

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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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: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC MULTIPLE EMPLOYER PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC</u></p> <p><u>BLDG. 992-2W, ROOM 121</u> <u>AIKEN, SC 29808</u></p>	<p>1c Effective date of plan <u>04/01/1989</u></p> <p>2b Employer Identification Number (EIN) <u>61-1565172</u></p> <p>2c Plan Sponsor's telephone number <u>803-952-5706</u></p> <p>2d Business code (see instructions) <u>541990</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	CHRISTOPHER HORTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	ROSANNE THORNTON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor SAVINGS PENSION PLAN BEN. COMM. PLAN ADMINISTRATOR SAVANNAH RIVER NUCLEAR SOLUTIONS BLDG. 992-2W, ROOM 121 AIKEN, SC 29808		3b Administrator's EIN 27-0583928
		3c Administrator's telephone number 803-952-5748
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	15901
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).		
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	1749
6a(2) Total number of active participants at the end of the plan year	6a(2)	1489
b Retired or separated participants receiving benefits.....	6b	10305
c Other retired or separated participants entitled to future benefits	6c	2084
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	13878
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	1811
f Total. Add lines 6d and 6e	6f	15689
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A

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 checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>	
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____		(4) <input checked="" type="checkbox"/> C (Service Provider Information)	
(5) <input checked="" 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 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
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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>THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC MULTIPLE EMPLOYER PENSION PLAN</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>SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC</u>	D Employer Identification Number (EIN) <u>61-1565172</u>	
E Type of plan: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" 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>3898503707</u>	
b Actuarial value	2b	<u>4093874966</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>11933</u>	<u>2726051687</u>	<u>2726051687</u>
b For terminated vested participants	<u>2219</u>	<u>164000197</u>	<u>164000197</u>
c For active participants	<u>1749</u>	<u>953630358</u>	<u>962050668</u>
d Total	<u>15901</u>	<u>3843682242</u>	<u>3852102552</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>5.08 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>59441944</u>	
b Expected plan-related expenses	6b	<u>5036001</u>	
c Target normal cost	6c	<u>64477945</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>DAVID R. JARRETT</u> Type or print name of actuary <u>BUCK GLOBAL, LLC</u> Firm name <u>444 LIBERTY AVENUE SUITE 805 PITTSBURGH, PA 15222-1226</u> Address of the firm	<u>10/09/2025</u> Date <u>23-04821</u> Most recent enrollment number <u>412-281-2506</u> Telephone number (including area code)
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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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>11.29</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)		23337937
	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>5.22</u> %		1218240
	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		24556177
	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	106.27 %
15	Adjusted funding target attainment percentage	15	106.27 %
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	107.62 %
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	
Totals ▶			18(b)	0	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 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> 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		

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 4

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	64477945
b Excess assets, if applicable, but not greater than line 31a	31b	64477945

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	0
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	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** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

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

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

Part IX Pension Funding Relief Under 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 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 **01/01/2024** and ending **12/31/2024**

A Name of plan THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC MULTIPLE EMPLOYER PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC	D Employer Identification Number (EIN) 61-1565172	

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

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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)

SAVANNAH RIVER NUCLEAR SOLUTIONS

26-0240191

(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?
14 50	PLAN ADMINISTRATOR	505384	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input 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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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 01/01/2024 and ending 12/31/2024

A Name of plan <u>THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC MULTIPLE EMPLOYER PENSION PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC</u>	D Employer Identification Number (EIN) <u>61-1565172</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SRNS MASTER TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>SAVINGS PENSION BEN. COMM. PLAN ADMIN.</u>		
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)	
<u>26-0240191-001</u>	<u>M</u>		<u>3696071905</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity 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.	<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 01/01/2024 and ending 12/31/2024	
A Name of plan THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC MULTIPLE EMPLOYER PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC	D Employer Identification Number (EIN) 61-1565172

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	25000000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2903020	9831365
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	3871106436	3696071905
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	3899009456	3705903270
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	205547	7544995
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	205547	7544995
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	3898803909	3698358275

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		51629978
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		51629978

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	247515473	
(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)		247515473
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(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)	4560139	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4560139
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		252075612

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-200445634
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ELLIOTT DAVIS, LLC**

(2) EIN: **57-0381582**

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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 559771.

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.	<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 01/01/2024 and ending 12/31/2024

A Name of plan <u>THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC MULTIPLE EMPLOYER PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC</u>	D Employer Identification Number (EIN) <u>61-1565172</u>	

Part I	Distributions
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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): 61-1565172

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		0
---	--	---

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: 17.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 66.0 %
 High-Yield Debt: 4.0 % Real Assets: 6.0 % Cash or Cash Equivalents: 3.0 % Other: 4.0 %

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

<p>SCHEDULE MEP (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <p>Department of Labor Employee Benefits Security Administration</p>	<p>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code)</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <p style="text-align: center; font-size: 24pt;">2024</p> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan <u>THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC MULTIPLE EMPLOYER PENSION PLAN</u></p>	<p>B Three-digit Plan number (PN)..... ▶</p>	<p><u>001</u></p>
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<p>C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF <u>SAVINGS PENSION PLAN BEN. COMM. PLAN ADMINISTRATOR</u></p>	<p>D Administrator's EIN <u>27-0583928</u></p>
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Part I **Type of Multiple-Employer Pension Plan.** All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d other multiple-employer pension plan (Describe) PLAN WITH PARTICIPATING EMPLOYERS (Complete Part II)

Part II **Participating Employer Information.**

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer <u>SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC</u>	2b EIN <u>26-0240191</u>	2c Percentage of Total Contributions for the Plan Year <u>58.78</u>	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer <u>SAVANNAH RIVER MISSION COMPLETION, LLC</u>	2b EIN <u>85-0584794</u>	2c Percentage of Total Contributions for the Plan Year <u>23.11</u>	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	<input type="checkbox"/> Yes <input type="checkbox"/> No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

Schedule MEP (2024)
v. 240311

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BATTELLE SAVANNAH RIVER ALLIANCE, LLC	85-0942867	18.11	
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... Yes No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

**Savannah River Nuclear Solutions, LLC
Multiple Employer Pension Plan and Trust**

Report on Financial Statements

For the years ended December 31, 2024 and 2023

Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan and Trust

Contents

	<u>Page</u>
Independent Auditor's Report	1-3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits.....	5
Statement of Accumulated Plan Benefits	6
Statement of Changes in Accumulated Plan Benefits	7
Notes to Financial Statements	8-21

Independent Auditor's Report

Plan Administrator and the Savings and
Pension Administrative Committee
Savannah River Nuclear Solutions, LLC
Multiple Employer Pension Plan and Trust
Aiken, South Carolina

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements

We have performed an audit of the financial statements of Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan and Trust (the "Plan"), an employee benefit plan subject to the Employee Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024, the related statement of changes in net assets available for benefits for the year ended and the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements (collectively, the 2024 "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2024 Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from The Northern Trust Company as of and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2024 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section:

- The amounts and disclosures in the accompanying 2024 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

elliottdavis.com

"Elliott Davis" is the brand name under which Elliott Davis, LLC (doing business in North Carolina and D.C. as Elliott Davis, PLLC) and Elliott Davis Advisory, LLC and its subsidiary entities provide professional services. Elliott Davis, LLC and Elliott Davis Advisory, LLC and its subsidiary entities practice as an alternative practice structure in accordance with the AICPA Code of Professional Conduct and applicable law, regulations and professional standards. Elliott Davis, LLC is a licensed independent CPA firm that provides attest services to its customers. Elliott Davis Advisory, LLC and its subsidiary entities provide tax and business consulting services to their customers. Elliott Davis Advisory, LLC and its subsidiary entities are not licensed CPA firms. The entities falling under the Elliott Davis brand are each individual firms that are separate legal and independently owned entities and are not responsible or liable for the services and/or products provided by any other entity providing services and/or products under the Elliott Davis brand. Our use of the terms "our firm" and "we" and "us" and terms of similar import, denote the alternative practice structure conducted by Elliott Davis, LLC and Elliott Davis Advisory, LLC.

Opinion on the 2024 Financial Statements, Continued

- The information in the accompanying 2024 financial statements related to assets held by and certified to by The Northern Trust Company agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2024 Financial Statements

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

Responsibilities of Management for the 2024 Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2024 Financial Statements

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

Auditor's Responsibilities for the Audit of the 2024 Financial Statements, Continued

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Auditor's Report on the 2023 Financial Statements

We have audited the 2023 financial statements, and in our report dated October 8, 2024, we expressed an unmodified opinion on those financial statements.

A handwritten signature in cursive script that reads "Elliott Davis, LLC".

Columbia, South Carolina
October 15, 2025

Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan and Trust

Statements of Net Assets Available for Benefits

As of December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments at fair value		
Plan interest in Master Trust (see Note 4)	\$ 3,696,071,905	\$ 3,871,106,436
Receivables		
Contributions receivable	-	25,000,000
Other receivables	9,831,365	2,903,020
Total assets	<u>3,705,903,270</u>	<u>3,899,009,456</u>
Liabilities		
Accrued expenses	540,051	142,377
Other liabilities	7,004,944	63,170
Total liabilities	<u>7,544,995</u>	<u>205,547</u>
Net assets available for benefits	<u>\$ 3,698,358,275</u>	<u>\$ 3,898,803,909</u>

See Notes to Financial Statements

Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan and Trust

Statements of Changes in Net Assets Available for Benefits

For the years ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Plan interest in investment income of Master Trust	\$ 44,255,478	\$ 387,924,304
Interest and dividends	-	2,069,936
Other investment income	7,374,500	11,214,920
Total investment income	<u>51,629,978</u>	<u>401,209,160</u>
Employer contributions	-	25,000,000
Total additions and investment income	<u>51,629,978</u>	<u>426,209,160</u>
Deductions		
Benefits paid to participants	247,515,473	235,627,037
Administrative expenses	4,560,139	10,805,484
Total deductions	<u>252,075,612</u>	<u>246,432,521</u>
Net (decrease) increase	(200,445,634)	179,776,639
Net assets available for benefits, beginning of year	3,898,803,909	3,719,027,270
Net assets available for benefits, end of year	<u>\$ 3,698,358,275</u>	<u>\$ 3,898,803,909</u>

See Notes to Financial Statements

Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan and Trust

Statement of Accumulated Plan Benefits

As of December 31, 2023

Actuarial present value of accumulated Plan benefits

Vested benefits:

Participants currently receiving payments	\$ 2,439,093,979
Other participants	<u>955,058,912</u>
Total vested benefits	3,394,152,891

Nonvested benefits

Total actuarial present value of accumulated Plan benefits	<u><u>6,986,107</u></u>
	<u><u>\$ 3,401,138,998</u></u>

See Notes to Financial Statements

Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan and Trust

Statement of Changes in Accumulated Plan Benefits

For the year ended December 31, 2023

Actuarial present value of accumulated Plan benefits	
at beginning of year	\$ 3,037,543,615
Increase (decrease) during the year attributed to:	
Change in actuarial assumptions (See Note 3)	307,717,844
Benefits accumulated	69,604,814
Increase for interest	221,899,762
Benefits paid	<u>(235,627,037)</u>
Net increase	<u>363,595,383</u>
Actuarial present value of accumulated Plan benefits	
at end of year	<u><u>\$ 3,401,138,998</u></u>

See Notes to Financial Statements

Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

Note 1. Description of the Plan

The following brief description of Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan and Trust (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 was established on April 1, 1989. The Plan is a noncontributory, defined benefit pension plan covering all eligible employees of the Participating Employers. The Participating Employers include Savannah River Nuclear Solutions, LLC ("SRNS"), Savannah River Mission Completion, LLC ("SRMC"), and Battelle Savannah River Alliance ("BSRA"), the current contractors at the Savannah River Site in Aiken, South Carolina ("SRS") that participate in the Plan, and certain former SRS contractors that previously participated in the Plan (collectively, the "Participating Employers"). The Plan is currently sponsored by SRNS, SRMC, and BSRA (together, the "Plan Sponsor"). Although SRNS, SRMC, and BSRA sponsor the Plan, the Plan's obligations are settled by the U.S. Department of Energy ("DOE") under the operating budget for the Savannah River Site ("SRS"), a DOE facility located near Aiken, South Carolina.

The Plan is a participant in the Savannah River Nuclear Solutions, LLC, Master Trust (the "Master Trust") of which The Northern Trust Company ("Northern Trust") is the trustee. See Note 4.

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

Eligibility:

Eligible employees are full-service employees, as defined by the Plan, and limited service employees who work more than 1,000 hours during any 12 month period. Full-service employees were eligible to participate in the Plan as of their first day of employment or re-employment with the Participating Employers. Employees of former SRS contractors who were eligible to participate in the Plan are not eligible to accrue additional benefits in the Plan after June 30, 2009. In 2009, the Plan was partially frozen through an amendment that limited the addition of eligible employees to the Plan to those that were employed as of August 1, 2008, for employees of SRNS and as of September 30, 2009, for employees of SRR that were former employees of former SRS contractors, as defined by the Plan.

Pension benefits:

The Plan provides for a normal retirement benefit at age 65. Benefits are determined primarily as a function of both a participant's years of service, as defined by the Plan, and their highest compensation over 36 consecutive months at any time throughout the participant's employment by the Participating Employers. After 15 years of eligibility service, as defined by the Plan, participants are eligible for an unreduced normal retirement pension benefit. The Plan also provides for early retirement, optional retirement, joint and survivor, and disability benefits. Upon termination of employment, participants have the option of receiving their vested balance in the form of a one-time lump sum payment or a monthly annuity payable for their lifetime.

Vesting:

Participants become 100% vested after 5 years of credited service. Persons terminating prior to achieving 5 years of credited service forfeit their right to receive pension benefits.

Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023

Note 1. Description of the Plan, Continued

Contributions and funding policy:

Contributions to the Plan are made at the direction of the Plan Sponsor from the DOE's operating budget for SRS. The funding policy adopted for the Plan, subject to minimum and maximum funding requirements of ERISA and the Internal Revenue Code ("IRC"), is to contribute such amounts as determined on an actuarial basis to provide assets sufficient to meet the Plan's benefit obligations. The Plan Sponsor directs the payment of quarterly contributions, on behalf of the DOE, based on the operating budget for SRS to meet, or exceed, minimum funding requirements of the Plan. The Plan met the minimum funding requirements for the Plan years ended December 31, 2024 and 2023, and the Adjusted Funding Target Attainment Percentage determined by the Plan's actuary (see Note 3 and Note 7) as of January 1, 2024 was 106.27%.

Note 2. Summary of Significant Accounting Policies

Basis of accounting:

The Plan's financial statements have been prepared on the accrual method of accounting and in conformity with accounting principles generally accepted in the United States of America ("GAAP").

Use of estimates:

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of Plan assets available for benefits and the actuarial present value of the accumulated plan benefits as of the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

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. The Plan Administrator and the Savings and Pension Administrative Committee determine the Plan's valuation policies utilizing information provided by the trustee and investment managers. See Note 5 for disclosure of fair value measurements. See Note 4 for disclosure of the Plan's interest in the Master Trust.

The Master Trust records purchases and sales of securities on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The Plan's interest in Master Trust investment income or loss includes the gains and losses of the Master Trust on investments bought and sold as well as held during the year.

Payment of benefits:

Benefits payments to participants are recorded upon distribution.

Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023

Note 2. Summary of Significant Accounting Policies, Continued

Expenses:

Certain administrative functions are performed by officers and/or employees of SRNS, SRMC and BSRA. No such officer or employee receives compensation from the Plan. Certain other administrative expenses are paid directly by the Master Trust and allocated to the Plan as a reduction of investment earnings. Administrative expenses paid by the Master Trust are allocated to the Plan based upon the Plan's proportionate interest in the Master Trust and the nature of the expense. The Plan's proportionate interest in the Master Trust is 100%. See Note 4 and Note 10.

Subsequent events:

The Plan has evaluated subsequent events through October 15, 2025, which is the date these financial statements were available to be issued.

Recently issued accounting pronouncements:

Accounting standards that have been issued or proposed by the Financial Accounting Standards Board or other standards-setting bodies are not expected to have a material impact on the Plan's financial statements.

Note 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries,
- b. Beneficiaries of employees who have died, and
- c. Present employees or their beneficiaries.

Benefits under the Plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent that they are deemed attributable to employee service rendered to the valuation date.

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

The actuary's estimate of the actuarial present value of accumulated plan benefits is made as of the beginning of the Plan year, January 1, 2024. The Plan Administrator estimates that there were no material changes in the accumulated plan benefits from December 31, 2023 to January 1, 2024. The following were significant actuarial assumptions used in the Plan's valuations as of January 1, 2024:

Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023

Note 3. Actuarial Present Value of Accumulated Plan Benefits, Continued

Discount rate: The actuarial present value of accumulated plan benefits was determined using a discount rate of 6.50%, which decreased from the prior valuation of 7.60%.

Salary increases: Representative values of the assumed annual rates of salary increases are as follows:

<u>Age</u>	<u>Salary increase assumptions</u>
40	3.97%
50	2.97%

Normal retirement: The probability of retirement at age 50 is 2.50%, at age 60 is 28%, at age 65 is 32%, and at age 70 is 100%.

Spouses: 85% of the male participants and 65% of the participants are assumed to be married at death. Husbands are assumed to be 2 years older than their wives.

Mortality: Mortality is based on the Pri-2012 Mortality table, projected with Mortality Improvement Scale MP-2021.

Investment return: The expected return on Plan assets is estimated to be 6.50% per annum.

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

Changes in actuarial assumptions that impacted the actuarial present value of accumulated plan benefits by \$307,717,844 as of January 1, 2024 compared to January 1, 2023, include an update to the mortality tables, and an update to the expected rate of return, which increased the estimate of the actuarial present value of accumulated plan benefits.

Note 4. Interest in Master Trust and Trustee Certification

The Plan invests in a Master Trust which was established for the investment of the Plan's assets and the retirement plans of other plan sponsors. At December 31, 2024 and 2023, the Plan was the only participating plan in the Master Trust, and, thus, the Plan had a 100% interest in the net assets of the Master Trust. As discussed in Note 1, the assets of the Master Trust were held by Northern Trust.

Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023

Note 4. Interest in Master Trust and Trustee Certification, Continued

The following table presents the net assets of the Master Trust as of December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
	<i>(in thousands)</i>	<i>(in thousands)</i>
Assets		
Investments at fair value:		
Corporate stocks	\$ 3	\$ 2
Investment corporations and limited partnership		
Interests	267,749	295,638
Common collective trust funds	<u>3,428,316</u>	<u>3,575,461</u>
Total investments	3,696,068	3,871,101
Securities sold but not settled	9,831	2,903
Cash, non-interest bearing	<u>4</u>	<u>5</u>
Total assets	<u>3,705,903</u>	<u>3,874,009</u>
Securities purchased but not settled	<u>7,005</u>	<u>63</u>
Total liabilities	<u>7,005</u>	<u>63</u>
Master Trust's net assets available for benefits	<u>\$ 3,698,898</u>	<u>\$ 3,873,946</u>
Plan interest in Master Trust	<u>\$ 3,698,898</u>	<u>\$ 3,873,946</u>

The following table presents the changes in net assets for the Master Trust for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
	<i>(in thousands)</i>	<i>(in thousands)</i>
Interest and dividends	\$ -	\$ 2,070
Other investment income	7,375	11,215
Net appreciation in fair value of investments	<u>44,255</u>	<u>389,987</u>
Total Master Trust investment income	51,630	403,272
Administrative and other expenses	<u>(6,442)</u>	<u>(10,800)</u>
Master Trust investment income, net	45,188	392,472
Net transfers between the Plan and Master Trust	<u>(220,236)</u>	<u>57,799</u>
Net (decrease) increase in net assets of Master Trust	(175,048)	450,271
Master Trust net assets, beginning of year	<u>3,873,946</u>	<u>3,423,675</u>
Master Trust net assets, end of year	<u>\$ 3,698,898</u>	<u>\$ 3,873,946</u>

Net transfers between the Plan and Master Trust represent the net of contributions into the Plan that are invested in the Master Trust and funding received from the Master Trust by the Plan for the payment of benefits to Plan participants and for Plan expenses.

Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023

Note 4. Interest in Master Trust and Trustee Certification, Continued

The Plan Administrator obtained a certification from the trustee that the information provided to the Plan Administrator regarding the Plan's interest in the investment income in the Master Trust is complete and accurate. Accordingly, as permitted by 29 CFR 2520 103-B of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements related to the 2024 net assets and changes in net assets of the Master Trust. The trustee certified the completeness and accuracy of \$44,255,478 of the Plan's interest in the investment income of the Master Trust, \$0 of interest and dividends, as well as \$7,374,500 of other investment income for the year ended December 31, 2024.

Note 5. 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 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;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset's 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, 2024 and 2023.

Corporate stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023

Note 5. Fair Value Measurements, Continued

Common collective trust funds, investment corporations and limited partnership interests: Valued at the net asset value (“NAV”) of units held by the Plan at year-end, without further adjustment. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Were the Master Trust to initiate a full redemption of the investment, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. The terms of each investment may stipulate further liquidity restrictions. See Note 6.

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets:

	<u>December 31, 2024</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Corporate stocks	\$ 3	\$ -	\$ -	\$ 3
Master Trust investments in the fair value hierarchy	<u>\$ 3</u>	<u>\$ -</u>	<u>\$ -</u>	<u>3</u>
Investments measured at NAV (a)				<u>3,696,065</u>
Total Master Trust investments at fair value				<u>\$ 3,696,068</u>
	<u>December 31, 2023</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Corporate stocks	\$ 2	\$ -	\$ -	\$ 2
Master Trust investments in the fair value hierarchy	<u>\$ 2</u>	<u>\$ -</u>	<u>\$ -</u>	<u>2</u>
Investments measured at NAV (a)				<u>3,871,099</u>
Total Master Trust investments at fair value				<u>\$ 3,871,101</u>

(a) Certain investments that were measured at NAV per share or its equivalent have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits of the Master Trust, as disclosed in Note 4. Also, see Note 6.

Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023

Note 6. Investments in Common Collective Trust Funds, Investment Corporations and Limited Partnerships

The Plan's Master Trust has diversified its portfolio of investments by investing in limited partnerships and common collective trust funds. Many of these investments are not actively traded and are subject to certain redemption restrictions that limit the liquidity of those investments to the Plan. These investments are valued at NAV as a practical expedient (see Note 5). The following is a summary of those investments.

	December 31, 2024			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
<i>(in thousands)</i>				
As of December 31, 2024:				
Investment corporations and limited Partnership interests:				
Aon Private Credit Opportunities Fund (a)	\$ 17,710	\$ 18,180	See (a)	See (a)
Brookfield Premier RE PRTNS (b)	28,229	-	Quarterly	90 days (b)
Clarion Lion Industrial Trust (c)	23,033	-	Quarterly	90 days (c)
Clarion Lion Properties Fund (d)	37,713	-	Daily	90 days (d)
Credit basket funds (e)	11,354	-	See (e)	See (e)
Graham Absolute Return LTD (f)	27,896	-	Quarterly	4 days (f)
OWS Capital Offshore Fund (g)	27,670	-	Quarterly	90 days (g)
Prisa LP (h)	40,444	-	Quarterly	90 days (h)
Stratus Fund (i)	29,478	-	Quarterly	60 days (i)
UBS Trumbull Property (j)	33,246	-	Quarterly	60 days (j)
Wolverine Flagship Fund (k)	31,421	-	Quarterly	45 days (k)
Common collective trust funds:				
Index funds	680,773	-	Daily	None/10-15 days
Strategic Property Fund	73,051	-	Quarterly	None
U.S. Government, LT fixed income	2,634,047	-	Daily	None/10-15 days
	<u>\$ 3,696,065</u>	<u>\$ 18,180</u>		

Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023

Note 6. Investments in Common Collective Trust Funds, Investment Corporations and Limited Partnerships, Continued

	December 31, 2023			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
	<i>(in thousands)</i>			
As of December 31, 2023:				
Investment corporations and limited				
Partnership interests:				
Aon Private Credit Opportunities Fund (a)	\$ 10,510	\$ 24,691	See (a)	See (a)
Brookfield Premier RE PRTNS (b)	32,354	-	Quarterly	90 days (b)
Clarion Lion Industrial Trust (c)	24,470	-	Quarterly	90 days (c)
Clarion Lion Properties Fund (d)	41,383	-	Daily	90 days (d)
Credit basket funds (e)	17,465	-	See (e)	See (e)
Graham Absolute Return LTD (f)	26,178	-	Quarterly	4 days (f)
OWS Capital Offshore Fund (g)	49,952	-	Quarterly	90 days (g)
Prisa LP (h)	43,952	-	Quarterly	90 days (h)
Stratus Fund (i)	26,815	-	Quarterly	60 days (i)
UBS Trumbull Property (j)	38,988	-	Quarterly	60 days (j)
Wolverine Flagship Fund (k)	27,525	-	Quarterly	45 days (k)
Common collective trust funds:				
Index funds	790,226	-	Daily	None/10-15 days
Strategic Property Fund	85,687	-	Quarterly	None
U.S. Government, LT fixed income	2,655,594	-	Daily	None/10-15 days
	<u>\$ 3,871,099</u>	<u>\$ 24,691</u>		

(a) The investment, Aon Private Credit Opportunities Fund II LP, is an investment in a Delaware limited partnership that invests in Schroders Capital FOCUS III (Cayman) L.P., Crestline Opportunity Fund V Offshore TE/SWF L.P., Bental GreenOak U.S. Lending Fund, Chorus Capital Rondo LP, Hayfin DLF IV (Levered) USD Feeder SCSp, and Rocado Capital Offshore Fund IV LP. The investment objective of the fund is to provide diversification in the credit markets by pursuing its objective by investing in pooled investment vehicles primarily focused on private credit, real estate lending, and specialty finance. Redemption of the investment can not be made and is subject to the discretion of the general partner of the Fund. At December 31, 2024 and 2023, no such redemption was requested, and there were unfunded capital commitments in the amount of \$18,180,069 and \$24,691,291, respectively, to the Plan. See Note 5.

Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

Note 6. Investments in Common Collective Trust Funds, Investment Corporations and Limited Partnerships, Continued

- (b) The investment, Brookfield Premier Real Estate Partners, is an investment in a Delaware and Luxembourg limited partnership that invests in real estate in the U.S., REITs, and mortgage debt instruments. The Master Trust may redeem its investment in the limited partnership by providing at least a 90 day notice prior to the end of a calendar quarter, subject to the limits of available cash in the limit partnership to fund the redemption request. The Master Trust cannot obligate the limited partnership to sell assets or borrow funds to consummate a redemption request of the Master Trust. At December 31, 2024 and 2023, no such redemption was requested, and there were no unfunded commitments to the Plan. See Note 5.
- (c) The investment, Clarion Lion Industrial Trust, is an investment in a Maryland, Delaware and New York limited partnership that invests in real estate in the U.S. and REITs. The Master Trust may redeem its investment in the limited partnership by providing at least a 90 day notice prior to the end of a calendar quarter, subject to the limits of available cash in the limit partnership to fund the redemption request. The Master Trust cannot obligate the limited partnership to sell assets or borrow funds to consummate a redemption request of the Master Trust. At December 31, 2024 and 2023, no such redemption was requested, and there were no unfunded commitments to the Plan. See Note 5.
- (d) The investment, Clarion Lion Properties Fund, is an investment in a Delaware and New York limited partnership that invests in real estate in the U.S., REITs, and mortgage debt instruments. The Master Trust may redeem its investment in the limited partnership by providing at least a 90 day notice prior to the end of a day, subject to the limits of available cash in the limit partnership to fund the redemption request. The Master Trust cannot obligate the limited partnership to sell assets or borrow funds to consummate a redemption request of the Master Trust. At December 31, 2024 and 2023, no such redemption was requested, and there were no unfunded commitments to the Plan. See Note 5.
- (e) The credit basket funds consist of investments in Anchorage Capital Partners Offshore, Ltd, class M shares ("Anchorage"); York Credit Opportunities Unit Trust, class AR1 shares ("York"); and King Street Capital, Ltd, class A1 and S shares ("King Street"). The Anchorage and York investments are in companies that are incorporated under the laws of the Cayman Islands. The King Street investment is in a company incorporated under the laws of the British Virgin Islands. Each of the credit basket investments invest substantially all of their assets in other funds. The investments pursue risk adjusted high yield investment strategies in debt securities of distressed or reorganizing companies. The credit basket investments are subject to certain redemption restrictions, as follows: Anchorage – redemption has been suspended for the fund; York – redemption has been suspended for the fund; King Street – redemption may be requested for up to 25% of its shares on a quarterly basis with a 65 day notice, or for an accelerated redemption if notice of at least 180 days is provided. At December 31, 2024 and 2023, no such redemption was requested, and there were no unfunded commitments to the Plan. See Note 5.

Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

Note 6. Investments in Common Collective Trust Funds, Investment Corporations and Limited Partnerships, Continued

- (f) The investment, Graham Absolute Return, LTD, is an investment that invests in Absolute Return Trading LTD, a British Virgin Island business company. The investment objective of the fund is to achieve long-term capital appreciation through professionally managed trading in both U.S. And foreign markets primarily in futures contracts, forward contracts, spot currency contracts, and associated derivative instruments, such as options and swaps as well as equity and fixed income securities, through its investment in Absolute Return Trading LTD, which in turn invests in various master funds. At December 31, 2024, redemption of the investment can be made quarterly, subject to a 4 day notice period. At December 31, 2023, redemption of the investment can be made quarterly, subject to a 30 day notice period. At December 31, 2024 and 2023, no such redemption was requested, and there were no unfunded commitments to the Plan. See Note 5.
- (g) The investment, OWS Capital Offshore Fund, is an investment in an open-ended investment company incorporated under the laws of the Cayman Islands. The fund invests in One William Street Capital Management, L.P. (the "Master Fund"). The investment objective of the fund and Master Fund are to seek superior risk-adjusted absolute returns primarily through an actively managed portfolio of asset-based credit instruments. Redemption of the investment can be made quarterly, on anniversary, subject to a 90 day notice period. At December 31, 2024 and 2023, no such redemption was requested, and there were no unfunded commitments to the Plan. See Note 5.
- (h) The investment, Prisa LP, is an investment in an open ended, commingled limited partnership incorporated in Delaware that invests in real estate in the U.S., and PRISA UHC, LP. The Master Trust may redeem its investment in the limited partnership by providing at least a 90 day notice prior to the end of a calendar quarter, subject to the limits of available cash in the limit partnership to fund the redemption request. The Master Trust cannot obligate the limited partnership to sell assets or borrow funds to consummate a redemption request of the Master Trust. At December 31, 2024 and 2023, no such redemption was requested, and there were no unfunded commitments to the Plan. See Note 5.
- (i) The investment, Stratus Feeder Limited, class B shares, is an investment in an open-ended investment company incorporated under the laws of the British Virgin Islands (the "Stratus Fund"). The Stratus Fund invests substantially all of its capital in the Stratus Master Limited, class D1 and E1 shares (the "Stratus Master Fund"). The investment objective of the Stratus Master Fund is to achieve long-term capital appreciation, through returns that seek to be uncorrelated with traditional asset classes. The investment program of the fund consisted of a directional trading strategy, directional volatility trading, an intraday trading, a volatility arbitrage strategy and an equity statistical arbitrage strategy. Redemption of the investment can be made monthly, subject to a 60 day notice period. At December 31, 2024 and 2023, no such redemption was requested, and there were no unfunded commitments to the Plan. See Note 5.
- (j) The investment, UBS Trumbull Property Fund LP, is an investment in a Delaware limited partnership that invests in rental real estate in the U.S., REITs, other real estate holding companies, and mortgage debt instruments. The Master Trust may redeem its investment in the limited partnership by providing at least a 60 day notice prior to the end of a calendar quarter, subject to the limits of available cash in the limit partnership to fund the redemption request. The Master Trust cannot obligate the limited partnership to sell assets or borrow funds to consummate a redemption request of the Master Trust. At December 31, 2024 and 2023, no such redemption was requested, and there were no unfunded commitments to the Plan. See Note 5.

Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023

Note 6. Investments in Common Collective Trust Funds, Investment Corporations and Limited Partnerships, Continued

- (k) The investment, Wolverine Flagship Fund, is an investment in an open-ended investment company incorporated under the laws of the Cayman Islands. The fund invests in Wolverine Flagship Fund Trading Limited (the "Master Fund"). The investment objective of the fund and Master Fund are to seek returns on capital through the use of arbitrage and relative value strategies. Redemption of the investment can be made quarterly, subject to a 45 day notice period. At December 31, 2024 and 2023, no such redemption was requested, and there were no unfunded commitments to the Plan. See Note 5.

Note 7. Risks and Uncertainties

The Master Trust, in which the Plan invests, holds various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks as well as liquidity risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the 2024 statement of net assets available for benefits.

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

The Pension Protection Act of 2006 (PPA) as amended by the Worker, Retiree and Employer Recovery Act of 2008 (WRERA) imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. The "At-Risk" status is referred to as the Funding Target Attainment Percentage (FTAP). A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage (AFTAP). The AFTAP for the Plan as of January 1, 2024 and 2023 was 106.27% and 108.67%, respectively.

Because the Plan's AFTAP equals or exceeds 80%, the Plan is currently not subject to any benefit restrictions. However, material changes in investment returns in future periods could cause the Plan's AFTAP to fall below 80%. If the Plan's AFTAP were to fall below 80%, benefit restrictions would be imposed on the Plan.

Note 8. Plan Termination

The Plan may be amended or discontinued at any time by action of the Plan Administrator, subject to the approval of the DOE, provided no amendment to the Plan shall vest in the Plan Sponsor any interest in, or ownership or control of, any of the present or subsequent funds of the Master Trust.

Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan and Trust
Notes to Financial Statements
December 31, 2024 and 2023

Note 8. Plan Termination, Continued

The Plan Administrator does not currently have plans to terminate the Plan. However, if the Plan were to be terminated, the net assets of the Plan would be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The benefit amount is limited to the lowest benefit that was payable (or would have been payable) during those years. The amount is further limited to the lowest benefit that would have been payable under the Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") up to the applicable limitations.
- c. All other vested benefits (vested benefits not insured by the PBGC).
- d. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection may be subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on appropriations of the DOE and the level of benefits guaranteed by the PBGC.

Note 9. Tax Status

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter dated August 8, 2013, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has since been amended since applying for the determination letter, the Plan Administrator and its counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified and the related trust is tax-exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be substantiated upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Savannah River Nuclear Solutions, LLC Multiple Employer Pension Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

Note 10. Related-Party and Party in Interest Transactions

The Northern Trust Company is the trustee of the Plan and the Master Trust, therefore, transactions with the trustee are considered party-in-interest transactions. The investments of the Master Trust are managed by various fund managers selected by the Plan's Savings and Pension Administrative Committee. The fees of fund managers, which are charged to expense of the Master Trust and are considered party-in-interest transactions, are reflected in the Plan interest in investment income of the Master Trust. The Plan Sponsor receives reimbursements from the Plan for certain costs associated with administering the Plan.

Administrative expenses incurred by the Master Trust and allocated to the Plan include fiduciary, investment management, actuarial and other professional service fees, and other administrative fees. Expenses incurred and paid directly by the Plan include insurance premiums paid to the PBGC and administrative fees. Premiums paid, on a cash basis, to the PBGC for the years ended December 31, 2024 and 2023 were \$1,606,001 and \$9,475,296, respectively. Other administrative fees include certain costs reimbursed to the Plan Sponsor and fees from other service providers.

Note 11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 3,698,358,275	\$ 3,898,803,909
Accrued expenses not recorded on Form 5500	<u>-</u>	<u>-</u>
Net assets available for benefits per Form 5500	<u>\$ 3,698,358,275</u>	<u>\$ 3,898,803,909</u>

The following is a reconciliation of the net (decrease) increase per the financial statements to net (loss) income per Form 5500:

	<u>2024</u>	<u>2023</u>
Net (decrease) increase per the financial statements	\$ (200,445,634)	\$ 179,776,639
Change in accrued expenses not recorded on Form 5500	<u>-</u>	<u>(647,929)</u>
Net (loss) income per Form 5500	<u>\$ (200,455,634)</u>	<u>\$ 179,128,710</u>

**Savannah River Nuclear Solutions, LLC
Multiple Employer Pension Plan**

EIN: 61-1565172

PLAN NUMBER: 001

ATTACHMENT TO SCHEDULE SB OF 2024 FORM 5500

Schedule SB, Line 26a - Schedule of Active Participant Data

Combined Distribution by Age & Service as of January 1, 2024

Age		Service									
		<1	1-4	5-9	10-14	15-19	20 - 24	25 - 29	30 - 34	35 - 39	40 +
<25	Number	0	0	0	0	0	0	0	0	0	0
	Avg. Salary										
25 - 29	Number	0	0	0	0	0	0	0	0	0	0
	Avg. Salary										
30 - 34	Number	0	0	0	0	0	0	0	0	0	0
	Avg. Salary										
35 - 39	Number	0	0	0	0	3	1	0	0	0	0
	Avg. Salary										
40 - 44	Number	0	0	0	0	20	23	0	0	0	0
	Avg. Salary					\$168,426	\$151,575				
45 - 49	Number	0	0	0	1	17	63	12	0	0	0
	Avg. Salary						\$152,139				
50 - 54	Number	0	0	0	0	12	37	28	71	2	0
	Avg. Salary						\$150,332	\$156,549	\$150,311		
55 - 59	Number	0	0	0	0	5	34	35	327	222	0
	Avg. Salary						\$143,310	\$168,907	\$149,905	\$141,874	
60 - 64	Number	0	0	0	0	3	18	21	195	252	30
	Avg. Salary							\$164,642	\$142,345	\$139,364	\$132,383
65-69	Number	0	0	0	0	1	8	8	77	70	82
	Avg. Salary								\$146,412	\$140,498	\$139,378
70 +	Number	0	0	0	0	0	4	1	32	18	16
	Avg. Salary								\$155,795		

Savannah River Nuclear Solutions Distribution by Age & Service as of January 1, 2024

Age		Service									
		<1	1-4	5-9	10-14	15-19	20 - 24	25 - 29	30 - 34	35 - 39	40 +
<25	Number	0	0	0	0	0	0	0	0	0	0
	Avg. Salary										
25 - 29	Number	0	0	0	0	0	0	0	0	0	0
	Avg. Salary										
30 - 34	Number	0	0	0	0	0	0	0	0	0	0
	Avg. Salary										
35 - 39	Number	0	0	0	0	2	0	0	0	0	0
	Avg. Salary										
40 - 44	Number	0	0	0	0	13	17	0	0	0	0
	Avg. Salary										
45 - 49	Number	0	0	0	1	11	39	5	0	0	0
	Avg. Salary						\$150,288				
50 - 54	Number	0	0	0	0	5	24	12	39	2	0
	Avg. Salary						\$146,356		\$145,148		
55 - 59	Number	0	0	0	0	2	19	18	187	136	0
	Avg. Salary								\$149,726	\$136,333	
60 - 64	Number	0	0	0	0	2	12	9	115	166	21
	Avg. Salary								\$141,720	\$136,494	\$127,044
65-69	Number	0	0	0	0	1	3	2	51	43	57
	Avg. Salary								\$143,823	\$129,990	\$133,908
70 +	Number	0	0	0	0	0	1	1	21	12	8
	Avg. Salary								\$155,397		

Savannah River Mission Completion Distribution by Age & Service as of January 1, 2024

Age		Service									
		<1	1-4	5-9	10-14	15-19	20 - 24	25 - 29	30 - 34	35 - 39	40 +
<25	Number	0	0	0	0	0	0	0	0	0	0
	Avg. Salary										
25 - 29	Number	0	0	0	0	0	0	0	0	0	0
	Avg. Salary										
30 - 34	Number	0	0	0	0	0	0	0	0	0	0
	Avg. Salary										
35 - 39	Number	0	0	0	0	1	0	0	0	0	0
	Avg. Salary										
40 - 44	Number	0	0	0	0	2	5	0	0	0	0
	Avg. Salary										
45 - 49	Number	0	0	0	0	1	17	6	0	0	0
	Avg. Salary										
50 - 54	Number	0	0	0	0	2	3	9	26	0	0
	Avg. Salary								\$160,553		
55 - 59	Number	0	0	0	0	0	8	4	101	60	0
	Avg. Salary								\$145,246	\$150,118	
60 - 64	Number	0	0	0	0	0	1	6	55	51	7
	Avg. Salary								\$138,829	\$144,070	
65-69	Number	0	0	0	0	0	4	4	17	15	15
	Avg. Salary										
70 +	Number	0	0	0	0	0	3	0	7	4	2
	Avg. Salary										

Battelle Savannah River Alliance Distribution by Age & Service as of January 1, 2024

Age		Service										
		<1	1-4	5-9	10-14	15-19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	
<25	Number	0	0	0	0	0	0	0	0	0	0	0
	Avg. Salary											
25 - 29	Number	0	0	0	0	0	0	0	0	0	0	0
	Avg. Salary											
30 - 34	Number	0	0	0	0	0	0	0	0	0	0	0
	Avg. Salary											
35 - 39	Number	0	0	0	0	0	1	0	0	0	0	0
	Avg. Salary											
40 - 44	Number	0	0	0	0	5	1	0	0	0	0	0
	Avg. Salary											
45 - 49	Number	0	0	0	0	5	7	1	0	0	0	0
	Avg. Salary											
50 - 54	Number	0	0	0	0	5	10	7	6	0	0	0
	Avg. Salary											
55 - 59	Number	0	0	0	0	3	7	13	39	26	0	0
	Avg. Salary								\$162,830	\$151,831		
60 - 64	Number	0	0	0	0	1	5	6	25	35	2	2
	Avg. Salary								\$152,952	\$146,120		
65-69	Number	0	0	0	0	0	1	2	9	12	10	10
	Avg. Salary											
70 +	Number	0	0	0	0	0	0	0	4	2	6	6
	Avg. Salary											

**Savannah River Nuclear Solutions, LLC
Multiple Employer Pension Plan**

EIN: 61-1565172

PLAN NUMBER: 001

ATTACHMENT TO SCHEDULE SB OF 2024 FORM 5500

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Prescribed Funding/PBGC Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Funding interest rates

For 2024 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	3.62%	4.75%
Second Segment Rate	4.46%	4.87%
Third Segment Rate	4.52%	5.59%
Effective Interest Rate	4.42%	5.08%

For 2023 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.41%	4.75%
Second Segment Rate	3.09%	5.00%
Third Segment Rate	3.58%	5.74%
Effective Interest Rate	3.20%	5.22%

* Used for maximum tax deduction and 4010 reporting purposes.

** Used for minimum funding and benefit restriction purposes.

Mortality

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative expenses to be paid from plan assets during the year.

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary based on an experience study performed in 2021. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under PPA. The expected asset return is based on an analysis conducted by the plan's investment consultant. Using capital market assumptions generated by Buck's Financial Risk Management Practice, the actuary believes it is reasonable for the purpose of this measurement.

Salary increases

Based on actual experience and future expectations. Includes cost-of-living and merit adjustments. Select ages shown.

Age	Current Year
35	6.17%
40	5.37%
45	4.64%
50	3.97%
55	3.39%
60	2.97%
65	2.73%

Expenses

Expected plan administrative expenses of \$5,036,001 were added to the Target Normal Cost. The expected plan administrative expenses consist of PBGC premiums and administrative expenses anticipated for the plan year.

Frequency of optional payment forms

30% of participants are assumed to elect a single life annuity and 70% are assumed to elect the level income option.

Marital percentage

85% of male participants and 65% of female participants are assumed to be married at death. Husbands are assumed to be 2 years older than their wives.

Retirement rates

Age	Probability of Reduced Retirement	Probability of Unreduced Retirement	Portion Assumed to Receive Optional Retirement Benefits
50	2.50%		5.00%
51	1.50		6.00
52	1.50		7.00
53	1.50		7.00
54	1.50		7.00
55	1.50		8.00
56	3.50		8.00
57	4.50		8.00
58	5.50	15.00%	8.00
59	5.00	14.00	8.00
60	6.00	14.00	8.00
61	7.00	14.00	8.00
62	18.00	17.00	8.00
63	13.00	17.00	8.00
64	13.00	17.00	8.00
65		25.00	7.00
66		25.00	7.00
67		25.00	7.00
68		20.00	7.00
69		20.00	7.00
70		100.00	0.00

Terminated vested participants are assumed to commence receiving benefits the earliest age eligible for unreduced benefits.

Disability rates

Age	Assumption
35	0.03%
40	0.04
45	0.07
50	0.29
55	0.77
60	1.11

Withdrawal rates for active participants not eligible for retirement

Based on actual experience and future expectations. Sample rates as follows:

Age	Assumption
20	13.00%
25	13.00
30	11.60
35	4.90
40	2.70
45	1.80
50	1.90
55	4.80
60	8.80

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including discounted receivable contributions, reduced by 2/3 and 1/3 of the of the gain/(loss) in each of the prior 2 years, respectively. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2024 Expected Return	6.50%	5.59%	5.59%
2023 Expected Return	7.60%	5.74%	5.74%
2022 Expected Return	5.50%	5.92%	5.50%

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

Use of Models

Actuarial Standard of Practice No. 56 ("ASOP 56") provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Buck uses third-party software and internally developed models in the performance of annual actuarial valuations and projections. The models are intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules specified in this report. Further, the model applies those funding rules to the liabilities derived and other inputs, such as plan assets and contributions, to generate this report. Buck has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Buck also reviews the models when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding and accounting rules as well as the manner in which the model generates its output.

Summary of Changes from the January 1, 2023 Valuation

Prescribed Assumptions: The interest rates and mortality tables were updated to the current rates in accordance with PPA and ARP.

Non-Prescribed Assumptions: The 2024 expected return on assets was decreased from 7.60% to 6.50% to be consistent with the investment consultant's capital market assumptions.

These assumption changes decreased the Funding Target by approximately \$30,000 and the Target Normal Cost by \$0.6 million.

**Savannah River Nuclear Solutions, LLC
Multiple Employer Pension Plan**

EIN: 61-1565172

PLAN NUMBER: 001

**ATTACHMENT TO SCHEDULE SB OF 2024
FORM 5500**

Schedule SB – Statement by Enrolled Actuary

In preparing this Schedule SB, the actuary relied on other parties for, and applied reasonability tests to, information on assets, contributions, plan provisions and data on people covered by the plan.

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

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.	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 01/01/2024 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 THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC MULTIPLE EMPLOYER PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC	D Employer Identification Number (EIN) 61-1565172	
E Type of plan: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" 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	3,898,503,707	
b Actuarial value				2b	4,093,874,966	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target			
a For retired participants and beneficiaries receiving payment	11,933	2,726,051,687	2,726,051,687			
b For terminated vested participants	2,219	164,000,197	164,000,197			
c For active participants	1,749	953,630,358	962,050,668			
d Total	15,901	3,843,682,242	3,852,102,552			
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	5.08%	
6 Target normal cost						
a Present value of current plan year accruals				6a	59,441,944	
b Expected plan-related expenses				6b	5,036,001	
c Target normal cost				6c	64,477,945	

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	DAVID R. JARRETT Signature of actuary	<u>10/9/2025</u> Date
	DAVID R. JARRETT Type or print name of actuary	2304821 Most recent enrollment number
	BUCK GLOBAL, LLC Firm name	412-281-2506 Telephone number (including area code)
	444 LIBERTY AVENUE SUITE 805 PITTSBURGH PA 15222-1226 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

**Savannah River Nuclear Solutions, LLC
Multiple Employer Pension Plan**

EIN: 61-1565172

PLAN NUMBER: 001

ATTACHMENT TO SCHEDULE SB OF 2024 FORM 5500

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Combined				
(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
50	140.1196	0.0131	1.8344	91.7189
51	153.4269	0.0150	2.3014	117.3716
52	164.3274	0.0150	2.4649	128.1754
53	192.8562	0.0150	2.8928	153.3207
54	235.5856	0.0150	3.5338	190.8243
55	298.0934	0.0150	4.4714	245.9270
56	417.7330	0.0350	14.6207	818.7567
57	522.4654	0.0450	23.5109	1,340.1237
58	630.4395	0.1440	90.7666	5,264.4650
59	667.1988	0.1356	90.4865	5,338.7019
60	691.2906	0.1381	95.4381	5,726.2833
61	719.8858	0.1391	100.1357	6,108.2769
62	732.3774	0.1700	124.5374	7,721.3168
63	687.7716	0.1698	116.7964	7,358.1759
64	628.1911	0.1700	106.7671	6,833.0919
65	600.7572	0.2500	150.1893	9,762.3049
66	520.5703	0.2500	130.1426	8,589.4106
67	447.5713	0.2500	111.8928	7,496.8185
68	362.9719	0.2000	72.5944	4,936.4184
69	318.9637	0.2000	63.7927	4,401.6997
70	274.8467	1.0000	274.8467	19,239.2696
71	19.0000	1.0000	19.0000	1,349.0000
72	10.0000	1.0000	10.0000	720.0000
73	9.0000	1.0000	9.0000	657.0000
74	4.0000	1.0000	4.0000	296.0000
75	3.0000	1.0000	3.0000	225.0000
76	1.0000	1.0000	1.0000	76.0000
77	5.0000	1.0000	5.0000	385.0000
78	0.0000	1.0000	0.0000	0.0000
79	4.0000	1.0000	4.0000	316.0000
80	0.0000	1.0000	0.0000	0.0000
81	2.0000	1.0000	2.0000	162.0000
82	1.0000	1.0000	1.0000	82.0000
83	1.0000	1.0000	1.0000	83.0000
Total			1,643.0166	106,213.4516

WARA: Total (5) / Total (4) = 64.65 years

**Savannah River Nuclear Solutions, LLC
Multiple Employer Pension Plan**

EIN: 61-1565172

PLAN NUMBER: 001

ATTACHMENT TO SCHEDULE SB OF 2024 FORM 5500

Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Combined			Total
	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	
2024	17,582,988	2,019,581	239,420,086	259,022,655
2025	29,184,383	3,276,299	233,785,459	266,246,141
2026	39,199,921	4,709,077	227,938,467	271,847,465
2027	48,263,709	6,046,525	222,367,559	276,677,793
2028	55,776,466	7,434,506	217,244,058	280,455,030
2029	61,749,509	8,810,924	212,237,670	282,798,103
2030	66,221,730	10,360,756	207,140,786	283,723,272
2031	69,799,367	11,462,559	201,863,073	283,124,999
2032	72,592,347	12,630,675	196,266,279	281,489,301
2033	74,612,221	13,490,775	190,405,847	278,508,843
2034	75,871,409	14,078,951	184,239,327	274,189,687
2035	76,573,671	14,285,705	177,757,432	268,616,808
2036	76,788,977	14,286,902	170,976,763	262,052,642
2037	76,556,098	14,140,991	163,893,025	254,590,114
2038	75,982,863	14,054,378	156,519,992	246,557,233
2039	74,972,906	13,880,469	148,877,370	237,730,745
2040	73,685,746	13,726,427	140,991,690	228,403,863
2041	72,141,402	13,524,818	132,896,775	218,562,995
2042	70,369,749	13,294,903	124,633,550	208,298,202
2043	68,433,628	13,015,138	116,249,604	197,698,370
2044	66,291,965	12,677,327	107,798,560	186,767,852
2045	63,960,949	12,270,917	99,339,167	175,571,033
2046	61,451,972	11,804,590	90,934,855	164,191,417
2047	58,776,902	11,271,571	82,652,749	152,701,222
2048	55,943,918	10,691,841	74,561,832	141,197,591
2049	52,935,736	10,087,997	66,730,704	129,754,437
2050	49,813,866	9,482,149	59,225,351	118,521,366
2051	46,587,516	8,848,232	52,106,839	107,542,587
2052	43,282,959	8,189,898	45,428,688	96,901,545
2053	39,934,874	7,527,213	39,234,683	86,696,770
2054	36,573,849	6,866,956	33,557,369	76,998,174
2055	33,238,654	6,216,295	28,417,106	67,872,055
2056	29,959,555	5,582,487	23,821,648	59,363,690
2057	26,772,329	4,972,547	19,766,180	51,511,056
2058	23,712,358	4,392,928	16,234,304	44,339,590
2059	20,811,877	3,849,235	13,199,369	37,860,481
2060	18,099,277	3,345,867	10,626,394	32,071,538
2061	15,597,166	2,885,825	8,474,414	26,957,405
2062	13,321,326	2,470,608	6,698,709	22,490,643
2063	11,279,867	2,100,254	5,252,914	18,633,035
2064	9,473,315	1,773,541	4,091,070	15,337,926
2065	7,895,290	1,488,188	3,169,237	12,552,715
2066	6,533,374	1,241,165	2,446,701	10,221,240
2067	5,370,910	1,028,992	1,886,841	8,286,743
2068	4,388,530	848,012	1,457,507	6,694,049
2069	3,565,649	694,605	1,131,161	5,391,415
2070	2,881,653	565,334	884,760	4,331,747
2071	2,316,776	457,019	699,445	3,473,240
2072	1,852,844	366,787	560,114	2,779,745
2073	1,473,595	292,055	454,938	2,220,588

Savannah River Nuclear Solutions

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	10,502,816	1,557,646	173,832,796	185,893,258
2025	17,464,183	2,519,934	169,696,372	189,680,489
2026	23,504,792	3,597,725	165,631,127	192,733,644
2027	28,840,434	4,592,410	161,742,142	195,174,986
2028	33,255,149	5,646,234	158,057,986	196,959,369
2029	36,721,243	6,644,969	154,407,078	197,773,290
2030	39,303,976	7,734,057	150,626,052	197,664,085
2031	41,392,891	8,536,814	146,673,341	196,603,046
2032	42,994,256	9,448,490	142,434,860	194,877,606
2033	44,129,578	10,032,401	138,010,337	192,172,316
2034	44,828,962	10,396,850	133,360,638	188,586,450
2035	45,187,312	10,521,735	128,477,589	184,186,636
2036	45,287,603	10,495,230	123,378,191	179,161,024
2037	45,070,834	10,384,100	118,057,619	173,512,553
2038	44,729,363	10,346,900	112,527,969	167,604,232
2039	44,107,843	10,230,106	106,805,939	161,143,888
2040	43,333,440	10,111,116	100,913,472	154,358,028
2041	42,403,818	9,954,620	94,878,092	147,236,530
2042	41,336,391	9,759,037	88,732,764	139,828,192
2043	40,183,620	9,545,447	82,515,485	132,244,552
2044	38,894,697	9,311,829	76,268,723	124,475,249
2045	37,503,986	8,977,773	70,038,569	116,520,328
2046	36,018,807	8,612,921	63,874,132	108,505,860
2047	34,413,236	8,215,368	57,826,590	100,455,194
2048	32,728,988	7,781,459	51,947,594	92,458,041
2049	30,935,746	7,333,502	46,287,582	84,556,830
2050	29,084,342	6,877,257	40,893,921	76,855,520
2051	27,168,293	6,401,574	35,809,067	69,378,934
2052	25,207,554	5,916,110	31,068,831	62,192,495
2053	23,228,393	5,428,034	26,700,905	55,357,332
2054	21,245,507	4,942,419	22,724,135	48,912,061
2055	19,282,857	4,464,587	19,147,995	42,895,439
2056	17,357,470	3,999,904	15,972,604	37,329,978
2057	15,492,149	3,553,558	13,189,235	32,234,942
2058	13,706,619	3,130,304	10,781,203	27,618,126
2059	12,019,143	2,734,210	8,725,232	23,478,585
2060	10,445,567	2,368,406	6,992,992	19,806,965
2061	8,998,121	2,034,981	5,552,745	16,585,847
2062	7,685,018	1,734,895	4,370,968	13,790,881
2063	6,509,953	1,468,030	3,413,768	11,391,751
2064	5,472,214	1,233,366	2,648,267	9,353,847
2065	4,567,249	1,029,121	2,043,594	7,639,964
2066	3,787,088	852,984	1,571,552	6,211,624
2067	3,121,547	702,343	1,207,105	5,030,995
2068	2,558,998	574,467	928,497	4,061,962
2069	2,087,271	466,678	717,278	3,271,227
2070	1,694,370	376,439	558,157	2,628,966
2071	1,368,898	301,388	438,707	2,108,993
2072	1,100,504	239,383	349,046	1,688,933
2073	879,999	188,510	281,474	1,349,983

Savannah River Mission Completion

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	4,060,817	389,257	54,636,263	59,086,337
2025	7,006,795	636,946	53,331,627	60,975,368
2026	9,485,624	941,054	51,801,089	62,227,767
2027	11,836,130	1,225,565	50,365,203	63,426,898
2028	13,794,646	1,499,272	49,161,710	64,455,628
2029	15,474,638	1,832,759	48,010,625	65,318,022
2030	16,707,971	2,244,168	46,880,227	65,832,366
2031	17,668,551	2,506,360	45,765,852	65,940,763
2032	18,459,733	2,729,046	44,605,401	65,794,180
2033	19,067,146	2,984,133	43,378,412	65,429,691
2034	19,462,976	3,185,812	42,081,933	64,730,721
2035	19,710,650	3,229,006	40,715,199	63,654,855
2036	19,813,051	3,253,553	39,278,128	62,344,732
2037	19,848,891	3,226,620	37,771,525	60,847,036
2038	19,737,063	3,186,058	36,197,280	59,120,401
2039	19,510,422	3,139,083	34,558,534	57,208,039
2040	19,203,081	3,112,786	32,859,888	55,175,755
2041	18,837,904	3,078,808	31,107,505	53,024,217
2042	18,416,708	3,056,282	29,309,006	50,781,996
2043	17,939,165	3,004,190	27,473,437	48,416,792
2044	17,410,493	2,915,424	25,611,149	45,937,066
2045	16,833,439	2,860,946	23,733,708	43,428,093
2046	16,200,364	2,778,552	21,853,966	40,832,882
2047	15,547,017	2,663,510	19,985,949	38,196,476
2048	14,828,567	2,539,131	18,144,602	35,512,300
2049	14,070,388	2,405,580	16,345,259	32,821,227
2050	13,277,347	2,269,722	14,603,345	30,150,414
2051	12,451,942	2,125,963	12,934,003	27,511,908
2052	11,607,188	1,977,248	11,351,343	24,935,779
2053	10,742,057	1,826,916	9,867,847	22,436,820
2054	9,869,002	1,676,411	8,493,770	20,039,183
2055	8,996,679	1,527,311	7,236,842	17,760,832
2056	8,132,422	1,381,236	6,101,925	15,615,583
2057	7,286,229	1,239,758	5,090,759	13,616,746
2058	6,467,646	1,104,354	4,202,140	11,774,140
2059	5,686,083	976,378	3,432,000	10,094,461
2060	4,950,101	856,947	2,773,817	8,580,865
2061	4,266,940	746,863	2,219,181	7,232,984
2062	3,642,039	646,603	1,758,350	6,046,992
2063	3,078,772	556,317	1,380,785	5,015,874
2064	2,578,401	475,833	1,075,676	4,129,910
2065	2,140,077	404,737	832,405	3,377,219
2066	1,761,138	342,419	640,929	2,744,486
2067	1,437,555	288,144	492,057	2,217,756
2068	1,164,425	241,141	377,615	1,783,181
2069	936,345	200,621	290,525	1,427,491
2070	747,722	165,836	224,798	1,138,356
2071	593,088	136,111	175,493	904,692
2072	467,308	110,840	138,614	716,762
2073	365,717	89,473	111,009	566,199

Battelle Savannah River Alliance

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	3,019,354	72,678	10,951,027	14,043,059
2025	4,713,405	119,419	10,757,459	15,590,283
2026	6,209,504	170,298	10,506,250	16,886,052
2027	7,587,146	228,549	10,260,215	18,075,910
2028	8,726,670	289,001	10,024,363	19,040,034
2029	9,553,629	333,197	9,819,967	19,706,793
2030	10,209,782	382,531	9,634,507	20,226,820
2031	10,737,925	419,385	9,423,879	20,581,189
2032	11,138,358	453,139	9,226,018	20,817,515
2033	11,415,497	474,240	9,017,098	20,906,835
2034	11,579,471	496,289	8,796,756	20,872,516
2035	11,675,710	534,964	8,564,644	20,775,318
2036	11,688,323	538,120	8,320,443	20,546,886
2037	11,636,373	530,271	8,063,881	20,230,525
2038	11,516,437	521,420	7,794,743	19,832,600
2039	11,354,641	511,281	7,512,897	19,378,819
2040	11,149,226	502,525	7,218,329	18,870,080
2041	10,899,680	491,391	6,911,178	18,302,249
2042	10,616,650	479,584	6,591,779	17,688,013
2043	10,310,843	465,500	6,260,683	17,037,026
2044	9,986,776	450,074	5,918,688	16,355,538
2045	9,623,524	432,198	5,566,890	15,622,612
2046	9,232,800	413,117	5,206,757	14,852,674
2047	8,816,650	392,692	4,840,210	14,049,552
2048	8,386,363	371,251	4,469,637	13,227,251
2049	7,929,601	348,915	4,097,863	12,376,379
2050	7,452,176	335,170	3,728,085	11,515,431
2051	6,967,281	320,695	3,363,768	10,651,744
2052	6,468,216	296,540	3,008,514	9,773,270
2053	5,964,423	272,263	2,665,931	8,902,617
2054	5,459,340	248,126	2,339,463	8,046,929
2055	4,959,118	224,397	2,032,269	7,215,784
2056	4,469,663	201,348	1,747,119	6,418,130
2057	3,993,951	179,232	1,486,186	5,659,369
2058	3,538,092	158,270	1,250,960	4,947,322
2059	3,106,651	138,647	1,042,137	4,287,435
2060	2,703,608	120,514	859,586	3,683,708
2061	2,332,105	103,980	702,488	3,138,573
2062	1,994,270	89,109	569,391	2,652,770
2063	1,691,141	75,908	458,361	2,225,410
2064	1,422,700	64,342	367,127	1,854,169
2065	1,187,964	54,331	293,238	1,535,533
2066	985,148	45,763	234,220	1,265,131
2067	811,807	38,505	187,679	1,037,991
2068	665,107	32,404	151,395	848,906
2069	542,033	27,306	123,357	692,696
2070	439,561	23,058	101,804	564,423
2071	354,789	19,521	85,245	459,555
2072	285,031	16,564	72,454	374,049
2073	227,880	14,072	62,455	304,407

**Savannah River Nuclear Solutions, LLC
Multiple Employer Pension Plan**

EIN: 61-1565172

PLAN NUMBER: 001

**ATTACHMENT TO SCHEDULE SB OF 2024
FORM 5500**

Schedule SB, Line E – Information for Each Individual Employer

The attached schedules provide information relative to each employer participating in the Plan based on available data.

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
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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 THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC MULTIPLE EMPLOYER PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC	D Employer Identification Number (EIN) 61-1565172	
E Type of plan: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" 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	2,689,067,175
	b Actuarial value	2b	2,823,828,221
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	9,029	1,967,512,319
	b For terminated vested participants	1,667	121,277,684
	c For active participants	1,057	563,077,318
	d Total	11,753	2,651,867,321
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	5.07%
6	Target normal cost		
	a Present value of current plan year accruals	6a	34,942,470
	b Expected plan-related expenses	6b	2,960,373
	c Target normal cost	6c	37,902,843

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	Date
	DAVID R. JARRETT	2304821
	Type or print name of actuary	Most recent enrollment number
	BUCK GLOBAL, LLC	412-281-2506
	Firm name	Telephone number (including area code)
	444 LIBERTY AVENUE SUITE 805 PITTSBURGH PA 15222	
	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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>11.29%</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)		16,097,276
	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>5.22%</u>		840,278
	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		16,937,554
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		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	106.28 %
15	Adjusted funding target attainment percentage	15	106.28 %
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	107.62 %
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	
Totals ▶			18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 37,902,843
b Excess assets, if applicable, but not greater than line 31a				31b 37,902,843
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
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 0
	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 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under 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 type="checkbox"/> 2021				

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
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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 THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC MULTIPLE EMPLOYER PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SAVANNAH RIVER MISSION COMPLETION, LLC	D Employer Identification Number (EIN) 61-1565172	
E Type of plan: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" 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	920,340,456
	b Actuarial value	2b	966,462,786
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	2,489	626,187,574
	b For terminated vested participants	470	36,741,863
	c For active participants	436	244,410,889
	d Total	3,395	907,340,326
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	5.09%
6	Target normal cost		
	a Present value of current plan year accruals	6a	13,736,075
	b Expected plan-related expenses	6b	1,163,739
	c Target normal cost	6c	14,899,814

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	Date
	DAVID R. JARRETT	2304821
	Type or print name of actuary	Most recent enrollment number
	BUCK GLOBAL, LLC	412-281-2506
	Firm name	Telephone number (including area code)
	444 LIBERTY AVENUE SUITE 805 PITTSBURGH PA 15222-1226	
	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: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 14,899,814
b Excess assets, if applicable, but not greater than line 31a				31b 14,899,814
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
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 0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 0
	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 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under 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 type="checkbox"/> 2021				

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

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A Name of plan THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC MULTIPLE EMPLOYER PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BATTELLE SAVANNAH RIVER ALLIANCE, LLC	D Employer Identification Number (EIN) 61-1565172	
E Type of plan: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" 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	289,096,076
	b Actuarial value	2b	303,583,959
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	415	132,351,793
	b For terminated vested participants	82	5,980,651
	c For active participants	256	146,142,152
	d Total	753	284,474,596
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	5.12%
6	Target normal cost		
	a Present value of current plan year accruals	6a	10,763,399
	b Expected plan-related expenses	6b	911,890
	c Target normal cost	6c	11,675,289

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	Date
	DAVID R. JARRETT	2304821
	Type or print name of actuary	Most recent enrollment number
	BUCK GLOBAL, LLC	412-281-2506
	Firm name	Telephone number (including area code)
	444 LIBERTY AVENUE SUITE 805 PITTSBURGH PA 15222-1226	
	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: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 11,675,289
b Excess assets, if applicable, but not greater than line 31a				31b 11,675,289
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
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 0
	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 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under 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 type="checkbox"/> 2021				

**Savannah River Nuclear Solutions, LLC
Multiple Employer Pension Plan**

EIN: 61-1565172

PLAN NUMBER: 001

ATTACHMENT TO SCHEDULE SB OF 2024 FORM 5500

Schedule SB, Part V – Summary of Plan Provisions

Effective Date

Initially effective as of April 1, 1989 and has periodically been amended since then.

Eligible Employees

Any eligible employee who was a participant of the prior plan on March 31, 1989 became a participant on April 1, 1989. Every other Full Service employee becomes a participant as of date of hire. Every other Limited Service employee becomes a participant upon completion of one year of eligibility service. Participation in the plan was frozen for SRNS employees hired after August 1, 2008. Participation in the plan was frozen for SRR employees hired after July 1, 2009.

Retirement Types

Normal Retirement: Age 65 with 15 years of service.

Early Unreduced Retirement: Attainment of age 58 with combined age and service equal to 85 years or more.

Early Retirement: Age 50 with 15 years of service.

Incapability Retirement: Permanent incapacity after completion of 15 years of service.

Optional Retirement: Involuntary termination for reasons other than discharge for dishonesty, insubordination or other misconduct after completion of 15 years of service and attainment of age 50 or completion of 25 years of service and attainment of age 45. The length of benefit service required for eligibility shall be reduced by 2 months for each month which has elapsed since the employee reached age 45.

Special Window Retirement (effective May 31, 2000): Employees eligible for Normal Retirement or Early Unreduced Retirement no later than September 30, 2000, after adding an additional three years to their age and service. Also, certain other employees were included.

Special Window Retirement (effective April 30, 2002): Employees eligible for Normal Retirement or Early Unreduced Retirement no later than September 30, 2002, after adding an additional six years to their age and/or eligibility service.

Ad hoc Cost of Living Adjustment (effective September 1, 2002): Retirees (and their survivors) who retired prior to May 1, 1999.

Normal Retirement Benefit

The monthly regular pension is the greater of (1), (2) or (3) as follows:

- (1) 1.2% of average monthly pay multiplied by benefit service,
- (2) 1.5% of average monthly pay multiplied by benefit service, minus 50% of the Primary Social Security Benefit, or
- (3) \$9 multiplied by benefit service, plus 10% of average monthly pay accrued on a pro-rata basis prior to attainment of 15 years of benefit service.

Unreduced Early Retirement Benefit

Equal to the normal retirement pension accrued to date of retirement.

Early Retirement Benefit

The monthly regular pension is either:

- (a) a regular pension deferred to age 65 equal to the normal retirement pension accrued to date of retirement; or
- (b) an immediate regular pension equal to the deferred pension as follows:
 - i) If service at retirement is less than or equal to 20 years, 5% for each year prior to age 65 that payments start (50% maximum reduction),
 - ii) If service at retirement is greater than 20 and less than 27, 5% times (85 minus age minus service) up to a maximum of 50%, or
 - iii) If service at retirement is greater than or equal to 27, 5% for each year prior to age 58 that payments commence.

Vested Termination & Benefit

Equal to the normal retirement pension accrued to date of termination, except that under formula (3), a prorated percent of average monthly pay shall be substituted for 10% of average monthly pay when benefit service is less than 15 years.

The pension is payable based on the following table:

Years of Eligibility Service at Termination	Age When Payment May Begin	
	Reduced	Unreduced
Less than 10	Not Available	65 and over
10 through 14	60 through 64	65 and over
15 through 29	50 through 64	65 and over
30 or more	50 through 59	60 and over

Incapability Retirement Benefit

Equal to the normal retirement pension accrued to date of retirement, plus a supplement equal to the greater of 1) 50% of his Primary Social Security Benefit, or 2) \$90 a month. The supplement is payable until the earliest date on which the participant becomes eligible for an old-age benefit or until he starts receiving a disability benefit under the Federal Social Security Act. The supplement is no longer payable for Incapability Retirements occurring after December 31, 2011.

Optional Retirement Benefit

The monthly regular pension is either:

- (a) a regular pension deferred to age 65 equal to the normal retirement pension accrued to date of retirement; or
- (b) an immediate regular pension equal to the deferred pension reduced 5% for each year that the date of retirement precedes the earlier of age 65 or the unreduced early retirement date.

Normal Form of Payment

If the employee is unmarried, the benefit will be payable as a monthly annuity for the life of the employee. If the employee is married, the benefit will be an amount actuarially equivalent to the single life amount, payable as a joint and survivor benefit, where 50% of the payment amount (including any Grandfathered Employer-Paid Post-Retirement Death Benefit) will continue to the spouse upon the death of the employee.

Pre-Retirement Death Benefit

The spouse of a vested participant (active or terminated) who dies prior to entering pay status is entitled to a death benefit on the earliest date the participant would have been eligible to receive a benefit, unless the participant had at least 15 years of service at the time of his death, in which case the death benefit is payable immediately.

The death benefit is equal to 50% of the participant's benefit, reduced for early commencement and for the 50% joint and survivor option.

Grandfathered Employer-Paid Post-Retirement Death Benefit

Participants who accrued service prior to January 1, 2012 and who retire from active service after attaining age 50 with at least 15 years of service are eligible for a grandfathered death benefit payable to the spouse (or minor children if there is no spouse).

The monthly benefit is the greater of:

- (1) .5% of average monthly pay as of December 31, 2011 multiplied by benefit service as of December 31, 2011, or
- (2) \$4 multiplied by benefit service as of December 31, 2011, plus 4% of average monthly pay as of December 31, 2011.

This amount is reduced for early retirement, if applicable.

Summary of Changes from the January 1, 2023 Valuation

None.

**Savannah River Nuclear Solutions, LLC
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Schedule SB, Line 24 – Change in Actuarial Assumptions

The 2024 expected return on assets was changed from 7.60% to 6.50% to be consistent with the investment consultant's capital market assumptions.