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

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.)
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] 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
LEONARDO DRS, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1985

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)
LEONARDO DRS, INC.

2345 CRYSTAL DRIVE
SUITE 1000
ARLINGTON, VA 22202

2b Employer Identification Number (EIN)
13-2632319

2c Plan Sponsor's telephone number
571-447-4645

2d Business code (see instructions)
339900

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.	09/28/2026	MICHELE STEVENER
	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 [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	8846
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	**6a(1)**	6516
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	6519
b	Retired or separated participants receiving benefits	**6b**	122
c	Other retired or separated participants entitled to future benefits	**6c**	2284
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	8925
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	22
f	Total. Add lines **6d** and **6e**.	**6f**	8947
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	7662
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	7969
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2G 2J 2K 2T 3F 3H 2F 3D

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
LEONARDO DRS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LEONARDO DRS, INC.

D Employer Identification Number (EIN)
13-2632319

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68241	62306	786	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ ANNUITY

b	Balance at the end of the previous year			7b	61334016
c	Additions: (1) Contributions deposited during the year	7c(1)	3507521		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	0		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	31891295		
	▶ OTHER INCOME				
	(6) Total additions			7c(6)	35398816
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	96732832
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	16149043		
	(2) Administration charge made by carrier	7e(2)	23479		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	23580122		
	▶ OTHER EXPENSES				
	(5) Total deductions			7e(5)	39752644
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	56980188

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
LEONARDO DRS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LEONARDO DRS, INC.

D Employer Identification Number (EIN)
13-2632319

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

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 60 64 65	RECORDKEEPER	252122	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

RUBINBROWN LLC

43-0765316

(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?
10	ACCOUNTANT/AUDITOR	21800	Yes [ ] No [X]	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
FIDELITY INVESTMENTS INSTITUTIONAL	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.	
WW QUAL SMALLCAP ULT - ULTIMUS FUN 31-1663251	0.10%	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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(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
LEONARDO DRS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LEONARDO DRS, INC.

D Employer Identification Number (EIN)
13-2632319

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: VANGUARD TARGET 2020

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

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)
90-6083983-001	C	38855775

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET 2040

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

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)
90-6083975-001	C	77322649

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

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

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)
90-6083968-001	C	19016037

a Name of MTIA, CCT, PSA, or 103-12 IE: BTC STR COMP NL M

b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.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)
46-3525011-001	C	1896601

a Name of MTIA, CCT, PSA, or 103-12 IE: TS&W MID CAP VALUE A

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY - TS&W

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)
26-6773274-001	C	30525127

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET 2045

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

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)
90-6083973-001	C	69109999

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET 2065

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

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)
82-6190443-001	C	12779043

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET 2060

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 45-3799212-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26186021

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET 2025

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-6083981-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85091531

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET 2055

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 27-6715074-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42768405

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET 2030

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-6083979-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110255989

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET 2035

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-6083977-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95415033

a Name of MTIA, CCT, PSA, or 103-12 IE: PRU CORE PLUS BD 16

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST COMPANY

c EIN-PN 23-6994310-165	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14357432

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET 2070

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 87-7035538-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1688725

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET 2050

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 90-6083969-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60328310

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

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
LEONARDO DRS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LEONARDO DRS, INC.

D Employer Identification Number (EIN)
13-2632319

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	1	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1801390	93637
(2) Participant contributions	1b(2)	8078057	154478
(3) Other	1b(3)	814253	66906
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2730319	1895725
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	166361	170191
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	13432454	13874576
(9) Value of interest in common/collective trusts	1c(9)	575467729	685596677
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	392619043	450973743
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	61334016	56980188
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	254242511	270586505
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	1310686134	1480392626
Liabilities			
1g Benefit claims payable	1g	12844	165416
1h Operating payables	1h	327533	313638
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	11479	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	351856	479054
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1310334278	1479913572

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)	41225223	
(B) Participants	2a(1)(B)	58239681	
(C) Others (including rollovers)	2a(1)(C)	14177313	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		113642217
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	113410	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	1143115	
(F) Other	2b(1)(F)	886567	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2143092
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	979996	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	12575287	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		13555283
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	125834693	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	123933214	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1901479
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	40061541	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		40061541

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		99350357
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		50788841
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		321442810
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	150371814	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		150371814
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		22706
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	4800	
(3) Recordkeeping fees	2i(3)	247322	
(4) IQPA audit fees	2i(4)	21800	
(5) Investment advisory and investment management fees	2i(5)	1159335	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	1029	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	34710	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1468996
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		151863516
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		169579294
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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) [X] 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) [X] 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: RUBINBROWN LLP **(2)** EIN: 43-0765316

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.)	**4a**	X		387
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.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**	X		1485
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
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.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

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

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

SCHEDULE R (Form 5500)

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
LEONARDO DRS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LEONARDO DRS, INC.

D Employer Identification Number (EIN)
13-2632319

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** |

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**

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A .

LEONARDO DRS, INC. 401(k) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2025

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RubinBrown

1200 Main Street
Suite 1000
Kansas City, MO 64105

T: 816.472.1122
E: info@rubinbrown.com
www.RubinBrown.com

CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS

Independent Auditors' Report

Leonardo DRS, Inc. Retirement
Benefit Plans Committee
Leonardo DRS, Inc. 401(k) Plan
Arlington, Virginia

Scope And Nature Of The ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Leonardo DRS, Inc. 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 2024, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits 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 Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

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Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities For The Audit Of The 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.
- 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

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

Responsibilities Of Management For The Financial Statements

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

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

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

Auditors' Responsibilities For The Audit Of The Financial Statements

Except as described in the Scope And Nature Of The ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America, we:

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

Our audits 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 accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedules Required By ERISA

The supplemental schedules of assets held at end of year as of December 31, 2025 and delinquent participant contributions are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

RubinBrown LLP

August 18, 2026

LEONARDO DRS, INC. 401(k) PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2025	2024
Assets		
Investments - At Fair Value		
Mutual funds	**$ 448,148,270**	$ 392,618,944
Collective trust funds	**685,596,677**	575,467,729
Common and preferred stocks	**270,756,697**	254,408,872
Money market funds	**4,557,164**	3,192,816
Total Investments - At Fair Value	**1,409,058,808**	1,225,688,361
Fully Benefit-Responsive Investment Contract At Contract Value	**56,980,188**	61,334,016
Receivables		
Notes receivable from participants	**13,812,340**	13,372,026
Participant contributions	**—**	1,801,390
Company contributions	**—**	8,078,057
Total Receivables	**13,812,340**	23,251,473
Net Assets Available For Benefits	**$ 1,479,851,336**	$ 1,310,273,850

LEONARDO DRS, INC. 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For The Years Ended December 31,	
	2025	2024
Additions To Net Assets Attributed To:		
Contributions		
Participant	**$ 64,516,349**	$ 59,891,574
Company	**34,948,556**	31,779,845
Rollover	**14,177,313**	12,082,385
Total Contributions	**113,642,218**	103,753,804
Deductions From Net Assets Attributed To:		
Benefits paid to participants	**150,260,885**	123,055,514
Administrative expenses	**274,696**	338,465
Total Deductions	**150,535,581**	123,393,979
Investment Income		
Net change in fair value of investments	**192,752,077**	154,663,338
Dividends and interest	**12,569,087**	11,136,254
Net Investment Income	**205,321,164**	165,799,592
Interest Income On Notes Receivable From Participants	**1,149,685**	909,373
Net Increase	**169,577,486**	147,068,790
Net Assets Available For Benefits - Beginning Of Year	**1,310,273,850**	1,163,205,060
Net Assets Available For Benefits - End Of Year	**$ 1,479,851,336**	$ 1,310,273,850

1. Description Of The Plan

The following description of Leonardo DRS, Inc. 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.

The Plan is sponsored by Leonardo DRS, Inc. (the Company or Plan Administrator), a Leonardo Company. The Plan is a defined contribution plan covering substantially all employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The trustee and recordkeeper of the Plan is Fidelity Management Trust Company (Trustee).

The Company's subsidiaries and affiliates whose U.S. employees participate in the Plan are as follows:

- DRS Daylight Solutions, Inc.
- DRS Marlo Coil
- DRS Advanced ISR, LLC
- DRS Network & Imaging Systems, LLC
- DRS Naval Power Systems, Inc.
- DRS RADA Technologies, LLC
- DRS Sustainment Systems, Inc.
- DRS Training & Control Systems, LLC
- DRS Signal Solutions, Inc.
- DRS Laurel Technologies
- DRS RADA Sensors, Inc.

Eligibility

Employees are eligible to participate in the Plan upon attaining the age of 18. Participants may enter the Plan on the first day of the month following their date of eligibility, or at any time thereafter.

Contributions

Participants may contribute up to 80% of eligible compensation, as defined by the Plan Document, on a pre-tax basis subject to Internal Revenue Service (IRS) limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan also allows participants to make Roth contributions. Participants may also contribute amounts representing distributions from other qualified pre-tax defined benefit or contribution plans (rollover).

The Company may make discretionary matching contributions. During the years ended December 31, 2025 and 2024 the Company's matching contributions ranged from 90% to 100% of the participant's pre-tax and post-tax contributions, up to 6% of eligible compensation.

Participants direct the investment of all contributions to the Plan.

Participant Accounts

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

Vesting

Participants are immediately vested in their contributions, rollover contributions and Company matching contributions, plus actual earnings thereon.

Forfeitures

Forfeited nonvested accounts are used to reduce future Company contributions or to pay Plan expenses. During the years ended December 31, 2025 and 2024, forfeitures of approximately $11,000 and $150,000, respectively, were used to reduce Company contributions. Forfeited nonvested accounts available at December 31, 2025 and 2024 were approximately $1,000 and $5,000, respectively.

Notes Receivable From Participants

Participants may borrow from their account a minimum of $1,000, up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from one to five years; however, terms may extend to ten years for the purchase of a primary residence. Loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan Administrator. Principal and interest are paid ratably through payroll deductions.

Payment Of Benefits

On termination of service, death, becoming disabled or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

In-Service Withdrawals

Active participants who reach age 59-1/2 may withdraw all or part of their vested accounts.

Active participants who experience a qualifying financial hardship may withdraw from the Plan a portion of their vested account, as defined by the Plan Document. Hardship withdrawals will be approved only if they conform to Plan provisions and established safe harbors under the Internal Revenue Code (the Code).

Administrative Expenses

Administrative expenses paid by the Plan include recordkeeping, maintenance, and transactional fees. All other expenses are paid for by the Company.

2. Basis Of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting.

Estimates And Assumptions

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and, when applicable, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

Investment Valuation And Income Recognition

Investments, other than fully benefit-responsive investment contracts, are reported at fair value. Fair value is the price that would be received in an asset sale or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded as earned on the accrual basis. The net change in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Investment contracts held by a defined contribution plan that are fully benefit-responsive investment contracts are reported at contract value, rather than fair value, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan's investment in the Prudential Core Conservative Bond Fund is a fully benefit-responsive investment contract and is reported at contract value in the statement of net assets available for benefits.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2025 or 2024. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Contributions Receivable And Credit Loss Policy

Amounts due for contributions are stated at the amount management expects to collect from outstanding balances less an allowance for expected credit losses. The expected credit losses amount reflects management's best estimate of amounts that will not be collected. This assessment considers historical experience, current conditions and, when appropriate, reasonable and supportable forecasts.

The Plan has concluded that no allowance for current expected credit losses was necessary at December 31, 2025 or 2024.

Payment Of Benefits

Benefits are recorded when paid.

Subsequent Events

Management evaluates subsequent events through the date the financial statements are available for issue, which is the date of the Independent Auditors' Report.

3. Certified Investment Information

The following is a summary of the Plan's asset information as of December 31, 2025 and 2024, and for the years then ended, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information certified by the Trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Trustee that the information provided to the Plan Administrator related to the following information is complete and accurate.

Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information that appears throughout the financial statements and supplemental schedule related to the following assets as of December 31:

	2025	2024
Mutual funds	**$ 448,148,270**	$ 392,618,944
Collective trust funds	**685,596,677**	575,467,729
Common and preferred stocks	**270,756,697**	254,408,872
Money market funds	**4,557,164**	3,192,816
Fully benefit responsive investment contract at contract value	**56,980,188**	61,334,016
Notes receivable from participants	**13,812,340**	13,372,026

The Trustee also certified to the completeness and accuracy related to the following investment income and interest income on notes receivable from participants for the years ended December 31:

	2025	2024
Net change in fair value of investments	**$ 192,752,077**	$ 154,663,338
Dividends and interest	**12,569,087**	11,136,254
Interest income on notes receivable from participants	**1,149,685**	909,373

4. Fair Value Measurements

The Plan utilizes an established 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 active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2 Inputs to the valuation methodology include:

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

- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value:

Mutual Funds And Money Market Funds

Valued at the daily closing price as reported by the funds. Mutual funds and the money market funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds and the money market funds held by the Plan are deemed to be actively traded.

Collective Trust Funds

Valued at the NAV of units of a collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Common And Preferred Stocks

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

The preceding methods described may produce fair value calculations 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of:

	December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 448,148,270	$ —	$ —	$ 448,148,270
Common and preferred stocks	270,756,697	—	—	270,756,697
Money market funds	4,557,164	—	—	4,557,164
Total Assets Included In The Fair Value Hierarchy	$ 723,462,131	$ —	$ —	723,462,131
Investments measured at net asset value (a)				685,596,677
Total Assets At Fair Value				$ 1,409,058,808

	December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	$ 392,618,944	$ —	$ —	$ 392,618,944
Common and preferred stocks	254,408,872	—	—	254,408,872
Money market fund	3,192,816	—	—	3,192,816
Total Assets Included In The Fair Value Hierarchy	$ 650,220,632	$ —	$ —	650,220,632
Investments measured at net asset value (a)				575,467,729
Total Assets At Fair Value				$ 1,225,688,361

(a) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) as a practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

Fair Value Of Investments In Entities That Use NAV

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

Investment Type	Fair Value 2025	Fair Value 2024	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trust funds	**$ 685,596,677**	$ 575,467,729	None	Daily	None

There have been no changes in valuation methodologies used at December 31, 2025 or 2024.

5. Fully Benefit-Responsive Investment Contract

The Plan invests in a stable value fund (the Fund), a benefit-responsive investment managed exclusively for the Plan by The Prudential Insurance Company of America (Prudential). Prudential maintains the contributions in a managed account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The Fund's key objectives are to provide preservation of principal, maintain a stable interest rate and provide daily liquidity at contract value for participant withdrawals and transfers in accordance with the provisions of the Plan.

The Fund invests in a synthetic guaranteed investment contract (synthetic GIC), a wrap contract paired with an underlying investment in a collective trust fund, the Prudential Core Conservative Bond Fund. The synthetic GIC credits a stated interest rate for a specified period of time. Investment gains and losses are amortized over the expected duration through the calculation of the interest rate applicable to the Plan on a prospective basis. The synthetic GIC provides for a variable crediting rate, which typically resets quarterly, and the issuer of the wrap contract provides assurance that future adjustments to the crediting rate cannot result in a crediting rate less than zero. The average credit rate at December 31, 2025 and 2024 was 1.50% and 1.52%, respectively.

As described in Note 2, because the Fund is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the Fund. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) material, adverse amendments to the Plan documents (including complete or partial Plan termination or merger with another plan) or (2) the decision by the Company to withdraw all assets from the funds and reinvest in another investment vehicle. The Plan Administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

6. Tax Status

The Plan uses a pre-approved plan document sponsored by FMR LLC. FMR LLC received an opinion letter from the IRS dated June 30, 2020, which states that the pre-approved plan document satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. However, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

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

7. Party In Interest Transactions

Certain investments are shares of mutual funds managed by an affiliate of the Trustee. In addition, certain participants have outstanding loans with the Plan as of December 31, 2025 and 2024. These transactions qualify as party in interest transactions.

8. Risks And Uncertainties

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

9. Plan Termination

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

10. Reconciliation Of Financial Statements To Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements as of December 31, 2025 and 2024 to Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	**$1,479,851,336**	$ 1,310,273,850
Adjustment for deemed loans	**62,236**	60,428
Net assets available for benefits per Form 5500	**$1,479,913,572**	$ 1,310,334,278

The following is a reconciliation of the net increase per the financial statements for the year ended December 31, 2025 to Form 5500:

Net increase before transfers out per the financial statements	$ 169,577,486
Change in adjustment for deemed loans	1,808
Net income per Form 5500	$ 169,579,294

Supplemental Schedules

LEONARDO DRS, INC. 401(k) PLAN

EIN: 13-2632319 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR
Page 1 Of 4
December 31, 2025

	Identity Of Issuer, Borrower, Lessor Or Similar Party	Description Of Investments		Current Value
	Mutual Funds			
	Dodge & Cox	Large Value Equity	$	54,328,192
	Westwood Funds	Small Cap Value		27,523,814
*	Fidelity Investments	International Index		18,216,608
*	Fidelity Investments	Diversified International		50,456,913
*	Fidelity Investments	U.S. Bond Index		36,593,929
*	Fidelity Investments	500 Index		224,372,683
*	Fidelity Investments	Emerging Markets Index		10,399,303
*	Fidelity Investments	Extended Markets Index		26,256,828
		Total Mutual Funds		448,148,270
	Collective Trust Funds			
	BlackRock	Strategic Completion Non-Lendable		1,896,601
	Prudential	Core Plus Bond Fund		14,357,432
	Prudential Trust Company	Prudential Core Conservative Bond Fund		56,980,188
	Thompson, Siegel & Walmsley LLC	Mid Cap Value		30,525,127
	Vanguard Group	Vanguard Target Retirement		19,016,037
	Vanguard Group	Vanguard Target 2020		38,855,775
	Vanguard Group	Vanguard Target 2025		85,091,531
	Vanguard Group	Vanguard Target 2030		110,255,991
	Vanguard Group	Vanguard Target 2035		95,415,033
	Vanguard Group	Vanguard Target 2040		77,322,649
	Vanguard Group	Vanguard Target 2045		69,109,999
	Vanguard Group	Vanguard Target 2050		60,328,310
	Vanguard Group	Vanguard Target 2055		42,768,405
	Vanguard Group	Vanguard Target 2060		26,186,021
	Vanguard Group	Vanguard Target 2065		12,779,043
	Vanguard Group	Vanguard Target 2070		1,688,725
		Total Collective Trust Funds		742,576,865
	Balance Carried Forward			1,190,725,135

Identity Of Issuer, Borrower, Lessor Or Similar Party	Description Of Investments	Current Value
Balance Brought Forward		$ 1,190,725,135
Common Stocks		
	ADVANCED MICRO DEVICES INC	177,753
	ADYEN BV ADR	1,348,395
	ALPHABET INC CL A	15,461,261
	AMAZON.COM INC	8,838,098
	AMPHENOL CORPORATION CL A	5,232,486
	API GROUP CORP	1,554,466
	APPLE INC	19,236,542
	APPLOVIN CORP	2,078,061
	ARES MANAGEMENT CORP CL A	763,863
	ARES MANAGEMENT CORP CL A	460,646
	ARGENX SE SPONSORED ADR	3,510,966
	ARGENX SE SPONSORED ADR	1,663,399
	ARISTA NETWORKS INC	3,272,867
	ARTHUR J GALLAGHAR AND CO	359,201
	ASCENDIS PHARMA AS SPON ADR	3,184,100
	ASTERA LABS INC	931,616
	AUTOZONE INC	1,037,799
	BAKER HUGHES CO	1,736,258
	BLOCK INC CL A	5,080,405
	BLOOM ENERGY CORP CL A	316,627
	BOEING CO	1,741,302
	BROADCOM INC	10,806,626
	BWX TECHNOLOGIES INC	937,138
	CARVANA CO CL A	897,215
	CBRE GROUP INC- CL A	1,266,060
	CCC INTELLIGENT SOLUTIONS HOLD CL A	731,639
	CENCORA INC	903,481
	CHIPOTLE MEXICAN GRILL INC	1,301,697
	CIENA CORP	1,145,963
	CIGNA GROUP (THE)	968,259
	CLOUDFLARE INC	798,852
	COHERENT CORP	746,217
	COMFORT SYSTEMS USA INC	1,366,337
	COUPANG INC A	1,236,446
	DANAHER CORP	1,206,637
	DATADOG INC CL A	1,531,655
	DOORDASH INC	1,855,551
	DOORDASH INC	1,618,879
	EDWARDS LIFESCIENCES CORP	344,154
	ELI LILLY & CO	4,700,650
	ENTEGRIS INC	1,967,912
	EQUIFAX INC	554,384
Balance Carried Forward		1,305,596,998

Identity Of Issuer, Borrower, Lessor Or Similar Party	Description Of Investments	Current Value
Balance Brought Forward		$ 1,305,596,998
Common Stocks		
	FABRINET	1,274,784
	FAIR ISAAC CORP	867,288
	FTAI AVIATION LTD	878,148
	GUIDEWIRE SOFTWARE INC	877,811
	HOWMET AEROSPACE INC	3,000,878
	HUBSPOT INC	2,907,419
	INGERSOLL RAND INC	739,915
	INGERSOLL RAND INC	1,035,326
	INSMED INC	2,783,596
	INSULET CORP	1,075,848
	INTUIT INC	5,252,328
	INTUITIVE SURGICAL INC	4,486,704
	IRHYTHM TECHNOLOGIES INC	1,239,951
	L3HARRIS SEMICONDUCTOR CORP	1,215,380
	LATTICE SEMICONDUCTOR CORP	1,236,438
	LATTICE SEMICONDUCTOR CORP	1,620,232
	LIBERTY MEDIA CORP LIBERTY FORMULA ONE C	1,419,135
	LIVE NATION ENTERTAINMENT	1,528,455
	MACOM TECHNOLOGY SOLUTIONS HOLDINGS INC	755,516
	MASTERCARD INC CL A	6,501,752
	MEDLINE INC	483,966
	MERCADOLIBRE INC	2,167,344
	META PLATFORMS INC CL A	7,746,156
	MICROSOFT CORP	23,886,959
	MONGODB INC CL A	1,631,755
	MONGODB POWER SYS INC	959,831
	MONOLITHIC POWER SYS INC	851,072
	NATERA INC	2,061,810
	NETFLIX INC	2,376,535
	NURO INC/CA SER C PC PP	131,204
	NVIDIA CORP	23,746,299
	PARSONS CORP	681,036
	PENUMBRA INC	521,085
	PURE STORAGE INC CL A	807,202
	RBS BEARINGS INC	1,636,321
	REDDIT INC A	962,925
	ROBINHOOD MARKETS INC	602,823
	ROBLOX CORP	1,272,981
	ROCKET COS INC	516,912
Balance Carried Forward		1,419,338,118

LEONARDO DRS, INC. 401(k) PLAN

EIN: 13-2632319 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR
Page 4 Of 4
December 31, 2025

Identity Of Issuer, Borrower, Lessor Or Similar Party	Description Of Investments	Current Value
Balance Brought Forward		$ 1,419,338,118
Common Stocks		
	ROKU INC CLASS A	381,776
	SERVICENOW INC	2,642,528
	SERVICETITAN INC-A	670,950
	SHOPIFY INC CL A	1,624,992
	SHOPIFY INC CL A	1,389,171
	SILA NANOTECHNOLOGIES INC SER F 0% PC P	59,233
	SOMNIGROUP INTERNATIONAL INC	548,001
	SPOTIFY TECHNOLOGY SA	1,819,945
	STRYKER CORP	2,464,859
	SYNOPSYS INC	709,277
	TELEDYNE TECHNOLOGIES INC	593,979
	TEXAS ROADHOUSE INC	448,698
	THE BOOKING HOLDINGS INC	2,500,939
	TOPBUILD CORP	628,705
	TOWER SEMICONDCTR LTD	939,360
	TRADEWEB MARKETS INC A	1,642,243
	TWIST BIOSCIENCE CORP	729,782
	TYLER TECHNOLOGIES INC	1,128,520
	UNITEDHEALTH GROUP INC	2,861,724
	US FOODS HOLDING CORP	1,432,285
	VERACYTE INC	1,179,221
	VIKING HOLDINGS LTD	1,154,985
	VISA INC CL A	5,421,977
	VISTRA CORP	541,423
	WATERS CORP	728,894
	WAYSTAR HOLDING CORP	430,171
	WESCO INTERNATIONAL INC	695,022
	WEST PHARMACEUTICAL SVCS INC	2,247,068
	WINGSTOP INC	946,090
	WOODWARD INC	1,490,135
	XYLEM INC	1,096,113
	ZSCALER INC	825,456
	Total Common Stocks	270,586,505
Preferred Stocks		
Rappi Inc	Series E PFD PERP PP	57,362
Waymo LLC	Series A2 0% PFD PERP P/P	112,830
	Total Preferred Stocks	170,192
Money Market Funds		
JP Morgan	U.S. Government Money Market Fund	374,195
T. Rowe Price	Government Money Fund	4,182,969
	Total Money Market Funds	4,557,164
* **Notes Receivable From Participants**	Interest rates ranging 4.25% to 9.50%, with maturity dates through August 2035	13,874,576
		$ 1,479,913,572

***** Party in interest as defined by ERISA.
The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.

LEONARDO DRS, INC. 401(k) PLAN

EIN: 13-2632319 PLAN NUMBER: 001
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
For The Year Ended December 31, 2025

Participant Contributions Transferred Late To Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP And PTE 2002-51
Check Here If Late Participant Loan Repayments Are Included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction In VFCP	
$ 387	$ —	$ —	$ —	$ 387

APPENDIX E

COVER PAGE

PAPERWORK BURDEN DISCLOSURE NOTICE
OMB Control Number 1210-0118; expires 03/31/2028

The information identified on this form is required for a valid application for the Voluntary Fiduciary Correction Program of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA).You are not required to use this form; however, you must supply the information identified in order to receive the relief offered under the Program with respect to a breach of fiduciary responsibility under Part 4 of Title I of ERISA. EBSA will use this information to determine that you have satisfied the requirements of the Program. EBSA estimates that completing and submitting this form and the checklist will require an average of 7 hours. This collection of information is currently approved under OMB Control Number 1210-0118. You are not required to respond to a collection of information unless it displays a currently valid OMB Control Number. You may send comments on this collection of information, including suggestions for reducing burden to: US Department of Labor, Office of Research and Analysis, Attention: PRA Officer, 200 Constitution Avenue, NW, Room N-5718, Washington, DC 20210; or send to ebsa.opr@dol.gov.

DO NOT INCLUDE THIS PAPERWORK REDUCTION ACT BANNER IN NOTICES

Appendix E – Model Application Form (Optional)

Voluntary Fiduciary Correction Program Application Form

This application form provides a recommended format for your VFC Program application. Please make sure you have attached all documents identified on the VFC Program Checklist (for example, proof of payment). If you choose to use a different format to submit the required information for your VFC Program Application, your application must still include a completed copy of the VFC Program Checklist. Submit your application to the appropriate EBSA Regional Office. Check with the relevant Regional Office whether it accepts email submissions of VFC Program applications. For full application procedures, consult www.dol.gov/ebsa/.

Applicant Name(s) and Address(es) (street and email)

List separately:

Leonardo DRS, Inc.

2345 Crystal Drive, Suite 1000, Arlington, VA 22202

michele.stevener@drs.com

List Transaction(s) Corrected

Check which transaction(s) listed in the VFC Program you have corrected:

X Delinquent Participant Contributions and Loan Repayments to Pension Plans

___ Delinquent Participant Contributions to Insured Welfare Plans

___ Delinquent Participant Contributions to Welfare Plan Trusts

___ Loan at Fair Market Interest Rate to a Party in Interest

___ Loan at Below-Market Interest Rate to a Party in Interest

___ Loan at Below-Market Interest Rate to a Non-Party in Interest

___ Loan at Below-Market Interest Rate Due to Delay in Perfecting Plan's Security Interest

___ Loans Failing to Comply with Plan Provisions for Amount, Duration or Level Amortization

___ Default Loans

___ Purchase of an Asset by a Plan from a Party in Interest

___ Sale of an Asset by a Plan to a Party in Interest

___ Sale and Leaseback of Real Property to Employer

___ Purchase of Asset by a Plan from a Non-Party in Interest at More Than Fair Market Value

___ Sale of an Asset by a Plan to a Non-Party in Interest at Less Than Fair Market Value

___ Holding of an Illiquid Asset Previously Purchased by a Plan

___ Payment of Benefits Without Properly Valuing Plan Assets on Which Payment is Based

___ Duplicative, Excessive, or Unnecessary Compensation Paid by a Plan

___ Expenses Improperly Paid by a Plan

___ Payment of Dual Compensation to a Plan Fiduciary

Correction Amount

Principal Amount: $ 329.79 *Date Paid* 08 / 07 / 2025

Lost Earnings/Restoration of Profit: $ 12.19 *Date Paid* 08 / 14 / 2025

Narrative and Calculations

List:

(1) All persons materially involved in the Breach and its correction (e.g., fiduciaries, service providers):

The Leonardo DRS accounting, payroll, benefits teams

(2) An explanation of the Breach, including the date(s) it occurred (attach separate sheets if necessary):

The Leonardo DRS Accounting team identified the discrepancy of $329.79 for pay date January 24,2025 while reviewing the internal financial records. The Benefits team was notified on July 11, 2025 of the discrepancy and then facilitated the necessary corrections with the 401(k) record keeper.

(3) An explanation of how the Breach was corrected, by whom, and when (attach separate sheets if necessary):

The Benefits team calculated the lost earnings utilizing the DOL VFCP Online Calculator and funded the late contributions and the lost earnings with the 401(k) record keeper. The late contributions of $329.79 were funded on August 7, 2025 and the lost earnings were funded on August 14, 2025.

(4) For a correction of Delinquent Participant Contributions or Loan Repayments, provide a statement from a Plan Official identifying the earliest date on which participant contributions/loan repayments reasonably could have been segregated from the employer's general assets (attach supporting documentation on which Plan Official relied).

Number of days used to determine the date on which participant contributions/loan repayments withheld from employees' pay could reasonably have been segregated from the employer's general assets:

Four business days.

Description of how this date was determined, including the applicant's current contribution and/or repayment remittance practices:

The above timeframe is a matter of Plan policy and is based on the shortest period of time in which deposits historically have been able to be segregated and transmitted to the Plan.

(5) For a correction of Delinquent Participant Contributions or Loan Repayments, provide a narrative describing any changes to the applicant's contribution and/or repayment remittance practices after the period of unpaid or late contributions and/or repayments, including any steps taken to prevent future delinquencies: (attach separate sheets if necessary)

The established process includes steps to ensure that the amount funded to the plan each pay cycle is equal to the amount deducted from payroll by validating that the outbound file

transmitted to the record keeper and the internal ADP payroll report reconcile. In addition to the reconciliation process the Payroll team completes a 401(k) Adjustment form to indicate any payroll adjustments and/or off-cycle payments impacting the 401(k) contributions.

(6) Specific calculations demonstrating how Principal Amount and Lost Earnings or Restoration of Profits were calculated (attach separate sheets if necessary): If the Online Calculator was used, you only need to indicate this and attach a copy of the "View Printable Results" page.

X Online Calculator – "View Printable Results" page attached.

___ Manual calculation – see attached calculations, which must follow the method used in subparagraphs (i) through (iv) of section 5(b)(6). See Appendix D for a sample.

Supplemental Information

(1) Plan Sponsor Name:

Leonardo DRS, Inc.

EIN: 13-2632319

Address:

2345 Crystal Drive, Suite 1000, Arlington, VA 22202

(2)(a) Plan Name:

Leonardo DRS, Inc. 401(k) Plan

Plan Number: 001

(2)(b) For Bulk Applicants (attach additional sheets identifying this information for each Plan named in the application involved in the transaction):

Plan Name:

Plan Sponsor EIN or date the most recent Form 5500 was filed:

13-2632319

(3) Plan Administrator Name:

EIN:

Address:

(4) Name of Authorized Representative: (Submit written authorization signed by the Plan Official.)

Tami Gesiskie

Address:

2345 Crystal Drive, Suite 1000, Arlington, VA 22202

Telephone: 571-447-4653

(5) Name of Contact Person:

Michele Stevener

Address:

2345 Crystal Drive, Suite 1000, Arlington, VA 22202

Telephone: 571-447-4645 Email: michele.stevener@drs.com

(6) Date of Most Recent Annual Report Form 5500 Filing, if applicable: 10 / 15 / 2025 for Plan Year Ending: 12 / 31 / 2024

(7) Is Applicant Seeking Relief From Excise Tax Under PTE 2002-51?

___ Yes - Either:

___ Submit a copy of the notice to interested parties within 60 calendar days of this application and indicate date of the notice if not on the notice itself; or

___ If you are relying on the exception to the notice requirement contained in section IV.C. of PTE 2002-51, provide a copy of a completed IRS Form 5330 or other written documentation and proof of payment.

X No.

(8) Proof of Payment:

X Canceled check

___ Executed wire transfer

___ Signed, dated receipt from the recipient of funds transferred to the plan (such as a financial institution)

___ Bank statements for the plan's account

___ Other: _____

Caution: The correction amount and the costs of correction cannot be paid from plan assets, including by charges against participant accounts or plan forfeiture accounts.

(9) Disclosure of a current investigation or examination of the plan by an agency, to comply with section 3(b)(3)(v):

___ PBGC

___ Any state attorney general State: _____

___ Any state insurance commissioner State: _____

___Other federal governmental agency: _____

Contact person for the agency identified: _____

(10) Be sure to include the required VFC Program Application Checklist and all other documentation identified as being enclosed. The checklist is available at http://www.dol.gov/ebsa/calculator/2006vfcpchecklist.html

(11) In order to help us improve our service, please indicate how you learned about the VFC Program: _____

Authorization of Representative

I have authorized (insert name of authorized representative) to represent me concerning this VFC Program application.

Name of Plan Official

Tami Gesiskie

Signature of Plan Official

Tami Gesiskie

Date 12-17-25

Penalty of Perjury Statement

The following statement must be signed and dated by a plan fiduciary, (or pursuant to special rules, a bulk applicant or an employer with respect to a multiemployer plan or multiple employer plan), with knowledge of the transaction that is the subject of the application and by the authorized representative, if any. Each Plan Official applying under the VFC Program must also sign and date the statement, which must accompany any subsequent additions to the application. "Under penalties of perjury I certify that I am not Under Investigation (as defined in section 3(b)(3) of the VFC Program) and that I have reviewed this application, including all supporting documentation, and to the best of my knowledge and belief the contents are true, correct, and complete."

Tami Gesiskie, Sr. Vice President, Human Resources

Name and Title

Signature 

Date December 17, 2025

Michele Stevener, Sr. Director, Benefits

Name and Title

Signature 

Date December 17, 2025

VFC Program Application Checklist (Required)

Use this checklist to make sure you are submitting a complete application. Indicate "Yes", "No" or "N/A" next to each item. A "No" answer or the failure to include a completed checklist will delay review of the application until all required items are received. The applicant must sign and date the checklist and include it with the application. Check with the relevant Regional Office whether it accepts email submissions of VFC Program applications.

Yes 1. Have you reviewed the eligibility, definitions, transaction and correction, and documentation sections of the VFC Program?

Yes 2. Have you included the name, address (street or email) and telephone number of a contact person familiar with the contents of the application?

Yes 3. Have you provided the EIN, Plan Number, and address (street and email) of the plan sponsor and plan administrator?

Yes 4. Have you provided the date that the most recent Form 5500 was filed by the plan (or for a bulk application as described in section 4(d), the nine-digit employer identification number for each plan sponsor of a named plan)?

Yes 5. Have you enclosed a signed and dated certification under penalty of perjury for the plan fiduciary with knowledge of the transactions and for each applicant and the applicant's representative, if any? In the case of a bulk application, have you enclosed a signed and dated certification under penalty of perjury for the bulk applicant based on knowledge of the transactions and for the bulk applicant's representative, if any? In the case of a contributing or adopting employer in a multiemployer plan or multiple employer plan, the employer may sign the Penalty of Perjury statement and, without regard to the employer's status as a plan fiduciary, no other plan fiduciary need sign.

N/A 6. Have you enclosed relevant portions of the plan document and any other pertinent documents (such as the adoption agreement, trust agreement, or insurance contract) with the relevant sections identified?

N/A 7. If applicable, have you provided written notification to EBSA of any current investigation or examination of the plan, or of the applicant or plan sponsor in connection with an act or transaction directly related to the plan by the PBGC, any state attorney general, or any state insurance commissioner?

N/A 8. If applicable (under section 4(b)(2) of the Program), have you included the following items?

N/A a. Contact information for the law enforcement agency notified of the criminal activity;

N/A b. A statement from the applicant asserting no involvement in the potential criminal activity; and

N/A c. A statement as to whether a claim relating to the criminal activity has been made under an ERISA section 412 fidelity bond.

N/A 9. Where applicable, have you enclosed a copy of an appraiser's report?

N/A 10. Where applicable, have you enclosed a copy of an independent fiduciary's approval?

YES 11. Have you enclosed supporting documentation, including:

YES a. A detailed narrative of the Breach, including the date it occurred;

YES b. Documentation that supports the narrative description of the transaction;

YES c. An explanation of how the Breach was corrected, by whom and when, with supporting documentation;

YES d. A list of all persons materially involved in the Breach and its correction (e.g., fiduciaries, service providers, borrowers, lenders);

YES e. Specific calculations demonstrating how Principal Amount and Lost Earnings or Restoration of Profits were computed, or, if the Online Calculator was used, a copy of the "Print Viewable Results" page(s) after completing use of the Online Calculator;

YES f. Proof of payment of principal amount;

YES g. Proof of payment of Lost Earnings or restoration of profits to the plan; and

Caution: The correction amount and the costs of correction cannot be paid from plan assets, including by charges against participant accounts or plan forfeiture accounts.

YES h. If application concerns delinquent participant contributions or loan repayments, a statement from a Plan Official identifying the earliest date on which participant contributions/loan repayments reasonably could have been segregated from the employer's general assets and supporting documentation on which the Plan Official relied?

N/A 12. If you are an eligible applicant and wish to avail yourself of excise tax relief under the VFC Program Class Exemption:

N/A a. Have you made proper arrangements to provide within 60 calendar days after submission of this application a copy of the VFC Program Class Exemption notice to all interested persons and to the EBSA Regional Office to which the application is filed; or

N/A b. If you are relying on the exception to the notice requirement in section IV.C. of the VFC Program Class Exemption because the amount of the excise tax otherwise due would be less than or equal to $100.00, have you provided to the appropriate EBSA Regional Office a copy of a completed IRS Form 5330 or other written documentation containing the information required by IRS Form 5330 and proof of payment?

Yes 13. In calculating Lost Earnings, have you elected to use:

Yes a. The Online Calculator; or

N/A b. A manual calculation performed in accordance with section 5(b) of the VFC Program?

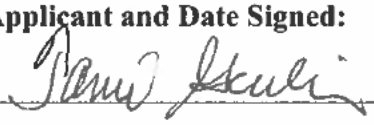
N/A 14. If the application involves payments to participants and beneficiaries:

N/A a. Have you enclosed a description demonstrating proof of payment to participants and beneficiaries whose current location is known to the plan and/or applicant in accordance with section 5(d) of the VFC Program?

N/A b. For individuals who need to be located, have you demonstrated how adequate funds have been segregated to pay missing individuals and included a description of the process that you commenced to locate missing individuals in accordance with section 5(d)?

Yes 15. For purposes of the three transactions involving participant contributions covered under section 7.1, has the plan implemented measures to ensure that such transactions do not recur?

Signature of Applicant and Date Signed:



Name of Applicant:

Leonardo DRS, Inc.

Title/Relationship to the Plan:

Sr. Vice President, Human Resources

Name of Plan, EIN and Plan Number:

Leonardo DRS, Inc. 401(k) Plan; EIN 13-2632319; Plan Number 001

Contact information: Phone; email

Michele Stevener 571-447-4645 michele.stevener@drs.com

U.S. DEPARTMENT OF LABOR (https://www.dol.gov)

VFCP Calculator - Final Result

Lost Earnings and interest, if any, ($12.19) exceed Restoration of Profits ($0.00). Therefore the amount due to the plan is: **$12.19.**

Note: This amount does **not** include any Principal Amount that may also need to be paid to the plan. Check the specific transaction to determine if the Principal Amount must be paid.

Lost Earnings

Principal	Loss Date	Recovery Date	Final Payment Date	Amount Due
$219.86	1/30/2025	8/7/2025	8/14/2025	$8.13
$109.93	1/30/2025	8/7/2025	8/14/2025	$4.06

Principal Amount total:$329.79 **Lost Earnings total:$12.19**

Restoration of Profits

No Restoration of Profit transactions entered.

Disclaimer and Limitations

The U.S. Department of Labor is not responsible for any loss of calculations and data. The Department does not monitor data you enter online, and you **cannot save calculations online.** You may save your results by printing a copy or copying/pasting a copy into a text document on your computer before terminating your session.

For more information on the collection, use and disclosure of personally-identifying information, see the Department's Privacy and Security Statement.

The VFCP Online Calculator is a compliance assistance tool and is made available to facilitate applications under the VFCP. Use of the VFCP Online Calculator does not create or confer legally enforceable rights upon any person or entity.

Start Over (WebCalculator.aspx)

401(k) Payroll 08.01.2025										
DIVISION NAME	Co Code	Pre-Tax BASIC	Pre-Tax SUPP	MATCH	Pre-Tax CATCH-UP	ROTH BASIC	ROTH SUPP	ROTH CATCH-UP	LOANS	TOTAL
DRS NAVAL POWER SYSTEMS, INC. (CT)	D43									
DRS MARLO COIL	D44									
DRS DAYLIGHT SOLUTIONS, INC.	DAY									
DRS NAVAL POWER SYSTEMS INC Hourly (WI)	DPC	$ 12,841.71	$ 9,243.60	$ 13,274.82	$ 635.08	$ 1,908.30	$ 1,229.88		$ 2,967.35	$ 42,100.74
DRS NAVAL POWER SYSTEMS INC Salary (WI)	DPP									
DRS TRAINING & CONTROL SYSTEMS, LLC	DR2									
DRS POWER TECHNOLOGY, INC	DRI									
DRS LAUREL TECHNOLOGIES	DRL									
DRS SUSTAINMENT SYSTEMS, INC	DRR	$ 3,834.79	$ 1,445.25	$ 4,677.41	$ 5.98	$ 842.62	$ 116.04		$ 953.71	$ 11,875.80
DRS CORPORATE (LEONARDO DRS)	DRS									
DRS SUSTAINMENT SYSTEMS, INC	DSV									
DRS SUSTAINMENT SYSTEMS, INC (WP SALARIED)	DSY									
DRS ADVANCED ISR, LLC	FJ8									
DRS NETWORK & IMAGING SYSTEMS, LLC	N1S									
DRS RADA SENSORS	R0A									
DRS SIGNAL SOLUTIONS, INC	R9V									
DRS RADA TECHNOLOGIES	RDA									
TOTALS										
Adjustments DRR: 401(k) Match of $0.01 erroneously posted for Sanchez Vasquez,Jimy instead of Sanchez,Anthony; reallocated in Fidelity	DRR									
Adjustments DRI: Priddy, Eric - Missed 401(k) deferrals posted 01/24/25	DRI	$ 219.86	$ 109.93							$ 329.79
Adjustments DRI: Gatlin, Rodney - Missed 401(k) deferrals posted 04/18/25; Missed Match	DRI	$ 56.54		$ 56.54						$ 113.08
TOTALS		$ 16,952.90	$ 10,798.78	$ 18,008.77	$ 641.06	$ 2,750.92	$ 1,345.92	$ -	$ 3,921.06	$ 54,419.41

Okay to wire → 54,419.41

Sofia Draganova 8/5/2025

Benefits Analyst Signature for Wire and Date

Michelle 8/5/25

Sr. Director, Benefits Signature for Wire and Date

Finance Executive Signature for Wire and Date

Apply Funding - Confirmation

You have applied funding with the information shown below. If you have elected to receive notification, Fidelity will notify you when this funding is complete or if there is a problem with the funding. The status of the file may be viewed on the File Management page at any time. You may want to print this page for your records.

NOTE- The payment method shown is the method initially chosen. The actual method may differ (for example, if there were insufficient funds in the selected account).

Plan: 78084 LEONARDO DRS 401(K)
File Name: 133952 Tracking Number: 133952

File Details

01	EE PRETAX BASIC MATCHED (cannot be funded with suspense accounts)	$18,952.90
02	EE PRETAX SUPPLEMENTAL (cannot be funded with suspense accounts)	$10,798.78
03	EMPLOYER MATCHING	$18,008.77
09	EE PRETAX CATCH-UP (cannot be funded with suspense accounts)	$641.06
17	EE ROTH BASIC MATCHED (cannot be funded with suspense accounts)	$2,750.92
18	EE ROTH SUPPLEMENTAL (cannot be funded with suspense accounts)	$1,345.92

Total amount to fund (see below): $50,498.35

Suspense Account Information

Suspense accounts will not be used for this funding request.

Payment Method Information

Payment Method: Fed Wire (FEDWIRE)
Funding Expected Date: 08/07/2025
Amount Funded with this Payment Method: $50,498.35

Apply Funding - Confirmation

You have applied funding with the information shown below. If you have elected to receive notification, Fidelity will notify you when this funding is complete or if there is a problem with the funding. The status of the file may be viewed on the File Management page at any time. You may want to print this page for your records.

NOTE- The payment method shown is the method initially chosen. The actual method may differ (for example, if there were insufficient funds in the selected account).

Plan: 78084 LEONARDO DRS 401(K)
File Name: 133951 Tracking Number: 133951

File Details

LOAN REPAYMENTS	(cannot be funded with suspense accounts)	$3,921.06

Total amount to fund (see below): $3,921.06

Suspense Account Information

Suspense accounts will not be used for this funding request.

Payment Method Information

Payment Method: Fed Wire (FEDWIRE)
Funding Expected Date: 08/07/2025
Amount Funded with this Payment Method: $3,921.06

Contributions	$50,498.35
Loans	$3,921.06
Total Funded	$54,419.41

Defined Contribution: Details

Status: Ready to fund as of Aug-05-2025 4:16 PM Submission type: Contribution

Submission details

Submission name	Tracking number	Batch number	Created
133952	133952	0125213001	Aug-01-2025 04:04 AM
Last updated	**Plan name and number**	**Division**	**Fiscal year**
Aug-05-2025 04:16 PM	LEONARDO DRS 401(K) - 78084	n/a	n/a
Number of records	**Amount to be funded**	**Funding initiated**	**Funding expected**
685	$50,498.35	n/a	n/a
Funding received			
n/a			

Contribution and/or loan source funding details

Note: Changes made to the file are not reflected in the totals until after the file has been resubmitted. The amounts listed in this section may vary depending on whether transactions have been completed, errors have been corrected, or records have been added, updated, or removed.

Source	Funding amount
01 - EE PRETAX BASIC MATCHED	$16,952.90
02 - EE PRETAX SUPPLEMENTAL	$10,796.78
03 - EMPLOYER MATCHING	$18,008.77
09 - EE PRETAX CATCH-UP	$641.06
17 - EE ROTH BASIC MATCHED	$2,750.92
18 - EE ROTH SUPPLEMENTAL	$1,345.92
Total	$50,498.35

Defined Contribution: Details

Status: Ready to fund as of Aug-01-2025 4:07 AM Submission type: Loan

Submission details

Submission name	Tracking number	Batch number	Created
133951	133951	1125213500	Aug-01-2025 04:04 AM
Last updated	**Plan name and number**	**Division**	**Fiscal year**
Aug-01-2025 04:07 AM	LEONARDO DRS 401(K) - 78084	n/a	n/a
Number of records	**Amount to be funded**	**Funding initiated**	**Funding expected**
77	$3,921.06	n/a	n/a
Funding received			
n/a			

Fidelity PSW® ↔ LEONARDO DRS, INC.

[redacted]

Employee ID [redacted]

Executive Service: Not available

View personal and contact information

Addresses

Edit

Legal/residential

[redacted]

Mailing

Same as legal/residential address

Emails

Work

Not available

Do not send legal communications

Not available

Personal

Not available

Other information

Name for bank purposes

Not available

Gender

[redacted]

Preferred language

Not available

Government ID

Issuing Country

United States

SSN

[redacted]

Communications

Phone

Not available

Beneficiaries

Transaction History

Learn more about Transaction History

Plan: 78084 - LEONARDO DRS 401(K)

History for 08/07/2025 to 08/14/2025

Change the date range

History by Investment | History by Source

Show Details

Date	Source	Transaction	$ Amount	Shares or Units
08/14/2025	01 - EE PRETAX BASIC MATCHED	Adjustments	$12.19	0.105
08/07/2025	02 - EE PRETAX SUPPLEMENTAL	Contribution	$109.93	0.963
08/07/2025	01 - EE PRETAX BASIC MATCHED	Contribution	$219.86	1.926

Form **5330**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

Return of Excise Taxes Related to Employee Benefit Plans

(under sections 4965, 4971, 4972, 4973(a)(3), 4975, 4976, 4977, 4978, 4979, 4979A, 4980, and 4980F of the Internal Revenue Code)

Go to *www.irs.gov/Form5330* for instructions and the latest information.

OMB No. 1545-0575

Filer tax year beginning January 1, 2025 and ending December 31, 2025

A Name of filer (see instructions)
Leonardo DRS, Inc.

Number, street, and room or suite no. (if a P.O. box or foreign address, see instructions.)
2345 Crystal Drive, Suite 1000

City or town, state or province, country, and ZIP or foreign postal code
Arlington, VA 22202

B Filer's identifying number (Enter either the EIN or SSN, but not both. See instructions.)
Employer identification number (EIN)
13-2632319
Social security number (SSN)

C Name of plan
Leonardo DRS, Inc. 401(k) Plan

E Plan sponsor's EIN
13-2632319

D Name and address of plan sponsor
Leonardo DRS, Inc. 2345 Crystal Drive, Suite 1000, Arlington, VA 22202

F Plan year ending (MM/DD/YYYY)
12/31/2025

H If this is an amended return, check here . . . . . ☐

G Plan number
001

Part I **Taxes.** You can only complete one section of Part I for each Form 5330 filed. See instructions.

Section A. Taxes that are reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)	FOR IRS USE ONLY		
1 Section 4972 tax on nondeductible contributions to qualified plans (from Schedule A, line 12)	161	1	
2 Section 4973(a)(3) tax on excess contributions to section 403(b)(7)(A) custodial accounts (from Schedule B, line 12)	164	2	
3a Section 4975(a) tax on prohibited transactions (from Schedule C, line 3)	159	3a	2.00
b Section 4975(b) tax on failure to correct prohibited transactions	224	3b	
4 Section 4976 tax on disqualified benefits for funded welfare plans	200	4	
5a Section 4978 tax on ESOP dispositions	209	5a	
b The tax on line 5a is a result of the application of: ☐ Sec. 664(g) ☐ Sec. 1042		5b	
6 Section 4979A tax on certain prohibited allocations of qualified ESOP securities or ownership of synthetic equity	203	6	
7 **Total Section A taxes.** Add lines 1 through 6. Enter here and on Part II, line 17		7	2.00
Section B. Taxes that are reported by the 15th day of the 10th month after the last day of the plan year			
8a Section 4971(a) tax on failure to meet minimum funding standards (from Schedule D, line 2)	163	8a	
b Section 4971(b) tax for failure to correct minimum funding standards	225	8b	
9a Section 4971(f)(1) tax on failure to pay liquidity shortfall (from Schedule E, line 4)	226	9a	
b Section 4971(f)(2) tax for failure to correct liquidity shortfall	227	9b	
10a Section 4971(g)(2) tax on failure to comply with a funding improvement or rehabilitation plan (see instructions)	450	10a	
b Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status (from Schedule F, line 1c)	451	10b	
c Section 4971(g)(4) tax on failure to adopt rehabilitation plan (from Schedule F, line 2d)	452	10c	
d Section 4971(h) tax on failure of a CSEC plan sponsor to adopt funding restoration plan (from Schedule L, line 2)	453	10d	
Section B1. Tax that is reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees			
11 Section 4977 tax on excess fringe benefits (from Schedule G, line 4)	201	11	
12 **Total Section B taxes.** Add lines 8a through 10d or 11. Enter here and on Part II, line 17		12	
Section C. Tax that is reported by the last day of the 15th month after the end of the plan year			
13 Section 4979 tax on excess contributions to certain plans (from Schedule H, line 2). Enter here and on Part II, line 17	205	13	

Name of filer: **Leonardo DRS, Inc.** Filer's identifying number: **13-2632319**

Section D. Tax that is reported by the last day of the month following the month in which the reversion occurred

14	Section 4980 tax on reversion of qualified plan assets to an employer (from Schedule I, line 3). Enter here and on Part II, line 17	204	14	

Section E. Tax that is reported by the last day of the month following the month in which the failure occurred

15	Section 4980F tax on failure to provide notice of significant reduction in future accruals (from Schedule J, line 5). Enter here and on Part II, line 17	228	15	

Section F. Taxes reported on or before the 15th day of the 5th month following the close of the entity manager's tax year during which the plan became a party to a prohibited tax shelter transaction

16	Section 4965 tax on prohibited tax shelter transactions for entity managers (from Schedule K, line 2). Enter here and on Part II, line 17	237	16	

Part II Tax Due

17	Enter the amount from Part I, line 7, 12, 13, 14, 15, or 16 (whichever is applicable)	17	2.00
18	Enter the amount of tax paid with Form 5558 or any other tax paid prior to filing this return	18	
19	**Tax due.** Subtract line 18 from line 17. If the result is greater than zero, enter here	19	2.00

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Telephone number	Date
Michelle Stevenson	571-447-4645	10-7-25

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name			Firm's EIN	
Firm's address			Phone no.	

Name of filer: Leonardo DRS, Inc. Filer's identifying number: 13-2632319

Schedule A. Tax on Nondeductible Employer Contributions to Qualified Employer Plans (Section 4972) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)

1	Total contributions for your tax year to your qualified employer plan (under section 401(a), 403(a), 408(k), or 408(p))			1
2	Amount allowable as a deduction under section 404			2
3	Subtract line 2 from line 1			3
4	Enter amount of any prior year nondeductible contributions made for years beginning after 12/31/86	4		
5	Amount of any prior year nondeductible contributions for years beginning after 12/31/86 returned to you in this tax year for any prior tax year	5		
6	Subtract line 5 from line 4	6		
7	Amount of line 6 carried forward and deductible in this tax year	7		
8	Subtract line 7 from line 6			8
9	Tentative taxable excess contributions. Add lines 3 and 8			9
10	Nondeductible section 4972(c)(6) or (7) contributions exempt from excise tax			10
11	Taxable excess contributions. Subtract line 10 from line 9			11
12	Multiply line 11 by 10%. Enter here and on Part I, line 1			12

Schedule B. Tax on Excess Contributions to Section 403(b)(7)(A) Custodial Accounts (Section 4973(a)(3)) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)

1	Total amount contributed for current year less rollovers. See instructions		1
2	Amount excludable from gross income under section 403(b). See instructions		2
3	Current year excess contributions. Subtract line 2 from line 1. If zero or less, enter -0-		3
4	Prior year excess contributions not previously eliminated. If zero, go to line 8		4
5	Contribution credit. If line 2 is more than line 1, enter the excess; otherwise, enter -0-		5
6	Total of all prior years' distributions out of the account included in your gross income under section 72(e) and not previously used to reduce excess contributions		6
7	Adjusted prior years' excess contributions. Subtract the total of lines 5 and 6 from line 4		7
8	Taxable excess contributions. Add lines 3 and 7		8
9	Multiply line 8 by 6%		9
10	Enter the value of your account as of the last day of the year		10
11	Multiply line 10 by 6%		11
12	**Excess contributions tax.** Enter the lesser of line 9 or line 11 here and on Part I, line 2		12

Name of filer: **Leonardo DRS, Inc.** Filer's identifying number: **13-2632319**

Schedule C. Tax on Prohibited Transactions (Section 4975) (*see instructions*) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return)

1 Is the excise tax a result of a prohibited transaction that was (box "a" or box "b" must be checked):
a ☑ discrete b ☐ other than discrete (a lease or a loan)

2 Complete the table below to disclose the prohibited transactions and figure the initial tax. See instructions.

(a) Transaction number	(b) Date of transaction (see instructions)	(c) Description of prohibited transaction	(d) Amount involved in prohibited transaction (see instructions)	(e) Initial tax on prohibited transaction (multiply each transaction in column (d) by the appropriate rate (see instructions))
(i)	01/30/2025	**Failure to transmit participant contributions**	12.00	2.00
(ii)				
(iii)				
(iv)				
(v)				
(vi)				
(vii)				
(viii)				
(ix)				
(x)				
(xi)				
(xii)				

3 Add amounts in column (e); enter here and on Part I, line 3a 3 2.00

4 Have you corrected all of the prohibited transactions that you are reporting on this return? If "Yes," complete Schedule C, line 5, on the next page. If "No," attach statement. See instructions . . . . . ☑ Yes ☐ No

Name of filer: **Leonardo DRS, Inc.** Filer's identifying number: **13-2632319**

Schedule C. Tax on Prohibited Transactions (Section 4975) Reported by the last day of the 7th month after the end of the tax year of the employer (or other person who must file the return) (*continued*)

5 Complete the table below, if applicable, of other participating disqualified persons and description of correction. See instructions.

(a) Item no. from line 2	(b) Name and address of disqualified person	(c) EIN or SSN	(d) Date of correction	(e) Description of correction
(i)	**Leonardo DRS, Inc.** **2345 Crystal Drive, Suite 1000** **Arlington, VA 22202**	**13-2632319**	**08/14/2025**	**Lost earnings on late remittance of participant contributions**

Schedule D. Tax on Failure To Meet Minimum Funding Standards (Section 4971(a)) Reported by the 15th day of the 10th month after the last day of the plan year

1	Aggregate unpaid required contributions (accumulated funding deficiency for multiemployer plans). See instructions	1	
2	Multiply line 1 by 10% (5% for multiemployer plans). Enter here and on Part I, line 8a	2	

Schedule E. Tax on Failure To Pay Liquidity Shortfall (Section 4971(f)(1)) Reported by the 15th day of the 10th month after the last day of the plan year

			(a) 1st Quarter	(b) 2nd Quarter	(c) 3rd Quarter	(d) 4th Quarter	(e) Total (add cols. a–d for line 3)
1	Amount of shortfall	1					
2	Shortfall paid by the due date	2					
3	Net shortfall amount	3					
4	Multiply line 3, column (e), by 10%. Enter here and on Part I, line 9a					4	

Name of filer: Leonardo DRS, Inc. Filer's identifying number: 13-2632319

Schedule F. Tax on Multiemployer Plans in Endangered or Critical Status (Sections 4971(g)(3) and 4971(g)(4)) Reported by the 15th day of the 10th month after the last day of the plan year

1	Section 4971(g)(3) tax on failure to meet requirements for plans in endangered or critical status.		
a	Enter the amount of contributions necessary to meet the applicable benchmarks or requirements	1a	
b	Enter the amount of the accumulated funding deficiency	1b	
c	Multiply the greater of line 1a or line 1b by 5%. Enter the result here and on Part I, line 10b	1c	
2	Section 4971(g)(4) tax on failure to adopt rehabilitation plan.		
a	Enter the amount of the excise tax on the accumulated funding deficiency under section 4971(a)(2) from Schedule D, line 2	2a	
b	Enter the number of days during the tax year which are included in the period beginning on the first day following the close of the 240-day period and ending on the day the rehabilitation plan is adopted		
c	Multiply line 2b by $1,100	2c	
d	Enter the greater of line 2a or line 2c here and on Part I, line 10c	2d	

Schedule G. Tax on Excess Fringe Benefits (Section 4977) Reported by the last day of the 7th month after the end of the calendar year in which the excess fringe benefits were paid to the employer's employees

1	Did you make an election to be taxed under section 4977? ☐ Yes ☐ No		
2	If "Yes," enter the calendar year (YYYY) in which the excess fringe benefits were paid:		
3	If line 1 is "Yes," enter the excess fringe benefits on this line. See instructions	3	
4	Enter 30% of line 3 here and on Part I, line 11	4	

Schedule H. Tax on Excess Contributions to Certain Plans (Section 4979) Reported by the last day of the 15th month after the end of the plan year

1	Enter the amount of an excess contribution under a cash or deferred arrangement that is part of a plan qualified under section 401(a), 403(a), 403(b), 408(k), or 501(c)(18) or excess aggregate contributions	1	
2	Multiply line 1 by 10% and enter here and on Part I, line 13	2	

Schedule I. Tax on Reversion of Qualified Plan Assets to an Employer (Section 4980) Reported by the last day of the month following the month in which the reversion occurred

1	Date reversion occurred MM DD YY		
2a	Employer reversion amount: b Excise tax rate (20% or 50%):		
3	Multiply line 2a by line 2b and enter the amount here and on Part I, line 14	3	
4	Explain below why you qualify for a 20% rather than a 50% excise tax rate:		

Schedule J. Tax on Failure To Provide Notice of Significant Reduction in Future Accruals (Section 4980F) Reported by the last day of the month following the month in which the failure occurred

1	Enter the number of applicable individuals who were not provided ERISA section 204(h) notice:		
2	Enter the effective date of the amendment MM DD YY		
3	Enter the number of days in the noncompliance period:		
4	Enter the total number of failures to provide ERISA section 204(h) notice. See instructions	4	
5	Multiply line 4 by $100. Enter here and on Part I, line 15	5	
6	Provide a brief description of the failure, and of the correction, if any:		

Schedule K. Tax on Prohibited Tax Shelter Transactions (Section 4965) Reported on or before the 15th day of the 5th month following the close of the entity manager's tax year during which the plan became a party to a prohibited tax shelter transaction

1	Enter the number of prohibited tax shelter transactions you caused the same plan to be a party to:		
2	Multiply line 1 by $20,000. Enter the result here and on Part I, line 16	2	

Schedule L. Tax on Failure of a CSEC Plan Sponsor To Adopt Funding Restoration Plan (Section 4971(h)) Reported by the 15th day of the 10th month after the last day of the plan year

1	Enter the number of days during the tax year which are included in the period beginning on the day following the close of the 180-day period described in section 433(j)(3) and ending on the day on which the funding restoration plan is adopted		
2	Multiply line 1 by $100. Enter the result here and on Part I, line 10d	2	

Voluntary Fiduciary Correction Program Acknowledgment and Summary of SCC Notice - Delinquent Participant Contributions and Loan Repayments

The Employee Benefits Security Administration has received your SCC Notice on September 08, 2025. Your confirmation number is **N-20250908-00349.**

Your SCC Notice includes the following details:

- The plan named in the SCC Notice provides retirement benefits;
- All delinquent participant contributions and loan repayments were paid to the plan within 180 calendar days from the date they were received or withheld by the employer from a participant's wages;
- Lost Earnings were calculated from either the date of withholding or date of receipt using the Online Calculator;
- The total Lost Earnings is $1000 or less;
- Any penalties, late fees, and other charges were paid by the employer or other plan official; and
- Neither this plan nor the self-corrector is under investigation.

Your SCC Notice Contained the Following Information:

Plan Name

Leonardo DRS, Inc. 401(k) Plan

Plan Sponsor EIN

13-263231[illegible]

Plan Number

001

Name of Self-Corrector

Sofia Draganova

Email Address of Self-Corrector

sofia.draganova@drs.com

Principal Amount

113

Total Amount of Lost Earnings

2

Date Lost Earnings Paid to the Plan

08/14/2025

Number of Participants Affected by the Correction

1

Loss Dates (dates of withholding or receipt) entered on the Online Calculator

08/06/2025

Important Reminder: You **must** provide the following to the plan administrator:

- A copy of the **Acknowledgment and Summary**
- A completed **SCC Retention Record Checklist**
- Any required supporting documents

The plan administrator must retain these records.

Note: The Acknowledgment and Summary is not a determination that excise tax relief is available under Class Exemption PTE 2002-51. For more information contact the Office of Exemption Determinations at 202-693-8540.

U.S. DEPARTMENT OF LABOR (https://www.dol.gov)

VFCP Calculator - Final Result

Lost Earnings and interest, if any, ($2.30) exceed Restoration of Profits ($0.00). Therefore the amount due to the plan is: **$2.30.**

Note: This amount does **not** include any Principal Amount that may also need to be paid to the plan. Check the specific transaction to determine if the Principal Amount must be paid.

Lost Earnings

Principal	Loss Date	Recovery Date	Final Payment Date	Amount Due
$56.54	4/24/2025	8/7/2025	8/14/2025	$1.15
$56.54	4/24/2025	8/7/2025	8/14/2025	$1.15

Principal Amount total:$113.08 **Lost Earnings total:$2.30**

Restoration of Profits

No Restoration of Profit transactions entered.

Disclaimer and Limitations

The U.S. Department of Labor is not responsible for any loss of calculations and data. The Department does not monitor data you enter online, and you **cannot save calculations online.** You may save your results by printing a copy or copying/pasting a copy into a text document on your computer before terminating your session.

For more information on the collection, use and disclosure of personally-identifying information, see the Department's Privacy and Security Statement.

The VFCP Online Calculator is a compliance assistance tool and is made available to facilitate applications under the VFCP. Use of the VFCP Online Calculator does not create or confer legally enforceable rights upon any person or entity.

Start Over (WebCalculator.aspx)

Fidelity PSW®

< Back to Participant Search

RODNEY ONTAVIOU GATLIN

Transaction History

Learn more about Transaction History

Plan: 78084 - LEONARDO DRS 401(K)

History for 01/01/2025 to 09/02/2025

Change the date range

History by Investment | History by Source

Show Details

Date	Source	Transaction	$ Amount	Shares or Units
08/14/2025	01 - EE PRETAX BASIC MATCHED	Adjustments	$2.30	0.021
08/07/2025	03 - EMPLOYER MATCHING	Contribution	$56.54	0.533
08/07/2025	01 - EE PRETAX BASIC MATCHED	Contribution	$56.54	0.533