

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                             | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>  |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                       | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                           | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                       | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                               |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN</u>                                                                                                                                                                                                                                                                                                                                 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>08/20/1999</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>003</u>                                                       | <b>1c</b> Effective date of plan<br><u>08/20/1999</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                                              | <u>003</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>08/20/1999</u>                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>AMENTUM NUCLEAR &amp; ENVIRONMENT HOLDINGS, INC</u><br><br><u>20501 SENECA MEADOWS PARKWAY</u><br><u>SUITE 300</u><br><u>GERMANTOWN, MD 20876</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>26-1320627</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>240-215-7886</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>541990</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>26-1320627</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>240-215-7886</u> | <b>2d</b> Business code (see instructions)<br><u>541990</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>26-1320627</u>                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>240-215-7886</u>                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>541990</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/12/2022 | TAMMY WOODMAN                                                |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                              |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3672 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 445  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 384  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1952 |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                    |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 948  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                           |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3284 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                            |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 348  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3632 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                            |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0    |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                   |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1E 3H 1I                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:<br>4A                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                    |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input checked="" type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |      |

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

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 \_\_\_\_\_

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|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN</u>                                                      | <b>B</b> Three-digit plan number (PN) ▶ <u>003</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>AMENTUM NUCLEAR &amp; ENVIRONMENT HOLDINGS, INC</u>        | <b>D</b> Employer Identification Number (EIN)<br><u>26-1320627</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                                                                    |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>                                                                                                                              |                                                                                                                             |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                                                                             |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> <u>297193328</u>                                                                                                  |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>267473996</u>                                                                                                  |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            |                                                                                                                             |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | (1) Number of participants <u>2224</u> (2) Vested Funding Target <u>155594517</u> (3) Total Funding Target <u>155594517</u> |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <u>1018</u> <u>49492728</u> <u>49492728</u>                                                                                 |
| <b>c</b> For active participants .....                                                                                                                                                                         | <u>445</u> <u>50628229</u> <u>51046054</u>                                                                                  |
| <b>d</b> Total.....                                                                                                                                                                                            | <u>3687</u> <u>255715474</u> <u>256133299</u>                                                                               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                                                                             |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                                                                   |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                                                                                                                   |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> <u>4.91</u> %                                                                                                      |
| <b>6</b> Target normal cost.....                                                                                                                                                                               |                                                                                                                             |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                      | <b>6a</b> <u>0</u>                                                                                                          |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                  | <b>6b</b> <u>2825000</u>                                                                                                    |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                       | <b>6c</b> <u>2825000</u>                                                                                                    |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                                                                                 |  |                                                               |
|-------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                |  | <u>10/12/2022</u><br>Date                                     |
| Signature of actuary                                                                            |  |                                                               |
| <u>ROBERT LIPSET</u><br>Type or print name of actuary                                           |  | <u>20-06136</u><br>Most recent enrollment number              |
| <u>MERCER</u><br>Firm name                                                                      |  | <u>609-520-2484</u><br>Telephone number (including area code) |
| <u>ONE UNIVERSITY SQUARE DR, SUITE 100</u><br><u>PRINCETON, NJ 08540</u><br>Address of the firm |  |                                                               |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2021**  
**v. 201209**

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 16722222               |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 5163833                |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 11558389               |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>16.48</u> % .....                                                                                | 0                     | 1904823                |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.34</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 13463212               |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 99.17 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 104.42 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 98.19 %  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |   |
|-------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 0 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
3.32 %2nd segment:  
4.79 %3rd segment:  
5.47 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

0

**22** Weighted average retirement age .....**22**

64

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)..... **31a** 2825000**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance Installment  
2122515 256898**b** Waiver amortization installment ..... 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 3081898

|                                                                        | Carryover balance | Prefunding balance | Total balance |
|------------------------------------------------------------------------|-------------------|--------------------|---------------|
| <b>35</b> Balances elected for use to offset funding requirement ..... | 0                 | 3854315            | 3854315       |

**36** Additional cash requirement (line 34 minus line 35)..... **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)..... **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0**40** Unpaid minimum required contributions for all years..... **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                              |                                                             |     |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                   |                                                             |     |
| <b>A</b> Name of plan<br>URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN                                | <b>B</b> Three-digit plan number (PN) ▶                     | 003 |
|                                                                                                              |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>AMENTUM NUCLEAR & ENVIRONMENT HOLDINGS, INC | <b>D</b> Employer Identification Number (EIN)<br>26-1320627 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

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**(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

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**(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

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**(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

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

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**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)

MORNEAU SHEPELL / LIFEWORKS

45-4303723

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 50                  | NONE                                                                                              | 430340                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MERCER

13-2834414

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | NONE                                                                                              | 405347                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ANGELES INVESTMENT ADVISORS

95-4839031

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 50                  | INVESTMENT CONSULTANT                                                                             | 334482                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

GRANT THORNTON LLP

36-6055558

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 63032                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

US BANK

41-6271370

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 50                  | TRUSTEE                                                                                           | 58949                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WINSTON & STRAWN, LLP

36-1975990

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 42221                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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<br>(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<br>(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<br>(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)

|                    |                                                     |                     |              |
|--------------------|-----------------------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | GRANT THORNTON LLP                                  | <b>b</b> EIN:       | 36-6055558   |
| <b>c</b> Position: | ACCOUNTANT                                          |                     |              |
| <b>d</b> Address:  | 1375 E. NINTH ST, SUITE 1500<br>CLEVELAND, OH 44114 | <b>e</b> Telephone: | 216-771-1400 |
|                    |                                                     |                     |              |

Explanation: AUDITOR CONSOLIDATION

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:



**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  
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

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE G</b><br><b>(Form 5500)</b><br><small>Department of Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <div style="text-align: center;"><b>Financial Transaction Schedules</b></div> <p>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).</p> <p style="text-align: center;">▶ <b>File as an attachment to Form 5500.</b></p> | <div style="text-align: center;">OMB No. 1210-0110</div> <div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;"><b>2021</b></div> <div style="text-align: center; border-top: 1px solid black; padding: 5px;"><b>This Form is Open to Public Inspection.</b></div> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                                                         |                                                                    |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN</u>                                    | <b>B</b> Three-digit plan number (PN) ▶ <u>003</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>AMENTUM NUCLEAR &amp; ENVIRONMENT HOLDINGS, INC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>26-1320627</u> |

|               |                                                                                                                                                                                                                                                                                                                                                                      |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible</b><br>Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions. |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                          |                                            |                                                                                                                                                                                                                             |
|--------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(a)</b>               | <b>(b)</b> Identity and address of obligor | <b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| <input type="checkbox"/> |                                            |                                                                                                                                                                                                                             |

|                                    | Amount received during reporting year |                     |                                          | Amount overdue       |                     |
|------------------------------------|---------------------------------------|---------------------|------------------------------------------|----------------------|---------------------|
| <b>(d)</b> Original amount of loan | <b>(e)</b> Principal                  | <b>(f)</b> Interest | <b>(g)</b> Unpaid balance at end of year | <b>(h)</b> Principal | <b>(i)</b> Interest |
|                                    |                                       |                     |                                          |                      |                     |

|                          |                                            |                                                                                                                                                                                                                             |
|--------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(a)</b>               | <b>(b)</b> Identity and address of obligor | <b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| <input type="checkbox"/> |                                            |                                                                                                                                                                                                                             |

|                                    | Amount received during reporting year |                     |                                          | Amount overdue       |                     |
|------------------------------------|---------------------------------------|---------------------|------------------------------------------|----------------------|---------------------|
| <b>(d)</b> Original amount of loan | <b>(e)</b> Principal                  | <b>(f)</b> Interest | <b>(g)</b> Unpaid balance at end of year | <b>(h)</b> Principal | <b>(i)</b> Interest |
|                                    |                                       |                     |                                          |                      |                     |

|                          |                                            |                                                                                                                                                                                                                             |
|--------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(a)</b>               | <b>(b)</b> Identity and address of obligor | <b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| <input type="checkbox"/> |                                            |                                                                                                                                                                                                                             |

|                                    | Amount received during reporting year |                     |                                          | Amount overdue       |                     |
|------------------------------------|---------------------------------------|---------------------|------------------------------------------|----------------------|---------------------|
| <b>(d)</b> Original amount of loan | <b>(e)</b> Principal                  | <b>(f)</b> Interest | <b>(g)</b> Unpaid balance at end of year | <b>(h)</b> Principal | <b>(i)</b> Interest |
|                                    |                                       |                     |                                          |                      |                     |

|                                    |                                            |                                                                                                                                                                                                                             |                                          |                      |                     |
|------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------|---------------------|
| <b>(a)</b>                         | <b>(b)</b> Identity and address of obligor | <b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |                                          |                      |                     |
| □                                  |                                            |                                                                                                                                                                                                                             |                                          |                      |                     |
|                                    |                                            | Amount received during reporting year                                                                                                                                                                                       |                                          | Amount overdue       |                     |
| <b>(d)</b> Original amount of loan | <b>(e)</b> Principal                       | <b>(f)</b> Interest                                                                                                                                                                                                         | <b>(g)</b> Unpaid balance at end of year | <b>(h)</b> Principal | <b>(i)</b> Interest |
|                                    |                                            |                                                                                                                                                                                                                             |                                          |                      |                     |

  

|                                    |                                            |                                                                                                                                                                                                                             |                                          |                      |                     |
|------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------|---------------------|
| <b>(a)</b>                         | <b>(b)</b> Identity and address of obligor | <b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |                                          |                      |                     |
| □                                  |                                            |                                                                                                                                                                                                                             |                                          |                      |                     |
|                                    |                                            | Amount received during reporting year                                                                                                                                                                                       |                                          | Amount overdue       |                     |
| <b>(d)</b> Original amount of loan | <b>(e)</b> Principal                       | <b>(f)</b> Interest                                                                                                                                                                                                         | <b>(g)</b> Unpaid balance at end of year | <b>(h)</b> Principal | <b>(i)</b> Interest |
|                                    |                                            |                                                                                                                                                                                                                             |                                          |                      |                     |

  

|                                    |                                            |                                                                                                                                                                                                                             |                                          |                      |                     |
|------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------|---------------------|
| <b>(a)</b>                         | <b>(b)</b> Identity and address of obligor | <b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |                                          |                      |                     |
| □                                  |                                            |                                                                                                                                                                                                                             |                                          |                      |                     |
|                                    |                                            | Amount received during reporting year                                                                                                                                                                                       |                                          | Amount overdue       |                     |
| <b>(d)</b> Original amount of loan | <b>(e)</b> Principal                       | <b>(f)</b> Interest                                                                                                                                                                                                         | <b>(g)</b> Unpaid balance at end of year | <b>(h)</b> Principal | <b>(i)</b> Interest |
|                                    |                                            |                                                                                                                                                                                                                             |                                          |                      |                     |

  

|                                    |                                            |                                                                                                                                                                                                                             |                                          |                      |                     |
|------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------|---------------------|
| <b>(a)</b>                         | <b>(b)</b> Identity and address of obligor | <b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |                                          |                      |                     |
| □                                  |                                            |                                                                                                                                                                                                                             |                                          |                      |                     |
|                                    |                                            | Amount received during reporting year                                                                                                                                                                                       |                                          | Amount overdue       |                     |
| <b>(d)</b> Original amount of loan | <b>(e)</b> Principal                       | <b>(f)</b> Interest                                                                                                                                                                                                         | <b>(g)</b> Unpaid balance at end of year | <b>(h)</b> Principal | <b>(i)</b> Interest |
|                                    |                                            |                                                                                                                                                                                                                             |                                          |                      |                     |

  

|                                    |                                            |                                                                                                                                                                                                                             |                                          |                      |                     |
|------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------|---------------------|
| <b>(a)</b>                         | <b>(b)</b> Identity and address of obligor | <b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |                                          |                      |                     |
| □                                  |                                            |                                                                                                                                                                                                                             |                                          |                      |                     |
|                                    |                                            | Amount received during reporting year                                                                                                                                                                                       |                                          | Amount overdue       |                     |
| <b>(d)</b> Original amount of loan | <b>(e)</b> Principal                       | <b>(f)</b> Interest                                                                                                                                                                                                         | <b>(g)</b> Unpaid balance at end of year | <b>(h)</b> Principal | <b>(i)</b> Interest |
|                                    |                                            |                                                                                                                                                                                                                             |                                          |                      |                     |

**Part II Schedule of Leases in Default or Classified as Uncollectible**

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

| (a)                      | (b) Identity of lessor/lessee      | (c) Relationship to plan, employer, employee organization, or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) |                  |                       |  |
|--------------------------|------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|--|
| <input type="checkbox"/> |                                    |                                                                                       |                                                                                                                                                                                        |                  |                       |  |
| (e) Original cost        | (f) Current value at time of lease | (g) Gross rental receipts during the plan year                                        | (h) Expenses paid during the plan year                                                                                                                                                 | (i) Net receipts | (j) Amount in arrears |  |
|                          |                                    |                                                                                       |                                                                                                                                                                                        |                  |                       |  |

  

| (a)                      | (b) Identity of lessor/lessee      | (c) Relationship to plan, employer, employee organization, or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) |                  |                       |  |
|--------------------------|------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|--|
| <input type="checkbox"/> |                                    |                                                                                       |                                                                                                                                                                                        |                  |                       |  |
| (e) Original cost        | (f) Current value at time of lease | (g) Gross rental receipts during the plan year                                        | (h) Expenses paid during the plan year                                                                                                                                                 | (i) Net receipts | (j) Amount in arrears |  |
|                          |                                    |                                                                                       |                                                                                                                                                                                        |                  |                       |  |

  

| (a)                      | (b) Identity of lessor/lessee      | (c) Relationship to plan, employer, employee organization, or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) |                  |                       |  |
|--------------------------|------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|--|
| <input type="checkbox"/> |                                    |                                                                                       |                                                                                                                                                                                        |                  |                       |  |
| (e) Original cost        | (f) Current value at time of lease | (g) Gross rental receipts during the plan year                                        | (h) Expenses paid during the plan year                                                                                                                                                 | (i) Net receipts | (j) Amount in arrears |  |
|                          |                                    |                                                                                       |                                                                                                                                                                                        |                  |                       |  |

  

| (a)                      | (b) Identity of lessor/lessee      | (c) Relationship to plan, employer, employee organization, or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) |                  |                       |  |
|--------------------------|------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|--|
| <input type="checkbox"/> |                                    |                                                                                       |                                                                                                                                                                                        |                  |                       |  |
| (e) Original cost        | (f) Current value at time of lease | (g) Gross rental receipts during the plan year                                        | (h) Expenses paid during the plan year                                                                                                                                                 | (i) Net receipts | (j) Amount in arrears |  |
|                          |                                    |                                                                                       |                                                                                                                                                                                        |                  |                       |  |

  

| (a)                      | (b) Identity of lessor/lessee      | (c) Relationship to plan, employer, employee organization, or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) |                  |                       |  |
|--------------------------|------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|--|
| <input type="checkbox"/> |                                    |                                                                                       |                                                                                                                                                                                        |                  |                       |  |
| (e) Original cost        | (f) Current value at time of lease | (g) Gross rental receipts during the plan year                                        | (h) Expenses paid during the plan year                                                                                                                                                 | (i) Net receipts | (j) Amount in arrears |  |
|                          |                                    |                                                                                       |                                                                                                                                                                                        |                  |                       |  |

  

| (a)                      | (b) Identity of lessor/lessee      | (c) Relationship to plan, employer, employee organization, or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) |                  |                       |  |
|--------------------------|------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|--|
| <input type="checkbox"/> |                                    |                                                                                       |                                                                                                                                                                                        |                  |                       |  |
| (e) Original cost        | (f) Current value at time of lease | (g) Gross rental receipts during the plan year                                        | (h) Expenses paid during the plan year                                                                                                                                                 | (i) Net receipts | (j) Amount in arrears |  |
|                          |                                    |                                                                                       |                                                                                                                                                                                        |                  |                       |  |

**Part III Nonexempt Transactions**

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

| (a) Identity of party involved      | (b) Relationship to plan, employer, or other party-in-interest | (c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value | (d) Purchase price |                            |                                            |
|-------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------|----------------------------|--------------------------------------------|
| AMENTUM NUCLEAR & ENVIRONMENT HOLDI | PLAN SPONSOR                                                   | INADVERTENT APPROVAL OF PAYMENT FROM PLAN ASSETS OF AN INVOICE NOT ASSOCIATED WITH THIS PLAN (SEE ATTACH)   | 1386               |                            |                                            |
| (e) Selling price                   | (f) Lease rental                                               | (g) Transaction expenses                                                                                    | (h) Cost of asset  | (i) Current value of asset | (j) Net gain (or loss) on each transaction |
| 1472                                |                                                                |                                                                                                             | 86                 | 1472                       | 0                                          |

  

| (a) Identity of party involved | (b) Relationship to plan, employer, or other party-in-interest | (c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value | (d) Purchase price |                            |                                            |
|--------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------|----------------------------|--------------------------------------------|
|                                |                                                                |                                                                                                             |                    |                            |                                            |
| (e) Selling price              | (f) Lease rental                                               | (g) Transaction expenses                                                                                    | (h) Cost of asset  | (i) Current value of asset | (j) Net gain (or loss) on each transaction |
|                                |                                                                |                                                                                                             |                    |                            |                                            |

  

| (a) Identity of party involved | (b) Relationship to plan, employer, or other party-in-interest | (c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value | (d) Purchase price |                            |                                            |
|--------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------|----------------------------|--------------------------------------------|
|                                |                                                                |                                                                                                             |                    |                            |                                            |
| (e) Selling price              | (f) Lease rental                                               | (g) Transaction expenses                                                                                    | (h) Cost of asset  | (i) Current value of asset | (j) Net gain (or loss) on each transaction |
|                                |                                                                |                                                                                                             |                    |                            |                                            |

  

| (a) Identity of party involved | (b) Relationship to plan, employer, or other party-in-interest | (c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value | (d) Purchase price |                            |                                            |
|--------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------|----------------------------|--------------------------------------------|
|                                |                                                                |                                                                                                             |                    |                            |                                            |
| (e) Selling price              | (f) Lease rental                                               | (g) Transaction expenses                                                                                    | (h) Cost of asset  | (i) Current value of asset | (j) Net gain (or loss) on each transaction |
|                                |                                                                |                                                                                                             |                    |                            |                                            |

  

| (a) Identity of party involved | (b) Relationship to plan, employer, or other party-in-interest | (c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value | (d) Purchase price |                            |                                            |
|--------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------|----------------------------|--------------------------------------------|
|                                |                                                                |                                                                                                             |                    |                            |                                            |
| (e) Selling price              | (f) Lease rental                                               | (g) Transaction expenses                                                                                    | (h) Cost of asset  | (i) Current value of asset | (j) Net gain (or loss) on each transaction |
|                                |                                                                |                                                                                                             |                    |                            |                                            |

  

| (a) Identity of party involved | (b) Relationship to plan, employer, or other party-in-interest | (c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value | (d) Purchase price |                            |                                            |
|--------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------|----------------------------|--------------------------------------------|
|                                |                                                                |                                                                                                             |                    |                            |                                            |
| (e) Selling price              | (f) Lease rental                                               | (g) Transaction expenses                                                                                    | (h) Cost of asset  | (i) Current value of asset | (j) Net gain (or loss) on each transaction |
|                                |                                                                |                                                                                                             |                    |                            |                                            |

  

| (a) Identity of party involved | (b) Relationship to plan, employer, or other party-in-interest | (c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value | (d) Purchase price |                            |                                            |
|--------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------|----------------------------|--------------------------------------------|
|                                |                                                                |                                                                                                             |                    |                            |                                            |
| (e) Selling price              | (f) Lease rental                                               | (g) Transaction expenses                                                                                    | (h) Cost of asset  | (i) Current value of asset | (j) Net gain (or loss) on each transaction |
|                                |                                                                |                                                                                                             |                    |                            |                                            |

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                                         |                                                                            |            |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>                |                                                                            |            |
| <b>A</b> Name of plan<br><u>URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN</u>                                    | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>003</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>AMENTUM NUCLEAR &amp; ENVIRONMENT HOLDINGS, INC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>26-1320627</u>         |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 2431742               | 1983082         |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 117436122             | 133434846       |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 43691363              | 80986343        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 122450002             | 85442448        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year     |
|--------------------|------------------------------------------------------------------|-----------------------|---------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                     |
| (1)                | Employer securities.....                                         | <b>1d(1)</b>          |                     |
| (2)                | Employer real property.....                                      | <b>1d(2)</b>          |                     |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                     |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 286009229 301846719 |
| <b>Liabilities</b> |                                                                  |                       |                     |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                     |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             | 376439 73559        |
| <b>i</b>           | Acquisition indebtedness.....                                    | <b>1i</b>             |                     |
| <b>j</b>           | Other liabilities.....                                           | <b>1j</b>             |                     |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 376439 73559        |
| <b>Net Assets</b>  |                                                                  |                       |                     |
| <b>l</b>           | Net assets (subtract line 1k from line 1f).....                  | <b>1l</b>             | 285632790 301773160 |

**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 |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |           |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> |           |
|          | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> |           |
| (2)      | Noncash contributions.....                                                                             | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 0         |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....    | <b>2b(1)(A)</b> | 395       |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans.....                                                                      | <b>2b(1)(E)</b> |           |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 395       |
| (2)      | Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                               | <b>2b(2)(C)</b> | 2040300   |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 2040300   |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 112354526 |
|          | <b>(B)</b> Aggregate carrying amount (see instructions).....                                           | <b>2b(4)(B)</b> | 110003957 |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 2350569   |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> | 23165662  |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 23165662  |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 3559980   |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 2332146   |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 33449052  |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 15505769   |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  |            |           |
| (3) Other.....                                                                                 | 2e(3)  |            |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 15505769  |
| f Corrective distributions (see instructions).....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            |           |
| h Interest expense.....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  | 513182     |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 128829     |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 390078     |           |
| (4) Other.....                                                                                 | 2i(4)  | 770824     |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 1802913   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 17308682  |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 16140370  |
| l Transfers of assets:                                                                         |        |            |           |
| (1) To this plan.....                                                                          | 2l(1)  |            |           |
| (2) From this plan.....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: EIDE BAILLY

(2) EIN: 45-0250958

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  |        |

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>b</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.) ..... |     |    |          |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>c</b> 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.) .....                                                                                                                             |     |    |          |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>d</b> 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.) .....                                                                                                                  |     |    |          |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        | X   |    | 1386     |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         |     |    |          |
| <b>4e</b>                                                                                                                                                                                                                                                                                                        | X   |    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     |    |          |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>g</b> 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? .....                                                                                                                                       |     |    |          |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>h</b> 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? .....                                                                                                                             |     |    |          |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   |     |    |          |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |          |
| <b>j</b> 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.) .....                                                                                     |     |    |          |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        | X   |    |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     |    |          |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     |    |          |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     |    |          |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     |    |          |
| <b>n</b> 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. ....                                                                                                                         |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     |    |          |

**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 448345.

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                                                         |                                                                    |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN</u>                                    | <b>B</b> Three-digit plan number (PN) ▶<br><u>003</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>AMENTUM NUCLEAR &amp; ENVIRONMENT HOLDINGS, INC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>26-1320627</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>20-1932099</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> | <u>0</u> |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                              |                             |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                     | <b>6a</b>                    |                             |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                         | <b>6b</b>                    |                             |                                         |
| <b>c</b> 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) .....                                                                                                                                                                                                                   | <b>6c</b>                    |                             |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                             |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>8</b> 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? .....                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2021  
v. 201209

**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: 10.0 % Investment-Grade Debt: 6.0 % High-Yield Debt: 39.0 % Real Estate: \_\_\_\_\_ % Other: 45.0 %

**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 \_\_\_\_\_

**URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN**

**FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020**

# URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

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## **Independent Auditor's Report**

The Plan Administrator  
URS Federal Services, Inc. Employees Retirement Plan  
Germantown, Maryland

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements**

We have performed an audit of the financial statements of URS Federal Services, Inc. Employees Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2021, and the related statements of changes in net assets available for benefits for the year ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under the ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### **Opinion on the 2021 Financial Statements**

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the accompanying 2021 Financial Statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying 2021 Financial Statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion on the 2021 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the 2021 Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

### **Auditor's Responsibilities for the Audit of the 2021 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

## **Other Matters**

### ***2021 Supplemental Schedules Required by ERISA***

The supplemental schedule H, line 4i – schedule of assets held at end of year, and schedule H, line 4j – schedule of reportable transactions as of or for the year ended December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such

information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

***Auditor's Report on the 2020 Financial Statements***

The 2020 financial statements of the Plan were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the predecessor auditor not to perform, and they did not perform, any auditing procedures with respect to the information certified by a qualified institution. Their report dated November 22, 2021, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and supplemental schedules, and (b) the form and content of the information included in the financial statements and supplemental schedules other than that derived from the certified information, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "Erik Sully LLP". The signature is written in a cursive, flowing style.

Boise, Idaho  
October 11, 2022

**URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
AS OF DECEMBER 31,**

|                                                 | <u>2021</u>                 | <u>2020</u>                 |
|-------------------------------------------------|-----------------------------|-----------------------------|
| <b>Assets</b>                                   |                             |                             |
| Investments, at fair value                      | \$296,354,221               | \$281,023,131               |
| Net assets held in 401(h) account               | <u>5,492,498</u>            | <u>4,986,098</u>            |
| Total Investments                               | <u>301,846,719</u>          | <u>286,009,229</u>          |
| <b>Liabilities</b>                              |                             |                             |
| Accrued expenses                                | 73,559                      | 376,439                     |
| Amounts related to obligation of 401(h) account | <u>5,492,498</u>            | <u>4,986,098</u>            |
| Total Liabilities                               | <u>5,566,057</u>            | <u>5,362,537</u>            |
| Net Assets Available for Benefits               | <u><u>\$296,280,662</u></u> | <u><u>\$280,646,692</u></u> |

*The accompanying notes are an integral part of the financial statements*

**URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED DECEMBER 31,**

|                                               | <u>2021</u>                 | <u>2020</u>                 |
|-----------------------------------------------|-----------------------------|-----------------------------|
| <b>Investment Gains</b>                       |                             |                             |
| Net appreciation in fair value of investments | \$ 30,906,744               | \$ 24,365,504               |
| Dividends and interest income                 | <u>1,994,852</u>            | <u>2,748,780</u>            |
| Investment Income, Net                        | 32,901,596                  | 27,114,284                  |
| <b>Deductions</b>                             |                             |                             |
| Benefits paid to participants                 | (15,495,850)                | (14,833,487)                |
| Administrative expenses                       | <u>(1,771,776)</u>          | <u>(1,951,098)</u>          |
| Total Deductions                              | <u>(17,267,626)</u>         | <u>(16,784,585)</u>         |
| Net Increase                                  | 15,633,970                  | 10,329,699                  |
| <b>Net Assets Available for Benefits</b>      |                             |                             |
| Beginning of year                             | <u>280,646,692</u>          | <u>270,316,993</u>          |
| End of year                                   | <u><u>\$296,280,662</u></u> | <u><u>\$280,646,692</u></u> |

*The accompanying notes are an integral part of the financial statements*

# URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN

## NOTES TO FINANCIAL STATEMENTS

### 1. Description of The Plan

The following description of the URS Federal Services, Inc. Employees Retirement Plan (the “Plan”) is provided for general information purposes only. Selected Plan provisions are described below. Participants should refer to the Plan document for more complete information regarding the terms of the Plan.

#### *General*

The Plan, established on August 20, 1999, is a frozen, noncontributory defined benefit pension plan sponsored by Amentum Nuclear & Environment Holdings, Inc. (the “Company” or “Amentum”). The Plan is administered by the Amentum Benefits Administration Committee as authorized by Amentum. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

#### *Eligibility for Participation*

All employees of the Company in one of the specified pay groups, hired before July 1, 2003, and with at least one year of service are eligible to participate in the Plan. Employees who: are members of certain collective bargaining units or are a Covered Contract Employee, as defined in the Plan document, are not eligible.

Participation in the Plan was frozen to new entrants effective June 30, 2003 (the “Plan Freeze Date”). Each employee who was a participant in the Plan as of the Plan Freeze Date, will continue to participate in the Plan in accordance with the terms of the Plan. New employees of the Company or employees rehired after the Plan Freeze Date, are not allowed to participate in the Plan.

#### *Pension Benefits*

Participants are entitled to monthly pension benefits, upon normal retirement age (based on social security statutes and age ranges from 65 to 67 depending on the participant's date of birth), equal to the greater of either 1) \$70.83 or 2) one-twelfth of the sum of:

- a) 0.85 percent of an eligible Participant's Average Earnings, as defined by the Plan, multiplied by the participant's total credited service, plus an additional 0.75 percent of the Participant's Average Earnings in excess of the Social Security tax base multiplied by the participant's total credited service (up to a maximum of 35 years) determined as of December 31, 2003, as defined by the Plan, and
- b) 0.65 percent of the Participant's Earnings, as defined by the Plan, plus an additional 0.65 percent of the Participant's Earnings in excess of 50 percent of the Social Security wage base for the applicable year (up to a maximum of 35 years) beginning January 1, 2004.

Effective January 31, 2016, participants in the Plan ceased accruing future pension benefits.

The Plan permits early retirement at age 55 upon completion of ten years of service for participants who were in a predecessor plan before 1989. For participants who joined the Plan in 1989 and after, the Plan permits early retirement within ten years prior to a participant's normal retirement age and upon completion of ten years of service.

### ***Vesting***

Participants become 100 percent vested in their normal monthly benefit upon completion of five years of vesting service.

### ***Form of Benefit***

At the time of retirement, if the actuarial present value of an employee's total pension is \$5,000 or less, the actuarial value of the employee's pension will be paid to the employee in a single lump sum. Otherwise, participants may elect to receive their pension benefits in the form of a qualified joint and survivor annuity, a life annuity payable monthly, or another acceptable method of payment, as defined in the Plan document.

### ***Death and Disability Benefits***

If an active employee dies after completing five years of service, or is over the age of 45, a death benefit is paid to the employee's beneficiary based on terms included in the Plan document.

Active employees who have completed ten years of service and become permanently disabled receive disability benefit payments starting on the employee's normal retirement date. Disabled employees continued to accrue benefits (until benefits were frozen on January 31, 2016) and are treated as if active participants for benefit determination purposes. Disability retirement benefit payments are payable at normal retirement date and are computed as though the employee had been employed to normal retirement age and as if their annual compensation remained the same as at the time they became disabled.

### ***Funding Policy***

The Company contributes such amounts as are necessary to provide assets sufficient to meet the benefit obligations to be paid to Plan participants. Annual contributions are made based on amounts required to at least meet the minimum funding provisions of ERISA. An actuarial valuation is used to determine whether anticipated benefits may reasonably be provided from anticipated contributions when combined with existing assets of the Plan. For the years ended December 31, 2021 and 2020, the Company was not required to make contributions to the Plan and met the minimum funding requirements of ERISA.

## **2. Summary of Significant Accounting Policies**

### ***Basis of Accounting***

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

### ***Valuation of Investments***

Investments 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. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The classification of investment earnings reported in the statement of changes in net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

### ***Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

### ***Risks and Uncertainties***

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

### ***Administrative Expenses***

Plan fees and expenses, including fees and expenses connected with administrative services by external service providers, asset management fees and other administrative expenses are paid from Plan assets. Certain administrative expenses are paid by the Company. Expenses that are paid directly by the Company are excluded from these financial statements. Fees for administration, investment advice, actuarial, and other services are generally charged to the Plan based on customary or contracted rates for such services. The Plan's assets are managed by independent investment managers who charge a management fee based on assets under management.

### *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 net assets available for benefits and changes therein, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

### *Subsequent Events*

The Plan has evaluated subsequent events through October 11, 2022, the date the financial statements were available to be issued.

### **3. Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) current employees or their beneficiaries. Because the benefits under the Plan are frozen, the accumulated plan benefits for active employees are based on their accrued benefits as of the Plan Freeze Date. Future active employee compensation and credited service increases are no longer applicable after the Plan Freeze Date. Due to the Plan freeze, benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included and are fully attributable to employee service rendered to the valuation date.

The computations of the actuarial present value of accumulated Plan benefits were made as of January 1, 2021. Had the valuation been performed as of December 31, there would be no material differences.

The actuarial present value of accumulated plan benefits as of January 1, 2021, as determined by the actuary, is as follows:

#### Actuarial Present Value of Accumulated Plan Benefits

##### Vested benefits:

|                                                             |                    |
|-------------------------------------------------------------|--------------------|
| Participants and beneficiaries currently receiving benefits | \$ 153,155,722     |
| Other participants                                          | <u>102,099,482</u> |

|                       |             |
|-----------------------|-------------|
| Total vested benefits | 255,255,204 |
|-----------------------|-------------|

|                    |                |
|--------------------|----------------|
| Nonvested benefits | <u>372,492</u> |
|--------------------|----------------|

|                                                            |                              |
|------------------------------------------------------------|------------------------------|
| Total actuarial present value of accumulated plan benefits | <u><u>\$ 255,627,696</u></u> |
|------------------------------------------------------------|------------------------------|

|                                                                           |                       |
|---------------------------------------------------------------------------|-----------------------|
| Actuarial present value of accumulated plan benefits at beginning of year | <u>\$ 250,542,203</u> |
| Increase (decrease) during the period attributable to:                    |                       |
| Benefits paid                                                             | (15,125,832)          |
| Interest due to the decrease in the discount period                       | 13,329,197            |
| Actuarial losses                                                          | (33,981)              |
| Change in assumptions                                                     | <u>6,916,109</u>      |
| Net increase                                                              | <u>5,085,493</u>      |
| Actuarial present value of accumulated plan benefits at end of year       | <u>\$ 255,627,696</u> |

The actuarial present value of accumulated plan benefits is determined by an independent firm of consulting actuaries and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability or retirement) between the valuation date and the expected date of payment.

Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, the effect of such changes could be material to the Plan's financial statements.

The significant actuarial assumptions used in the valuation for 2021 are shown below

|                                                               |                                                                                                                                                                               |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mortality basis as of January 1, 2021:                        | Based on Pri-2012 separate employee and retiree mortality table(s) with contingent survivor and white collar adjustments applied using MP-2021 generational projection scale. |
| Discount rate as of January 1, 2021:                          | 5.25%                                                                                                                                                                         |
| Administrative and investment expenses as of January 1, 2021: | \$3,125,000                                                                                                                                                                   |
| Investment return as of January 1, 2021:                      | 5.15%                                                                                                                                                                         |
| Retirement Age:                                               | Probabilities based upon age and credited service less than or greater than 30 years, ranging from 0% at age 54 and below to 100% at age 70.                                  |

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

#### 4. Fair Value Measurements

FASB Accounting Standards Codification (“ASC”) No. 820, “*Fair Value Measurements and Disclosures*,” establishes a framework for measuring fair value. This framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value 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 quoted prices available in active markets for identical investments as of the reporting date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Level 2 | <p>Inputs to the valuation methodology include:</p> <ul style="list-style-type: none"><li>• quoted prices for similar assets or liabilities in active markets;</li><li>• quoted prices for identical or similar assets or liabilities in inactive markets;</li><li>• inputs other than quoted prices that are observable for the asset or liability;</li><li>• inputs that are derived principally from or corroborated by observable market data by correlation or other means.</li></ul> <p>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.</p> |
| Level 3 | Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.                                                                                                                                                                                                                                                                                                                                                                |

A financial instrument’s level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used to measure assets at fair value. There have been no changes in the methodologies used as of December 31, 2021 and 2020.

Money market funds - These public investment vehicles are valued using the price of \$1 as the fair value per unit in active markets. The money market funds are classified within Level 1 of the valuation hierarchy.

Mutual funds - A mutual fund is an investment company registered under the Investment Company Act of 1940 that pools the capital of many investors and invests it in stocks, bonds, short-term money market instruments and/or other securities. These investments are public investment vehicles valued at the closing price reported in the active market in which the investments are traded. These investments are classified within Level 1 of the valuation hierarchy.

Collective trust funds - A collective investment trust is a trust for the collective investment and reinvestment of assets contributed from employee benefit plans maintained by more than one plan. These investments are valued using the net asset value (“NAV”) provided by the administrator of the collective trust. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is used as a practical expedient to estimate fair value. The collective investment trusts are not classified within the fair value hierarchy; however, the amounts measured using NAV are disclosed to permit reconciliation of the fair value of investments to the Statements of Net Assets Available for Benefits.

Privately-held securities - Investments in privately-held securities are investments in closely held instruments for which there is no available market. These funds seek capital appreciation and current income by investing in various financial instruments. The funds may invest in publicly traded equity and debt securities, as well as derivatives thereof. In addition, the funds may pursue a value-oriented strategy through short selling and investments in private or less liquid instruments (financial instruments and other obligations for which no market or only a limited market may exist). The funds may also leverage its portfolio with borrowed funds. These investments are valued at NAV as a practical expedient to estimate fair value. Privately-held securities are not classified within the fair value hierarchy; however, the amounts measured using NAV are disclosed to permit reconciliation of the fair value of investments to the Statements of Net Assets Available for Benefits.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although Plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2021 and 2020:

|                                              | December 31, 2021    |             |             |                       |
|----------------------------------------------|----------------------|-------------|-------------|-----------------------|
|                                              | Level 1              | Level 2     | Level 3     | Total                 |
| Mututal funds                                | \$ 83,423,827        | \$ -        | \$ -        | \$ 83,423,827         |
| Money market funds                           | 1,936,651            | -           | -           | 1,936,651             |
| Total investments in<br>fair value heirarchy | <u>\$ 85,360,478</u> | <u>\$ -</u> | <u>\$ -</u> | 85,360,478            |
| Investments measured at NAV                  |                      |             |             | <u>210,993,743</u>    |
| Total investments at fair value              |                      |             |             | <u>\$ 296,354,221</u> |

|                                               | December 31, 2020     |             |             |                       |
|-----------------------------------------------|-----------------------|-------------|-------------|-----------------------|
|                                               | Level 1               | Level 2     | Level 3     | Total                 |
| Mututal funds                                 | \$ 119,891,568        | \$ -        | \$ -        | \$ 119,891,568        |
| Money market funds                            | 2,356,799             | -           | -           | 2,356,799             |
| Total investments in the fair value heirarchy | <u>\$ 122,248,367</u> | <u>\$ -</u> | <u>\$ -</u> | 122,248,367           |
| Investments measured at NAV                   |                       |             |             | <u>158,774,764</u>    |
| Total investments at fair value               |                       |             |             | <u>\$ 281,023,131</u> |

The following table presents additional information for investments whose fair value is estimated using NAV per share (or its equivalent) as of December 31, 2021 and 2020:

|                                              | Fair Value at December 31 |                       | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|----------------------------------------------|---------------------------|-----------------------|----------------------|----------------------|--------------------------|
|                                              | 2021                      | 2020                  |                      |                      |                          |
| Privately-held securities                    |                           |                       |                      |                      |                          |
| Angeles Absolute Return Fund Ltd.            | \$ 14,345,729             | \$ 26,107,828 (1)     | \$ -                 | Quarterly            | 90 days                  |
| Angeles Diversified Income Fund LLC          | 32,937,377                | 22,306,066            | -                    | Monthly              | 15 days                  |
| Angeles Global Equity Opportunities Fund LLC | 83,621,234                | 67,096,059            | -                    | Monthly              | 16 days                  |
| Collective trust funds                       |                           |                       |                      |                      |                          |
| Capital Group Long Duration Credit Trust     | 80,089,403                | 43,264,811            | -                    | Daily                | 5 days                   |
|                                              | <u>\$ 210,993,743</u>     | <u>\$ 158,774,764</u> |                      |                      |                          |

(1) Redemption of this fund is quarterly after satisfying a one-year lock, which ended June 30, 2020.

The following investment strategies are provided for investments that do not file as a direct filing entity:

Angeles Absolute Return Fund Ltd. — The Angeles Absolute Return Fund Ltd. is an incorporated Cayman Islands exempted company. This investment fund is registered with the Cayman Islands Monetary Authority under Section 4(3) of the Mutual Funds Law. The principal activity of this fund is to invest in other offshore hedge fund vehicles to achieve long term capital appreciation. Angeles Investment Advisors, LLC (“Angeles”) is responsible for selecting the investments and determining their weight within this fund’s investment portfolio.

Angeles Diversified Income Fund LLC – Angeles Diversified Income Fund LLC was formed as a limited liability company under the provisions of the Delaware Limited Liability Company Act. The investment objective of this fund is to achieve attractive risk-adjusted returns versus its benchmark index Bloomberg Barclays US Aggregate Bond Index by investing in assets primarily in fixed income and credit strategies. Angeles expects to access independent investment managers through managed account arrangements but may also invest in underlying investment funds advised by them. Angeles is responsible for selecting the investments as well as the independent investment managers and determining their weight within this fund’s investment portfolio.

Angeles Global Equity Opportunities Fund LLC – Angeles Global Equity Opportunities Fund LLC was formed as a limited liability company under the provisions of the Delaware Limited Liability Company Act. The investment objective of this fund is to achieve attractive risk-adjusted returns versus its benchmark index by investing assets primarily pursuing long-only public equity strategies. Angeles expects to access independent investment managers through managed account arrangements but may also invest in underlying investment funds advised by them. Angeles is responsible for selecting the investments as well as the independent investment managers and determining their weight within this fund's investment portfolio.

## **5. Certified Investments**

Certain information related to investments disclosed in the accompanying financial statements and ERISA required supplemental schedule, including investments held as of December 31, 2021 and 2020, and net appreciation in fair value of investments, interest and dividends for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by U.S. Bank National Association (the "Plan Trustee").

## **6. Party-In-Interest Transactions**

The Plan has certain investments that are managed by the Plan Trustee. As of December 31, 2021 and 2020, the Plan has certain investments managed by Angeles, and Angeles acts as a trustee for those investments. In addition, Angeles provides investment management to the Plan and received \$328,573 and \$292,346, for services provided for the years ended December 31, 2021 and 2020, respectively. These transactions qualify as party-in-interest transactions.

## **7. Plan Termination**

Although it has not expressed any intention to do so, the Plan sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan is terminated, the net assets of the Plan will be allocated as specified by the Plan document in accordance with ERISA and its related regulations.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the form of benefit payment elected by the participant at Plan termination. The ceiling varies depending on the form of benefit payment elected by the participant at the time of termination.

Whether all participants will receive vested benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC. Any balance remaining after satisfaction of all liabilities of the Plan shall be returned to the Company.

## 8. Tax Status

The Internal Revenue Service (“IRS”) has determined and informed the Plan by a letter dated July 3, 2014, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (“Code”). Subsequent to the issuance of this determination letter, the Plan was amended. However, the Company and Plan management believes that the Plan is currently designed and operated in compliance with the applicable requirements of the Code, and the Plan and related trust continue to be tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## 9. 401(h) Account

The Plan includes a medical-benefit component in addition to the normal retirement benefits to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the IRC. A separate account, known as the Retiree Health Plan Account, has been established and maintained in the Plan for the net assets related to the medical-benefit component (“401(h) account”). In accordance with IRC Section 401(h), the 401(h) account may not be used for, or diverted to any purpose other than providing for the payment of certain medical expenses for retirees and their beneficiaries. Any assets transferred to the 401(h) account from the Plan in a qualified transfer of excess Plan assets (and any income allocable thereto) that are not used during the plan year must be transferred out of the account to the Plan. The related obligations for health benefits are not included in this Plan's accumulated plan benefit obligations but are reflected as obligations in the financial statements of the health and welfare benefit plan. Plan participants do not contribute to the 401(h) account. Employer contributions or qualified transfers to the 401(h) account are determined annually and are at the discretion of the Plan sponsor. Certain of the Plan's net assets are restricted to fund a portion of postretirement health benefits for retirees and their beneficiaries in accordance with IRC Section 401(h).

The following tables present the net assets held in the 401(h) account as of December 31:

|                                              | December 31, 2021   |             |             |                     |
|----------------------------------------------|---------------------|-------------|-------------|---------------------|
|                                              | Level 1             | Level 2     | Level 3     | Total               |
| Mutual funds                                 | \$ 2,018,621        | \$ -        | \$ -        | \$ 2,018,621        |
| Money market funds                           | 46,431              | -           | -           | 46,431              |
| Total investments in<br>fair value hierarchy | <u>\$ 2,065,052</u> | <u>\$ -</u> | <u>\$ -</u> | 2,065,052           |
| Investments measured at NAV                  |                     |             |             | <u>3,427,446</u>    |
| Total investments at fair value              |                     |             |             | <u>\$ 5,492,498</u> |

|                                               | December 31, 2020   |             |             |                     |
|-----------------------------------------------|---------------------|-------------|-------------|---------------------|
|                                               | Level 1             | Level 2     | Level 3     | Total               |
| Mututal funds                                 | \$ 2,558,434        | \$ -        | \$ -        | \$ 2,558,434        |
| Money market funds                            | 74,943              | -           | -           | 74,943              |
| Total investments in the fair value hierarchy | <u>\$ 2,633,377</u> | <u>\$ -</u> | <u>\$ -</u> | 2,633,377           |
| Investments measured at NAV                   |                     |             |             | <u>2,352,721</u>    |
| Total investments at fair value               |                     |             |             | <u>\$ 4,986,098</u> |

The following table presents additional information for investments whose fair value is estimated using NAV per share (or its equivalent) as of December 31, 2021 and 2020:

|                                              | Fair Value at December 31 |                     | Unfunded Commitments | Redemption Frequency     | Redemption Notice Period |
|----------------------------------------------|---------------------------|---------------------|----------------------|--------------------------|--------------------------|
|                                              | 2021                      | 2020                |                      |                          |                          |
| Privately-held securities                    |                           |                     |                      |                          |                          |
| Angeles Absolute Return Fund Ltd. (a)        | \$ 259,915                | \$ 430,886          | \$ -                 | Quarterly <sup>(1)</sup> | 90 days                  |
| Angeles Diversified Income Fund LLC          | 729,606                   | 377,487             | -                    | Monthly                  | 15 days                  |
| Angeles Global Equity Opportunities Fund LLC | 1,540,986                 | 1,117,796           | -                    | Monthly                  | 16 days                  |
| Collective trust funds                       |                           |                     |                      |                          |                          |
| Capital Group Long Duration Credit Trust     | 896,940                   | 426,552             | -                    | Daily                    | 5 days                   |
|                                              | <u>\$ 3,427,447</u>       | <u>\$ 2,352,721</u> |                      |                          |                          |

(1) Redemption of this fund is quarterly after satisfying a one-year lock, which ended June 30, 2020.

## 11. Reconciliation to the Form 5500

The following is a reconciliation of net assets available for pension benefits per the financial statements to the Form 5500 as of December 31, 2021 and 2020:

|                                                                   | 2021                  | 2020                  |
|-------------------------------------------------------------------|-----------------------|-----------------------|
| Net assets available for benefits per the financial statements    | \$ 296,280,662        | \$ 280,646,692        |
| Net assets held in 401(h) account included as assets in Form 5500 | <u>5,492,498</u>      | <u>4,986,098</u>      |
| Net assets per the Form 5500                                      | <u>\$ 301,773,160</u> | <u>\$ 285,632,790</u> |

The following is a reconciliation of investment income, benefits paid to participants, and administrative expenses per the financial statements to the Form 5500 for the year ended December 31, 2021:

|                               | <u>Amounts per<br/>Financial Statements</u> | <u>401(h) Account</u> | <u>Amounts per<br/>Form 5500</u> |
|-------------------------------|---------------------------------------------|-----------------------|----------------------------------|
| Investment income, net        | \$ 32,901,596                               | \$ 547,456            | \$ 33,449,052                    |
| Benefits paid to participants | (15,495,850)                                | (9,919)               | (15,505,769)                     |
| Administrative expenses       | (1,771,776)                                 | (31,137)              | (1,802,913)                      |

## **12. Plan Amendments**

The Plan adopted an amendment that changed the actuarial assumptions to be used in calculating the Actuarial Present Value of Accumulated Plan Benefits. This amendment was effective February 23, 2021.

**URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN  
SUPPLEMENTARY INFORMATION  
DECEMBER 31, 2021**

# URS Federal Services, Inc. Employees Retirement Plan

Schedule H, Line 4i – Schedule of Assets Held at End of Year

December 31, 2021

EIN: 84-4015419

Plan Number: 003

| (a) | (b)                                                         | (c)                                                                                                             | (d)                  | (e)                  |
|-----|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
|     | Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par of Maturity Value | Cost                 | Current Value        |
|     | Vanguard Ftse All World Instl                               | Mutual Fund                                                                                                     | \$ 8,889,669         | \$ 9,131,189         |
|     | Vanguard Instl Index                                        | Mutual Fund                                                                                                     | 10,832,841           | 12,990,183           |
|     | Baird Core Plus Bond Fund Institut                          | Mutual Fund                                                                                                     | 19,292,805           | 19,058,759           |
|     | Vanguard Long Term Bond Index Fund                          | Mutual Fund                                                                                                     | 38,615,661           | 42,243,696           |
| *   | Angeles Diversified Income Fund LLC                         | Privately-held Security                                                                                         | 30,100,000           | 32,937,377           |
| *   | Angeles Global Equity Opp Fund LLC                          | Privately-held Security                                                                                         | 50,700,000           | 83,621,234           |
| *   | Angeles Absolute Return Fund Ltd                            | Privately-held Security                                                                                         | 11,818,720           | 14,345,729           |
|     | CG Long Duration Credit Trust (US)                          | Collective Trust Fund                                                                                           | 66,160,544           | 80,089,403           |
|     | First American Prime Obligation Fund CI Y                   | Money Market Fund                                                                                               | 1,936,670            | 1,936,651            |
|     | Total assets                                                |                                                                                                                 | <u>\$238,346,910</u> | <u>\$296,354,221</u> |

\* Represents a party-in-interest, as defined by ERISA

URS Federal Services, Inc. Employees Retirement Plan

Schedule H, Line 4j – Schedule of Assets Reportable Transactions

December 31, 2021

Plan Number: 003

EIN: 84-4015419

| (a)                                      | (b)                     | (c)                    | (d)            | (e)           | (f)          | (g)                                | (h)           | (i)                                        |                 |
|------------------------------------------|-------------------------|------------------------|----------------|---------------|--------------|------------------------------------|---------------|--------------------------------------------|-----------------|
| Identity of Party Involved               | Description of Asset    | Number of Transactions | Purchase Price | Selling Price | Lease Rental | Expenses Incurred with Transaction | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain (Loss) |
| (i) Single transactions                  |                         |                        |                |               |              |                                    |               |                                            |                 |
| First American Govt Obligation Fund CI Z | Money Market            | 1                      | \$ 18,971,384  | \$ -          | \$ -         | \$ -                               | \$ 18,971,384 | \$ 18,971,384                              | \$ -            |
|                                          |                         | 1                      | \$ -           | \$ 16,000,866 | \$ -         | \$ -                               | \$ 16,000,866 | \$ 16,000,866                              | \$ -            |
|                                          |                         | 1                      | \$ 15,000,000  | \$ -          | \$ -         | \$ -                               | \$ 15,000,000 | \$ 15,000,000                              | \$ -            |
| CG Long Duration Credit Trust            | Collective Trust        | 1                      | \$ 16,000,000  | \$ -          | \$ -         | \$ -                               | \$ 16,000,000 | \$ 16,000,000                              | \$ -            |
| Angeles Absoute Return Fund Ltd.         | Privately Held Security | 1                      | \$ -           | \$ 15,000,000 | \$ -         | \$ -                               | \$ 15,000,000 | \$ 12,681,280                              | \$ 2,318,720    |
| Vanguard Instl Index Mutual Fund         |                         | 1                      | \$ -           | \$ 17,000,000 | \$ -         | \$ -                               | \$ 17,000,000 | \$ 13,238,411                              | \$ 3,761,589    |
| Angeles Global Equity Opp Fund LLC       | Privately Held Security | 1                      | \$ 15,000,000  | \$ -          | \$ -         | \$ -                               | \$ 15,000,000 | \$ 15,000,000                              | \$ -            |
|                                          |                         | 1                      | \$ -           | \$ 19,000,000 | \$ -         | \$ -                               | \$ 19,000,000 | \$ 19,000,000                              | \$ -            |

URS Federal Services, Inc. Employees Retirement Plan

Schedule H, Line 4j – Schedule of Assets Reportable Transactions

December 31, 2021

Plan Number: 003

EIN: 84-4015419

| (a)                                            | (b)                     | (c)                    | (d)            | (e)           | (f)          | (g)                                | (h)           | (i)                                        |                 |
|------------------------------------------------|-------------------------|------------------------|----------------|---------------|--------------|------------------------------------|---------------|--------------------------------------------|-----------------|
| Identity of Party Involved                     | Description of Asset    | Number of Transactions | Purchase Price | Selling Price | Lease Rental | Expenses Incurred with Transaction | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain (Loss) |
| (iii) Series in same security                  |                         |                        |                |               |              |                                    |               |                                            |                 |
| Baird Core Plus Bond Fund                      | Mutual Fund             | 16                     | \$ 19,489,597  | \$ -          | \$ -         | \$ -                               | \$ 19,489,597 | \$ 19,489,597                              | \$ -            |
|                                                |                         | 3                      | \$ -           | \$ 15,900,000 | \$ -         | \$ -                               | \$ 15,900,000 | \$ 15,766,357                              | \$ 133,643      |
| First American Inst Prime Obligation Fund CI Y | Money Market            | 27                     | \$ 15,244,831  | \$ -          | \$ -         | \$ -                               | \$ 15,244,831 | \$ 15,244,831                              | \$ -            |
|                                                |                         | 17                     | \$ -           | \$ 17,601,621 | \$ -         | \$ -                               | \$ 17,601,621 | \$ 17,601,892                              | \$ (271)        |
| First American Govt Obligation Fund CI Z       | Money Market            | 66                     | \$ 61,042,037  | \$ -          | \$ -         | \$ -                               | \$ 61,042,037 | \$ 61,042,037                              | \$ -            |
|                                                |                         | 49                     | \$ -           | \$ 59,105,366 | \$ -         | \$ -                               | \$ 59,105,366 | \$ 59,105,366                              | \$ -            |
| CG Long Duration Credit Trust                  | Collective Trust        | 4                      | \$ 33,300,000  | \$ -          | \$ -         | \$ -                               | \$ 33,300,000 | \$ 33,300,000                              | \$ -            |
| Angeles Absoute Return Fund Ltd.               | Privately Held Security | 1                      | \$ -           | \$ 15,000,000 | \$ -         | \$ -                               | \$ 15,000,000 | \$ 12,681,280                              | \$ 2,318,720    |
| Vanguard Long Term Bond Index Fund             | Mutual Fund             | 16                     | \$ 12,217,917  | \$ -          | \$ -         | \$ -                               | \$ 12,217,917 | \$ 12,217,917                              | \$ -            |
|                                                |                         | 2                      | \$ -           | \$ 2,000,000  | \$ -         | \$ -                               | \$ 2,000,000  | \$ 1,806,656                               | \$ 193,344      |
| Vanguard Instl Index                           | Mutual Fund             | 5                      | \$ 9,656,368   | \$ -          | \$ -         | \$ -                               | \$ 9,656,368  | \$ 9,656,368                               | \$ -            |
|                                                |                         | 7                      | \$ -           | \$ 39,500,000 | \$ -         | \$ -                               | \$ 39,500,000 | \$ 30,150,181                              | \$ 9,349,819    |
| Vanguard Ftse All World Instl                  | Mutual Fund             | 5                      | \$ 7,295,354   | \$ -          | \$ -         | \$ -                               | \$ 7,295,354  | \$ 7,295,354                               | \$ -            |
|                                                |                         | 6                      | \$ -           | \$ 29,250,000 | \$ -         | \$ -                               | \$ 29,250,000 | \$ 24,008,306                              | \$ 5,241,694    |
| Angeles Global Equity Opp Fund LLC             | Privately Held Security | 1                      | \$ 15,000,000  | \$ -          | \$ -         | \$ -                               | \$ 15,000,000 | \$ 15,000,000                              | \$ -            |
|                                                |                         | 1                      | \$ -           | \$ 19,000,000 | \$ -         | \$ -                               | \$ 19,000,000 | \$ 19,000,000                              | \$ -            |

**Schedule SB, line 26 — Schedule of Active Participant Data**

| Attained age | Years of credited service |     |     |       |       |       |       |       |       |         |       |
|--------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|---------|-------|
|              | Under 1                   | 1–4 | 5–9 | 10–14 | 15–19 | 20–24 | 25–29 | 30–34 | 35–39 | 40 & up | Total |
| Under 25     |                           |     |     |       |       |       |       |       |       |         |       |
|              |                           |     |     |       |       |       |       |       |       |         |       |
| 25–29        |                           |     |     |       |       |       |       |       |       |         |       |
|              |                           |     |     |       |       |       |       |       |       |         |       |
| 30–34        |                           |     |     |       |       |       |       |       |       |         |       |
|              |                           |     |     |       |       |       |       |       |       |         |       |
| 35–39        |                           |     |     | 2     |       |       |       |       |       |         | 2     |
|              |                           |     |     |       |       |       |       |       |       |         |       |
| 40–44        |                           |     |     | 8     | 8     |       |       |       |       |         | 16    |
|              |                           |     |     |       |       |       |       |       |       |         |       |
| 45–49        |                           |     | 1   | 8     | 19    |       | 1     |       |       |         | 29    |
|              |                           |     |     |       |       |       |       |       |       |         |       |
| 50–54        |                           |     | 1   | 12    | 23    | 15    | 2     |       |       |         | 53    |
|              |                           |     |     |       |       |       |       |       |       |         |       |
| 55–59        |                           | 1   | 1   | 14    | 23    | 27    | 26    | 13    | 1     |         | 106   |
|              |                           |     |     |       |       |       |       |       |       |         |       |
| 60–64        |                           |     | 3   | 14    | 47    | 27    | 25    | 37    | 9     |         | 162   |
|              |                           |     |     |       |       |       |       |       |       |         |       |
| 65–69        |                           | 1   |     | 7     | 14    | 6     | 8     | 13    | 10    |         | 59    |
|              |                           |     |     |       |       |       |       |       |       |         |       |
| 70 & up      |                           | 1   |     | 2     | 3     | 1     | 3     | 3     | 4     | 1       | 18    |
|              |                           |     |     |       |       |       |       |       |       |         |       |
| Total        |                           | 3   | 6   | 67    | 137   | 76    | 65    | 66    | 24    | 1       | 445   |
|              |                           |     |     |       |       |       |       |       |       |         |       |

Each cell shows the count of active participants for each age/service combination. Average frozen benefits are not shown because the plan has fewer than 1,000 active participants.

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods****Actuarial assumptions for January 1, 2021 funding valuation**

| Funding Assumptions                       |                                                                                                                                                                                                                                                      |                       |               |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------|
| Discount rate sponsor elections           |                                                                                                                                                                                                                                                      |                       |               |
| • Segment rates or full yield curve       | Segment                                                                                                                                                                                                                                              |                       |               |
| • Look-back months                        | 0                                                                                                                                                                                                                                                    |                       |               |
|                                           | Stabilized rates                                                                                                                                                                                                                                     | Nonstabilized rates   | PBGC premiums |
| • First 5 years                           | 3.32%                                                                                                                                                                                                                                                | 1.75%                 | 1.75%         |
| • Next 15 years                           | 4.79%                                                                                                                                                                                                                                                | 3.04%                 | 3.04%         |
| • Over 20 years                           | 5.47%                                                                                                                                                                                                                                                | 3.65%                 | 3.65%         |
| Mortality sponsor elections               |                                                                                                                                                                                                                                                      |                       |               |
| • Healthy participants                    | Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the Society of Actuaries (SOA) RP-2014 mortality table, with improvement beyond 2006 removed, and the MP-2019 projection scale . |                       |               |
| • Pre-1995 disabilities                   | Not applicable                                                                                                                                                                                                                                       |                       |               |
| • Post-1994 disabilities                  | Same as described above for healthy participants.                                                                                                                                                                                                    |                       |               |
| Other economic assumptions                |                                                                                                                                                                                                                                                      |                       |               |
| • Salary increases                        | N/A                                                                                                                                                                                                                                                  |                       |               |
| • Social Security wage base               | N/A                                                                                                                                                                                                                                                  |                       |               |
| • Inflation                               | N/A                                                                                                                                                                                                                                                  |                       |               |
| • Expected investment return <sup>1</sup> | 6.05% for 2019.<br>5.42% for 2020.<br>5.15% for 2021.                                                                                                                                                                                                |                       |               |
| • Expenses                                | \$2,825,000 added to current year normal cost                                                                                                                                                                                                        |                       |               |
| Demographic assumptions                   |                                                                                                                                                                                                                                                      |                       |               |
| • Withdrawal                              | 120% of SOA's 2003 table. Sample rates are as follows:                                                                                                                                                                                               |                       |               |
|                                           | Attained age <sup>2</sup>                                                                                                                                                                                                                            | Withdrawal percentage |               |
|                                           | 35                                                                                                                                                                                                                                                   | 10.54%                |               |
|                                           | 40                                                                                                                                                                                                                                                   | 8.40%                 |               |
|                                           | 45                                                                                                                                                                                                                                                   | 7.45%                 |               |
|                                           | 50                                                                                                                                                                                                                                                   | 6.76%                 |               |
|                                           | 55                                                                                                                                                                                                                                                   | 3.50%                 |               |
|                                           | 60                                                                                                                                                                                                                                                   | 2.64%                 |               |
|                                           | 65                                                                                                                                                                                                                                                   | 3.38%                 |               |

<sup>1</sup> Limited to the 3<sup>rd</sup> stabilized segment rate for each respective plan year.

<sup>2</sup> All active participants are over age 35.

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**

- Disability incidence

Incidence of disability is based on the 1985 Pension Disability (Class 2) Table adjusted by 82% for Social Security disability. Separate rates are used for males and females. Sample rates are as follows:

|     | Percentage<br>Disabled<br>Male | Percentage<br>Disabled<br>Female |
|-----|--------------------------------|----------------------------------|
| Age |                                |                                  |
| 30  | .110%                          | .135%                            |
| 40  | .257%                          | .293%                            |
| 50  | .681%                          | .700%                            |
| 60  | 1.858%                         | 1.470%                           |

- Retirement age

|              | Credited Service |            |
|--------------|------------------|------------|
| Attained age | < 30 years       | > 30 years |
| Under 55     | 0.0%             | 0.0%       |
| 55           | 5.0%             | 2.0%       |
| 56           | 5.0%             | 2.0%       |
| 57           | 5.0%             | 2.0%       |
| 58           | 5.0%             | 2.0%       |
| 59           | 7.5%             | 5.0%       |
| 60           | 7.5%             | 10.0%      |
| 61           | 7.5%             | 10.0%      |
| 62           | 12.5%            | 10.0%      |
| 63           | 12.5%            | 15.0%      |
| 64           | 12.5%            | 15.0%      |
| 65           | 22.5%            | 15.0%      |
| 66           | 22.5%            | 30.0%      |
| 67           | 30.0%            | 30.0%      |
| 68           | 25.0%            | 30.0%      |
| 69           | 25.0%            | 30.0%      |
| 70 and above | 100.0%           | 100.0%     |

- Benefit commencement age for

|                           |                                               |
|---------------------------|-----------------------------------------------|
| – Future vested deferred  | Social Security Normal Retirement Age (SSNRA) |
| – Current vested deferred | Social Security Normal Retirement Age (SSNRA) |

- Spouse assumptions

|                         | Male participants | Female participants |
|-------------------------|-------------------|---------------------|
| – Percentage married    | 80%               | 60%                 |
| – Spouse age difference | 2 years younger   | 2 years older       |

| Form of payment          | Single Life<br>Annuity | 50% J&S | 100% J&S |
|--------------------------|------------------------|---------|----------|
| • Active retirements     | 50%                    | 25%     | 25%      |
| • Future vested deferred | 45%                    | 30%     | 25%      |

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**

|                                                   |                                                                                                                                                                                                                                                                                            |      |     |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|
| • Future disabilities                             | 100%                                                                                                                                                                                                                                                                                       | 0%   | 0%  |
| • Future deaths                                   | 0%                                                                                                                                                                                                                                                                                         | 100% | 0%  |
| • Current vested deferred                         | 45%                                                                                                                                                                                                                                                                                        | 30%  | 25% |
| <b>Unpredictable contingent event assumptions</b> | Not applicable                                                                                                                                                                                                                                                                             |      |     |
| <b>Changes since prior valuation</b>              | <p>The interest rates and mortality table were updated as prescribed by IRS.</p> <p>Expected investment return was changed from 5.42% to 5.15%.</p> <p>The administrative expense assumption was updated from \$3,525,000 to \$2,825,000 to reflect expectations of future plan costs.</p> |      |     |

**Rationale for economic assumptions****Discount rate**

- The discount rate for funding purposes is prescribed by the plan sponsor through an election from allowable alternatives under IRS regulations.
- The discount rates for financial accounting purposes were chosen by Amentum, estimated using Mercer's proprietary yield curve ("Above Mean Mercer Yield Curve") as of the measurement date under which the plan's projected benefit payments are matched against a series of spot rates derived from a market basket of high quality fixed income securities.
- The discount rate for plan accounting purposes is selected by Amentum. We have evaluated the assumption by comparing it to a reasonable range around the standard long-term return developed using capital market assumption published as of July 2020 in Mercer Investments LLC's (*Capital Market Outlook*) for the plan's target asset mix.

**Expected return on assets**

- The expected rate of return on plan assets for funding purposes is based on the median simulated 20-year investment return for the plan's target asset mix using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook. Median results are increased to reflect alpha for active investment management.
- The expected rate of return on plan assets for financial accounting (ASC 715) purposes is selected by Amentum. We have evaluated the assumption by comparing it to a reasonable range around the standard long-term return developed using capital market assumption published as of July 2020 in Mercer Investments LLC's (*Capital Market Outlook*) for the plan's target asset mix. All expected administrative and investment expenses are included as an explicit load to the expected return on assets component of expense; therefore, the rate of return assumption does not reflect a reduction for direct or indirect investment fees.
- The expected rate of return on plan assets for cost accounting (CAS) purposes is selected by Amentum. We have evaluated the assumption by comparing it to a reasonable range around the standard long-term return developed using capital market assumption published as of July 2020 in Mercer Investments LLC's (*Capital Market Outlook*) for the plan's target asset mix.

**Administrative expenses**

- This assumption is chosen by Amentum for employer and cost accounting purposes and by Mercer for funding purposes. In all cases, it is based on a financial and cost average of the expenses paid

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**

over the prior 3 years as reported on the Schedule H, adjusted for estimated PBGC premiums to be paid during the year.

**Rationale for demographic assumptions****Mortality**

- For funding purposes, annuitant and non-annuitant mortality tables are prescribed by the IRS.
- The plan does not have enough credible experience to analyze mortality on a plan basis. Therefore, for accounting purposes (under ASC 715, ASC 960, and CAS), Amentum has relied on the mortality tables provided by the Society of Actuaries, with adjustments to ultimate rates of improvement developed by Mercer. Accordingly, Amentum has chosen to use the PRI-2012, separate employee and retiree table(s) with contingent survivor adjustments for existing survivors and the Mercer Modified projection table MP-2020. A white collar adjustment is applied based on the job functions of the majority of the covered participant base.

**Withdrawal**

- Termination rates were developed based on experience studies undertaken in 2017 using data from 2011 through 2016. Amentum believes that the period chosen for these studies will be representative of anticipated future experience.

**Retirement**

- The retirement rates are based on experience studies undertaken in 2017 using data from 2011 through 2016 and the expectation that the future retirement patterns and circumstances of the employer will not differ significantly from the period studied.

**Disability**

- The disability incidence assumption follows the Conference of Consulting Actuaries' 1985 Pension Disability Study Class 2 rates adjusted 82% for Social Security disability.

**Actuarial methods for funding****Asset methods**

The asset valuation method is an average of the adjusted market value for each year during the last 24 months preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

**Participant methods**

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan administrator provides us with data on all employees as of the valuation date who have completed the plan's eligibility requirements.

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**

- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

**Minimum funding methods**

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year. If multiple decrements are used, the funding target for an individual is the sum of the component funding targets associated with the various anticipated separation dates.

**Maximum deductible contribution method**

Calculations of maximum deductible contributions include the excess of the funding target computed using the projected unit credit method over the minimum funding target. The objective of the projected unit credit method is to fund each participant's benefit under the plan as they accrue, taking into consideration expected future compensation increases. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's **projected funding target** is the present value of benefits based on credited service as of the beginning of the plan year and projected compensation that would be used in the calculation of the benefit on each expected separation date. If multiple decrements are used, the projected funding target for an individual is the sum of the component projected funding targets associated with the various anticipated separation dates.
- The plan's **projected funding target** is the sum of the projected funding targets for all participants under the plan. The excess of the plan's projected funding target over the plan's funding target is included in the "cushion amount".

URS Federal Services, Inc. Employees Retirement Plan

Schedule H, Line 4j – Schedule of Assets Reportable Transactions

December 31, 2021

Plan Number: 003

EIN: 84-4015419

| (a)                                      | (b)                     | (c)                    | (d)            | (e)           | (f)          | (g)                                | (h)           | (i)                                        |                 |
|------------------------------------------|-------------------------|------------------------|----------------|---------------|--------------|------------------------------------|---------------|--------------------------------------------|-----------------|
| Identity of Party Involved               | Description of Asset    | Number of Transactions | Purchase Price | Selling Price | Lease Rental | Expenses Incurred with Transaction | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain (Loss) |
| (i) Single transactions                  |                         |                        |                |               |              |                                    |               |                                            |                 |
| First American Govt Obligation Fund CI Z | Money Market            | 1                      | \$ 18,971,384  | \$ -          | \$ -         | \$ -                               | \$ 18,971,384 | \$ 18,971,384                              | \$ -            |
|                                          |                         | 1                      | \$ -           | \$ 16,000,866 | \$ -         | \$ -                               | \$ 16,000,866 | \$ 16,000,866                              | \$ -            |
|                                          |                         | 1                      | \$ 15,000,000  | \$ -          | \$ -         | \$ -                               | \$ 15,000,000 | \$ 15,000,000                              | \$ -            |
| CG Long Duration Credit Trust            | Collective Trust        | 1                      | \$ 16,000,000  | \$ -          | \$ -         | \$ -                               | \$ 16,000,000 | \$ 16,000,000                              | \$ -            |
| Angeles Absoute Return Fund Ltd.         | Privately Held Security | 1                      | \$ -           | \$ 15,000,000 | \$ -         | \$ -                               | \$ 15,000,000 | \$ 12,681,280                              | \$ 2,318,720    |
| Vanguard Instl Index Mutual Fund         |                         | 1                      | \$ -           | \$ 17,000,000 | \$ -         | \$ -                               | \$ 17,000,000 | \$ 13,238,411                              | \$ 3,761,589    |
| Angeles Global Equity Opp Fund LLC       | Privately Held Security | 1                      | \$ 15,000,000  | \$ -          | \$ -         | \$ -                               | \$ 15,000,000 | \$ 15,000,000                              | \$ -            |
|                                          |                         | 1                      | \$ -           | \$ 19,000,000 | \$ -         | \$ -                               | \$ 19,000,000 | \$ 19,000,000                              | \$ -            |

URS Federal Services, Inc. Employees Retirement Plan

Schedule H, Line 4j – Schedule of Assets Reportable Transactions

December 31, 2021

Plan Number: 003

EIN: 84-4015419

| (a)                                            | (b)                     | (c)                    | (d)            | (e)           | (f)          | (g)                                | (h)           | (i)                                        |                 |
|------------------------------------------------|-------------------------|------------------------|----------------|---------------|--------------|------------------------------------|---------------|--------------------------------------------|-----------------|
| Identity of Party Involved                     | Description of Asset    | Number of Transactions | Purchase Price | Selling Price | Lease Rental | Expenses Incurred with Transaction | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain (Loss) |
| (iii) Series in same security                  |                         |                        |                |               |              |                                    |               |                                            |                 |
| Baird Core Plus Bond Fund                      | Mutual Fund             | 16                     | \$ 19,489,597  | \$ -          | \$ -         | \$ -                               | \$ 19,489,597 | \$ 19,489,597                              | \$ -            |
|                                                |                         | 3                      | \$ -           | \$ 15,900,000 | \$ -         | \$ -                               | \$ 15,900,000 | \$ 15,766,357                              | \$ 133,643      |
| First American Inst Prime Obligation Fund CI Y | Money Market            | 27                     | \$ 15,244,831  | \$ -          | \$ -         | \$ -                               | \$ 15,244,831 | \$ 15,244,831                              | \$ -            |
|                                                |                         | 17                     | \$ -           | \$ 17,601,621 | \$ -         | \$ -                               | \$ 17,601,621 | \$ 17,601,892                              | \$ (271)        |
| First American Govt Obligation Fund CI Z       | Money Market            | 66                     | \$ 61,042,037  | \$ -          | \$ -         | \$ -                               | \$ 61,042,037 | \$ 61,042,037                              | \$ -            |
|                                                |                         | 49                     | \$ -           | \$ 59,105,366 | \$ -         | \$ -                               | \$ 59,105,366 | \$ 59,105,366                              | \$ -            |
| CG Long Duration Credit Trust                  | Collective Trust        | 4                      | \$ 33,300,000  | \$ -          | \$ -         | \$ -                               | \$ 33,300,000 | \$ 33,300,000                              | \$ -            |
| Angeles Absoute Return Fund Ltd.               | Privately Held Security | 1                      | \$ -           | \$ 15,000,000 | \$ -         | \$ -                               | \$ 15,000,000 | \$ 12,681,280                              | \$ 2,318,720    |
| Vanguard Long Term Bond Index Fund             | Mutual Fund             | 16                     | \$ 12,217,917  | \$ -          | \$ -         | \$ -                               | \$ 12,217,917 | \$ 12,217,917                              | \$ -            |
|                                                |                         | 2                      | \$ -           | \$ 2,000,000  | \$ -         | \$ -                               | \$ 2,000,000  | \$ 1,806,656                               | \$ 193,344      |
| Vanguard Instl Index                           | Mutual Fund             | 5                      | \$ 9,656,368   | \$ -          | \$ -         | \$ -                               | \$ 9,656,368  | \$ 9,656,368                               | \$ -            |
|                                                |                         | 7                      | \$ -           | \$ 39,500,000 | \$ -         | \$ -                               | \$ 39,500,000 | \$ 30,150,181                              | \$ 9,349,819    |
| Vanguard Ftse All World Instl                  | Mutual Fund             | 5                      | \$ 7,295,354   | \$ -          | \$ -         | \$ -                               | \$ 7,295,354  | \$ 7,295,354                               | \$ -            |
|                                                |                         | 6                      | \$ -           | \$ 29,250,000 | \$ -         | \$ -                               | \$ 29,250,000 | \$ 24,008,306                              | \$ 5,241,694    |
| Angeles Global Equity Opp Fund LLC             | Privately Held Security | 1                      | \$ 15,000,000  | \$ -          | \$ -         | \$ -                               | \$ 15,000,000 | \$ 15,000,000                              | \$ -            |
|                                                |                         | 1                      | \$ -           | \$ 19,000,000 | \$ -         | \$ -                               | \$ 19,000,000 | \$ 19,000,000                              | \$ -            |

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                                                          |                                                                 |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN                                                                                            | <b>B</b> Three-digit plan number (PN) ►                         | 003 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>AMENTUM NUCLEAR & ENVIRONMENT HOLDINGS, INC.                                             | <b>D</b> Employer Identification Number (EIN)<br><br>26-1320627 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <input type="checkbox"/> Other |                                                                 |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500                  |                                                                 |     |

|               |                                                                                                                                                                                                                |                            |                           |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| <b>Part I</b> | <b>Basic Information</b>                                                                                                                                                                                       |                            |                           |
| <b>1</b>      | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>                                                                                                                                       |                            |                           |
| <b>2</b>      | Assets:                                                                                                                                                                                                        |                            |                           |
|               | <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b>                  | 297,193,328               |
|               | <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b>                  | 267,473,996               |
| <b>3</b>      | Funding target/participant count breakdown                                                                                                                                                                     | (1) Number of participants | (2) Vested Funding Target |
|               | <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | 2,224                      | 155,594,517               |
|               | <b>b</b> For terminated vested participants.....                                                                                                                                                               | 1,018                      | 49,492,728                |
|               | <b>c</b> For active participants .....                                                                                                                                                                         | 445                        | 50,628,229                |
|               | <b>d</b> Total.....                                                                                                                                                                                            | 3,687                      | 255,715,474               |
| <b>4</b>      | If the plan is in at-risk status, check the box and complete lines (a) and (b). <input type="checkbox"/>                                                                                                       |                            |                           |
|               | <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                  |                           |
|               | <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                  |                           |
| <b>5</b>      | Effective interest rate .....                                                                                                                                                                                  | <b>5</b>                   | 4.91%                     |
| <b>6</b>      | Target normal cost.....                                                                                                                                                                                        |                            |                           |
|               | <b>a</b> Present value of current plan year accruals.....                                                                                                                                                      | <b>6a</b>                  | 0                         |
|               | <b>b</b> Expected plan-related expenses .....                                                                                                                                                                  | <b>6b</b>                  | 2,825,000                 |
|               | <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                       | <b>6c</b>                  | 2,825,000                 |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                  |                                                                                  |                                                        |
|------------------|----------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>SIGN HERE</b> | <br>Signature of actuary                                                         | 10/12/2022<br>Date                                     |
|                  | ROBERT LIPSET<br>Type or print name of actuary                                   | 2006136<br>Most recent enrollment number               |
|                  | MERCER<br>Firm name                                                              | 609-520-2484<br>Telephone number (including area code) |
|                  | ONE UNIVERSITY SQUARE DR, SUITE 100<br>PRINCETON NJ 08540<br>Address of the firm |                                                        |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                            | 0                     | 16,722,222             |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 5,163,833              |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                               | 0                     | 11,558,389             |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>16.48%</u> .....                                                                                | 0                     | 1,904,823              |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                     |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.34%</u> ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                       |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                     |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                   | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                        | 0                     | 13,463,212             |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 99.17%  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 104.42% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 98.19%  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls**

| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:                                                                                                    |                                   |                                 |                          |                                   |                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| (a) Date<br>(MM-DD-YYYY)                                                                                                                                                                    | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                                                                                                                             |                                   |                                 |                          |                                   |                                 |
|                                                                                                                                                                                             |                                   |                                 |                          |                                   |                                 |
|                                                                                                                                                                                             |                                   |                                 |                          |                                   |                                 |
|                                                                                                                                                                                             |                                   |                                 |                          |                                   |                                 |
|                                                                                                                                                                                             |                                   |                                 |                          |                                   |                                 |
|                                                                                                                                                                                             |                                   |                                 |                          |                                   |                                 |
|                                                                                                                                                                                             |                                   |                                 |                          |                                   |                                 |
|                                                                                                                                                                                             |                                   |                                 |                          |                                   |                                 |
|                                                                                                                                                                                             |                                   |                                 |                          |                                   |                                 |
|                                                                                                                                                                                             |                                   |                                 |                          |                                   |                                 |
|                                                                                                                                                                                             |                                   |                                 |                          |                                   |                                 |
|                                                                                                                                                                                             |                                   |                                 |                          |                                   |                                 |
|                                                                                                                                                                                             |                                   |                                 |                          |                                   |                                 |
|                                                                                                                                                                                             |                                   |                                 |                          |                                   |                                 |
|                                                                                                                                                                                             |                                   |                                 |                          |                                   |                                 |
|                                                                                                                                                                                             |                                   |                                 |                          |                                   |                                 |
|                                                                                                                                                                                             |                                   |                                 |                          |                                   |                                 |
|                                                                                                                                                                                             |                                   |                                 |                          |                                   |                                 |
|                                                                                                                                                                                             |                                   |                                 |                          |                                   |                                 |
|                                                                                                                                                                                             |                                   |                                 |                          |                                   |                                 |
|                                                                                                                                                                                             |                                   |                                 |                          |                                   |                                 |
|                                                                                                                                                                                             |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>                                                                                                                                                                             |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b>                    |
|                                                                                                                                                                                             |                                   |                                 |                          |                                   |                                 |
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                                        |                                   |                                 |                          |                                   |                                 |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                                                                        |                                   |                                 |                          | <b>19a</b>                        | 0                               |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                                          |                                   |                                 |                          | <b>19b</b>                        | 0                               |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                                     |                                   |                                 |                          | <b>19c</b>                        | 0                               |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                                 |                                   |                                 |                          |                                   |                                 |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                              |                                   |                                 |                          |                                   |                                 |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                   |                                 |                          |                                   |                                 |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                                                                                             |                                   |                                 |                          |                                   |                                 |
| Liquidity shortfall as of end of quarter of this plan year                                                                                                                                  |                                   |                                 |                          |                                   |                                 |
| (1) 1st                                                                                                                                                                                     | (2) 2nd                           | (3) 3rd                         | (4) 4th                  |                                   |                                 |
| 0                                                                                                                                                                                           | 0                                 | 0                               | 0                        |                                   |                                 |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>3.32 %                                                                                                                       | 2nd segment:<br>4.79 % | 3rd segment:<br>5.47 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    |                                                                                                                                              |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b> 64                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                       |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           | <b>31a</b>          | 2,825,000          |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance |                    | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 2,122,515           |                    | 256,898       |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   |                    | 0             |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          | <b>34</b>           | 3,081,898          |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 3,854,315          | 3,854,315     |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                  |                                                                                                                         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |

***Schedule SB, line 8 — Explanation of Discrepancy in Credit Balance Used to Offset Prior Year's Minimum Funding Requirement***

The sponsor elected to use more Credit Balance than was reported on the 2020 Schedule SB, line 35. The amount reported on the 2020 Schedule SB, Line 35 was \$3,978,021, but the corrected amount is \$5,163,833. The corrected amount is shown on the 2021 Schedule SB, line 8.

**Schedule SB, line 22 — Description of Weighted Average Retirement Age**

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 64.

| Less Than 30 Years of Service at Retirement |                                                     |                  | More Than 30 Years of Service at Retirement |                                                     |                  |
|---------------------------------------------|-----------------------------------------------------|------------------|---------------------------------------------|-----------------------------------------------------|------------------|
| (A)<br>Retirement age                       | (B)<br>Number of<br>employees<br>expected to retire | (C)<br>(A) x (B) | (D)<br>Retirement<br>age                    | (E)<br>Number of<br>employees<br>expected to retire | (F)<br>(D) x (E) |
| 55                                          | 50                                                  | 2,750            | 55                                          | 20                                                  | 1,100            |
| 56                                          | 48                                                  | 2,688            | 56                                          | 20                                                  | 1,120            |
| 57                                          | 45                                                  | 2,565            | 57                                          | 19                                                  | 1,083            |
| 58                                          | 43                                                  | 2,494            | 58                                          | 19                                                  | 1,102            |
| 59                                          | 61                                                  | 3,599            | 59                                          | 46                                                  | 2,714            |
| 60                                          | 56                                                  | 3,360            | 60                                          | 88                                                  | 5,280            |
| 61                                          | 52                                                  | 3,172            | 61                                          | 79                                                  | 4,819            |
| 62                                          | 81                                                  | 5,022            | 62                                          | 71                                                  | 4,402            |
| 63                                          | 71                                                  | 4,473            | 63                                          | 96                                                  | 6,048            |
| 64                                          | 62                                                  | 3,968            | 64                                          | 81                                                  | 5,184            |
| 65                                          | 97                                                  | 6,305            | 65                                          | 69                                                  | 4,485            |
| 66                                          | 75                                                  | 4,950            | 66                                          | 118                                                 | 7,788            |
| 67                                          | 78                                                  | 5,226            | 67                                          | 82                                                  | 5,494            |
| 68                                          | 45                                                  | 3,060            | 68                                          | 58                                                  | 3,944            |
| 69                                          | 34                                                  | 2,346            | 69                                          | 40                                                  | 2,760            |
| 70                                          | 102                                                 | 7,140            | 70                                          | 94                                                  | 6,580            |
| Total                                       | 1,000                                               | 63,118           | Total                                       | 1,000                                               | 63,903           |

|                                     |          |
|-------------------------------------|----------|
| Sum of (C) and (F) Divided By       | 127,021/ |
| Age 55 Exposure                     | 2,000    |
| (Rounded to the Nearest Whole Year) | 64       |

**Schedule SB, Part V — Summary of Plan Provisions****Summary of major plan provisions**

|                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date and plan year                     | Original plan: August 20, 1999<br>Restated plan: January 4, 2014, as amended through the Second Amendment<br>Plan year: January 1 to December 31                                                                                                                                                                                                                                                                                                                                                                                                   |
| Status of the plan                               | The plan froze benefit accruals effective January 31, 2016. The plan was closed to new entrants as of July 1, 2003.                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Significant events that occurred during the year | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Definitions</b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| • Covered employees                              | All employees who are not members of a collective bargaining unit represented by a union, or who are members of a collective bargaining unit which specifically provides for benefits under this plan. Additionally, individuals who were participants in the Plan who transferred from URS Federal Services to JT3, LLC are included in the Plan as long as they have remained employed by JT3, LLC since transferring to JT3, LLC. Employees covered by a service contract are excluded. The plan was closed to new entrants as of July 1, 2003. |
| • Participation                                  | 1,000 hours of service during an anniversary year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| • Employee contributions                         | Not applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| • Vesting service                                | One year for each 1,000-hour calendar year of employment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

**Schedule SB, Part V — Summary of Plan Provisions**

- Credited service**

The period of service (excluding layoffs, employment with affiliate or subsidiary which is not an employer and leaves of absence except for military or medical leaves) from the date of employment. 1/12 year of credit accrues for each calendar month of employment, or, in the case of a part-time employee, for each 173-1/3 hours worked. In no case shall a participant accrue more than 1 year of service during a calendar year. Credited service was frozen as of January 31, 2016.

The following subsidiaries have varying dates for accruing service credit:

|                              | <b>Subsidiary</b>                                                                                                                                                                                                                           | <b>Date credited service begins</b> |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
|                              | FETC SOPSS Contract                                                                                                                                                                                                                         | 01/01/1981                          |
|                              | Dynatrend                                                                                                                                                                                                                                   | 06/01/1989                          |
|                              | Dynatrend Unisys                                                                                                                                                                                                                            | 06/01/1989                          |
|                              | MSI                                                                                                                                                                                                                                         | 07/01/1989                          |
|                              | Dynatrend Customs                                                                                                                                                                                                                           | 08/27/1990                          |
|                              | MSI – Ratscat                                                                                                                                                                                                                               | 10/01/1990                          |
|                              | MSI – Armte Nonunion                                                                                                                                                                                                                        | 10/01/1990                          |
|                              | MSI – Armte                                                                                                                                                                                                                                 | 10/01/1990                          |
|                              | Langley                                                                                                                                                                                                                                     | 01/01/1994                          |
|                              | Fort McClelland                                                                                                                                                                                                                             | 01/01/1994                          |
|                              | Tech Support Services                                                                                                                                                                                                                       | 01/01/1994                          |
|                              | MSI Albuquerque Operations                                                                                                                                                                                                                  | 01/01/1994                          |
|                              | EPA Emissions Testing Contract                                                                                                                                                                                                              | 08/01/1997                          |
|                              | Ft. Leonard Wood Contract                                                                                                                                                                                                                   | 11/25/1998                          |
|                              | HQ Staff Manassas                                                                                                                                                                                                                           | 01/16/1999                          |
|                              | FETC CHIPS Contract                                                                                                                                                                                                                         | 06/17/1999                          |
|                              | P3EA Contract and G&A Staff                                                                                                                                                                                                                 | 06/17/1999                          |
|                              | Gaithersburg Technical Services HQ Employees                                                                                                                                                                                                | 08/20/1999                          |
|                              | Norfolk ServMart Contract                                                                                                                                                                                                                   | 11/15/1999                          |
|                              | National Radar Testing Facility                                                                                                                                                                                                             | 01/01/2001                          |
| • Pensionable pay / earnings | Salary plus deferrals, severance pay, and commissions, but excluding bonus, overtime, and incentive pay. No earnings after January 31, 2016 are taken into consideration.                                                                   |                                     |
| • Average earnings           | The average of the highest five consecutive years of Pensionable Pay during the ten-year period ending on the earlier of the participant's termination date, retirement date or December 31, 2003 (used to calculate the Pre-2004 benefit). |                                     |
| • Social Security wage base  | The maximum amount of wages subject to Social Security taxes.                                                                                                                                                                               |                                     |

**Schedule SB, Part V — Summary of Plan Provisions**

| <ul style="list-style-type: none"><li>Monthly pension benefit</li></ul>                       | <p>The greater of a. or b.:</p> <p>a. \$70.83</p> <p>b. One-twelfth the sum of i., ii., and iii.</p> <p>i. 0.65 percent of Earnings for each year after 2003, plus</p> <p>ii. 0.65 percent of Earnings in excess of ½ of the Social Security Wage Base, for each year after 2003, maximum 35 years; and</p> <p>iii. Pre-2004 benefit.</p> <p>All benefits are frozen as of January 31, 2016.</p> |  |  |     |                  |    |                   |                           |                   |    |                   |                           |                |    |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----|------------------|----|-------------------|---------------------------|-------------------|----|-------------------|---------------------------|----------------|----|
| <ul style="list-style-type: none"><li>Pre-2004 monthly pension benefit</li></ul>              | <p>One-twelfth the sum of i. and ii.</p> <p>i. 0.85 percent of Average Earnings multiplied by Credited Service; and</p> <p>ii. 0.75 percent of Average Earnings in excess of the Social Security Tax Base, multiplied by Credited Service up to 35 years.</p> <p>Frozen as of December 31, 2003 with (i) referred to as the Base Benefit and (ii) referred to as the Excess Benefit.</p>         |  |  |     |                  |    |                   |                           |                   |    |                   |                           |                |    |
| <ul style="list-style-type: none"><li>Social Security Normal Retirement Age (SSNRA)</li></ul> | <p>Based on year of birth:</p> <table><thead><tr><th></th><th>Age</th></tr></thead><tbody><tr><td>1937 and earlier</td><td>65</td></tr><tr><td>1938 through 1942</td><td>65 plus 2 months per year</td></tr><tr><td>1943 through 1954</td><td>66</td></tr><tr><td>1955 through 1959</td><td>66 plus 2 months per year</td></tr><tr><td>1960 and later</td><td>67</td></tr></tbody></table>       |  |  | Age | 1937 and earlier | 65 | 1938 through 1942 | 65 plus 2 months per year | 1943 through 1954 | 66 | 1955 through 1959 | 66 plus 2 months per year | 1960 and later | 67 |
|                                                                                               | Age                                                                                                                                                                                                                                                                                                                                                                                              |  |  |     |                  |    |                   |                           |                   |    |                   |                           |                |    |
| 1937 and earlier                                                                              | 65                                                                                                                                                                                                                                                                                                                                                                                               |  |  |     |                  |    |                   |                           |                   |    |                   |                           |                |    |
| 1938 through 1942                                                                             | 65 plus 2 months per year                                                                                                                                                                                                                                                                                                                                                                        |  |  |     |                  |    |                   |                           |                   |    |                   |                           |                |    |
| 1943 through 1954                                                                             | 66                                                                                                                                                                                                                                                                                                                                                                                               |  |  |     |                  |    |                   |                           |                   |    |                   |                           |                |    |
| 1955 through 1959                                                                             | 66 plus 2 months per year                                                                                                                                                                                                                                                                                                                                                                        |  |  |     |                  |    |                   |                           |                   |    |                   |                           |                |    |
| 1960 and later                                                                                | 67                                                                                                                                                                                                                                                                                                                                                                                               |  |  |     |                  |    |                   |                           |                   |    |                   |                           |                |    |
| Normal retirement                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |     |                  |    |                   |                           |                   |    |                   |                           |                |    |
| <ul style="list-style-type: none"><li>Eligibility</li></ul>                                   | First of the month coinciding with or next following the attainment of Social Security Retirement Age (NRA).                                                                                                                                                                                                                                                                                     |  |  |     |                  |    |                   |                           |                   |    |                   |                           |                |    |
| <ul style="list-style-type: none"><li>Benefit</li></ul>                                       | Monthly pension benefit payable as of NRA.                                                                                                                                                                                                                                                                                                                                                       |  |  |     |                  |    |                   |                           |                   |    |                   |                           |                |    |
| Early retirement                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |     |                  |    |                   |                           |                   |    |                   |                           |                |    |
| <ul style="list-style-type: none"><li>Eligibility</li></ul>                                   | For employees who became participants prior to 1989, age 55 with ten years of Vesting Service. Otherwise, not more than ten years prior to the employee's NRD, providing the employee has ten years of Vesting Service at such date.                                                                                                                                                             |  |  |     |                  |    |                   |                           |                   |    |                   |                           |                |    |

**Schedule SB, Part V — Summary of Plan Provisions**

| • Benefit                                          | Monthly pension benefit determined as of early retirement date, reduced as shown below for each year that commencement of payment precedes NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                                                                      |                                                  |  |      |        |   |      |      |      |   |       |      |       |   |       |      |       |   |       |      |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |    |       |       |       |    |       |       |       |    |       |       |       |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------|--|------|--------|---|------|------|------|---|-------|------|-------|---|-------|------|-------|---|-------|------|-------|---|-------|-------|-------|---|-------|-------|-------|---|-------|-------|-------|---|-------|-------|-------|---|-------|-------|-------|----|-------|-------|-------|----|-------|-------|-------|----|-------|-------|-------|
|                                                    | <table><tr><th rowspan="2">Years prior to normal retirement date<sup>3</sup></th><th rowspan="2">Career average accruals and pre-2004 (less than 30 years of service)</th><th colspan="2">Pre-2004 benefit (more than 30 years of service)</th></tr><tr><th>Base</th><th>Excess</th></tr><tr><td>1</td><td>6.7%</td><td>0.0%</td><td>6.7%</td></tr><tr><td>2</td><td>13.3%</td><td>0.0%</td><td>13.3%</td></tr><tr><td>3</td><td>20.0%</td><td>0.0%</td><td>20.0%</td></tr><tr><td>4</td><td>26.7%</td><td>8.4%</td><td>26.7%</td></tr><tr><td>5</td><td>33.3%</td><td>16.8%</td><td>33.3%</td></tr><tr><td>6</td><td>36.7%</td><td>21.0%</td><td>36.7%</td></tr><tr><td>7</td><td>40.0%</td><td>25.2%</td><td>40.0%</td></tr><tr><td>8</td><td>43.3%</td><td>29.4%</td><td>43.3%</td></tr><tr><td>9</td><td>46.7%</td><td>33.6%</td><td>46.7%</td></tr><tr><td>10</td><td>50.0%</td><td>37.8%</td><td>50.0%</td></tr><tr><td>11</td><td>55.0%</td><td>42.0%</td><td>55.0%</td></tr><tr><td>12</td><td>60.0%</td><td>46.2%</td><td>60.0%</td></tr></table> | Years prior to normal retirement date <sup>3</sup> | Career average accruals and pre-2004 (less than 30 years of service) | Pre-2004 benefit (more than 30 years of service) |  | Base | Excess | 1 | 6.7% | 0.0% | 6.7% | 2 | 13.3% | 0.0% | 13.3% | 3 | 20.0% | 0.0% | 20.0% | 4 | 26.7% | 8.4% | 26.7% | 5 | 33.3% | 16.8% | 33.3% | 6 | 36.7% | 21.0% | 36.7% | 7 | 40.0% | 25.2% | 40.0% | 8 | 43.3% | 29.4% | 43.3% | 9 | 46.7% | 33.6% | 46.7% | 10 | 50.0% | 37.8% | 50.0% | 11 | 55.0% | 42.0% | 55.0% | 12 | 60.0% | 46.2% | 60.0% |
| Years prior to normal retirement date <sup>3</sup> | Career average accruals and pre-2004 (less than 30 years of service)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                                                      | Pre-2004 benefit (more than 30 years of service) |  |      |        |   |      |      |      |   |       |      |       |   |       |      |       |   |       |      |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |    |       |       |       |    |       |       |       |    |       |       |       |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Base                                               | Excess                                                               |                                                  |  |      |        |   |      |      |      |   |       |      |       |   |       |      |       |   |       |      |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |    |       |       |       |    |       |       |       |    |       |       |       |
| 1                                                  | 6.7%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0.0%                                               | 6.7%                                                                 |                                                  |  |      |        |   |      |      |      |   |       |      |       |   |       |      |       |   |       |      |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |    |       |       |       |    |       |       |       |    |       |       |       |
| 2                                                  | 13.3%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0.0%                                               | 13.3%                                                                |                                                  |  |      |        |   |      |      |      |   |       |      |       |   |       |      |       |   |       |      |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |    |       |       |       |    |       |       |       |    |       |       |       |
| 3                                                  | 20.0%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0.0%                                               | 20.0%                                                                |                                                  |  |      |        |   |      |      |      |   |       |      |       |   |       |      |       |   |       |      |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |    |       |       |       |    |       |       |       |    |       |       |       |
| 4                                                  | 26.7%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8.4%                                               | 26.7%                                                                |                                                  |  |      |        |   |      |      |      |   |       |      |       |   |       |      |       |   |       |      |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |    |       |       |       |    |       |       |       |    |       |       |       |
| 5                                                  | 33.3%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 16.8%                                              | 33.3%                                                                |                                                  |  |      |        |   |      |      |      |   |       |      |       |   |       |      |       |   |       |      |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |    |       |       |       |    |       |       |       |    |       |       |       |
| 6                                                  | 36.7%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 21.0%                                              | 36.7%                                                                |                                                  |  |      |        |   |      |      |      |   |       |      |       |   |       |      |       |   |       |      |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |    |       |       |       |    |       |       |       |    |       |       |       |
| 7                                                  | 40.0%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 25.2%                                              | 40.0%                                                                |                                                  |  |      |        |   |      |      |      |   |       |      |       |   |       |      |       |   |       |      |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |    |       |       |       |    |       |       |       |    |       |       |       |
| 8                                                  | 43.3%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 29.4%                                              | 43.3%                                                                |                                                  |  |      |        |   |      |      |      |   |       |      |       |   |       |      |       |   |       |      |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |    |       |       |       |    |       |       |       |    |       |       |       |
| 9                                                  | 46.7%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 33.6%                                              | 46.7%                                                                |                                                  |  |      |        |   |      |      |      |   |       |      |       |   |       |      |       |   |       |      |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |    |       |       |       |    |       |       |       |    |       |       |       |
| 10                                                 | 50.0%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 37.8%                                              | 50.0%                                                                |                                                  |  |      |        |   |      |      |      |   |       |      |       |   |       |      |       |   |       |      |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |    |       |       |       |    |       |       |       |    |       |       |       |
| 11                                                 | 55.0%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 42.0%                                              | 55.0%                                                                |                                                  |  |      |        |   |      |      |      |   |       |      |       |   |       |      |       |   |       |      |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |    |       |       |       |    |       |       |       |    |       |       |       |
| 12                                                 | 60.0%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 46.2%                                              | 60.0%                                                                |                                                  |  |      |        |   |      |      |      |   |       |      |       |   |       |      |       |   |       |      |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |    |       |       |       |    |       |       |       |    |       |       |       |
| Late retirement                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                                                                      |                                                  |  |      |        |   |      |      |      |   |       |      |       |   |       |      |       |   |       |      |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |    |       |       |       |    |       |       |       |    |       |       |       |
| • Eligibility                                      | Retirement after NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |                                                                      |                                                  |  |      |        |   |      |      |      |   |       |      |       |   |       |      |       |   |       |      |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |    |       |       |       |    |       |       |       |    |       |       |       |
| • Benefit                                          | Monthly pension benefit determined as of actual retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                                                                      |                                                  |  |      |        |   |      |      |      |   |       |      |       |   |       |      |       |   |       |      |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |    |       |       |       |    |       |       |       |    |       |       |       |
| Deferred vested                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                                                                      |                                                  |  |      |        |   |      |      |      |   |       |      |       |   |       |      |       |   |       |      |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |    |       |       |       |    |       |       |       |    |       |       |       |
| • Eligibility                                      | Termination for reasons other than death or retirement after completing five years of Vesting Service or after attaining age 45 while an active Participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                                                      |                                                  |  |      |        |   |      |      |      |   |       |      |       |   |       |      |       |   |       |      |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |    |       |       |       |    |       |       |       |    |       |       |       |
| • Benefit                                          | Monthly pension benefit determined as of termination date, payable at of the participant's NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                                                                      |                                                  |  |      |        |   |      |      |      |   |       |      |       |   |       |      |       |   |       |      |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |    |       |       |       |    |       |       |       |    |       |       |       |
| Disability                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                                                                      |                                                  |  |      |        |   |      |      |      |   |       |      |       |   |       |      |       |   |       |      |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |    |       |       |       |    |       |       |       |    |       |       |       |
| • Eligibility                                      | Become a disabled participant after completing ten years of Vesting Service. A disabled participant is a participant who is eligible to receive benefits under Title II of the Federal Social Security Act.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                      |                                                  |  |      |        |   |      |      |      |   |       |      |       |   |       |      |       |   |       |      |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |    |       |       |       |    |       |       |       |    |       |       |       |
| • Benefit                                          | The benefit accrued to NRD payable at NRD. Credited service continues during the disability period; earnings are assumed to continue at rate in effect prior to disability. All credited service and earnings are frozen as of January 31, 2016.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                                                                      |                                                  |  |      |        |   |      |      |      |   |       |      |       |   |       |      |       |   |       |      |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |    |       |       |       |    |       |       |       |    |       |       |       |
| Pre-retirement death                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                                                                      |                                                  |  |      |        |   |      |      |      |   |       |      |       |   |       |      |       |   |       |      |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |    |       |       |       |    |       |       |       |    |       |       |       |
| • Eligibility                                      | Death while eligible for Deferred Vested, Early, Normal or Postponed Retirement, with a surviving spouse.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                    |                                                                      |                                                  |  |      |        |   |      |      |      |   |       |      |       |   |       |      |       |   |       |      |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |   |       |       |       |    |       |       |       |    |       |       |       |    |       |       |       |

<sup>3</sup> Reductions are based on years prior to age 65 for those employees who became participants prior to 1989.

**Schedule SB, Part V — Summary of Plan Provisions**

|                                                    |                                                                                                                                                                                                            |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Benefit prior to early retirement                | Spouse's benefit is payable on the date the participant would have reached normal retirement age and is equal to 50% of the accrued benefit reduced for the election of the 50% joint and survivor option. |
| • Benefit after early but before normal retirement | Spouse's benefit is equal to the spouse's portion of the 50% joint and survivor benefit payable to the employee as if he or she had elected early retirement on the day of death.                          |
| • Benefit after normal retirement                  | Spouse's benefit is equal to the spouse's portion of the 50% joint and survivor benefit payable to the employee as if he or she had retired on the day of death.                                           |

**Form of benefits**

|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Automatic form for unmarried participants | Life annuity                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| • Automatic form for married participants   | 50% joint and survivor annuity                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| • Optional forms                            | <ul style="list-style-type: none"> <li>• 50%, 75% and 100% joint and survivor (survivor need not be the spouse)</li> <li>• 10 year certain and life annuity</li> <li>• Social Security level income annuity</li> <li>• Life annuity</li> </ul>                                                                                                                                                                                                                                       |
| • Optional form conversion factors          | <p>Actuarial Equivalence based on an interest rate of 7% and the 1971 Group Annuity Mortality Table with no loading and projected by Scale E, with a one-year age setback for the Participant and a five-year age setback for any Beneficiary.</p> <p>Social Security level income option (SSLIO) actuarial equivalence is based on the better of the above basis or the Applicable Mortality Table and the Applicable Interest Rate under Internal Revenue Code Section 417(e).</p> |

**Miscellaneous**

|                        |                                                                                                                                                                                                                        |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Maximum compensation | Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. |
| • Maximum benefits     | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2021, the limit is \$230,000.                                                                                        |
| • Funding medium       | Trust                                                                                                                                                                                                                  |

**Benefits included or excluded**

Unless noted below, all benefits provided by the plan, as restated and amended through Amendment #2, are included in this valuation.

- **Most recent plan amendments included:** Amendment #2
- **Plan amendments excluded:** None
- **Late retirement increases:**
  - *Active participants:* Current active participants who turned age 65 prior to September 1, 2007 are valued including the late retirement actuarial increase.

**Schedule SB, Part V — Summary of Plan Provisions**

- *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase, with back payments accumulated with interest from the Required Beginning Date, where applicable.
- *Retired participants (with prior underpayments):* The estimated accumulated value of past underpayments to retirees currently undergoing a correction process have been included for affected individuals by estimating the increase in benefit amounts due to a change in application of actuarial increases, and further estimating the accumulated value of those “missed” payments.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target does not reflect any liability for top-heavy benefit accruals.

**Plan provisions specific to funding****Additional benefits included or excluded**

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan’s funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.

**Plan provision changes since prior valuation**

Maximum benefit amounts under IRS rules were updated from 2020 to 2021.

# URS Federal Services, Inc. Employees Retirement Plan

Schedule H, Line 4i – Schedule of Assets Held at End of Year

December 31, 2021

EIN: 84-4015419

Plan Number: 003

| (a) | (b)                                                         | (c)                                                                                                             | (d)                  | (e)                  |
|-----|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
|     | Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par of Maturity Value | Cost                 | Current Value        |
|     | Vanguard Ftse All World Instl                               | Mutual Fund                                                                                                     | \$ 8,889,669         | \$ 9,131,189         |
|     | Vanguard Instl Index                                        | Mutual Fund                                                                                                     | 10,832,841           | 12,990,183           |
|     | Baird Core Plus Bond Fund Institut                          | Mutual Fund                                                                                                     | 19,292,805           | 19,058,759           |
|     | Vanguard Long Term Bond Index Fund                          | Mutual Fund                                                                                                     | 38,615,661           | 42,243,696           |
| *   | Angeles Diversified Income Fund LLC                         | Privately-held Security                                                                                         | 30,100,000           | 32,937,377           |
| *   | Angeles Global Equity Opp Fund LLC                          | Privately-held Security                                                                                         | 50,700,000           | 83,621,234           |
| *   | Angeles Absolute Return Fund Ltd                            | Privately-held Security                                                                                         | 11,818,720           | 14,345,729           |
|     | CG Long Duration Credit Trust (US)                          | Collective Trust Fund                                                                                           | 66,160,544           | 80,089,403           |
|     | First American Prime Obligation Fund CI Y                   | Money Market Fund                                                                                               | 1,936,670            | 1,936,651            |
|     | Total assets                                                |                                                                                                                 | <u>\$238,346,910</u> | <u>\$296,354,221</u> |

\* Represents a party-in-interest, as defined by ERISA

**Schedule SB, line 32 — Schedule of Amortization Bases**

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by the Pension Protection Act of 2006 (PPA) took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than \$0.

| Shortfall bases  |                     |                 |                  |
|------------------|---------------------|-----------------|------------------|
| Year established | Outstanding balance | Years remaining | 2021 Installment |
| 2019             | 9,435,416           | 13              | 934,691          |
| 2020             | (5,124,482)         | 14              | (481,670)        |
| 2021             | (2,188,419)         | 15              | (196,123)        |
| Total            | \$ 2,122,515        |                 | \$ 256,898       |

***Schedule SB, line 24 — Change in Actuarial Assumptions***

The administrative expense assumption was updated from \$3,525,000 for January 1, 2020 to \$2,825,000 for January 1, 2021 for all purposes.