

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C Check box if filing under: [X] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
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: RETIREMENT PLAN FOR EMPLOYEES OF ATKINS KROLL SAIPAN, INC.
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1991
2a Plan sponsor's name (employer, if for a single-employer plan): ATKINS KROLL (SAIPAN), INC.
2b Employer Identification Number (EIN): 98-6018553
2c Sponsor's telephone number: 670-234-5911
2d Business code (see instructions): 441110
3a Plan administrator's name and address: ADMINISTRATIVE COMMITTEE ATKINS KROLL(SAIPAN), INC.
3b Administrator's EIN: 66-0479325
3c Administrator's telephone number: 670-234-5911
4b EIN:
4d PN:
5a Total number of participants at the beginning of the plan year: 61
5b Total number of participants at the end of the plan year: 59
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item):
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item):
5d(1) Total number of active participants at the beginning of the plan year: 7
5d(2) Total number of active participants at the end of the plan year: 5
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. Row 1: Filed with authorized/valid electronic signature, 10/13/2025, JULIE LEE. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 555862. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	2684485	2831720
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	2684485	2831720
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	49943	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	316117	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		366060
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	192921	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	25904	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		218825
i Net income (loss) (subtract line 8h from line 8c)	8i		147235
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1I
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		120000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

15 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 ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

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

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

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF ATKINS KROLL SAIPAN, INC.</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ATKINS KROLL (SAIPAN), INC.</u>	D Employer Identification Number (EIN) <u>98-6018553</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>2683916</u>
	b Actuarial value	2b	<u>2740542</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>31</u>	<u>1848507</u>
	b For terminated vested participants	<u>23</u>	<u>925729</u>
	c For active participants	<u>7</u>	<u>205289</u>
	d Total	<u>61</u>	<u>2979525</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.22 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>25000</u>
	c Target normal cost	6c	<u>25000</u>

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

SIGN HERE		
	Signature of actuary	<u>09/11/2025</u> Date
	<u>RICHARD P. WEAVER</u> Type or print name of actuary	<u>23-05950</u> Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u> Firm name	<u>901-930-0000</u> Telephone number (including area code)
	<u>3340 PLAYERS CLUB PARKWAY SUITE 200 MEMPHIS, TN 38125</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	10991
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	10991
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>13.74</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.32</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	91.97 %
15	Adjusted funding target attainment percentage	15	91.97 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.23 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/09/2024	7640	0					
07/10/2024	7640	0					
09/11/2024	19568	0					
08/11/2025	15095	0					
			Totals ▶	18(b)	49943	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	47770

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 25000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	238983		22703	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 47703
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 47703
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 47770
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 67
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	1	1	0	0	0	0	0	0	0	2
50-54	0	0	1	2	0	0	0	0	0	0	0	3
55-59	0	1	0	1	0	0	0	0	0	0	0	2
60-64	0	0	0	0	0	0	0	0	0	0	0	0
65-69	0	0	0	0	0	0	0	0	0	0	0	0
70 & over	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	1	2	4	0	0	0	0	0	0	0	7

¹ Age and service for purposes of determining category are based on exact (not rounded) values.
 Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
 EIN / PN: 98-6018553/001
 Plan Sponsor: Atkins Kroll (Saipan), Inc
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month January
- Interest rate basis 3-Segment Rates

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
----------------	--------------------------	------------------------------

Annual rates of increase

- Compensation Not applicable.
- Future Social Security wage bases Not applicable.

Plan-related expenses \$25,000

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

- **Healthy** Funding: Single blended table of rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Representative termination rates not due to disability, retirement, or mortality Participants have been assumed to withdraw under the same schedule developed for Atkins Kroll, Inc. Sample annual rates of assumed withdrawal are as follows:

Years of Service	Annual Rate of Termination
0-2	30%
2-3	20%
3-4	10%
4-5	5%

Age	Annual Rate of Termination After 5 Years
Less than 40	5%
40 – 49	3%
50 - 59	2%
60 - 65	0%

Disability No specific provision is made for disability.

Retirement It is assumed that participants will retire at age 65, or current age if later.

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefit commencement date:

- Preretirement death benefit Regular:
The later of the death of the active participant or the participant's early retirement date.
Special:
Age plus Vesting Service at death greater than or equal to 65.
- Deferred vested benefit The later of age 65 or termination of employment.
- Retirement benefit Upon termination of employment.

Form of payment Participants are assumed to elect the normal form.

Percent married 40% of female employees are assumed to be married and 75% of male employees are assumed to be married.

Spouse age Wives are assumed 3 years younger than their husbands.

Covered pay Not applicable.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date First day of plan year.

Funding target Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Decrement timing

The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met, or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets for determining minimum required contributions

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

Death benefits payable to the children of a single parent participant are not included in the valuation. WTW has reviewed the plan provisions with Atkins Kroll Saipan, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations. No data adjustments were made, and we are unaware of any data adjustment made by the data provider.

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Plan-related expenses	Plan-related expenses are based on prior year plan-related expenses net of investment management.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on a published table for pension participants believed to have similar characteristics to the plan population.
Retirement	Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.
Percent married	The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Schedule SB, Part V Statement of Actuarial Assumptions/Methods, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
------------------------	--

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in Assumptions

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC 430.
- The mortality table and projection scale used to calculate the funding target and target normal was updated as described above as required by guidance issued by the IRS under IRC §430.
- The assumed plan-related expenses added to the target normal cost were changed from \$12,000 for the prior valuation to \$25,000 for the current valuation.

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

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

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

A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF ATKINS KROLL SAIPAN, INC.	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ATKINS KROLL (SAIPAN), INC.	D Employer Identification Number (EIN) 98-6018553
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	2,683,916
	b Actuarial value	2b	2,740,542
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	31	1,848,507
	b For terminated vested participants	23	925,729
	c For active participants	7	205,289
	d Total	61	2,979,525
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.22%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	25,000
	c Target normal cost	6c	25,000

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

SIGN HERE	Richard P. Weaver	Date
	Signature of actuary	Date
	Richard P. Weaver	2305950
	Type or print name of actuary	Most recent enrollment number
	Willis Towers Watson US LLC	901-930-0000
	Firm name	Telephone number (including area code)
	3340 Players Club Parkway Suite 200 Memphis TN 38125	
	Address of the firm	

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

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

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)..... **31a** 25,000

b Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	238,983	22,703
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 47,703

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....			47,703
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			47,770

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) **38a** 67

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Atkins Kroll (Saipan), Inc
EIN/PN	98-6018553/001
Plan Name	Retirement Plan for Employees of Atkins Kroll Saipan, Inc
Valuation Date	January 1, 2024
Enrolled Actuary	Richard P. Weaver
Enrollment Number	23-05950

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2024

Each participant is assumed to retire at a single retirement age which is entered on Line 22

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month January
- Interest rate basis 3-Segment Rates

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
----------------	--------------------------	------------------------------

Annual rates of increase

- Compensation Not applicable.
- Future Social Security wage bases Not applicable.

Plan-related expenses \$25,000

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

- **Healthy** Funding: Single blended table of rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Representative termination rates not due to disability, retirement, or mortality Participants have been assumed to withdraw under the same schedule developed for Atkins Kroll, Inc. Sample annual rates of assumed withdrawal are as follows:

Years of Service	Annual Rate of Termination
0-2	30%
2-3	20%
3-4	10%
4-5	5%

Age	Annual Rate of Termination After 5 Years
Less than 40	5%
40 – 49	3%
50 - 59	2%
60 - 65	0%

Disability No specific provision is made for disability.

Retirement It is assumed that participants will retire at age 65, or current age if later.

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefit commencement date:

- Preretirement death benefit Regular:
The later of the death of the active participant or the participant's early retirement date.
Special:
Age plus Vesting Service at death greater than or equal to 65.
- Deferred vested benefit The later of age 65 or termination of employment.
- Retirement benefit Upon termination of employment.

Form of payment Participants are assumed to elect the normal form.

Percent married 40% of female employees are assumed to be married and 75% of male employees are assumed to be married.

Spouse age Wives are assumed 3 years younger than their husbands.

Covered pay Not applicable.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date First day of plan year.

Funding target Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Decrement timing

The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met, or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets for determining minimum required contributions

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

Death benefits payable to the children of a single parent participant are not included in the valuation. WTW has reviewed the plan provisions with Atkins Kroll Saipan, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations. No data adjustments were made, and we are unaware of any data adjustment made by the data provider.

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Plan-related expenses	Plan-related expenses are based on prior year plan-related expenses net of investment management.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on a published table for pension participants believed to have similar characteristics to the plan population.
Retirement	Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.
Percent married	The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Schedule SB, Part V Statement of Actuarial Assumptions/Methods, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
------------------------	--

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in Assumptions

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC 430.
- The mortality table and projection scale used to calculate the funding target and target normal was updated as described above as required by guidance issued by the IRS under IRC §430.
- The assumed plan-related expenses added to the target normal cost were changed from \$12,000 for the prior valuation to \$25,000 for the current valuation.

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective January 1, 1981. As the plan was amended and restated effective January 1, 2013. The most recent amendment was adopted November 2014.

Coverage and participation

All employees who are not covered under a collective bargaining agreement or another Inchcape Plan are eligible to participate under the plan on the first day of the month coincident with or next following the later of attaining age 21 and first anniversary of hire. "Employee" means any person in the employ of the Employer or Affiliated Employer including Officers for whom any portion of his/her income is subject to withholding for purposes of income tax and/or for whom Social Security contributions are made by the employer.

As of December 31, 2007, the plan is frozen and there shall be no new or rehired Participants entering or re-entering the Plan after such date.

Definitions

Vesting service

Total service from date of hire to date of termination, less any absence in excess of 12 months that is excluded from Credited Service, computed in months. One day in a month equals one month of Vesting Service.

Credited service

Service from date of participation to date of termination, computed in months, where one day in a month equals one month.

Credited service shall not include any service after December 31, 2007.

Average earnings

Average of the five consecutive calendar years' compensation that gives the highest average. Compensation includes base pay plus any compensation deferred under a Section 125 or 401(k) plan.

Compensation is limited to \$200,000 (indexed beginning in 2002) as required.

Final Average Compensation shall not include compensation earned after December 31, 2007.

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Accrued benefits

The participant's Accrued Benefit at any given date is the product of (a) the projected monthly pension benefit, based on the formulas below, the Credited Service projected to the participant's normal retirement date, and the Final Average Compensation determined as of the given date times (b) the ratio of Credited Service at the given date to Credited Service projected to normal retirement date.

There shall be no benefit accruals under the Plan after December 31, 2007.

Normal retirement date (NRD)

The first of the month coincident with or next following age 65.

Monthly pension benefit

Annual Benefit:

1-2/3% of Final Average Compensation times
Credited Service up to a maximum of 30 years,

plus

1/2% of Final Average Compensation for each year
of Credited Service in excess of 30 years

less

50% of the participant's age 65 Primary Insurance
Amount under Social Security.

There shall be no benefit accruals under the Plan
after December 31, 2007.

Eligibility for Benefits

Normal retirement

Retirement on NRD.

Early retirement

Retirement before NRD and age 55 with 10 years of vesting service.

Postponed retirement

Retirement after NRD.

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Deferred vested termination Termination for reasons other than death or retirement after completing five years of vesting service. However, all participants become 100% vested upon reaching age 65 or suffering a disability.

Disability Total and permanent disability of participant prior to normal retirement date, age 65.

Preretirement death benefit Special Death benefit:
Age plus Vesting Service at death greater than or equal to 65 and married.
Regular Death Benefit:
Age plus Vesting Service at death less than 65 and married.

Benefits Paid Upon the Following Events

Normal retirement The monthly pension benefit determined as of NRD

Early retirement Monthly Benefit: Accrued Benefit as of early retirement date multiplied by an early retirement factor (listed below) due to earlier commencement of payments.

Age	Factor
65	100.0%
64	93.3%
63	86.7%
62	80.0%
61	73.3%
60	66.7%
59	63.3%
58	60.0%
57	56.7%
56	53.3%
55	50.0%

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Postponed retirement

If retirement occurs after the normal retirement date, the late retirement income will be the greater of:

The Actuarial Equivalent of the benefit the Participant would have received if his Benefit Commencement Date had been his Normal Retirement Date; or

His Accrued Benefit at his actual Benefit Commencement.

There shall be no benefit accruals under the Plan after December 31, 2007.

Deferred vested termination

Termination Benefit: The termination benefit is equal to the Accrued Benefit, payable in the normal form, commencing at normal retirement date or reduced benefit commencing at early retirement date, if eligible to retire early.

Disablement

Monthly Benefit: Commencing on the participant's normal retirement date, unless early retirement is elected, if he is then living and still disabled, the normal retirement benefit shall be calculated assuming that his service and his monthly rate of basic compensation as of his date of disability continued to his normal retirement date.

Death of Disabled Participant Prior to Normal Retirement: Prior to normal retirement, disabled participants are entitled to a death benefit identical to the one for active employees. This is determined as if the disabled participant had remained in service until his date of death and his last rate of pay had continued unchanged.

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Monthly preretirement death benefit

Special Death Benefits

Benefit: 1/2 of the Participant's Accrued Benefit not reduced for early commencement payable to spouse for life.

Regular Death Benefit

Benefit: Amount of survivor annuity which would be payable if the Participant had terminated employment, survived to his/her Normal Retirement Date, elected a 50% Joint and Survivor Annuity, and died immediately thereafter. The spouse may commence the death benefit before the Participant's Normal Retirement Date but not before the Participant would have first been eligible to commence benefits had he/she survived. On payment before the Participant's Normal Retirement Date, the benefit is reduced actuarially.

Other Plan Provisions

Forms of payment

Normal Form of Retirement Income:

Married employees 50% Joint and Survivor Annuity

Single employees: Single Life Annuity.

Optional forms of retirement income in lieu of normal form

The plan provides optional payment forms, including other qualified Joint and Contingent benefits for married employees on an actuarially equivalent basis. Actuarial equivalence for this purpose is based on factors specified in the Plan Document. Lump-sum distributions are allowed, but only if the lump sum is less than or equal to \$1,000.

Special provisions for top-heavy plans

Not applicable; plan has never been top-heavy.

Pension Increases

None.

Plan participants' contributions

None.

Minimum benefit

The annual retirement benefit of an eligible Participant payable as of his normal retirement date shall not be less than \$6,000 if such eligible Participant has at least 10 years of Vesting Service with the Employer as of December 31, 2007.

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized in determining funding requirements.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	1	1	0	0	0	0	0	0	0	2
50-54	0	0	1	2	0	0	0	0	0	0	0	3
55-59	0	1	0	1	0	0	0	0	0	0	0	2
60-64	0	0	0	0	0	0	0	0	0	0	0	0
65-69	0	0	0	0	0	0	0	0	0	0	0	0
70 & over	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	1	2	4	0	0	0	0	0	0	0	7

¹ Age and service for purposes of determining category are based on exact (not rounded) values.
 Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
 EIN / PN: 98-6018553/001
 Plan Sponsor: Atkins Kroll (Saipan), Inc
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	45,345	15.00000	45,345	4,144
2. Shortfall	01/01/2023	202,648	14.00000	193,638	18,559
Total				238,983	22,703

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

Each participant is assumed to retire at a single retirement age which is entered on Line 22

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Atkins Kroll (Saipan), Inc
EIN/PN	98-6018553/001
Plan Name	Retirement Plan for Employees of Atkins Kroll Saipan, Inc
Valuation Date	January 1, 2024
Enrolled Actuary	Richard P. Weaver
Enrollment Number	23-05950

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective January 1, 1981. As the plan was amended and restated effective January 1, 2013. The most recent amendment was adopted November 2014.

Coverage and participation All employees who are not covered under a collective bargaining agreement or another Inchcape Plan are eligible to participate under the plan on the first day of the month coincident with or next following the later of attaining age 21 and first anniversary of hire. "Employee" means any person in the employ of the Employer or Affiliated Employer including Officers for whom any portion of his/her income is subject to withholding for purposes of income tax and/or for whom Social Security contributions are made by the employer.

As of December 31, 2007, the plan is frozen and there shall be no new or rehired Participants entering or re-entering the Plan after such date.

Definitions

Vesting service Total service from date of hire to date of termination, less any absence in excess of 12 months that is excluded from Credited Service, computed in months. One day in a month equals one month of Vesting Service.

Credited service Service from date of participation to date of termination, computed in months, where one day in a month equals one month.

Credited service shall not include any service after December 31, 2007.

Average earnings Average of the five consecutive calendar years' compensation that gives the highest average. Compensation includes base pay plus any compensation deferred under a Section 125 or 401(k) plan. Compensation is limited to \$200,000 (indexed beginning in 2002) as required.

Final Average Compensation shall not include compensation earned after December 31, 2007.

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Accrued benefits

The participant's Accrued Benefit at any given date is the product of (a) the projected monthly pension benefit, based on the formulas below, the Credited Service projected to the participant's normal retirement date, and the Final Average Compensation determined as of the given date times (b) the ratio of Credited Service at the given date to Credited Service projected to normal retirement date.

There shall be no benefit accruals under the Plan after December 31, 2007.

Normal retirement date (NRD)

The first of the month coincident with or next following age 65.

Monthly pension benefit

Annual Benefit:

1-2/3% of Final Average Compensation times
Credited Service up to a maximum of 30 years,

plus

1/2% of Final Average Compensation for each year
of Credited Service in excess of 30 years

less

50% of the participant's age 65 Primary Insurance
Amount under Social Security.

There shall be no benefit accruals under the Plan
after December 31, 2007.

Eligibility for Benefits

Normal retirement

Retirement on NRD.

Early retirement

Retirement before NRD and age 55 with 10 years of vesting service.

Postponed retirement

Retirement after NRD.

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Deferred vested termination Termination for reasons other than death or retirement after completing five years of vesting service. However, all participants become 100% vested upon reaching age 65 or suffering a disability.

Disability Total and permanent disability of participant prior to normal retirement date, age 65.

Preretirement death benefit Special Death benefit:
Age plus Vesting Service at death greater than or equal to 65 and married.
Regular Death Benefit:
Age plus Vesting Service at death less than 65 and married.

Benefits Paid Upon the Following Events

Normal retirement The monthly pension benefit determined as of NRD

Early retirement Monthly Benefit: Accrued Benefit as of early retirement date multiplied by an early retirement factor (listed below) due to earlier commencement of payments.

Age	Factor
65	100.0%
64	93.3%
63	86.7%
62	80.0%
61	73.3%
60	66.7%
59	63.3%
58	60.0%
57	56.7%
56	53.3%
55	50.0%

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Postponed retirement

If retirement occurs after the normal retirement date, the late retirement income will be the greater of:

The Actuarial Equivalent of the benefit the Participant would have received if his Benefit Commencement Date had been his Normal Retirement Date; or

His Accrued Benefit at his actual Benefit Commencement.

There shall be no benefit accruals under the Plan after December 31, 2007.

Deferred vested termination

Termination Benefit: The termination benefit is equal to the Accrued Benefit, payable in the normal form, commencing at normal retirement date or reduced benefit commencing at early retirement date, if eligible to retire early.

Disablement

Monthly Benefit: Commencing on the participant's normal retirement date, unless early retirement is elected, if he is then living and still disabled, the normal retirement benefit shall be calculated assuming that his service and his monthly rate of basic compensation as of his date of disability continued to his normal retirement date.

Death of Disabled Participant Prior to Normal Retirement: Prior to normal retirement, disabled participants are entitled to a death benefit identical to the one for active employees. This is determined as if the disabled participant had remained in service until his date of death and his last rate of pay had continued unchanged.

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Monthly preretirement death benefit

Special Death Benefits

Benefit: 1/2 of the Participant's Accrued Benefit not reduced for early commencement payable to spouse for life.

Regular Death Benefit

Benefit: Amount of survivor annuity which would be payable if the Participant had terminated employment, survived to his/her Normal Retirement Date, elected a 50% Joint and Survivor Annuity, and died immediately thereafter. The spouse may commence the death benefit before the Participant's Normal Retirement Date but not before the Participant would have first been eligible to commence benefits had he/she survived. On payment before the Participant's Normal Retirement Date, the benefit is reduced actuarially.

Other Plan Provisions

Forms of payment

Normal Form of Retirement Income:

Married employees 50% Joint and Survivor Annuity

Single employees: Single Life Annuity.

Optional forms of retirement income in lieu of normal form

The plan provides optional payment forms, including other qualified Joint and Contingent benefits for married employees on an actuarially equivalent basis. Actuarial equivalence for this purpose is based on factors specified in the Plan Document. Lump-sum distributions are allowed, but only if the lump sum is less than or equal to \$1,000.

Special provisions for top-heavy plans

Not applicable; plan has never been top-heavy.

Pension Increases

None.

Plan participants' contributions

None.

Minimum benefit

The annual retirement benefit of an eligible Participant payable as of his normal retirement date shall not be less than \$6,000 if such eligible Participant has at least 10 years of Vesting Service with the Employer as of December 31, 2007.

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized in determining funding requirements.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	45,345	15.00000	45,345	4,144
2. Shortfall	01/01/2023	202,648	14.00000	193,638	18,559
Total				238,983	22,703

Plan Name: Retirement Plan for Employees of Atkins Kroll Saipan, Inc
EIN / PN: 98-6018553/001
Plan Sponsor: Atkins Kroll (Saipan), Inc
Valuation Date: January 1, 2024