XX	1,984,543
	Vanguard Total Institutional Stock Index Admiral Fund	Interest in registered investment companies	XX	18,053,824
	Victory Sycamore Established Value I Fund	Interest in registered investment companies	XX	6,553,355
				<u>152,051,181</u>
	* Principal Global Investors Core Plus Bond Separate Account	Interest in separate account	XX	23,107,402
	Wells Fargo Stable Value C Fund	Interest in common/collective trust	XX	11,792,776
	AB US Large Cap Growth W Series	Interest in common/collective trust	XX	18,461,921
	Allianz Global Small Cap Class 1	Interest in common/collective trust	XX	63,626
				<u>30,318,323</u>
	* Principal Fixed Income Guaranteed Option	Fully benefit-responsive investment contract	XX	63,278,658
	Hartford Lifetime Income A Fund	Fully benefit-responsive investment contract	XX	52,422
				<u>63,331,080</u>
	* Participant Loans	Interest rates of 4.25% - 6.50% with maturity dates through December 2025	\$ -	2,828,576

* A party-in-interest, as defined by ERISA

XX Cost not required as the investment is participant-directed

VALIANT INTEGRATED SERVICES 401(k) PLAN
Plan Sponsor EIN: 47-4319448
Plan Number: 001

Schedule H, line 4a - Schedule of Delinquent Participant Contributions
For the Year Ended December 31, 2020

Total That Constitutes Non-Exempt Prohibited Transactions						
Year	Participant Contributions Transferred Late to Plan	Check Here If Late Participant Loan Repayments Are Included	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2018	\$ 57,536	✓	\$ 54,436	\$ -	\$ -	\$ -
2019	35,080	✓	35,080	-	-	-
2020	5,392	✓	1,887	3,505	-	-



Plan Sponsor: Valiant Integrated Services LLC
EIN: 47-4319448
Plan Number: 7-23109
Plan Name: Valiant Integrated Services 401(k) Plan
Plan Year Ending: December 31, 2020

Form 5500, Schedule H, Item 3
Reasonable Cause for Failure to Attach Accountant's Opinion

For the 2020 plan year, Valiant Integrated Services LLC engaged a CPA firm to perform the audit of the Valiant Integrated Services 401(k) Plan. The plan service provider did not provide the draft 5500 until close to the filing deadline impacting completion of the audit.

The audit is expected to be completed no later than November 28, 2021. Once the audit has been completed, an amended Form 5500 for the plan year ending December 31, 2020 will be filed.

Valiant Integrated Services LLC respectfully requests that any penalties that could apply to the failure to attach an audit report at this time be abated.

DocuSigned by:
Susan Spier
1A3DD416C7824C7...

Signature

10/14/2021

Date

VP People Resources

Title

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

V I S 401() P

EIN 47 4319448
 PLAN NUMBER 001
 PLAN YEAR 01/01/2020 TO 12/31/2020

(A) Identity of issuer, borrower, lessor or similar party.	(B) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(C) Cost	(D) Current Value
Wilmington Trust, N.A.	Common/Collective Trust AB US LG CP GR CIT W SRS	\$ 0.00	\$ 18,461,921.05
Reliance Trust Company	Common/Collective Trust ALLIANZGI SMALLCAP CIT CL 1	\$ 0.00	\$ 63,625.69
BlackRock	Registered Investment Company BLACKROCK TOTAL RETURN K FUND	\$ 0.00	\$ 22,410,698.86
Dimensional Fund Advisors	Registered Investment Company DFA INFL PROTECTED SEC I FUND	\$ 0.00	\$ 868,577.07
Fidelity Investments	Registered Investment Company FIDELITY MID CP INDEX FUND	\$ 0.00	\$ 8,033,314.57
Fidelity Investments	Registered Investment Company FIDELITY SM CAP INDEX FUND	\$ 0.00	\$ 5,768,632.41
Fidelity Investments	Registered Investment Company FIDELITY 500 INDEX FUND	\$ 0.00	\$ 13,482,608.01
Goldman Sachs	Registered Investment Company GOLDMAN SCH SM CP VL INS R6 FD	\$ 0.00	\$ 4,487,301.27
Hartford Life	Insurance Company General Hartford Lifetime Income A Fund	\$ 0.00	\$ 52,422.21
Hartford Mutual Funds	Registered Investment Company HARTFORD CORE EQUITY R6 FUND	\$ 0.00	\$ 7,036,904.69
Hartford Mutual Funds	Registered Investment Company HARTFORD INTL EQ R6 FD	\$ 0.00	\$ 11,859,335.45
Janus International Holding, LLC	Registered Investment Company JANUS HENDERSON VENTURE N FD	\$ 0.00	\$ 2,567,820.78
Janus International Holding, LLC	Registered Investment Company JANUSHENDERSON TRITON N	\$ 0.00	\$ 802,588.77
JP Morgan Funds	Registered Investment Company JP MORGAN EMERG MKTS EQ R6 FD	\$ 0.00	\$ 3,778,058.22
JP Morgan Funds	Registered Investment Company JP MORGAN EQUITY INCOME R6 FD	\$ 0.00	\$ 21,591,903.40

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

V I S 401() P
 EIN 47 4319448
 PLAN NUMBER 001
 PLAN YEAR 01/01/2020 TO 12/31/2020

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Lord Abbett	Registered Investment Company LORD ABBETT HIGH YIELD R6 FUND	\$ 0.00	\$ 2,814,653.60
	PIMCO Funds	Registered Investment Company PIMCO INTL BOND (USD-HDG) I FD	\$ 0.00	\$ 2,654,068.74
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN CORE PLUS BOND SEP ACCT-Z	\$ 0.00	\$ 23,107,402.21
*	Principal Life Insurance Company	Insurance Company General PRIN FIXED INC GUAR OPTION	\$ 0.00	\$ 63,278,658.23
	T. Rowe Price Funds	Registered Investment Company T. ROWE PRICE MD-CP GR I FD	\$ 0.00	\$ 7,843,196.94
	Vanguard Group	Registered Investment Company VANGUARD GROWTH INDEX INSTL FD	\$ 0.00	\$ 9,459,796.10
	Vanguard Group	Registered Investment Company VANGUARD VALUE INDEX INST FUND	\$ 0.00	\$ 1,984,543.51
	Vanguard Group	Registered Investment Company VGD TTL INTL STK IDX ADM FD	\$ 0.00	\$ 18,053,823.69
	Victory Funds	Registered Investment Company VICTORY SYCAMORE EST VAL I FD	\$ 0.00	\$ 6,553,354.83
*	Wells Fargo Bank	Common/Collective Trust WELLS FARGO STABLE VALUE C FD	\$ 0.00	\$ 12,323,756.14
*	Participant Loans	Range of Interest Rates Rates Range From 3.25% To 9.25%	\$ 0.00	\$ 2,828,576.00