

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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
1a	Name of plan MISSION SUPPORT AND TEST SERVICES LLC (MSTS) REPRESENTED EMPLOYEE 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 01/01/1989
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) MISSION SUPPORT AND TEST SERVICES LLC PO BOX 98521 M/S NLV010 LAS VEGAS, NV 89193-8521
2b	Employer Identification Number (EIN) 81-0705502
2c	Plan Sponsor's telephone number 702-295-7200
2d	Business code (see instructions) 541990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/15/2026	STACEY DUFFY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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 ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 926
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 835 6a(2) 915 6b 3 6c 79 6d 997 6e 1 6f 998 6g(1) 493 6g(2) 501 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 Characteristic Codes in the instructions:

2E 2F 2G 2J 2T 3H 2S

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan MISSION SUPPORT AND TEST SERVICES LLC (MSTS) REPRESENTED EMPLOYEE 401(K) PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 MISSION SUPPORT AND TEST SERVICES LLC	D Employer Identification Number (EIN) 81-0705502	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FID INVMNTS INST OPRTRS CO, INC.
04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FID MANAGEMENT TRUST COMPANY
04-3022712

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GEODE CAPITAL MANAGEMENT LLC
04-3537967

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
SCHWAB ASSET MANAGEMENT
94-1737782

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

PRUDENTIAL FINANCIAL INC

22-3700330

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

INVESCO TRUST COMPANY

84-0765063

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

THE VANGUARD GROUP, INC

23-1945930

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

J.P. MORGAN INVESTMENT MANAGMENT IN

13-3200244

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

DIMENSIONAL FUND ADVISORS LP

22-2370029

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

VANGUARD FIDUCIARY TRUST CO.

23-2186884

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

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

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

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

FID INVSMENTS INST OPRTRS CO, LLC.

04-2647786

(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?
37 64 65 71	NONE	43885	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

STRATEGIC ADVISORS, INC.

04-2654524

(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?
27	NONE	36820	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INVSMNTS INST OPRNTS CO, INC.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SPROTT GOLD EQUITY FUND INVT 200 BAY ST STE 2600 TORONTO, CANADA M5J 2J1 CA	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INVSNTS INST OPRNTS CO, INC.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK TECHNOLOGY OPPORTUNITIES 40 EAST 52ND ST NEW YORK, NY 10022	0.40%	
(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan MISSION SUPPORT AND TEST SERVICES LLC (MSTS) REPRESENTED EMPLOYEE 401(K) PLAN		B Three-digit plan number (PN) ▶ 003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MISSION SUPPORT AND TEST SERVICES LLC		D Employer Identification Number (EIN) 81-0705502
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)	
a Name of MTIA, CCT, PSA, or 103-12 IE: MANAGED INCOME PORTFOLIO II		
b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY		
c EIN-PN 04-3022712-025	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET 2065 TRUST A		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 99-6210126-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23567
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY GROWTH CO POOL		
b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY		
c EIN-PN 04-3022712-135	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8423519
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET 2060 TRUST A		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 99-6206555-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1502524
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTCO STABLE VALUE CLASS B1		
b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY		
c EIN-PN 84-1142974-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1683137
a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN 500 INDEX POOL CLASS C		
b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST CO. LLC		
c EIN-PN 82-6293122-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9671770
a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN EXT MARKET IND POOL CLASS C		
b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMNT TRUST CO. LLC		
c EIN-PN 82-6293122-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 869558
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2025 v. 250312		

a Name of MTIA, CCT, PSA, or 103-12 IE:		SPARTAN TOTAL INTER IND POOL CLASSI	
b Name of sponsor of entity listed in (a):		GEODE CAPITAL MANAGMENT TRUST CO, LLC	
c EIN-PN	82-6293122-014	d Entity code	C 2258514
a Name of MTIA, CCT, PSA, or 103-12 IE:		FIDELITY CONTRAFUND COMMINGLED POOL	
b Name of sponsor of entity listed in (a):		FIDELITY MANAGEMENT TRUST COMPANY	
c EIN-PN	04-3022712-133	d Entity code	C 3773373
a Name of MTIA, CCT, PSA, or 103-12 IE:		JENNISON SMALL/MID CAP CORE EQUITY	
b Name of sponsor of entity listed in (a):		PRUDENTIAL TRUST COMPANY	
c EIN-PN	23-6994310-232	d Entity code	C 280086
a Name of MTIA, CCT, PSA, or 103-12 IE:		VANGUARD TARGET RETIREMENT INCOME T	
b Name of sponsor of entity listed in (a):		VANGUARD FIDUCIARY TRUST COMPANY	
c EIN-PN	99-6156630-001	d Entity code	C 80214
a Name of MTIA, CCT, PSA, or 103-12 IE:		VANGUARD TARGET 2045 TRUST A	
b Name of sponsor of entity listed in (a):		VANGUARD FIDUCIARY TRUST COMPANY	
c EIN-PN	99-6192483-001	d Entity code	C 2487578
a Name of MTIA, CCT, PSA, or 103-12 IE:		VANGUARD TARGET 2020 TRUST A	
b Name of sponsor of entity listed in (a):		VANGUARD FIDUCIARY TRUST COMPANY	
c EIN-PN	99-6165611-001	d Entity code	C 589936
a Name of MTIA, CCT, PSA, or 103-12 IE:		VANGUARD TARGET 2025 TRUST A	
b Name of sponsor of entity listed in (a):		VANGUARD FIDUCIARY TRUST COMPANY	
c EIN-PN	99-6175112-001	d Entity code	C 2710539
a Name of MTIA, CCT, PSA, or 103-12 IE:		VANGUARD TARGET 2030 TRUST A	
b Name of sponsor of entity listed in (a):		VANGUARD FIDUCIARY TRUST COMPANY	
c EIN-PN	99-6180036-001	d Entity code	C 2490140
a Name of MTIA, CCT, PSA, or 103-12 IE:		VANGUARD TARGET 2035 TRUST A	
b Name of sponsor of entity listed in (a):		VANGUARD FIDUCIARY TRUST COMPANY	
c EIN-PN	99-6185022-001	d Entity code	C 2904238
a Name of MTIA, CCT, PSA, or 103-12 IE:		VANGUARD TARGET 2040 TRUST A	
b Name of sponsor of entity listed in (a):		VANGUARD FIDUCIARY TRUST COMPANY	
c EIN-PN	99-6187090-001	d Entity code	C 1056615

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET 2050 TRUST A**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY**c** EIN-PN 99-6197455-001**d** Entity code C**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2578784**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET 2055 TRUST A**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY**c** EIN-PN 99-6202084-001**d** Entity code C**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2715068**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II**Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
	For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
	A Name of plan MISSION SUPPORT AND TEST SERVICES LLC (MSTS) REPRESENTED EMPLOYEE 401(K) PLAN	B Three-digit plan number (PN) 003
C Plan sponsor's name as shown on line 2a of Form 5500 MISSION SUPPORT AND TEST SERVICES LLC	D Employer Identification Number (EIN) 81-0705502	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1254074	1727476
(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)	2121322	2291670
(9) Value of interest in common/collective trusts	1c(9)	40472813	46099160
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8167975	8208728
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	402023	511983

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	52418207	58839017

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	52418207	58839017
--	-----------	----------	----------

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)	1080667	
(B) Participants	2a(1)(B)	5034191	
(C) Others (including rollovers)	2a(1)(C)	96713	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		6211571
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	68460	
(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)	175590	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		244050
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	2259	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	484619	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		486878
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	250761	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	225251	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		25510
(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)		7379836
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		584351
c Other income	2c		35621
d Total income. Add all income amounts in column (b) and enter total	2d		14967817

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6536699	
(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)		6536699
f Corrective distributions (see instructions)	2f		7749
g Certain deemed distributions of participant loans (see instructions)	2g		-646
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	43885	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	38010	
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		81895
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6625697

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8342120
l Transfers of assets:			
(1) To this plan	2l(1)		216345
(2) From this plan	2l(2)		2137655

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: **MCCONNELL & JONES, LLP**

(2) EIN: **76-0488832**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
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)
MISSION SUPPORT AND TEST SERVICES LLC (MSTS) EMPLOYEE 401(K) PLAN	81-0705502	002

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan MISSION SUPPORT AND TEST SERVICES LLC (MSTS) REPRESENTED EMPLOYEE 401(K) PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 MISSION SUPPORT AND TEST SERVICES LLC		D Employer Identification Number (EIN) 81-0705502
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☒ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

Mission Support and Test Services LLC (MSTS)
Represented Employee 401(k) Plan
Independent Auditor's Report
and Financial Statements
December 31, 2025 and 2024

**Mission Support and Test Services LLC (MSTS)
Represented Employee 401(k) Plan**

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December 31, 2025 and 2024

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Plan Participants of
the Mission Support and Test Services LLC (MSTS) Represented Employee 401(k) Plan

Scope and Nature of the ERISA Section 103(a)(3)(c) Audit for 2025 Financial Statements

We have performed the audit of the financial statements of Mission Support and Test Services LLC (MSTS) Represented Employee 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (collectively, the financial statements).

Plan management (Management), having determined it is permissible in the circumstances, has elected to have the audit of the 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 a qualified institution as of December 31, 2025, and for the year then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2025 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 2025 Financial Statements* section:

- the amounts and disclosures in the accompanying 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 (US GAAP).
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that Management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on 2025 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the 2025 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 2025 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with US 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. Plan management's election of the ERISA Section 103(a)(3)(C) audit does not affect Plan management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the 2025 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal controls. Accordingly, no such opinion is expressed.



- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by Management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 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 US 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 US 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.

Other Matter

2025 Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of Management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information,



McConnell
Jones

are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Auditor's Report on the 2024 Financial Statements

We have audited the 2024 financial statements of the Plan, and in our report dated September 26, 2025, we expressed an unmodified opinion on those 2024 financial statements.

McConnell & Jones LLP

Houston, Texas
September 10, 2026

Mission Support and Test Services LLC (MSTS)
Represented Employee 401(k) Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments		
Investments, at fair value	\$ 56,547,347	\$ 50,296,885
Receivables		
Notes receivable from participants	<u>2,291,670</u>	<u>2,121,322</u>
Total Assets	<u>58,839,017</u>	<u>52,418,207</u>
Net Assets Available for Benefits	<u>\$ 58,839,017</u>	<u>\$ 52,418,207</u>

Mission Support and Test Services LLC (MSTS)
Represented Employee 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025

Additions	
Investment Income	
Net appreciation in fair value of investments	\$ 8,006,026
Interest and dividends	574,630
Net investment income	8,580,656
Contributions	
Employer	1,080,667
Participants	5,034,191
Rollovers	96,713
Total contributions	6,211,571
Interest Income on Notes Receivable from Participants	175,590
Total additions	14,967,817
Deductions	
Benefits paid directly to participants	6,543,802
Administrative expenses	81,895
Total deductions	6,625,697
Net Increase Before Transfer	8, 342,120
Transfer (To)/From Other Plan, Net	(1,921,310)
Net Increase After Transfer	6,420,810
Net Assets Available for Benefits, Beginning of Year	52,418,207
Net Assets Available for Benefits, End of Year	\$ 58,839,017

Mission Support and Test Services LLC (MSTS)
Represented Employee 401(k) Plan
Notes to Financial Statements
December 31, 2025 and 2024

Note 1: Description of the Plan

The following description of the Mission Support and Test Services LLC (MSTS) Represented Employee 401(k) Plan (the Plan) provides only general information. Participants should refer to the *Plan Document* for a more complete description of the Plan's provisions, which is available from Plan management (Management).

General

The Plan is a defined contribution plan covering all eligible employees of Mission Support and Test Services LLC (MSTS or the Company) whose compensation and conditions of employment are governed by the terms of a collective bargaining agreement. Prior to its name change on November 1, 1996, the Plan was known as the Represented Employee Savings Plan for Employees of Reynolds Electrical & Engineering Company, Inc., a defined contribution plan, which was established on January 1, 1989, to provide a savings program for eligible represented (union) employees of Reynolds Electrical & Engineering Company, Inc. (REECO), who were employed under a contract with Department of Energy (DOE). REECO was also the Plan administrator and sponsor.

REECO's contract with the DOE ended December 31, 1995. Accordingly, REECO ceased operations under this contract, and its employees were transferred to Bechtel Nevada Corporation (BNV), which was awarded the new contract with the DOE. Effective January 1, 1996, BNV replaced REECO as the Plan's administrator and sponsor, and formed a benefits committee to administer the Plan. Effective November 1, 1996, the Plan name was changed to the Bechtel Nevada Represented Employees' Thrift Plan.

BNV's contract with the U.S. Government expired June 30, 2006. The contract was awarded to National Security Technologies LLC (NSTec). Under the terms of the contract, sponsorship of the Plan was assumed by NSTec on July 1, 2006, and the Plan name was changed from the Bechtel Nevada Represented Employees' Thrift Plan to the National Security Technologies LLC (NSTec) Represented Employee Thrift Plan.

NSTec's contract with the U.S. Department of Energy was due to expire on September 30, 2016, and was extended to September 30, 2017. The contract was awarded to MSTS, a limited liability company consisting of Honeywell International Inc., Jacobs Engineering Group Inc., and Stoller Newport News Nuclear, Inc. (renamed HII Nuclear, Inc. effective August 7, 2018). The transition period began effective August 1, 2017. Under the terms of the contract, sponsorship of the Plan was assumed by MSTS on December 1, 2017, and the Plan name was changed from National Security Technologies LLC (NSTec) Represented Employee Thrift Plan to Mission Support and Test Services LLC (MSTS) Represented Employee 401(k) Plan.

The Plan was restated effective December 1, 2017, to incorporate all previously adopted amendments into the basic plan document.

Effective June 19, 2023, certain employees of SOC, LLC who are covered by the collective bargaining agreement between the Company and the Independent Guard Association of Nevada Local No. 1 (Former SOC Participants) transferred their employment with the Company.

Mission Support and Test Services LLC (MSTS)
Represented Employee 401(k) Plan
Notes to Financial Statements
December 31, 2025 and 2024

Fidelity Management Trust Company is the trustee of the Plan (Fidelity or Trustee) and holds all of the Plan's assets, executes investment transactions and Fidelity Workplace Services LLC provides record keeping functions for the Plan. The Plan is administered by the Benefits Committee (Committee), and the Committee determines the appropriateness of the Plan's investment offering and monitors investment performance.

All employees of MSTS (fka NSTec) that are represented under a collective bargaining agreement are eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1972 (ERISA), as amended.

Contributions

Participants may elect to defer pre-tax, Roth, and after-tax compensation up to 75% of their annual compensation or a flat dollar amount, not to exceed \$23,500 under the Internal Revenue Code (IRC) Section 401(k) for the 2025 plan year. In addition, participants may contribute amounts representing distributions from a qualified trust, individual retirement account or annuity, as defined in the Plan's provisions. Under IRC Section 401(k) participants attaining the age of 50 years during 2025 plan year are allowed to make catch-up contributions, not to exceed \$7,500 for 2025 while participants whose ages are from 60 to 63 are eligible to make additional catch-up contribution of \$11,250 ("super catch-up contribution"). The total amount of a participant's regular deferral, voluntary, and catch-up contributions and for those eligible to super catch-up contribution are limited to \$31,000 and \$34,750, the limit under IRC Section 401(k), respectively. Participants are allowed to invest in a variety of investment choices as more fully described in the Plan's literature.

Effective June 19, 2023, the Company contributes a matching contribution each pay period equal to 100% of the first 6% of the participant's pre-tax, Roth and/or after-tax contributions to Former SOC Participants who are not eligible to participate in the NNSS IGAN Pension Plan and who have attained both age 21 and six months of employment with the Company or an Affiliated Company, as defined in the Plan document. No matching contributions will be made to catch-up contributions. In addition, the Company contributes an additional employer contribution of \$1,600 every January and July to Former SOC Participants who are not eligible to participate in the NNSS IGAN Pension Plan, and are actively employed by the Company plus have account balance at any point during six-month period before every January and July.

Effective July 1, 2024, new hires accepting employment on or after July 1, 2024, that are not eligible to participate in the MSTS Employee Retirement Plan that are covered under the IGAN LOCAL NO. 1 2024-2029 Collective Bargaining Agreement will be automatically enrolled in the Plan at 6% and can opt out of plan participation or adjust contributions, as defined by the Plan.

Participant Accounts

Each participant account is credited with the participant's contribution and allocations of (a) Plan earnings (losses) and (b) charged with an allocation of administrative expenses. Allocations are based on participant earnings (losses) or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Mission Support and Test Services LLC (MSTS)
Represented Employee 401(k) Plan
Notes to Financial Statements
December 31, 2025 and 2024

Vesting

Participants are immediately fully vested in their contributions and the earnings thereon.

Effective June 19, 2023, the company matching contributions and additional employer contributions made to Former SOC Participants are subject to the following vesting schedule:

If Years of Service Equal at Least	Percentage of Account Vested
Fewer than 2	0%
2 but fewer than 3	25%
3 but fewer than 4	50%
4 but fewer than 5	75%
5 or more	100%

Automatic vesting in employer contributions is attained by a participant if any of the following occur while actively employed by the Company: death of the participant, attainment of age 65, or separation of service due to a disability.

Notes Receivable from Participants

All active participants in the Plan may apply for a loan from the Plan. A loan made to a participant of the Plan shall be in an account that is not less than \$1,000 and not more than 50% of the vested interest in the participant's account up to \$50,000. Loans bear interest at rates ranging from 4.25% to 9.50% and are collateralized by the borrower's assignment of rights to their available account, as acknowledged by the promissory note. The participant loans mature at various dates through October 2034. Repayments are generally made over a maximum five-year period. However, loans made for the purchase of a primary residence may be assigned a loan term of 15 years. Principal and interest are paid ratably through monthly payroll deductions. Participants can have two loans outstanding at a time. Terminated or transferred employees may continue repayment via ACH withdrawal.

Payments of Benefit

Withdrawals of pre-tax contributions are only allowed in cases of proven hardship or the attainment of age 59½. After tax and rollover contributions can be withdrawn at any time.

Upon termination of employment, retirement, disability, or death, participants or beneficiaries may elect to receive a single lump-sum payment equal to the vested value of the participants account, or rollover all or part of the vested account balance into an IRA or another qualified plan, as defined in the Plan document.

Forfeited Accounts

The Plan maintains a forfeiture account to hold amounts arising from various sources, including uncashed distribution checks. These amounts represent fully vested participant balances that were not claimed or cashed within the prescribed time frame. In accordance with the Plan document and

Mission Support and Test Services LLC (MSTS)
Represented Employee 401(k) Plan
Notes to Financial Statements
December 31, 2025 and 2024

applicable IRS guidance, forfeitures attributable to uncashed checks are tracked separately from those arising from non-vested employer contributions.

At December 31, 2025 and 2024, the forfeiture accounts totaled \$4,241 and \$62,417, respectively. These accounts may be used at the Company's discretion to pay administrative expenses, reduce employer contributions to the Plan, restore forfeitures or restore missed contributions and earnings to the accounts of affected participants. For the year ended December 31, 2025, \$72 were used to pay administrative expenses or reduce employer contributions.

Administrative Expenses and Revenue Credit Program

Certain administrative expenses of the Plan are paid by the Company. There is no guarantee that the Company will continue to pay such expenses. The Plan paid for certain investment transactions and management fees which totaled \$30,022 for the year ended December 31, 2025. The fees for participant requested services are charged to the accounts of participants requesting the transaction. Investment management fees are allocated to participants' accounts based on a specified basis point per investment through the investments' earnings.

The Plan provides for a revenue credit program in connection with revenue sharing with certain investment managers. The amounts may be used to pay Plan expenses or allocated to eligible participant accounts. The administrative expenses amount of \$81,895 presented in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2025, is net of the amount of revenue credit of \$12,760.

Plan Termination

Although it has not expressed an intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA.

SECURE Act and Plan Amendments

The Setting Every Community Up for Retirement Enhancement Act (SECURE Act) was enacted in December 2019 and became effective January 1, 2020. On December 29, 2022, the SECURE 2.0 Act was signed into law, which was built on the original SECURE Act's focus on expanding retirement plan coverage and participation. The Plan has incorporated all required changes prescribed under the SECURE Act and the SECURE 2.0 Act in its Plan document by the deadlines prescribed in the legislation and will continue to implement required changes by the required deadlines. The Plan may also opt to include certain voluntary provisions of the SECURE Act and the SECURE 2.0 Act in the future.

Transfers to/from Other Plan, Net

Transfers to/from other plan, net, include transfers of participant account balances to/from the Plan to the Mission Support and Test Services LLC (MSTS) Employee 401(k) Plan, as a result of change in employment status.

Mission Support and Test Services LLC (MSTS)
Represented Employee 401(k) Plan
Notes to Financial Statements
December 31, 2025 and 2024

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (US GAAP).

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires Management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for further discussion of fair value measurements and disclosures.

Purchases and sales of securities are recorded on a trade-date basis. Interest income (loss) is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains (losses) on investments bought and sold as well as held during the year. The Plan invests in various investment vehicles with differing characteristics. The investments are made in accordance with elections made by participants. Prospectuses relating to the various investment vehicles are available to the Plan's participants.

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. No allowance for credit losses has been recorded as of December 31, 2025 and 2024. If a participant ceases to make loan repayments and Management deems the participant loan to be a distribution, the participant loan balance is reduced, and a benefit payment is recorded.

Payment of Benefits

Benefits paid directly to participants are recorded when paid.

Management's Review of Subsequent Events

In preparing the accompanying financial statements, Management has reviewed all known events that have occurred after December 31, 2025, and through September 10, 2026, which is the date the financial statements were available to be issued, for inclusion in the financial statements and footnotes.

Mission Support and Test Services LLC (MSTS)
Represented Employee 401(k) Plan
Notes to Financial Statements
December 31, 2025 and 2024

Note 3: Investments and Related Investment Income (Certified by Trustee)

Certain information in the accompanying financial statements related to investments and notes receivables from participants held as of December 31, 2025, was certified to be complete and accurate by Fidelity. This certification was obtained in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Management obtained this certification and agreed to or derived it from the information certified by Fidelity.

Note 4: Fair Value Measurements

FASB ASC 820 established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in an active market for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement). The three levels of the fair value hierarchy under FASB ASC 820 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 and liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Registered investment companies (mutual funds): Valued at quoted market prices, which represent the net asset value (NAV) of shares held by the Plan at year-end.

Mission Support and Test Services LLC (MSTS)
Represented Employee 401(k) Plan
Notes to Financial Statements
December 31, 2025 and 2024

Money Market Fund: Valued at a per share amount of \$1.00. This investment is highly liquid and readily convertible to known amounts of cash.

Self-Directed Brokerage Accounts: Investments in common stock, exchange traded funds and the money market account in the self-directed brokerage accounts are valued at the unadjusted quoted market prices at year end.

Common/collective trusts: Valued using the practical expedient of the NAV of units held by the Plan at year-end based on the quoted market prices of the underlying marketable securities or discounted cash flows of the underlying investment contracts. Participant-directed redemptions of the common/collective trusts have no restrictions; however, the Plan is required to provide a 30-day notice to liquidate its entire share in the fund.

One of the Plan's investments in common/collective trusts is the Fidelity Managed Income Portfolio II (MIP). The NAV of the MIP is based on the fair value of the underlying securities. The investment in the MIP is presented at fair value, which reflects the NAV of the fund and is not considered to have a readily determinable fair value. The NAV of the MIP is based on the fair value of the underlying securities plus the contract value of the fully benefit-responsive wrapper contract. The MIP's NAV represents the Plan's fair value since this is the amount at which the Plan transacts with the fund. A participant's ownership of the MIP is represented by units. Units are issued and redeemed daily at the MIP's constant NAV of \$1.00 per unit. Although it is the policy of the MIP to use its best efforts to maintain a stable NAV of \$1.00 per unit, there is no guarantee that the MIP will be able to maintain that value. The MIP allows for daily liquidity with no additional notice required for redemption.

There are no unfunded commitments for the MIP. The redemption frequency for participants would be daily with no notice period for participant-initiated transactions.

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

Mission Support and Test Services LLC (MSTS)
Represented Employee 401(k) Plan
Notes to Financial Statements
December 31, 2025 and 2024

The following table sets forth the Plan's investments at fair value, by level within the fair value hierarchy as well as investments valued using the NAV practical expedient as of December 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Level 1:		
Registered investment companies	\$ 8,208,728	\$ 8,167,975
Money market fund	1,727,476	1,254,074
Self-directed brokerage accounts	511,983	402,023
Total Level 1 investments	10,448,187	9,824,072
Investments at NAV:		
Common/collective trusts ^(a)	46,099,160	40,472,813
Total investments at fair value	<u>\$ 56,547,347</u>	<u>\$ 50,296,885</u>

(a) *Certain investments that were measured at net asset value 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 fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.*

Note 5: Investments Valued at NAV as a Practical Expedient

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of December 31, 2025 and 2024:

<u>December 31 2025</u>				
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Invesco Stable Value	\$ 1,683,137	N/A	Immediate	1 year
Vanguard Target Investments	19,139,203	None	Daily	60 days
Jennison Small/Mid Cap	280,086	N/A	Daily	4 days
Spartan 500 Index Pool	9,671,770	None	Daily	5 days
Spartan Ext Market Index Pool	869,558	None	Daily	5 days
Spartan Total Inter. Index Pool	2,258,514	None	Daily	5 days
Fidelity Growth Co Pool	8,423,519	None	Daily	5 days
Fidelity Contra Fund Pool	\$ 3,773,373	None	Daily	5 days

Mission Support and Test Services LLC (MSTS)
Represented Employee 401(k) Plan
Notes to Financial Statements
December 31, 2025 and 2024

December 31 2024				
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Invesco Stable Value	\$ 366,763	N/A	Immediate	1 year
Vanguard Target Investments	15,327,979	None	Daily	60 days
Jennison Small/Mid Cap	153,871	N/A	Daily	4 days
Spartan 500 Index Pool	8,833,175	None	Daily	5 days
Spartan Ext Market Index Pool	608,222	None	Daily	5 days
Spartan Total Inter. Index Pool	1,535,822	None	Daily	5 days
Fidelity Growth Co Pool	8,478,358	None	Daily	5 days
Fidelity Contra Fund Pool	\$ 3,922,040	None	Daily	5 days

Note 6: Party-In-Interest Transactions

Certain Plan investments are managed by Fidelity or its affiliates. There were no transactions with parties in interest other than the payment of the trustee's fees and purchases and sales of assets through Fidelity, and credits received from the revenue sharing arrangement. For the year ended December 31, 2025 and 2024, fees paid by the Plan to Fidelity and revenue credits received from Fidelity amounted to \$12,760 and \$69,422, respectively.

Note 7: Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and current market volatility, it is at least reasonably possible that changes in value of investment securities will continue to occur in the near term and that some changes could materially affect the amount reported in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

Note 8: Plan Tax Status

The Plan obtained its latest determination letter from the Internal Revenue Service (IRS) on April 9, 2015, stating that the Plan is qualified under Section 401(a) of the Code and, therefore, the related trust is exempt from taxation. The Plan has been amended and restated and had a change in a plan sponsor since receiving the determination letter. However, Management believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Code.

Mission Support and Test Services LLC (MSTS)
Represented Employee 401(k) Plan
Notes to Financial Statements
December 31, 2025 and 2024

US GAAP requires Management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

SUPPLEMENTAL SCHEDULE

Mission Support and Test Services LLC (MSTS)
Represented Employee 401(k) Plan

EIN 81-0705502 PN 003

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

[a]	[b]	[c]	[d]	[e]
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	Self-Directed Brokerage Accounts	Fidelity Brokerage-link Account	**	\$ 511,983
	Vanguard Government Money Market Fund	Money Market Fund	**	1,727,476
*	Fidelity Balanced K	Registered Investment Company	**	1,697,991
*	Fidelity International Discovery K6	Registered Investment Company	**	1,486,844
*	Fidelity Low Priced Stock K	Registered Investment Company	**	1,537,178
*	Fidelity US Bond Index	Registered Investment Company	**	879,058
	JP Morgan Core Bond R6	Registered Investment Company	**	2,089,671
	DFA Inflated Protected Securities Portfolio	Registered Investment Company	**	517,986
	Spartan 500 Index Pool Class C	Common /Collective Trust	**	9,671,770
	Invesco Stable Value B1	Common /Collective Trust	**	1,683,137
	Jennison Small/Mid-Cap Core Equity	Common /Collective Trust	**	280,086
	Spartan Extended Market Index Pool Class C	Common /Collective Trust	**	869,558
	Spartan Total International Index Pool Class C	Common /Collective Trust	**	2,258,514
	Vanguard Target Inc Class A	Common /Collective Trust	**	80,214
	Vanguard Target 2020 Class A	Common /Collective Trust	**	589,936
	Vanguard Target 2025 Class A	Common /Collective Trust	**	2,710,539
	Vanguard Target 2030 Class A	Common /Collective Trust	**	2,490,140
	Vanguard Target 2035 Class A	Common /Collective Trust	**	2,904,238
	Vanguard Target 2040 Class A	Common /Collective Trust	**	1,056,615
	Vanguard Target 2045 Class A	Common /Collective Trust	**	2,487,578
	Vanguard Target 2050 Class A	Common /Collective Trust	**	2,578,784
	Vanguard Target 2055 Class A	Common /Collective Trust	**	2,715,068
	Vanguard Target 2060 Class A	Common /Collective Trust	**	1,502,524
	Vanguard Target 2065 Class A	Common /Collective Trust	**	23,567
*	Fidelity Growth Co Pool A	Common /Collective Trust	**	8,423,519
*	Fidelity Contra Pool CL A	Common /Collective Trust	**	3,773,373
	Total			56,547,347
		Loans Issued at Interest Rates from 4.25% - 9.50% with Various Maturities through October 2034		
*	Participants' loans		-	2,291,670
	Total Plan investments			<u>\$ 58,839,017</u>
*	Denotes party-in-interest to the Plan.			
**	Cost information is omitted because these investments are participant-directed.			

Mission Support and Test Services LLC (MSTS)
Represented Employee 401(k) Plan

EIN 81-0705502 PN 003

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

[a]	[b]	[c]	[d]	[e]
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	Self-Directed Brokerage Accounts	Fidelity Brokerage-link Account	**	\$ 511,983
	Vanguard Government Money Market Fund	Money Market Fund	**	1,727,476
*	Fidelity Balanced K	Registered Investment Company	**	1,697,991
*	Fidelity International Discovery K6	Registered Investment Company	**	1,486,844
*	Fidelity Low Priced Stock K	Registered Investment Company	**	1,537,178
*	Fidelity US Bond Index	Registered Investment Company	**	879,058
	JP Morgan Core Bond R6	Registered Investment Company	**	2,089,671
	DFA Inflated Protected Securities Portfolio	Registered Investment Company	**	517,986
	Spartan 500 Index Pool Class C	Common /Collective Trust	**	9,671,770
	Invesco Stable Value B1	Common /Collective Trust	**	1,683,137
	Jennison Small/Mid-Cap Core Equity	Common /Collective Trust	**	280,086
	Spartan Extended Market Index Pool Class C	Common /Collective Trust	**	869,558
	Spartan Total International Index Pool Class C	Common /Collective Trust	**	2,258,514
	Vanguard Target Inc Class A	Common /Collective Trust	**	80,214
	Vanguard Target 2020 Class A	Common /Collective Trust	**	589,936
	Vanguard Target 2025 Class A	Common /Collective Trust	**	2,710,539
	Vanguard Target 2030 Class A	Common /Collective Trust	**	2,490,140
	Vanguard Target 2035 Class A	Common /Collective Trust	**	2,904,238
	Vanguard Target 2040 Class A	Common /Collective Trust	**	1,056,615
	Vanguard Target 2045 Class A	Common /Collective Trust	**	2,487,578
	Vanguard Target 2050 Class A	Common /Collective Trust	**	2,578,784
	Vanguard Target 2055 Class A	Common /Collective Trust	**	2,715,068
	Vanguard Target 2060 Class A	Common /Collective Trust	**	1,502,524
	Vanguard Target 2065 Class A	Common /Collective Trust	**	23,567
*	Fidelity Growth Co Pool A	Common /Collective Trust	**	8,423,519
*	Fidelity Contra Pool CL A	Common /Collective Trust	**	3,773,373
	Total			56,547,347
		Loans Issued at Interest Rates from 4.25% - 9.50% with Various Maturities through October 2034		
*	Participants' loans		-	2,291,670
	Total Plan investments			<u>\$ 58,839,017</u>
*	Denotes party-in-interest to the Plan.			
**	Cost information is omitted because these investments are participant-directed.			