

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [x] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] Form 5558 [] automatic extension [x] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: CONSTELLIS 401(K) PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 07/01/2004
2a Plan sponsor's name (employer, if for a single-employer plan): CONSTELLIS LLC
2b Employer Identification Number (EIN): 47-3297412
2c Plan Sponsor's telephone number: 252-435-1943
2d Business code (see instructions): 541990

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2259
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1990
	6a(2)	2710
	6b	1
	6c	531
	6d	3242
	6e	1
	6f	3243
	6g(1)	643
6g(2)	1194	
6h	9	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2F 2G 2J 2R 3D 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2017** and ending **12/31/2017**

A Name of plan CONSTELLIS 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CONSTELLIS LLC	D Employer Identification Number (EIN) 47-3297412	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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

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)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 28 37 38 50 54 59 61 62 63 64 65	RECORD KEEPER	81736	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

NATIONAL FINANCIAL SERVICES

04-3523567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	SECURITIES BROKER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

SAGEVIEW ADVISORY GROUP LLC

33-0818667

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 53	INVESTMENT ADVISORY	56518	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 (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(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.	
BLACKROCK 40 EAST 52ND ST NEW YORK, NY 10022	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(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.	
CARILLON 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(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.	
DELAWARE 2005 MARKET STREET PHILADELPHIA, PA 19103	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(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.	
FEDERATED 30 DAN ROAD CANTON, MA 02021	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(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.	
INVESCO 11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(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.	
IVY PO BOX 29217 SHAWNEE MISSION, KS 66201	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(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.	
JP MORGAN 30 DAN ROAD CANTON, MA 02021	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(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.	
PIONEER 30 DAN ROAD CANTON, MA 02021	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(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.	
SENTINEL P.O. BOX 1499 MONTPELIER, VT 05604	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(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.	
THIRD AVENUE 622 THIRD AVENUE NEW YORK, NY 10017	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(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.	
TRANSAMERICA PO BOX 9012 CLEARWATER, FL 33758	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(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.	
WESTERN ASSET MGMT 55 WATER STREET NEW YORK, NY 10041	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>CONSTELLIS 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CONSTELLIS LLC</u>	D Employer Identification Number (EIN) <u>47-3297412</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED CAPITAL PRESERVATION ISP

b Name of sponsor of entity listed in (a): FEDERATED

c EIN-PN <u>22-2712853-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>963701</u>
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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)
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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)
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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)
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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)
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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)
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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)
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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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
A Name of plan CONSTELLIS 401(K) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 CONSTELLIS LLC	D Employer Identification Number (EIN) 47-3297412

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	75965	31234
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	12712	19175
(2) Participant contributions	1b(2)	24797	51118
(3) Other	1b(3)	7402	295657
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	285	7493
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	753903	1037128
(9) Value of interest in common/collective trusts	1c(9)	857140	963701
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	22071654	34319953
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1436540	1935473

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	25240398	38660932
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	25240398	38660932

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	886192	
(B) Participants.....	2a(1)(B)	3210998	
(C) Others (including rollovers).....	2a(1)(C)	581783	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4678973
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	5	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	33381	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		33386
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	633593	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		633593
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	13618
(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)	4359853
c Other income	2c	367125
d Total income. Add all income amounts in column (b) and enter total	2d	10086548

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5418981
(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)	5418981
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	2146
h Interest expense	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	4547
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	56518
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	81736
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	142801
j Total expenses. Add all expense amounts in column (b) and enter total	2j	5563928

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	4522620
l Transfers of assets:		
(1) To this plan	2l(1)	8897914
(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: **LERROSARBEY, PLLC**

(2) EIN: **27-0855205**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1635592
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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 _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information 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). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
--	---	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>CONSTELLIS 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CONSTELLIS LLC</u>	D Employer Identification Number (EIN) <u>47-3297412</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 13-3689044

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	420
--	---	-----

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2014 (MM/DD/YYYY) and the Opinion Letter serial number J593745A.

CONSTELLIS 401(k) PLAN
DECEMBER 31, 2017 AND 2016

CONSTELLIS 401(k) PLAN

December 31, 2017 and 2016

CONTENTS

	<u>Page</u>
Independent auditors' report	1 - 2
Financial statements:	
Statements of net assets available for benefits	3
Statement of changes in net assets available for benefits	4
Notes to financial statements	5 - 11
Supplemental information:	
Schedule of assets held at end of year	12 - 13
Schedule of delinquent participant contributions	14

Independent Auditors' Report

To the Plan Administrator of
Constellis 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Constellis 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2017 and 2016 and for the year ended December 31, 2017, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Correction of Error

As discussed in Note 2 to the financial statements, an error resulting in the understatement of amounts previously reported for notes receivable from participants and net assets available for benefits as of December 31, 2016, was identified during the current year. Accordingly, prior-period comparative information presented in the current year's financial statements has been revised to reflect this correction.

Other Matter – Supplemental Schedules

The supplemental schedules of assets held at end of year as of December 31, 2017 and delinquent participant contributions for the year ended December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

Handwritten signature of Leno Sabey, PLLC in black ink.

June 9, 2025

CONSTELLIS 401(k) PLAN

Statements of Net Assets Available for Benefits

December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
ASSETS		
Cash, non-interest bearing	\$ 31,234	\$ 76,250
Investments:		
Investments, at fair value	37,226,620	24,365,334
Receivables:		
Notes receivable from participants	1,037,128	753,903
Employer contributions	19,175	12,712
Participant contributions	51,118	24,797
Other	<u>295,657</u>	<u>3,698</u>
Total receivables	<u>1,403,078</u>	<u>795,110</u>
Net assets available for benefits	<u>\$ 38,660,932</u>	<u>\$ 25,236,694</u>

See notes to financial statements.

CONSTELLIS 401(k) PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2017

Additions:	
Investment income:	
Net appreciation in fair value of investments	\$ 4,740,596
Dividends and interest income	<u>670,683</u>
Total investment income	5,411,279
Contributions:	
Employer	886,192
Participant	3,210,998
Rollovers and other	<u>581,783</u>
Total contributions	<u>4,678,973</u>
Total additions	10,090,252
Deductions:	
Benefits paid to participants	5,421,127
Administrative expenses	<u>142,801</u>
Total deductions	<u>5,563,928</u>
Net increase	4,526,324
Transfer in	8,897,914
Net assets available for benefits:	
Beginning of year	<u>25,236,694</u>
End of year	<u><u>\$ 38,660,932</u></u>

See notes to financial statements.

CONSTELLIS 401(k) PLAN

Notes to Financial Statements

December 31, 2017 and 2016

1. Description of Plan

The following description of Constellis 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan covering all full-time employees of Constellis LLC and subsidiaries (the "Company") and participating employers who have completed 90 days of service. Participating employers include Triple Canopy Inc., Tidewater Global Services, Triarc Business Services, LLC, and Fulcra Worldwide. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Effective January 1, 2017, the Plan was amended to change the Plan name from Triple Canopy, Inc. 401(k) Plan to Constellis 401(k) Plan and to change the sponsoring employer name from Triple Canopy, Inc. to Constellis, LLC. Company management is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance. The Company is the Plan's administrator and Transamerica Retirement Solutions, LLC is the Plan's recordkeeper.

The Company has entered into an agreement whereby, State Street Bank and Trust Company (the "Trustee") has been appointed the Trustee of the Plan's assets. Under the terms of the agreement, the Trustee holds and invests the funds of the Plan.

Merger:

Effective May 1, 2017, Academi 401(k) Plan and International Development Solutions, LLC. 401(k) Plan were merged into the Plan. During 2017, all investments were transferred to the Plan and are reflected as Transfer in on the accompanying Statement of changes in net assets available for benefits. As a result of the plan merger, effective May 1, 2017, Academi LLC and International Development Solutions L.L.C became participating employers in the Plan.

Contributions:

Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan. Participants may also make after-tax Roth contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute rollovers, amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. Safe harbor match provisions provide for employer contributions equal to 100% of the participant's contributions up to 3% of compensation, plus 50% of the participant's contributions between 3% to 5% of the participant's compensation. The Company may also make discretionary matching contributions each payroll period on behalf of participants who made elective deferrals and/or catch-up contributions, up to 5% of compensation. The Company may also, at its discretion, make nonelective contributions. In order to be entitled to a nonelective contribution, participants, as defined under the Plan, must complete a year of service (1,000 hours) during the Plan year and must be employed on the last day of the Plan year. No discretionary or non-elective employer contributions were made during the year ended December 31, 2017. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Participant accounts:

Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of the Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(continued)

CONSTELLIS 401(k) PLAN

Notes to Financial Statements

December 31, 2017 and 2016

1. Description of Plan (continued)

Vesting:

Participants are vested immediately in their contributions and the Company's safe harbor matching contributions plus actual earnings thereon. Vesting in the Company's nonelective contribution portion of their accounts, if any is based on years of continuous service. Participants vest ratably over three years of credited service.

Notes receivable from participants:

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate is set at the prime rate, as defined. Principal and interest are paid ratably through payroll deductions.

Payment of benefits:

On termination of service due to death, disability, or retirement, a participant or their beneficiary may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account. Hardship withdrawals and in-service withdrawals at age 59.5 are also permitted, subject to provisions described in the Plan document. Withdrawals from rollover contributions are permitted at any time.

Forfeited accounts:

At December 31, 2017 and 2016, forfeited non-vested accounts totaled \$7,098 and \$279, respectively. These accounts will be used to pay administrative expenses or reduce future employer contributions.

2. Summary of Accounting Policies

Basis of accounting:

The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Revision:

During the current year, the Plan corrected its accounting for notes receivable from participants to remove an allowance for loan losses. As a result, Notes receivable from participants and net assets available for benefits as of December 31, 2016 increased by \$223,096. Prior-period comparative information presented in the current year's financial statements has been revised to reflect this correction.

Use of estimates:

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition:

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. Management determines the Plan's valuation policies. 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

(continued)

CONSTELLIS 401(k) PLAN

Notes to Financial Statements

December 31, 2017 and 2016

2. Summary of Accounting Policies (continued)

Notes receivable from participants:

Notes receivable from participants is measured at the unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Payment of benefits:

Benefits are recorded when paid.

Administrative Expenses:

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent events:

The Plan has evaluated subsequent events through June 9, 2025, the date the financial statements were available to be issued.

The Plan has been amended subsequent to December 31, 2017. See Note 11 for a list of plan amendments.

On December 29, 2022, the Setting Every Community Up for Retirement Act ("SECURE") 2.0 Act of 2023 was signed into law as part of the Consolidated Appropriations Act, 2024. The SECURE 2.0 Act includes numerous reforms to existing retirement law intended to increase retirement savings, facilitate access to retirement savings, encourage employees to save for retirement, and simplify and clarify retirement plan rules, with provision effective dates ranging from immediate to 2024 and beyond. All provisions of SECURE 2.0 will be evaluated and implemented in accordance with future regulations and guidance, and the Plan will be amended as needed.

3. Information Certified by Trustee

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental Schedule of assets held at end of year, including investments and notes receivable from participants held at December 31, 2017 and 2016, and net appreciation in fair value of investments and dividends and interest income for the year ended December 31, 2017, was obtained by management and agreed to or derived from information certified as complete and accurate by the Trustee.

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under Accounting Standards Codification 820, "Fair Value Measurements", are described as follows:

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;

(continued)

CONSTELLIS 401(k) PLAN

Notes to Financial Statements

December 31, 2017 and 2016

4. Fair Value Measurements (continued)

- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset or liability's fair value measurement 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Mutual funds – Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market funds – Money market funds are valued at the closing price as reported by the fund sponsor from an actively traded exchange. The money market funds are open-end mutual funds that invest in short-term debt securities and cash equivalents. These funds are required to publish their daily net asset value and to transact at that price. The money market funds held by the Plan are deemed to be actively traded.

Common collective trusts – Common collective trusts are valued based on the information reported by the investment advisor using the audited financial statements of the common collective trust at year-end. The Plan's investments in collective interest trusts are valued based upon the net asset value of units owned by the Plan at year-end. The fair value of the Plan's investments is based on the net asset values of the underlying open-end mutual funds.

Self-directed brokerage accounts – Self-directed brokerage accounts primarily consist of common stocks, mutual funds, and money market funds that are valued on the basis of readily determinable market prices.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2017 and 2016.

December 31, 2017	Fair Value Measurements			
	Total	Level 1	Level 2	Level 3
Assets:				
Mutual funds	\$ 34,319,953	\$ 34,319,953	\$ -	\$ -
Self-directed brokerage accounts	1,935,473	1,935,473	-	-
Common collective trusts	963,701	-	963,701	-
Money market funds	7,493	7,493	-	-
Investments, at fair value	<u>\$ 37,226,620</u>	<u>\$ 36,262,919</u>	<u>\$ 963,701</u>	<u>\$ -</u>

(continued)

CONSTELLIS 401(k) PLAN

Notes to Financial Statements

December 31, 2017 and 2016

4. Fair Value Measurements (continued)

December 31, 2016	Fair Value Measurements			
	Total	Level 1	Level 2	Level 3
Assets:				
Mutual funds	\$ 22,071,654	\$ 22,071,654	\$ -	\$ -
Self-directed brokerage accounts	1,436,540	1,436,540	-	-
Common collective trusts	857,140	-	857,140	-
Investments, at fair value	<u>\$ 24,365,334</u>	<u>\$ 23,508,194</u>	<u>\$ 857,140</u>	<u>\$ -</u>

5. Related Party Transactions

Certain Plan investments and related transactions were in investment funds managed by the Plan's Trustee and, therefore, these investments and transactions qualify as party-in-interest transactions. The notes receivable from participants are also considered to be party-in-interest transactions. These transactions are not considered prohibited by statutory exemptions under ERISA.

6. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

7. Tax Status

The volume submitter profit sharing plan received a favorable tax determination letter dated March 31, 2014 from the IRS. Although the Plan itself has not received a determination letter and the volume submitter profit sharing plan has been amended since receiving that determination letter, Company management believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the Plan is qualified and is tax-exempt.

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

8. 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. 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 participants' account balances and the amounts reported in the Statements of net assets available for benefits.

9. Commitments and Contingencies

The Employer has initiated corrective measures to remedy the Plan for certain errors, under the IRS's Employee Plans Compliance Resolution System ("EPCRS"). EPCRS is a voluntary program in which plan sponsors may correct certain plan qualification failures and preserve the favorable tax treatment of their employees' retirement benefits.

(continued)

CONSTELLIS 401(k) PLAN

Notes to Financial Statements

December 31, 2017 and 2016

9. Commitments and Contingencies (continued)

During the years ended December 31, 2017, 2016 and 2015, the Company inadvertently failed to make deposits of \$1,588,545, \$636,117 and \$645,840, respectively, of participant deferrals, including loan repayments, on a timely basis. The DOL considers late deposits, without regard to materiality, to be prohibited transactions. The general rule for deposits of 401(k) withholdings requires that the Company remit withheld employee 401(k) deferrals to the Plan as of the earliest date on which such amounts can reasonably be segregated from the Company's general assets, but in no event later than 15 business days after the end of the month in which the contributions were withheld. The Company has self-corrected the 2015, 2016 and 2017 delinquent contributions in September 2019, September 2022 and May 2024, respectively.

During 2017, the Company also inadvertently failed to make deposits of \$47,047 and \$9,162 of participant deferrals, including loan repayments and employer matching contributions, respectively. The Company has self-corrected the 2017 missed deposits of employee deferrals and employer contributions between October 2024 and April 2025.

As described in Note 1, the Academi 401(k) Plan merged into the Plan effective May 1, 2017, and as a result all assets of the Academi 401(k) Plan were transferred to the Plan. The assets transferred to the Plan included other employer contributions receivables totaling \$198,003, which relate to missed deposits and related lost earnings for various plan errors that were identified and subsequently corrected by the Company between October 2023 and April 2025.

Participant accounts were credited with the amount of missing deferrals, related matching contributions, and investment income which would have been earned had the errors been remitted to the Plan on a timely basis.

The Plan has received notices of determination from the DOL assessing penalties for failure to file complete Forms 5500 with financial statements for the Plan for the 2017, 2018, 2019, 2020, 2021, 2022 and 2023 plan years. The Company and its legal counsel have been in the process of responding to the notices and expect to file amended Forms 5500 as soon as administratively possible. Any penalties paid as a result of these matters will be the responsibility of the Plan Sponsor.

10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2017 and 2016 to Form 5500:

	2017	2016
Net assets available for benefits, per financial statements	\$ 38,660,932	\$ 25,236,694
Participant loan interest receivable	-	3,704
Net assets available for benefits, per Form 5500	<u>\$ 38,660,932</u>	<u>\$ 25,240,398</u>

11. Plan Amendments

Effective January 1, 2017, the Plan was amended to change the Plan name to Constellis 401(k) Plan and change the sponsoring employer name to Constellis, LLC. Additional amendments include the following:

- As the sponsoring employer of the Plan changed to Constellis, LLC, Triple Canopy, LLC became a participating employer under the Plan.
- The compensation determination period was amended to be based on the plan year rather than the plan year while a participant.

(continued)

CONSTELLIS 401(k) PLAN

Notes to Financial Statements

December 31, 2017 and 2016

11. Plan Amendments (continued)

Effective May 1, 2017, Academi, LLC and International Development Solutions, LLC became participating employers under the Plan and plan assets under the respective company plans were merged into the Constellis 401(k) Plan.

Effective January 1, 2018, certain employees of OMNIPLEX World Services Corporation, OMNISEC International Security Services, Inc., OMNISEC International Investigations, Inc. and OMNISEC Security Solutions, Inc. became employees of Constellis, LLC and thus eligible employees under the Plan.

Effective April 19, 2018, the Plan was amended to exclude SCA employees, Puerto Rico residents, and designated Aberdeen Participants, as defined, from participation in the Plan. Also, part of the OMNIPLEX World Services Corporation 401(k) Savings Plan assets were merged into this Plan.

Effective June 15, 2018, the Plan was amended to remove the separate bonus election allowing participants to make a separate election with regards to bonuses or other incentive compensation.

Effective January 1, 2019, the Plan changed its trustee and third-party administrator from Transamerica Retirement Solutions to Voya. Also effective as of that date, the Plan was amended and restated in its entirety to have all qualified employees of Constellis and its related employers who had previously adopted the Plan, together with the qualified employees of other employers who had previously adopted the Plan, participate under the Plan. This restatement incorporated various plan provision changes and a change in the form of the plan to a multiple employer plan.

Effective January 14, 2019, all assets of from the OMNIPLEX World Services Corporation 401(k) Savings Plan, OMNIPLEX World Services Corporation Union Employees' 401(k) Plan, Constellis Retirement Plan, and Centerra Group, LLC 401(k) Plan were merged together under this Plan.

Effective January 1, 2020, the Plan was amended to allow highly compensated employees to participate. Effective February 15, 2020, the Plan was amended to exclude bonuses from eligible compensation.

Effective January 1, 2021, the Plan was amended and restated to provide for a safe harbor matching contribution and other updates. The Company contributes a safe harbor matching contribution of 100% of the first 3% of the participant's eligible compensation, and 50% of the next 2% of eligible compensation that the participant contributes to the Plan.

Effective June 1, 2021, the Plan was amended to allow employees who are United States Virgin Islands residents to participate in the plan. The Plan was also amended to update provisions as allowed under the Coronavirus, Aid, Relief, and Economic Security ("CARES") Act passed by Congress on March 27, 2020. Under the CARES Act, changes were made impacting certain provisions of qualified retirement plans, including participant loans and distributions. Among other things, the CARES Act provisions, which were adopted by the Plan, increased the limit on participant loans, extended repayment terms, and waived penalties for certain early withdrawals.

CONSTELLIS 401(k) PLAN

EIN #47-3297412
PN 002

Schedule H, Line 4i of Form 5500 -
Schedule of Assets Held at End of Year

December 31, 2017

(a)	(b) Identity of Issue	(c) Description of Investment	(e) Current Value
	Vanguard	Vanguard Target Retirement 2045 Fund - Investor Shares	\$ 3,677,942
	Vanguard	Vanguard Target Retirement 2030 Fund - Investor Shares	3,621,372
	Vanguard	Vanguard 500 Index Fund - Admiral Shares	3,400,212
	Vanguard	Vanguard Target Retirement 2050 Fund - Investor Shares	3,272,059
	Vanguard	Vanguard Target Retirement 2025 Fund - Investor Shares	2,783,531
	Vanguard	Vanguard Target Retirement 2035 Fund - Investor Shares	2,439,129
	Vanguard	Vanguard Target Retirement 2040 Fund - Investor Shares	2,287,390
	Charles Schwab Institutional	Personal Choice Retirement Account (Self-Directed)	1,935,473
	MFS	MFS Growth Fund - Class R6	1,929,755
	Vanguard	Vanguard Target Retirement 2020 Fund - Investor Shares	1,433,619
	Transamerica	Transamerica International Equity - Class I2	1,194,132
	Diamond Hill	Diamond Hill Small-Mid Cap Fund - Class Y	1,037,857
	Federated	Federated Capital Preservation Fund - Class R6	963,701
	Vanguard	Vanguard Mid Cap Index Fund - Admiral Shares	923,689
	Legg Mason/Western Asset	Western Asset Core Bond Fund - Class IS	841,291
	MFS	MFS Value Fund - Class R6	742,728
	Invesco	Invesco Developing Markets Fund - Class R6	710,538
	Hartford	Hartford MidCap HLS Fund - Class IA	681,846
	Dimensional Fund Advisors	DFA Global Real Estate Securities Portfolio	548,609
	BlackRock	BlackRock High Yield Bond Fund - Class K	497,828
	Vanguard	Vanguard Target Retirement 2055 Fund - Investor Shares	487,959
	Vanguard	Vanguard Total International Stock Index Fund - Admiral Shares	475,926
	Vanguard	Vanguard Target Retirement Income Fund - Investor Shares	331,981
	Vanguard	Vanguard Small Cap Index Fund - Admiral Shares	286,774
	Vanguard	Vanguard Target Retirement 2060 Fund - Investor Shares	205,374
	Pioneer	Pioneer Strategic Income Fund - Class K	179,247

(continued)

CONSTELLIS 401(k) PLAN

EIN #47-3297412
PN 002

Schedule H, Line 4i of Form 5500 -
Schedule of Assets Held at End of Year

December 31, 2017
(continued)

(a)	(b) Identity of Issue	(c) Description of Investment	(e) Current Value
	Vanguard	Vanguard Target Retirement 2015 Fund - Investor Shares	155,827
	Eagle	Eagle Small Cap Growth Fund - Class R6	68,729
	Delaware	Delaware Small Cap Value Fund - Class R6	59,901
	Vanguard	Vanguard Total Bond Market Index Fund - Admiral Shares	34,735
	Legg Mason	Legg Mason BW Global Opportunities Bond Fund - Class IS	9,973
*	State Street Bank & Trust Co.	Interest Bearing Cash	7,493
			<hr/> 37,226,620
*	State Street Bank & Trust Co.	Non-interest Bearing Cash	31,234
*	Participant Loans	Interest rates range from 3.25% to 5.00%	<hr/> 1,037,128
			<hr/> <hr/> \$ 38,294,982
*	Denotes a party-in-interest.		

CONSTELLIS 401(k) PLAN

EIN #47-3297412
PN 002

Schedule H, Line 4a of Form 5500 -
Schedule of Delinquent Participant Contributions

For the Year Ended December 31, 2017

Plan Year	Participant Contributions Transferred Late to the Plan	Total that Constitute Nonexempt Prohibited Contributions			Total Fully Corrected Under VFCP and PTE 2002-51
	Check here if Late Participant Loan Repayments are included: <input checked="" type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2015 ^(a)	\$ 645,840	\$ -	\$ 645,840	\$ -	\$ -
2016 ^(b)	\$ 905,801	\$ -	\$ 905,801	\$ -	\$ -
2017 ^(c)	\$ 1,693,320	\$ -	\$ 1,693,320	\$ -	\$ -

^(a) Related to the Plan year ended December 31, 2015; Lost earnings were remitted to the Plan in September 2019.

^(b) \$636,117 and \$269,684 related to the Plan year ended December 31, 2016 for Constellis 401(k) Plan and Academi 401(k) Plan, respectively; Lost earnings were remitted to the Plan in September 2022 and October 2023, respectively.

^(c) \$1,635,592 and \$57,728 related to the Plan year ended December 31, 2017 for Constellis 401(k) Plan and Academi 401(k) Plan, respectively; Missed contributions and related lost earnings were remitted to the Plan between May 2024 and April 2025.

CONSTELLIS 401(k) PLAN

EIN #47-3297412
PN 002

Schedule H, Line 4a of Form 5500 -
Schedule of Delinquent Participant Contributions

For the Year Ended December 31, 2017

Plan Year	Participant Contributions Transferred Late to the Plan	Total that Constitute Nonexempt Prohibited Contributions			Total Fully Corrected Under VFCP and PTE 2002-51
	Check here if Late Participant Loan Repayments are included: <input checked="" type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2015 ^(a)	\$ 645,840	\$ -	\$ 645,840	\$ -	\$ -
2016 ^(b)	\$ 905,801	\$ -	\$ 905,801	\$ -	\$ -
2017 ^(c)	\$ 1,693,320	\$ -	\$ 1,693,320	\$ -	\$ -

^(a) Related to the Plan year ended December 31, 2015; Lost earnings were remitted to the Plan in September 2019.

^(b) \$636,117 and \$269,684 related to the Plan year ended December 31, 2016 for Constellis 401(k) Plan and Academi 401(k) Plan, respectively; Lost earnings were remitted to the Plan in September 2022 and October 2023, respectively.

^(c) \$1,635,592 and \$57,728 related to the Plan year ended December 31, 2017 for Constellis 401(k) Plan and Academi 401(k) Plan, respectively; Missed contributions and related lost earnings were remitted to the Plan between May 2024 and April 2025.

Schedule C, Line 2(h) Formula Descriptions

Constellis 401 (k) Plan
 EIN No.: 49-3297412, Plan No. 002
 Plan Year Ending: 12/31/2017

Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:

NATIONAL FINANCIAL SERVICES 04-3523567

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

Fund Family	Fund Name	Start Date	End Date	Revenue to National Financial Services
BLACKROCK	BLACKROCK HIGH YIELD INSTL	1/1/2017	1/13/2017	0.398
CARILLON	CARILLON EAGLE SMALL CAP GROWTH R5	1/1/2017	1/13/2017	0.530
DELAWARE	DELAWARE SMALL CAP VAL INSTL	1/1/2017	1/13/2017	0.663
FEDERATED	FEDERATED CAPITAL PRESERVATION	1/1/2017	1/13/2017	0.795
INVESCO	INVESCO DEV MKTS R5 CL	1/1/2017	1/13/2017	0.928
INVESCO	INVESCO INTERNATIONAL ALLOCATION Y	1/1/2017	1/13/2017	0.663
IVY	IVY MID CAP GRWTH	1/1/2017	1/13/2017	0.212
JP MORGAN	JP MORGAN LARGE CAP GROWTH R5	1/1/2017	1/13/2017	0.265
PIONEER	PIONEER STRATEGIC INCOME Y	1/1/2017	1/13/2017	0.928
SENTINEL	TOUCHSTONE LARGE CAP FOCUSED A	1/1/2017	1/13/2017	1.060
THIRD AVENUE	THIRD AVENUE REAL ESTATE VAL	1/1/2017	1/13/2017	0.928
TRANSAMERICA	TRANSAMERICA INTERNATIONAL EQUITY I2	1/13/2017	12/31/2017	0.795
WESTERN ASSET MGMT	WESTERN ASSET CORE BD I	1/1/2017	1/13/2017	0.265

CONSTELLIS 401(k) PLAN

EIN #47-3297412
PN 002

Schedule H, Line 4i of Form 5500 -
Schedule of Assets Held at End of Year

December 31, 2017

(a)	(b) Identity of Issue	(c) Description of Investment	(e) Current Value
	Vanguard	Vanguard Target Retirement 2045 Fund - Investor Shares	\$ 3,677,942
	Vanguard	Vanguard Target Retirement 2030 Fund - Investor Shares	3,621,372
	Vanguard	Vanguard 500 Index Fund - Admiral Shares	3,400,212
	Vanguard	Vanguard Target Retirement 2050 Fund - Investor Shares	3,272,059
	Vanguard	Vanguard Target Retirement 2025 Fund - Investor Shares	2,783,531
	Vanguard	Vanguard Target Retirement 2035 Fund - Investor Shares	2,439,129
	Vanguard	Vanguard Target Retirement 2040 Fund - Investor Shares	2,287,390
	Charles Schwab Institutional	Personal Choice Retirement Account (Self-Directed)	1,935,473
	MFS	MFS Growth Fund - Class R6	1,929,755
	Vanguard	Vanguard Target Retirement 2020 Fund - Investor Shares	1,433,619
	Transamerica	Transamerica International Equity - Class I2	1,194,132
	Diamond Hill	Diamond Hill Small-Mid Cap Fund - Class Y	1,037,857
	Federated	Federated Capital Preservation Fund - Class R6	963,701
	Vanguard	Vanguard Mid Cap Index Fund - Admiral Shares	923,689
	Legg Mason/Western Asset	Western Asset Core Bond Fund - Class IS	841,291
	MFS	MFS Value Fund - Class R6	742,728
	Invesco	Invesco Developing Markets Fund - Class R6	710,538
	Hartford	Hartford MidCap HLS Fund - Class IA	681,846
	Dimensional Fund Advisors	DFA Global Real Estate Securities Portfolio	548,609
	BlackRock	BlackRock High Yield Bond Fund - Class K	497,828
	Vanguard	Vanguard Target Retirement 2055 Fund - Investor Shares	487,959
	Vanguard	Vanguard Total International Stock Index Fund - Admiral Shares	475,926
	Vanguard	Vanguard Target Retirement Income Fund - Investor Shares	331,981
	Vanguard	Vanguard Small Cap Index Fund - Admiral Shares	286,774
	Vanguard	Vanguard Target Retirement 2060 Fund - Investor Shares	205,374
	Pioneer	Pioneer Strategic Income Fund - Class K	179,247

(continued)

CONSTELLIS 401(k) PLAN

EIN #47-3297412
PN 002

Schedule H, Line 4i of Form 5500 -
Schedule of Assets Held at End of Year

December 31, 2017
(continued)

(a)	(b) Identity of Issue	(c) Description of Investment	(e) Current Value
	Vanguard	Vanguard Target Retirement 2015 Fund - Investor Shares	155,827
	Eagle	Eagle Small Cap Growth Fund - Class R6	68,729
	Delaware	Delaware Small Cap Value Fund - Class R6	59,901
	Vanguard	Vanguard Total Bond Market Index Fund - Admiral Shares	34,735
	Legg Mason	Legg Mason BW Global Opportunities Bond Fund - Class IS	9,973
*	State Street Bank & Trust Co.	Interest Bearing Cash	7,493
			<hr/> 37,226,620
*	State Street Bank & Trust Co.	Non-interest Bearing Cash	31,234
*	Participant Loans	Interest rates range from 3.25% to 5.00%	<hr/> 1,037,128
			<hr/> <hr/> \$ 38,294,982
*	Denotes a party-in-interest.		